



January 2016

# **Shetland Recreational Trust and Shetland Islands Council, Sport & Leisure Service**

Summary report - Social Impact Evaluation of selected projects

## **Shetland Recreational Trust Foreword**

Over the last 30 years, the Shetland community, through Shetland Charitable Trust, has invested significantly in high quality sport and leisure facilities. During that time, the decision makers of the day deliberately chose to invest in facilities in each area of Shetland, including three island communities, to make access to leisure a natural part of everyone's life. That investment continues to this day, through a substantial grant from Shetland Charitable Trust to support the running costs of each of the leisure centres.

The belief of those early decision makers has been vindicated by the number of local people now using their local centres. In excess of 50% of our population are registered users, and during the period of this study (2012-13) we recorded more than 706,000 attendances. That works out at an average attendance of nearly 30 times for each member of Shetland's population.

This legacy was celebrated at the NatWest Island Games in July 2005 when Shetland welcomed more than 2,400 competitors to our islands – the smallest island group ever to host the gathering. Our passion for sport continues today as any witness to the success of our talented athletes Erraid Davies, Andrea Strachan and Lynda Flaws at the Commonwealth Games in Glasgow in July 2014 would testify.

But we want to do more.

However, everyone knows that the expenditure available for public services has come under increased scrutiny during some difficult economic times. Shetland Recreational Trust faces significant challenges in looking to maintain existing services .

Our primary purpose is to improve people's lives through sport and recreation activity. We believe that we do this by allowing people access to high quality facilities and leisure opportunities. As well as championing sport, we think that we contribute to people's wellbeing, help them to be healthier, support them to live independent lives and contribute to strong and resilient communities – all part of what makes Shetland a great place to live.

And this Report demonstrates that we do all these things ... and more!

It is really important to us that we are able to demonstrate what value we provide to the community. As a whole, the study has concluded that for an investment of £3.3m in sport and leisure services, Shetland gets a return of at least £10.1m – that is added value of over £6.8m a year.

We are proud of this achievement. We see it every day as we talk with our service users and support them to have fun and enjoy themselves, attend clubs and classes, right through to those training to become elite athletes.

**Bryan J Leask**

**Chairman**

**James R Johnston**

**General Manager**

## Shetland Islands Council Foreword

Shetland's achievements in the area of sport and leisure activities are, quite rightly, an area of considerable community pride. The significant investment over the years in our facilities and the work done by our Active Schools, Sports Development, Outdoor Education and Facilities Management staff has created an environment where individuals and groups have been able to participate and make a significant contribution to the vibrant community life we enjoy here in Shetland.

As a Council, we recognise the many positive benefits that can be derived from an active lifestyle. Indeed, our Corporate Plan sets out a clear political commitment for us as an organisation, working with our partners and communities, to ***strive towards increasing levels of physical activity and encouraging more people to take part in sport and other cultural activities.***

Having made the past investment and political commitment, the challenge we now face going forward is to ensure we take account of the reality of inevitable resource constraints and proactively develop new ways to ensure we continue to deliver positive outcomes with those resources.

Developing a better understanding of the value we are generating from resource investment is extremely important as we increasingly have to make tough decisions on the financial support that is provided for delivering services.

I am therefore delighted to see this publication, which uses the internationally-recognised Social Return on Investment model to put a monetary value on the positive health gains and preventative interventions our resource investments here in Shetland have delivered. This report undoubtedly offers a welcome and highly credible addition to the information we have on our services across Shetland and I feel it will assist us in our desire to make evidence-based decisions that achieve the best value possible with resources.

**George Smith**

**Vice Chair of Education and Families Committee**

**Chair of Shetland Sporting Partnership Strategic Group**

# 1. Key Findings

## Introduction

- 1.1 Inherently, and supported by feedback from service users, Shetland Recreational Trust (SRT), and Shetland Islands Council, Sport & Leisure (SICSL) have always had an insight into how the activities which they provide benefit the lives of people living in their communities. This study, using a blend of action research and social impact methodologies, has identified, measured and provided a prudent financial evaluation of just some of these activities.
- 1.2 The methodology used in this research project, is Action Research, the methodology that has now been recognised by the Expert Group (Social Entrepreneurship) - European Commission, in their paper in June 2014 recommending a consistent methodology for Europe wide measurement and comparison. In a process which allows the research to reflect the stories that it can tell about its work, the organisation is supported by the researcher in learning about what it achieves and for whom. In this context, it gathers quality information, from those that best understand it, building in relevant, validated third party data, and giving the organisation the knowledge to be able to embed it in its performance monitoring systems: all in one go. It works, and delivers results cost-effectively.
- 1.3 Using the results of this evaluation has allowed SRT & SICSL to confidently report on the extent and benefits of their activities from the reviewed areas, listed in paragraph 1.13. This study evaluates the gains at over £10.1m identifying healthcare and economic gains as well as benefits for the individual. We recognise that wider gains will of course arise, over and above those evaluated, from the rest of the organisation.
- 1.4 This is a summary report which presents the key findings of the study. The information contained within this report refers to financial year 2012-13. A fully referenced work, which provides support for all the values and assertions made, is available from SRT or SICSL directly.

## Background to Shetland Recreational Trust and Shetland Islands Council Sport & Leisure

- 1.5 Shetland lies 220 miles north of Aberdeen, comprising more than a hundred islands with just 15 of them inhabited. The population of 23,210<sup>A</sup> (in 2012) are widely scattered around the Shetland Isles which have a spectacular coastline, dozens of major archaeological sites and exceptional geological diversity. Surrounded by rich fishing grounds and oil and gas fields and with a vibrant tourist population the Islands have developed a vibrant cultural life and have also invested in a series of superb sport and leisure facilities. These are invaluable for the local population, given the distance by boat or plane to any mainland facilities and the difficulties of travelling from one island to another.
- 1.6 Shetland Recreational Trust (**SRT**), supported by Shetland Charitable Trust (SCT) and in partnership with Shetland Islands Council Sport & Leisure Services (**SICSL**) have invested in large scale sport facilities in the past and continues to subsidise these. However more and more demands are being felt for scarce resources which are needed for them to deliver their Shetland Sport Strategy 2012 – 17 and Active Lives Strategy 2012 - 22. This will be delivered in conjunction with NHS Shetland, **sportscotland** and volunteers.
- 1.7 **Shetland Recreational Trust** is a not-for-profit organisation whose central objectives are in the interests of social welfare for recreation and leisure time occupation with the aim of improving the condition of life

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<sup>A</sup> <http://www.gro-scotland.gov.uk/files2/stats/council-area-data-sheets/shetland-islands-factsheet.pdf>

for the inhabitants of Shetland. SRT operates seven leisure centres that are located adjacent to local secondary schools throughout the isles, as well as the Clickimin Leisure Complex in Lerwick. Their overall objectives are to increase the number of people participating in sport on a regular basis and to assist with improving the performance of those who wish to compete. The Trust also contributes to a range of Shetland wide objectives, including: health; jobs; tourism; equality; skills; cultural activity; etc.

- 1.8 SRT's total funding was £2.5m in the financial year ended 31 March 2013. It is funded by Shetland Charitable Trust and works in partnership with the Shetland Islands Council Sport and Leisure Service and others to support the communities' requirements.
- 1.9 **SICSL** had net expenditure of £763k in the financial year to 31 March 2013, excluding the costs of the Islesburgh Complex. In terms of sport and leisure facilities they manage and maintain: 4 games halls; 8 grass sports pitches; 71 play areas; 14 multicourts; the St Sunniva Street Outdoor Education Base; Seafield Pavilion; Hillhead Greenhouses; the Jubilee Flower Park and Pavilion; Knab Golf Course and a raft of footpaths, which are the main walking, running and cycling routes around Lerwick. They also support Shetland Golf Club through the provision of a funded service level agreement.
- 1.10 Together SRT and SICSL are responsible for a vast array of sport and leisure facilities across Shetland.
- 1.11 SRT and SICSL see themselves as more than merely a provider of leisure facilities they see themselves as an integral part of the community with a key role to play in offering people the opportunity to improve their lives through a variety of activities and programmes. Their staff are key to developing and promoting this community focus, a constantly engaging and motivating presence they are constantly finding ways to deliver a fulfilling service to their customers and through an awareness of the wider programmes on offer can promote other services strengthening the benefit for service users.
- 1.12 This community focus is reflected through the variety of services on offer, engaging with children of all ages through to a wide programme for more elderly members of the community SRT and SICSL seek to engage with all ages and all abilities. The more recent healthcare referral work engages them with individuals from a range of backgrounds and is benefitting their work to engage with as large a proportion of the local population as possible. The importance of such provision given the rural nature of their facilities cannot be overestimated.

