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## **Assessing the broader social outcomes of a community health programme through a social-ecological framework**

Colin Baker, PhD; Paul Courtney, PhD; Katarina Kubinakova; Diane Crone, PhD; Diana Billingham

### **Abstract**

Ecological approaches to health promotion have been increasingly adopted to address the complexities of increasing population level physical activity. These approaches understand individual behaviour in terms of the outcome of interactions between multiple biological, psycho-sociological and environmental factors which require complex and multilevel interventions. However, the health promotion field has been hampered by a lack of evaluation frameworks that provide sufficient flexibility to accommodate the complexity of 'real world' settings which lie at the heart of ecological approaches. In order to evaluate a small grants community health promotion programme this study deployed a social-ecological evaluation framework operationalised through a Social Return on Investment (SROI) methodology. This sought to understand and assess the broader social outcomes relating to the implementation of range of local physical activity and sport projects, and to maintain stakeholder engagement throughout. The formative and summative components of the evaluation are described before results are presented, which include qualitative findings and outcome indicator values. Findings highlight a diverse range of societal outcomes at the individual level for example, improved physical and mental health, and community level for example, community connectedness, which reflect a range of social, personal and interpersonal, and economic benefits. The SROI methodology not only provides social enterprises with a framework for measuring performance and impact, but is also shown to be a valuable management and stakeholder engagement tool for those commissioning local physical activity and sport programmes of this type.

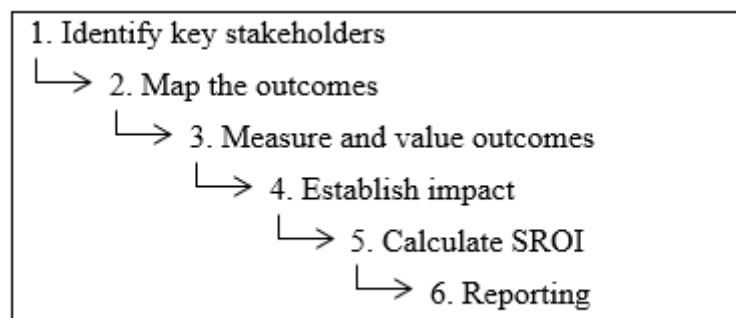
## **Introduction**

Ecological approaches to health promotion have been increasingly adopted to address the complexities of increasing population level physical activity. These approaches understand individual behaviour in terms of the outcome of interactions between multiple biological, psycho-sociological and environmental factors (Raphael, 2000; Stokols, 1992; WHO, 2013) which require complex and multilevel interventions (Sallis and Owen, 2015). In the UK this approach is evidenced by a raft of policies and guidance (Department of Health, 2004; 2008; 2011) that promote partnerships between diverse stakeholders including the National Health Service (NHS), local government and physical activity providers to secure the health, social and economic benefits of sport and physical activity participation. Historically, the health promotion field has been hampered by a lack of evaluation frameworks that provide sufficient flexibility to accommodate the complexity of ‘real world’ settings which lie at the heart of ecological approaches (Glasgow, Vogt and Boles, 1999). Yet, there remains an inherent belief in the efficacy of sport and physical activity for delivering ‘physical and mental wellbeing and individual, community and economic development’ (Sport England, 2016, p.5). As such, there is a need for researchers to continue to explore ways of understanding both the implementation processes and outcomes of health promotion efforts for example, community engagement, social cohesion, education and individual health and wellbeing.

This paper reports on the evaluation of the Active Together programme, which sought to explore and understand the wider societal changes generated through activities delivered via a range of local sport and physical activity projects. Active Together was a local small grants programme that provided funding for diverse sport and physical activity projects within a single county in the South West of England. The projects included community walks, alternative sport

classes for example, multisports and parkour, outdoor gyms and skateboard parks. A maximum of £40,000 was available across each of the 53 local electoral divisions. The programme was novel in that applicants liaised with their respective Councillors (n = 53) to develop their applications whereby the Councillors submitted applications on behalf of applicants to make evidence their endorsement for the application and the level of funding to be awarded. A number of funding applications were jointly funded by Councillors from different areas, these normally being based on location and neighbouring wards. Stakeholders including community groups, sports clubs, scout and guide groups, parish and town councils, and schools generally received up to £5,000, with exceptions. The funding application process and conditions were designed to be simple and flexible to fit with the needs and preferences of local communities.

The paper first outlines the underpinning social-ecological evaluation framework before attention is given to the methods which are based on a Social Return on Investment (SROI) methodology (Figure 1).



**Figure 1: Six stages of SROI**

This seeks to measure and account for the broader concept of value and value creation, and measures change in ways relevant to the people or organisations that experience or contribute to it (Gibson et al. 2011; Nicholls et al., 2004), maintaining an explicit focus on stakeholders who contribute to and experience change (Arvidson et al., 2010). With a focus on performing

measurements that can be attributed to programme impacts (Then et al., 2017), SROI can help organisations to quantify the value of programme impacts and translate them into monetary values in order to understand how they make a difference (Department of Health, 2010; Harlock, 2013; Nicholls, Lawlor, and Neitzert, 2012). The formative and summative components of the evaluation are described before results are presented, which include qualitative findings and outcome indicator values.