## Scope of this report

- 1.13 This study presents an evaluation using a Social Impact Evaluation methodology of the following areas of SRT's and SICSL's work:
- ▶ General Access and Subscription Members;
  - ▶ Swimming programmes which seek to teach participants of all ages to swim and provide access for those with additional support needs;
  - ▶ Sport and Physical Activity Team; including Active Schools;
  - ▶ Outdoor Education programmes predominantly for School Children (P7 – S2);
  - ▶ Health Specific Exercise Classes; and
  - ▶ Over 50's Club in Clickimin, Yell, Unst and West Mainland.
- 1.14 The study uses five key measures to evaluate the gains achieved by these specific projects:
- ▶ Reduction in health (physical and mental) and social care costs;
  - ▶ Reduction in sickness absence;
  - ▶ Reduction in NEET;
  - ▶ Improved employability and earning potential; and
  - ▶ Reduced cost access to facilities compared to commercial alternatives.

## Results of the evaluations

- 1.15 In this exercise, rather than risk an overly complicated analysis that may be viewed as spuriously accurate, a smaller number of key assumptions have been identified. We have worked with project representatives for each area of work to develop a prudent result at a high level. It has been considered important to present a more defensible, prudent analysis than one which is overly complicated and risks overstatement.
- 1.16 Detailed models and commentary thereon are available in the full report. The table below shows an analysis of the annual gains achieved by the evaluated areas of work, through the key measures listed above at 1.14:

|                                      | Evaluated gains     |
|--------------------------------------|---------------------|
| General Access & Subscription Member | £6,362,000          |
| Swimming Lessons                     | £635,000            |
| Sport & Physical Activity Team       | £1,972,000          |
| Outdoor Education                    | £755,000            |
| Health Specific Exercise             | £238,000            |
| Over 50's Club                       | £100,000            |
| <b>Total</b>                         | <b>£ 10,062,000</b> |

- 1.17 The table above shows total benefits from the projects included in this evaluation to be at least £10.1 million per annum. This evaluation does not extend to the benefits resulting from specifically funded areas of work, other than those identified above. In particular it excludes:-
- General use of green space for cycling, walking, jogging, etc.
  - Provision of facilities that may be tourist attractions including use of SRT's facilities for the Folk Festival and SICSL maintained facilities such as Jubilee Flower Park
- 1.18 The benefits shown above take reasonable account of the key areas of deduction required in Social Impact evaluations (three standard areas plus risk, which is also needed). The three standard ones are:
- ▶ Deadweight - gains that would have happened anyway;
  - ▶ Alternative attribution - where part of the gain is more reasonably attributable to a partner or third party; and
  - ▶ Displacement - where the gain is tempered by a lesser dis-benefit.
- 1.19 These results are to be set in the context of total annual funding for SRT of £2.5m and a net cost to Shetlands Islands Council of £763k for SICSL per annum, albeit this funding covers a wider area of activity than just those projects evaluated.
- 1.20 On this basis, the impact of the benefits evaluated for the areas of work shown above exceeds SRT and SICSL's total annual funding by at least £6.8m per annum.
- 1.21 It should be noted that this report only includes the benefits evaluated from the projects shown in this study, which SRT estimates represent around 60% to 70% of their activities while SICSL estimates it covers 38% - 48% of their activity. Hence, if all the areas of SRT and SICSL's work were evaluated the total impact would be likely to increase quite significantly.

- 1.22 In common with most Social Impact evaluations, it is not practicable or cost-effective to evaluate every aspect of the effect of the projects. This relates often to the wider well-being and less proximate benefits from SRT and SICSL's work. Hence the results shown above may not reflect full evaluations of benefits including:
- ▶ Long term impacts on subsequent generations due to lifestyle change among the current one;
  - ▶ The value of friendships made during participation in certain activities;
  - ▶ The wider impact on communities of improved well-being due to certain project outcomes;
  - ▶ The promotion of participation in competitive sport, including the development of professional athletes;
  - ▶ Improved water safety and, potentially, lifesaving skills derived from social swimming;
  - ▶ Improved educational outcomes and social cohesion through participation in sport; and
  - ▶ The wider impact on Communities of improved wellbeing due to certain project outcomes including reduction in anti-social behaviour.
- 1.23 This report does not constitute an evaluation of the entirety of SRT and SCICSL's work. Other notable areas of work that are not accounted for in the evaluations shown above include; play areas, multi-courts, Knab Golf Course and some rehabilitation projects.
- 1.24 Where specific evidence exists, the Research Team have sought to evaluate these benefits as noted in the report (e.g. personal satisfaction leading to an increase in economic activity). However, a number of these outcomes which could be considered as attributable to SRT and SICSL were perceived to be either too remote or subject to too many uncertainties to be evaluated reliably, and as such have not been included.
- 1.25 As this evaluation does not seek to measure the value of the further outcomes and areas of work listed above, the value of these would be incremental to the result shown above. Hence, the evaluation of £10.1m shown in this study is lower than the full value of the outcomes potentially generated by SRT and SCICSL.

## Conclusions from the evaluations

- 1.26 In the words of New Philanthropy Capital in their 2010 positioning statement on SROI, it is an "incredibly useful tool." This is apparent here, illustrated as a significant financial value, based on sound and researched third party data.
- 1.27 The total of £10.1 million is shared between 6 groups of activities that have been evaluated; General access £6.362m, swimming lessons £635k, Outdoor Education Programmes £755k, Health Specific Exercise Classes £238k, Over 50's club £100k, Sports and Physical Activity Team Activities (including Active Schools) £1.972m.
- 1.28 **The total of at least £10.1 million per annum of economic and social gain for SRT and SICSL is set against total funding of £3.3m, (SRT £2.5m Grant from Shetland Charitable Trust and SICSL £763K of costs).** This provides a fascinating insight into the wider social impact of improving fitness and social inclusion, and draws the reader into wanting to know how it is done: what are SRT and SICSL doing that they achieve so much?
- 1.29 That enquiry not only tells us more about their activities, but also highlights that this is only a partial evaluation of the wider gains from their work. These wider gains (New Philanthropy Capital describe several of these as "social well-being") are nonetheless of significant social value, and should not be disregarded for their lacking financial measures at this juncture.

1.30 The methodology around Social Impact evaluations can become a process-driven exercise in which the answer emerges as a function of the process. It can also suffer from the use of financial proxies that have a poor correlation with the outcomes they attempt to measure, or are based on over-enthusiastic assumptions, and a lack of robustness in linking outcomes to the activities in which they originate. This is not the case here. The evaluations have been developed with real thought, care and prudence, and are soundly based on validated underlying data, with conservative assumptions where such are necessary. It fairly represents the very valuable contribution of SRT and SICSL to the Shetland Islands Communities they serve, and, indeed, to the wider economy in the fields evaluated.

## The impact of sport and exercise

### The importance of promoting fitness

- 1.31 The importance of physical activity is increasingly being stressed by Local Government, Scottish and UK Government bodies and other agencies including the Healthier Scotland 'take life one step at a time' campaign. This is clearly an issue for Scotland and in Shetland in particular with Shetland's obesity rates being broadly in line with the Scottish NHS Regions<sup>B</sup>.
- 1.32 The Scottish Government reports that the direct cost to the NHS in Scotland of obesity was in excess of £175m, and infers that the cost to the NHS of people being overweight could add a further £137m to this<sup>C</sup>. In addition, the report suggests that some 2.6 million work days are lost in the Scottish economy as a result of obesity, with people that have a Body Mass Index greater than 30 having 51% more short and long term sickness absence than those in the normal weight range.
- 1.33 In addition to the economic impacts (in terms of cost savings or increased productivity) of participation in exercise, the Cabinet Office's 2002 report<sup>D</sup> highlights the wider benefits of sport UK wide, including:
- ▶ Personal satisfaction and better social life;
  - ▶ Improved overall health (both physical and mental);
  - ▶ Improved educational outcomes;
  - ▶ Crime reduction;
  - ▶ Social inclusion; and
  - ▶ Enhancing the environment.
- 1.34 None of the above studies considers the effect of obesity or chronic diseases risk on wider family members, notably the effect on children and the elderly when the prime carer is obese, or is distracted from their prime carer role by having to fulfil a similar one for another person. This then affects education and development for the children, as well as potentially encouraging lifestyles that tend towards obesity in the next generation.
- 1.35 The above evidence from research in the field of health and fitness highlights the importance of SRT and SICSL's work in promoting participation in order to achieve a preventative or remedial effect to reduce the cost borne by health and social care agencies and the wider economic impact from being overweight or obese.

<sup>B</sup> Obesity in Scotland – an Epidemiological Briefing 2007

<sup>C</sup> RR Donnelley, 'Preventing Overweight and Obesity in Scotland - A Route Map Towards Healthy Weight', The Scottish Government, 2010

<sup>D</sup> 'Game Plan: A strategy for delivering Government's sport and physical activity objectives', Cabinet Office, 2002, p.44



## Evaluating the economic damage from physical inactivity

- 1.36 The UK Chief Medical Officer's ("CMO's") 2009 Annual Report<sup>E</sup> suggests that the direct costs of inactivity equate to £5m per annum per Primary Care Trust, and estimates the total annual cost to the NHS of inactivity and obesity combined at some £5bn to £6bn across the UK. Indeed, the Foresight report concludes that the cost (including a proportion of the costs of treating obesity-related diseases) amounts to some £7.5bn<sup>F</sup> per annum. The CMO's report also highlights that 61% of men and 71% of women aged over 16 years fail to meet the minimum recommendation for physical activity (2009, p.22).
- 1.37 The British Heart Foundation published a document in February 2010 – Costs of Physical Inactivity factsheet - which noted the following statistics for the UK:
- ▶ The economic costs to the UK of sickness absence and worklessness associated with working age ill health are over £100 billion per year – greater than the current annual budget for the entire NHS, and
  - ▶ The chronic diseases associated with physical inactivity contribute to sickness absence significantly: in 1998, there were over 18 million days of medically certified sickness absence attributable to obesity in the UK.
- 1.38 According to a report by the Health and Social Care Information Centre<sup>G</sup>, one in five individuals are obese. It has also been found that 54.1% of individuals in Scotland are overweight including 26.8% who are obese.
- 1.39 In August 2011 the Lancet ([www.lancet.com](http://www.lancet.com)) published a range of papers outlining some of the issues and highlighting the concerns of "The Future Challenge of Obesity". This set part of the scene and played a significant role in advance of a UN High Level Meeting on Non-communicable Diseases in New York in September 2011 and in further national and international policy programmes. These papers make reference to a wide range of studies throughout the world – the broad summary from these papers is that without action obesity-related diseases will result in an increasingly high cost for the UK through the next decades. The Lancet advocates research and action to mitigate this issue both for the UK and globally. Amongst other statistics highlighted by that study is the view is that, if the UK trends for 1993 to 2008 continue, the prevalence of obesity will rise from 26% to 35-48% by 2030 (depending on the sex of the person) and that the costs (undefined as to whether this is cost to the State or in terms of productivity and such wider costs) will increase by £2billion per year. A range of options are clearly available to seek to minimise future growth of "costs" relating to obesity and related avoidable illness which may include policy interventions to promote healthier dietary intake and increased physical activity.

## The benefits of physical activity in reducing obesity

- 1.40 This summary of work defining the damage caused to the economy by physical inactivity shows that the benefits of exercising include reduced costs to the NHS and increased productivity. A number of studies<sup>HI</sup> have concluded that, aside from higher sickness absence, being overweight is likely to lead to reduced productivity when in the workplace.
- 1.41 One of the Lancet set of papers was "Minimum amount of physical activity for reduced mortality and extended life expectancy" which in broad summary supports the assertion that "a small amount of leisure time physical activity reduces total mortality, mortality from cardiovascular disease and mortality from cancer". This further supports the link between higher levels of physical activity and lower cost of

<sup>E</sup> '2009 Annual Report of the Chief Medical Officer', Department of Health, 2009, p.22

<sup>F</sup> 'Foresight – Tackling Obesity: Future Choices – Project Report', 2<sup>nd</sup> Ed., Government Office for Science, 2007, p.40

<sup>G</sup> Statistics on obesity, physical activity and diet: England 2012, The NHS Information Centre, Lifestyle Statistics, 23 Feb 2012, Page 7

<sup>H</sup> Health and economic burden of the projected obesity trends in the USA and the UK - Wang et al, Lancet 2011

<sup>I</sup> Gallup Healthways Well-Being index - 2011

healthcare and that these lower costs can be over a long period of time and potentially extend the lifetime of participants.

- 1.42 The UK Government's current recommendation is that adults should take 30 minutes of moderate exercise at least five times a week. However, it has been found that there is a strong link between socioeconomic status and participation rates for physical activity: for example, the rate of walking as a leisure time activity among men of social class I is some 38% higher than men of social class V<sup>J</sup>.
- 1.43 None of the above studies considers the effect of obesity on wider family members, notably the effect on children and the elderly when the prime carer is obese, or is distracted from their prime carer role by having to fulfil a similar one for another person. This then affects education and development for the children, as well as potentially encouraging lifestyles that tend towards obesity in the next generation.

### **Economic damage from mental health problems**

- 1.44 Mental health is an increasing problem within Scotland with mental health now accounting for a third of all morbidity and disability within Scotland and constituting 20% of the total disease burden within the UK<sup>K</sup>.
- 1.45 The impact of mental illness in the UK was estimated to result in costs in the region of £105 billion<sup>L</sup> in 2010. Mental illness places an enormous stress on individuals, families and the wider local community. This cost can be broken down into 3 separate parts:
- ▶ The human costs, including negative impact on quality of life, estimated at £53.6 billion per annum;
  - ▶ Direct health and social care costs of £21.3 billion per annum; and
  - ▶ Economic damage due to lost output of £30.3 billion per annum.
- 1.46 These problems are also projected to increase given the current economic downturn, which exposes people to 'known risk factors for mental health problems' such as unemployment, limited opportunities for work, poverty, income disruption, stressful work environments, debt and financial strain<sup>M</sup>.

### **The benefit of physical activity in reducing mental health problems**

- 1.47 A link has been established between those suffering from mental health problems and inactivity, where it was noted in a study carried out by Landers and Petruzzello that in 81% of cases physical activity was related to anxiety reduction following exercise<sup>N</sup>, and was found to be at least as effective as other therapies including medication in some cases.
- 1.48 Using exercise as a method of mental health treatment also results in further benefits accruing on the individual, such as reduced obesity, incidents of cardiovascular and other obesity related diseases, increased self-esteem and more restful sleep.

### **SRT and SICSL's role in promoting physical activity**

- 1.49 SRT and SICSL work to promote exercise and sport in their local communities through the provision of reduced cost access to high quality facilities (in comparison to privately owned operators), combined with a number of programmes aimed at improving participation rates and ensuring easy access for all of Shetlands 23,210 residents in spite of the rural nature of many of their locations.

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<sup>J</sup> 'At Least Five A Week – evidence on the impact of physical activity and its relationship to health, a report from the Chief Medical Officer', Department of Health, 2004, P.13

<sup>K</sup> <http://www.nwph.info/nwpho/NorthWestMentalWell-beingSurvey.pdf> (Accessed February 2013)

<sup>L</sup> The economic and social costs of mental health problems 2009/10, Centre for Mental Health 2010

<sup>M</sup> Supporting Continued Investment in Mental Health Improvement in Scotland in an Economic Downturn', NHS Health Scotland, 2011, P. 5

<sup>N</sup> Petruzzello, S.J., Landers, D.M., Hatfield, B.D., Kubitz, K.A., & Salazar, W. (1991). A meta-analysis on the anxiety-reducing effects of acute and chronic exercise. *Sports Medicine*, 11(3), 143-182

1.50 We understand from SRT that there are around 706,000 visits to SRT facilities each year. While SICSL do not have usage figures for all of their facilities, particularly the unsupervised outdoor areas (e.g. play areas), there are around 34,000 uses of their games halls on an annual basis giving a total of 740,000 visits. For all of their facilities SICSL have established a prudent rough usage of around 1.5 million (including tourist usage) taking account of 540,000 uses of footpaths for running, walking and cycling and 919,000 uses of their 71 play areas and 14 multi courts. All of this with a population of the Shetland Isles of 23,210 indicates a major impact on people's lifestyles.

## Approach

1.51 A joint Research Team was established by SRT and SICL to take part in the Social Impact evaluation. The Research Team comprised seven representatives from both bodies. The Research Team were supported by researchers from RSM, (formerly Baker Tilly), who applied an Action Research methodology for gathering information on the projects incorporated within the scope of this evaluation and for testing data assumptions. Action research has been used as it:

- ▶ Enables the research to stay close to the data;
- ▶ Enables the theory - that is the answer to the research – to emerge from the data as it is gathered;
- ▶ Promotes a cyclical revisiting of the data through the research process which promotes internal validity and triangulation of the results: that is the data gathered and the conclusions drawn are better tested; and
- ▶ Through encouraging the organisation itself to learn from the process of the research, staff are better able to embed the results and benefit from them in developing future strategy: the work can be more useful.

1.52 Through the process of Action Research, the Research Team and RSM have produced:

- ▶ An overview of social impact and other methodologies used in this work;
- ▶ An analysis of the activities and outcomes of the above programmes/areas;
- ▶ An overview of how those outcomes may be measured using financial proxies;
- ▶ An overview of the results of the evaluation; and
- ▶ A detailed presentation of the models and assumptions used in the evaluation.



## 2. Overview of evaluated activities

### Understanding the services

- 2.1 For the purposes of this report, and in common with other similar evaluations, it was not set out to evaluate the impact of all services provided by SRT and SICSL. Rather, focus has been on selected key projects and outcomes that the Research Team believe to be representative of a cross section of their activities to deliver projects that improve quality of life for the communities that they serve.
- 2.2 Further details on activities offered by SRT and SICSL but excluded from this study can be found at [www.srt.org.uk](http://www.srt.org.uk) and [www.Shetland.gov.uk/sport\\_and\\_leisure/](http://www.Shetland.gov.uk/sport_and_leisure/)
- 2.3 For each of the evaluated areas of work, discussions were held with the Research Team around:
- ▶ The nature of the service(s) provided;
  - ▶ The identification of the direct and indirect beneficiaries;
  - ▶ The nature of the benefits derived from the service;
  - ▶ Where relevant, the identification of other agencies or companies that could provide a similar service; and
  - ▶ The likely cost of providing equivalent services through alternative sources.
- 2.4 This discussion was developed to consider how financial measures can be substituted into the place of service outcomes, so that they can be measured. The results of this discussion are shown below for each project.
- 2.5 For the purposes of mapping outcomes in this study, we have defined ‘primary’ and ‘secondary’ outcomes. These represent:
- ▶ **Primary outcomes:** the outcomes that directly and immediately result from the intervention in question. For example, supporting an individual to gain employment achieves an immediate saving in some welfare benefits; and
  - ▶ **Secondary outcomes:** the long term results that flow from primary outcomes. For example, the individual who is now in employment will be economically productive in the longer term, and that outcome will have an effect for others around them: their families, work colleagues and communities.
- 2.6 This study does not include those secondary outcomes further removed from the activity, as to do so would be to lose proximity to the intervention that is being measured. Using the example of an individual supported in gaining employment, it is likely that if they are in work for the long term, this may influence the behaviour of their children in seeking work rather than perpetuating a cycle of reliance on welfare benefits. Whilst undoubtedly valuable, such outcomes are not sufficiently proximate to the original intervention for a meaningful evaluation to be carried out. This is consistent with the seven principles of SROI evaluation (shown in the Cabinet Office guide) “do not over-claim”<sup>o</sup>, as well as with good research practice.

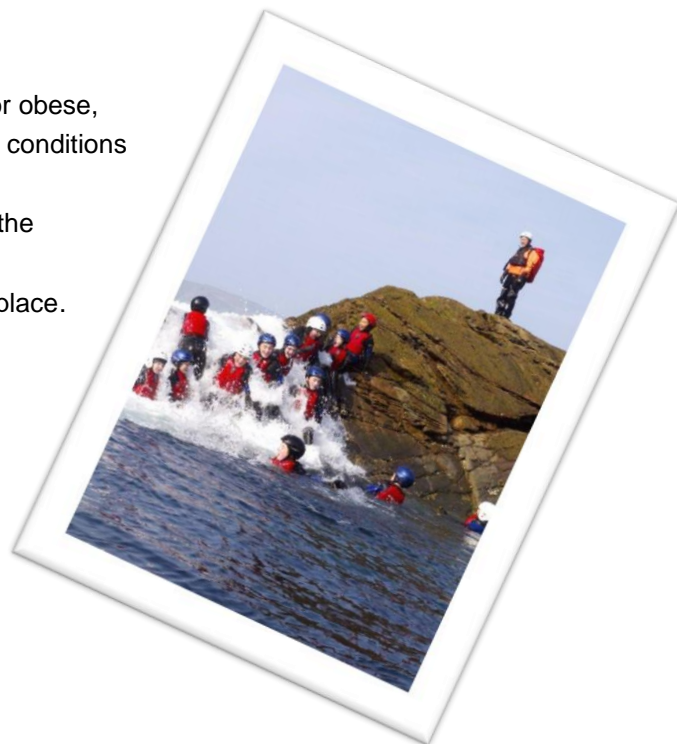
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<sup>o</sup> Cabinet Office, Office of the Third Sector. April 2009. A guide to Social Return on Investment. London. Society Media

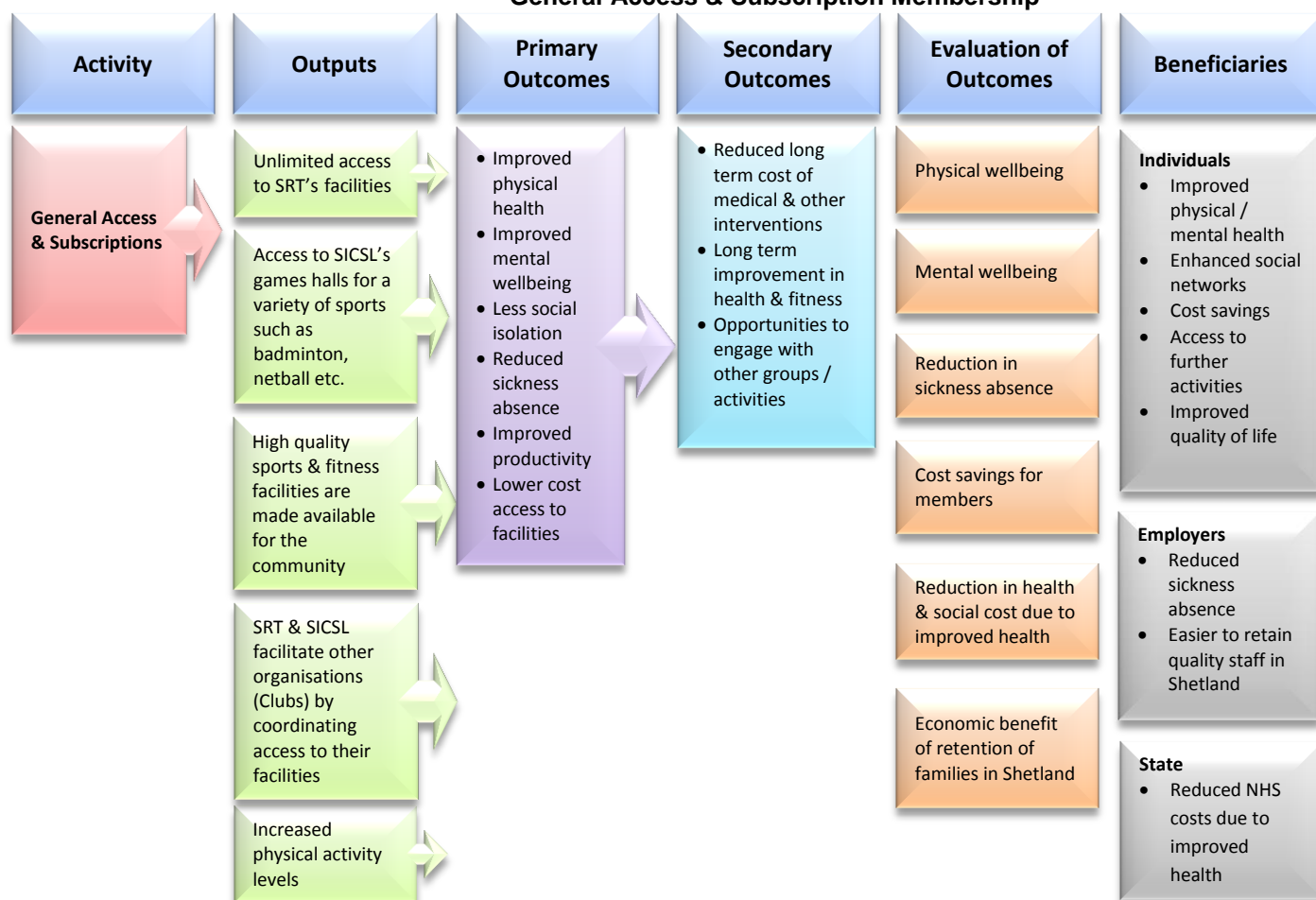
## Overview of evaluated projects

### General Access and Subscription Members

- 2.7 The **SRT leisure subscription scheme** offers a range of packages so that customers can enjoy unlimited access to certain facilities by paying a monthly fee. There are some 12,152 registered regular users and 811 gym and swim members across all 8 SRT leisure facilities. Over 706,000 admissions were recorded at their facilities which include regular users, gym and swim users and visitors to Shetland.
- 2.8 Subscription fees to the Trust's 7 rural leisure centres are provided at a lower rate than at the Clickimin Leisure Centre. Subscriptions for of the Clickimin Leisure Complex also allow unlimited access at all 7 rural leisure centres, while rural subscriptions entitle the user to a 50% reduction on equivalent activities at Clickimin Leisure Complex.
- 2.9 Concessionary prices are offered for juniors up to 17 years, adults' aged 60+ and disabled people. Corporate subscriptions are also available.
- 2.10 Membership fees are offered at a discount compared to commercial alternatives, thereby broadening access to high quality fitness facilities.
- 2.11 There is no subscription scheme for use of SICSL facilities. However per SICSL's management records there are 34,000 uses of their Games Halls across Shetland in the year. They estimate a rough usage of 1.5 million (including tourists) of all their facilities including footpaths, play areas and multi courts.
- 2.12 As is noted earlier (in paragraph 1.31 to 1.48), addressing the issue of health, particularly in relation to overweight and obesity, is of critical importance to public sector agencies including health and social care providers, but also to the wider economy. SRT's and SICSL facilities support people in achieving and maintaining long term behavioural change in relation to fitness that contributes, along with other lifestyle changes, to ensuring that they stay healthy. The research highlighted above shows that this contributes to:
- ▶ Reductions in the costs of caring for people who would otherwise be at risk of becoming overweight or obese, resulting in complications in or development of other conditions such as diabetes, both in the short and long term;
  - ▶ Reductions in the level of sickness absence among the working population; and
  - ▶ Increased effectiveness and productivity in the workplace.
- 2.13 The diagram overleaf summarises the impact of General Access and Subscription Membership.



## General Access & Subscription Membership



## Swimming Programme

2.14 The swimming programme is broken down into three key projects:

- Children's swimming lessons – around 1,052 users per week, 30 weeks of the year for those aged 4 months to 16 years
- Swimming lessons for people with ASN (Additional Support Needs)
- Swimming lessons for adults.

### Children's swimming lessons

2.15 There were around 31,000 attendances from children at swimming lessons throughout all SRT facilities. Swimming lessons are operated in accordance with a variety of Scottish Swimming Programmes allowing SRT to cater for children aged 4 months and over – Adult & Child, AquaFun, Learn To Swim and SwimSkills. These programmes are designed to encourage children to learn to swim and develop their skills so that they can take part in a range of aquatic activities. Lessons are generally run in line with school term time.

### Swimming lessons for people with Additional Support Needs (ASN)

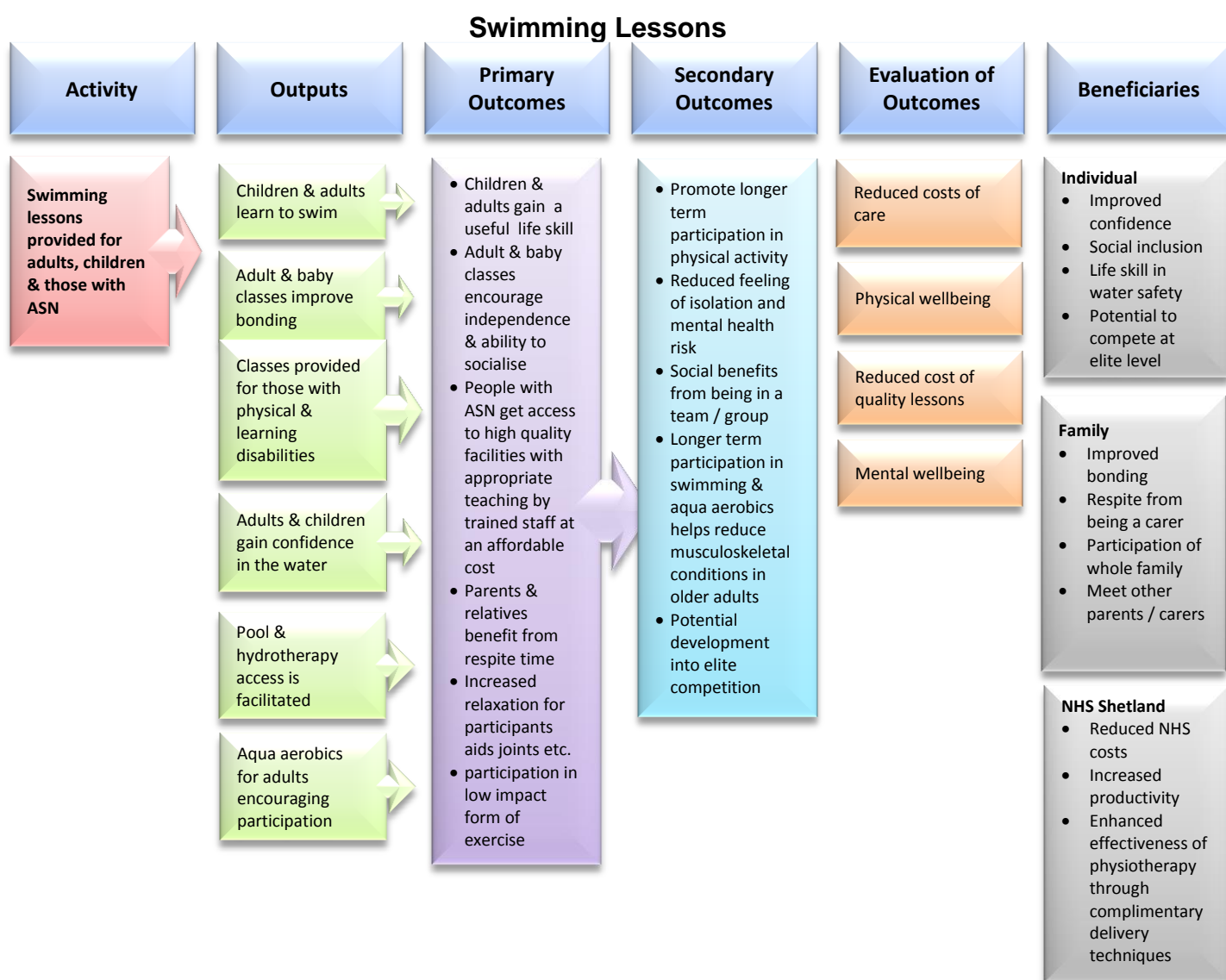
2.16 Swimming lessons are provided to people with a range of conditions including learning and physical disabilities, with approximately 119 people receiving access each week. People that use this scheme do so at their own expense, rather than as part of a prescribed treatment plan, although healthcare professionals may signpost them to swimming as a useful form of exercise to complement other therapies. Disability Shetland use the main pool and hydrotherapy pool at Clickimin and the complex provides instructors to lead these sessions assisted by volunteers. The ability for some adults to attend a supervised session once per week also provides an element of respite, if only for 30 minutes per week.

2.17 Due to the specific skills and high levels of supervision required to deliver this programme, the cost of providing these is relatively high. SRT is the only provider of this service in Shetland, supported by Disability Shetland. Case studies of participants show that participants achieve wide-ranging outcomes including: positive educational outcomes; physical stimulation; freedom of movement and the massage/loosening effect of water on the body (cardio-vascular muscles and joints); improvements in physical mobility; increased confidence, including increased trust in others and better communication; and social skills providing an activity that all members of the family can do together.

### Swimming lessons for adults

2.18 SRT's records show that there were 819 lessons / activities provided for adults in a wide range of age groups participating in group and individual lessons.

2.19 The diagram below summarises the impact of swimming lessons.



## Outdoor Education

2.20 SICSL organise a variety of outdoor education programmes for school children and youth and community groups to give them the opportunity to be exposed to their outdoor environment in a challenging but safe manner. The activities include canoeing, kayaking, coastering, adventure walks, climbing, abseiling, scrambling, bog jumping and bush craft. This helps to meet the objectives of Shetland Islands Councils Integrated Children’s Services Plan 2008 – 2011 “to ensure that all children and young people are given support to develop and enjoy a safe and active life through arts, heritage, sport and leisure.”

2.21 A variety of experiences are offered, including:-

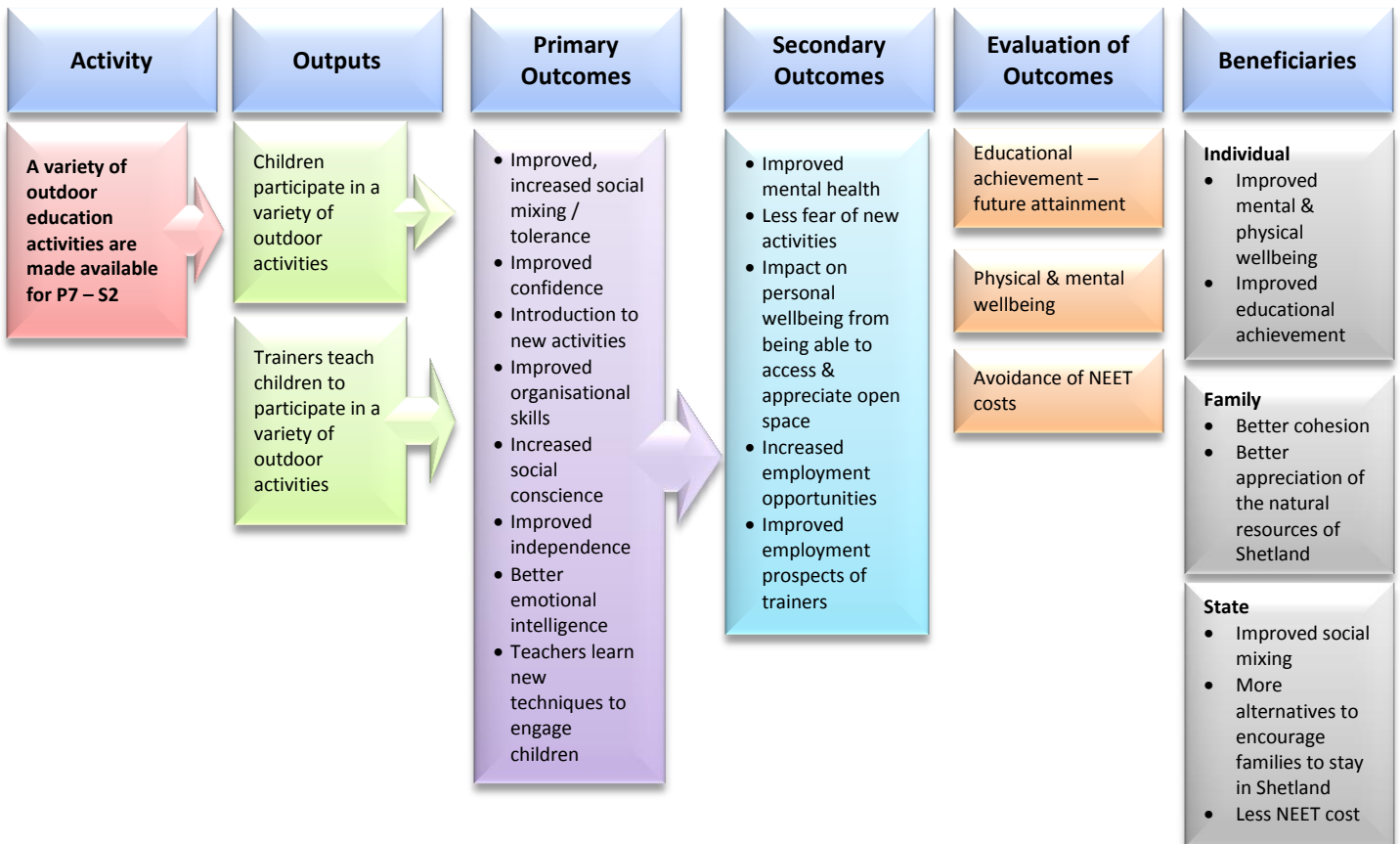
- John Muir Award Explore Days (both discovery award and explorer award)
- Transition Days (primary 7 to senior 1)
- Activity Days (school activity weeks and whole small school days)
- Provision for NEET (Bridges Programme)
- Holiday Activity Programmes
- Adventure and Team Building Days for groups of adults

2.22 The main aim is “to use the outdoor environment to deliver challenging adventure journeys” with a focus on three main outcomes:

- To connect the participants to the wild natural landscape of Shetland, in order for them to experience first-hand the rugged beauty of their home;
- For all participants to leave at the end of the day feeling more confident about themselves, with higher self-esteem and a realisation that they have the inner strength to overcome self-limiting beliefs; and
- to ensure that every participant has an enjoyable experience and is physically challenged.

2.23 850 young people participated in one or more of these events, some of whom have attended previous events in previous years.

### Outdoor Education





## Sport & Physical Activity including Active Schools

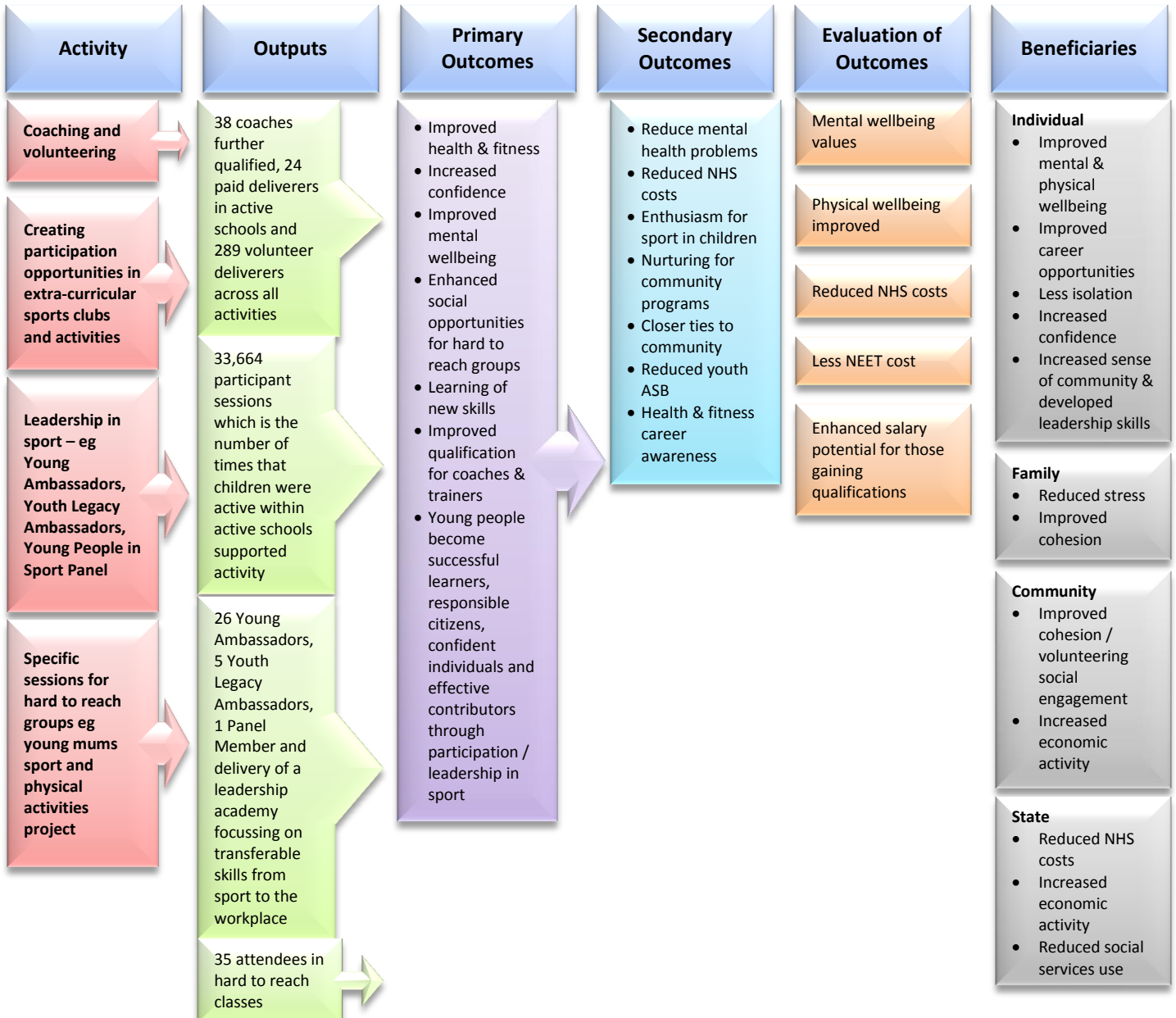
- 2.24 Active Schools is a programme that aims to: "...work within schools and communities to create new, and support existing, sport and physical activity opportunities for young people so they are motivated and have the opportunity to stay active into adulthood."
- 2.25 It is an initiative run by **sportscotland** nationally, in partnership with local authorities and leisure trusts, with local staff working within each of the 32 local authority areas of Scotland. It has staff for the management and co-ordination of the programme, but relies on a network of volunteers, coaches, leaders and teachers to deliver sport and physical activities. The Active Schools team in Shetland are supported by the work of the Sports Development Officer and Sport and Physical Activity Co-ordinator.
- 2.26 The Active Schools programme has three main outcomes:
- More and higher quality opportunities to participate in sport within schools.
  - Building capacity through the recruitment, retention and development of a network of volunteers.
  - Motivating and inspiring children and young people to participate in sport

### Summary of Activities

- 2.27 Shetland has 31 schools; 2 high schools, 5 junior high schools and 24 primary schools. In 2012, around half of all senior school boys and girls (i.e.1442 pupils) took part in at least one Active Schools activity, and more will have taken part in other non-related sports. They also run a number of other activities, including; a torch relay, a "Foula Mini Olympics" for the smaller islands, a Shetland Summer of Sport and a Joint School Sports Day. This helped to meet the objective set in Shetland Islands Council's Integrated Children Services Plan 2008 – 2011 to ensure all children and young people are given the support they need to develop and enjoy an active life through arts, heritage, sport and leisure "to ensure that school based and out of school activities are developed to support children and young people to enjoy a safe and active life while also improving their health through activity".
- 2.28 Taster sessions for different sports are run from golf, mountain biking and clay shooting, to more traditional sports like rugby and football. Links between the schools and clubs are also encouraged to improve access and help continue the uptake of sport after school. Staff also run training courses for volunteers and coaches, as well as helping them to achieve coaching qualifications.
- 2.29 The diagram overleaf summarises the impact of these activities by the Sports & Physical Activity Team.



## Sports & Physical Activity Team



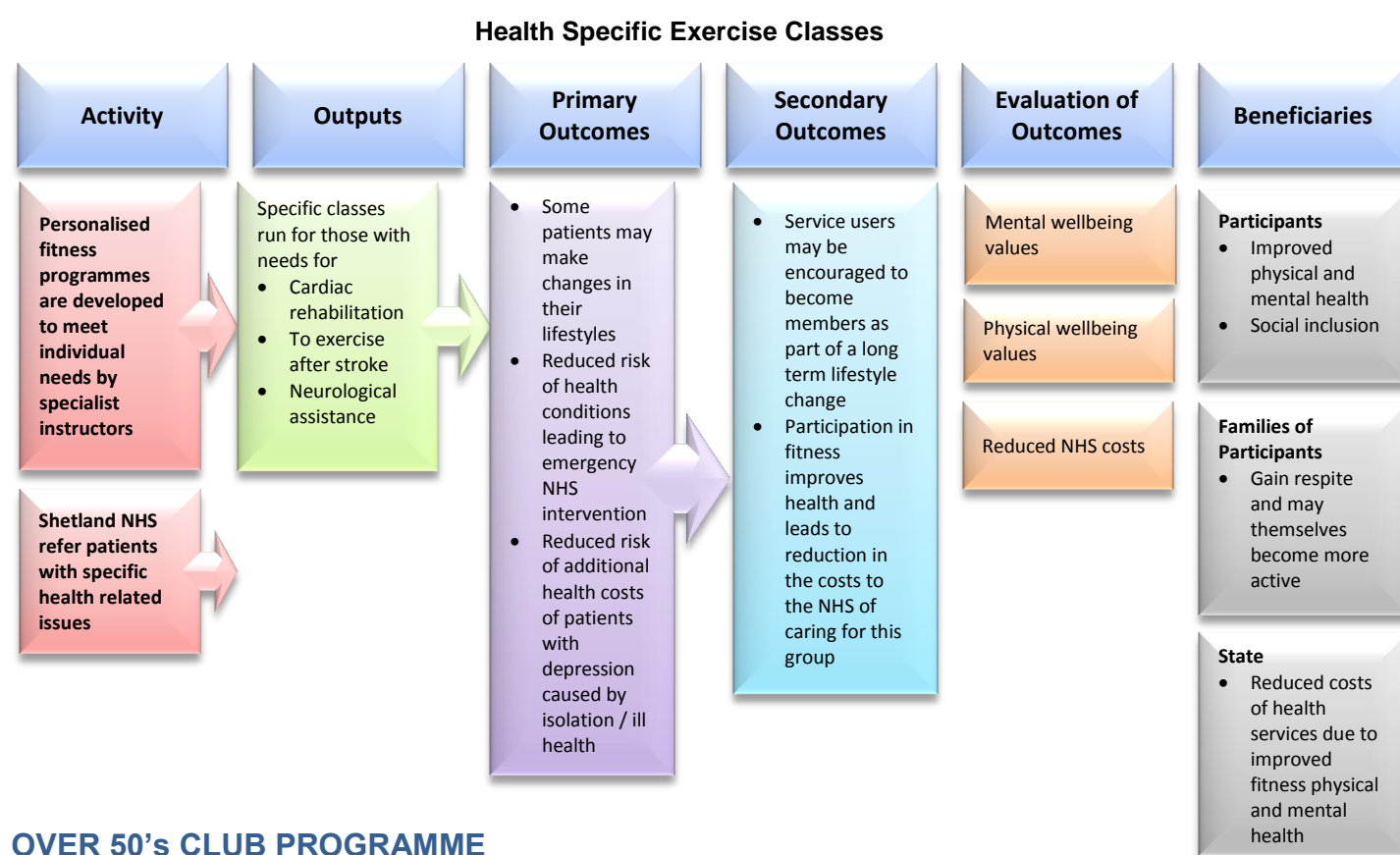
### HEALTH SPECIFIC EXERCISE CLASSES

- 2.30 SRT manages 3 exercise specific programmes – neurology, exercise after stroke and cardiac rehabilitation. All customers come through a referral process between the NHS and SRT. Measuring the success of health specific exercise programmes is complex. Lifelong management of exercise is a main component of recovery. SRT are able to monitor individual improvement and record this but as a group activity they cannot give a generic percentage of improvement due to the variation of customer abilities within each class.
- 2.31 Regular, moderate exercise is now widely recognised as an important element in maintaining general health and wellbeing of people. This improves the quality of life of the customer as programmes are made specifically to work within the limitations of each condition. In some cases these conditions can be degenerating therefore dictating the ability of the customer.
- 2.32 The leisure environment gives customers a positive focal point taking them away from the hospital environment. They develop a sense of belonging with achievable goals where they are supported by other staff and other participants. Besides regular weekly group classes SRT have witnessed increased social impact with groups of customers attending other areas of our facilities, some now using the gym

and some simply “having a cup of tea together”. All of this impacts on a general improvement in physical and mental health and wellbeing.

2.33 From feedback collated by SRT they are certain that the overall improvement of a customer is not just physical but also emotional. Attending weekly classes at the leisure complex is reported as giving a sense of belonging. It appears likely that if these classes were not available the physical condition of these customers may suffer. Exercise is a medicine and UK wide it has been reported that effective concentrated exercise programmes help those suffering from cardiac, strokes and neurological problems achieve simple things in life. The NHS resources do not always allow for exercise areas. They have limited funds and concentrate on immediate recovery. SRT plays a key component in continuing the process of recovery and assisting customers to achieve their goals and supporting them to adopt a lifelong approach to exercise.

2.34 The diagram below summarises the impact of Health Specific Exercises



## OVER 50's CLUB PROGRAMME

2.35 SRT run ‘over 50’s Clubs’ in 5 of their local centres, Clickimin, Unst, Yell, Whalsay and West Mainland. They offer a wide range of activities which include swimming, table tennis, bowls, badminton and fitness suite use. These programmes are provided primarily by SRT staff as outreach programmes targeting over 50s. The programme of activities was conducted throughout the year with 97 individuals taking part in activities.

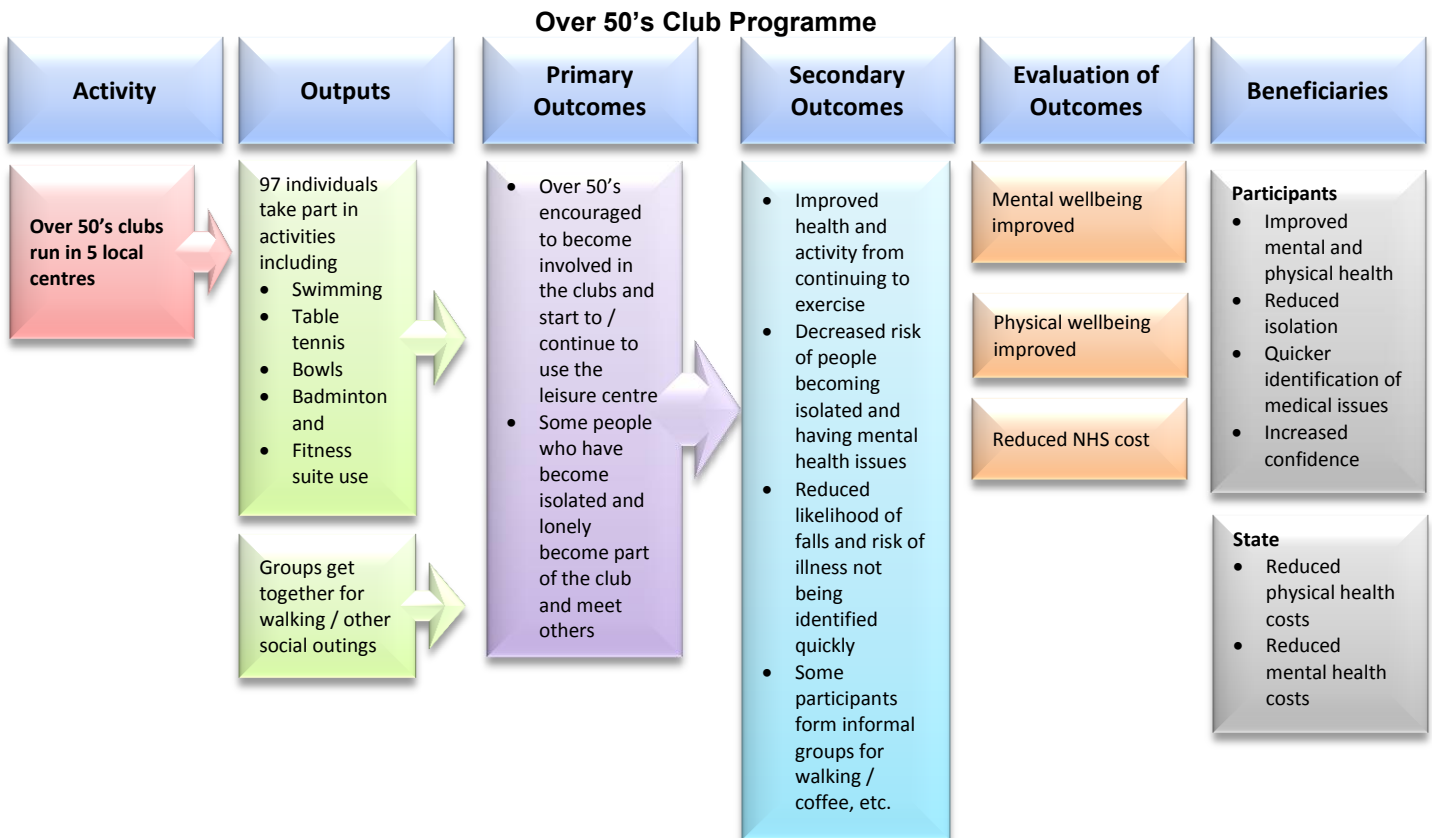
2.36 The British Heart Foundation has documented that physical activity for the over 50’s has a positive impact on the physical and mental wellbeing of the over 50’s and the UK economy. Benefits include:

- Disease prevention and management, psychosocial benefits and complications of immobility; and
- Maintaining independence, improving the quality of life, and ‘successful ageing’.

2.37 The Over 50's Club provides opportunities for significant savings to health and social care services. After discussion and debate with the SROI Team only one model has been used to evaluate the benefits of the programme i.e.

- ▶ The reduced social and economic costs through reduced intervention in relation to mental health disorders.
- ▶ Savings generated from provision of the programme by SRT's qualified staff in comparison to using an alternative commercial provider - it was decided that they did not have enough information to calculate this savings so it was felt prudent to discount this.

2.38 The diagram below summarises the impact of the Over 50's Club Programme.



## Summary maps of outcomes

2.39 The charts included above show the theory of change for each of SRT & SICSL's evaluated offerings. They were compiled following the action research sessions with the Research team. There are as noted in Section 1 many other outcomes not evaluated.

2.40 In common with most Social Impact evaluations, it is not practicable or cost-effective to evaluate every aspect of the effect of the projects. This relates often to the wider well-being and less proximate benefits from SRT and SICSL's work. Hence the projects shown above may not reflect full evaluations of benefits including:

- ▶ Long term impacts on subsequent generations due to lifestyle change among the current one;
- ▶ The value of friendships made during participation in certain activities;
- ▶ The wider impact on communities of improved well-being due to certain project outcomes;
- ▶ The promotion of participation in competitive sport, including the development of professional athletes;
- ▶ Improved water safety and, potentially, lifesaving skills derived from social swimming;

- ▶ Improved educational outcomes and social cohesion through participation in sport; and
- ▶ Retention of families living on Shetland and related economic impact.

2.41 Where specific evidence exists, it has been sought to evaluate these benefits as noted in the report. However, it is difficult to evaluate reliably in financial terms the value of increased well-being of certain beneficiary groups, including people that live in communities that have experienced a reduction in crime and/or an increase in employment rates as a result of SRT and SICSL’s work.

2.42 The following definitions apply throughout this document, unless the context requires, otherwise:

| Term         | Definition  |
|--------------|---|
| <b>ASB</b>   | Anti-Social Behaviour                               |
| <b>ASN</b>   | Additional Support Need                             |
| <b>CMO</b>   | Chief Medical Officer                               |
| <b>CSJ</b>   | Centre for Social Justice                           |
| <b>GVA</b>   | Gross Value Added                                   |
| <b>NEET</b>  | Not in Education, Employment or Training            |
| <b>NHS</b>   | National Health Service                             |
| <b>OECD</b>  | Organisation for Economic Cooperation & Development |
| <b>ONS</b>   | Office for National Statistics                      |
| <b>SAMH</b>  | Scottish Association for Mental Health              |
| <b>SICSL</b> | Shetland Island Council – Sports & Leisure Services |
| <b>SROI</b>  | Social Return on Investment                         |
| <b>SRT</b>   | Shetland Recreational Trust                         |
| <b>UK</b>    | United Kingdom                                      |



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"The day we paddled with killer whales has always left me feeling I am special"

Outdoor Education Participant

" Believe me- its more than just an exercise class! I must say it gives me great satisfaction being able to say that I, a M.S. sufferer in my advancing years, attend a bonafide class tailored to our needs at Clickimin twice a week!!"

Health Specific Exercise Participant

"Being part of a club in Shetland from an early age was really important in my development as a young person helping me learn new skills, meet new people, gain confidence and have fun. As my commitment to swimming grew, being surrounded by positive, enthusiastic and qualified coaches and volunteers as well as having access to the swimming pool and other training facilities was really important and had a major role in helping me to achieve one of my dreams, a place in the final of the 50m breaststroke at the Commonwealth Games in Glasgow."

Andrea Strachan  
2014 Commonwealth Games Finalist