## **Methods**

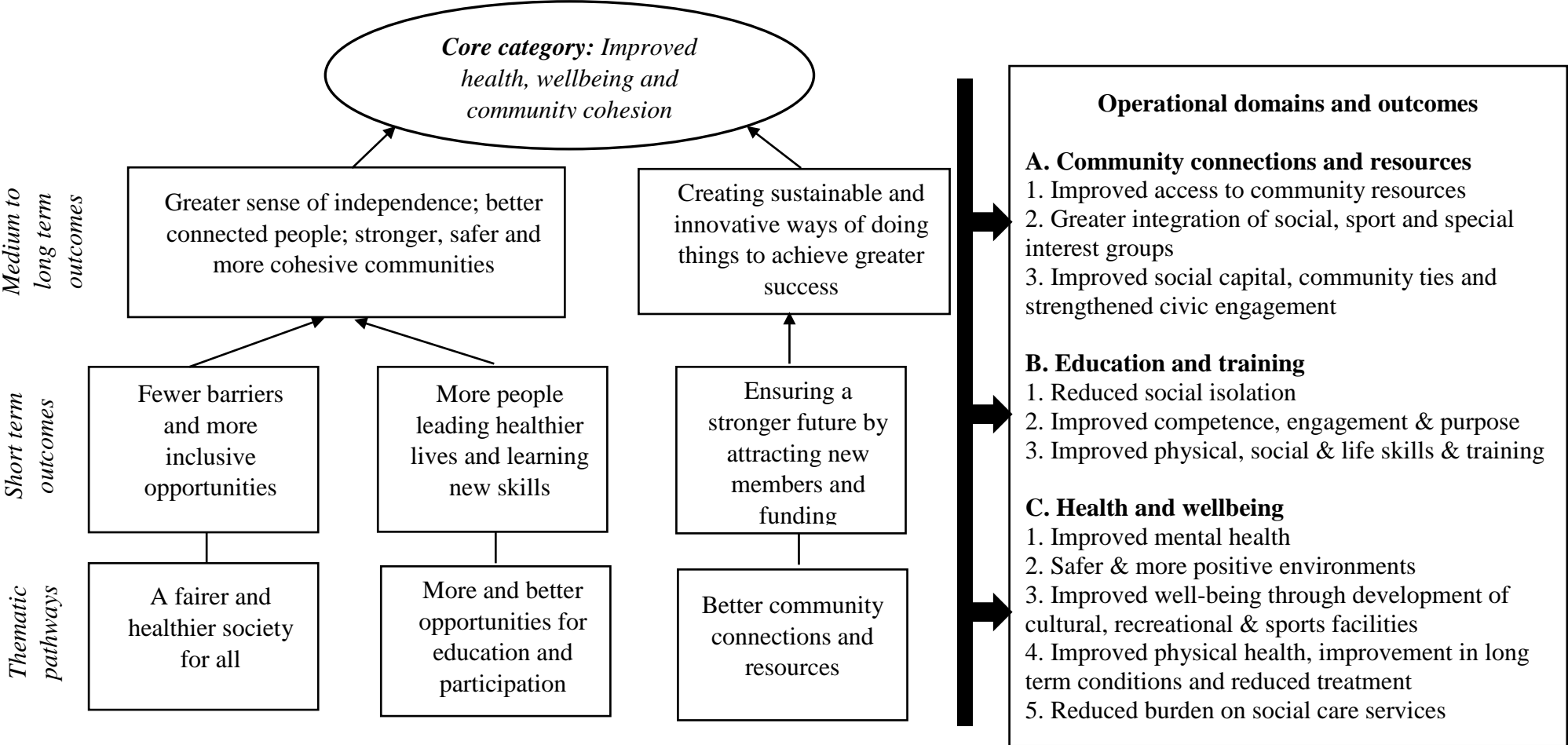
It was important to consider individual and intrapersonal factors, in addition to a range of interpersonal factors including social support, institutional and community environments and broader social, economic and political influences. These emphasise the complex environment in which the causes and conditions of individual health behaviour are determined (Best et al. 2003; Commers et al., 2007; Greene et al., 2015) and in so doing elevate the importance not only of engaging with individuals and groups but also exploring the linkages between individuals and groups who affect, and are affected by, efforts to improve health. This is highly consistent with an approach that seeks to understand sport's role in facilitating community health development (Edwards, 2015). As such, we adopted a social ecological model-based evaluation approach (SEM) which focused on multiple and overlapping determinants (or factors) of physical and psychological health, and their relationship with wider social, political, personal and interpersonal, and economic factors (Golden and Earp, 2012; Jolley, 2014). The purposeful combination of theory-based evaluation approaches with SROI can help to demonstrate the appropriateness, efficiency, effectiveness and impact of programs (Muyambi et al., 2017) which is particularly important for sport and active recreation where competition

for funding is highly competitive (Keane et al., 2019). This is in contrast with behavioural models which emphasize individual characteristics and competencies (Sallis and Owen, 2015). To operationalise the approach a Social Return on Investment (SROI) model was designed and implemented to acquire a data set that would help to understand the impact of the Active Together programme via a consultative, participatory approach in which a full range of material stakeholders were engaged to help develop and inform the evaluation framework. The rationale for the selection of SROI in the present study was the focus on a broader concept of value (Nicholls et al., 2004) and ability to engage with community stakeholders, and the need to provide the commissioners of the Active Together programme with robust evidence of the Active Together programme's impact. While the SROI process usefully facilitated the engagement of stakeholders in the evaluation, and in turn the collection of formative evaluation (process) data, the primary role of the SROI was to capture measurable data on programme outcomes to inform the summative evaluation.

### Conceptualisation through the Theory of Change

To operationalise the socio-ecological aspects of the Active Together programme a theory of change (ToC) was co-produced with stakeholders (n=33) including local authority staff and organisations receiving funding through the programme via three consecutive data collection workshops (November 2014 – February, 2015; each participant attending one workshop each). The ToC established a map which linked the outcomes of the programme to the activities undertaken by the stakeholders (Figure 2).

**Figure 2: Theory of Change and operational outcomes**



This identified the anticipated short, medium and long term outcomes of the programme, and factors that helped or hindered progress towards these outcomes. The ToC was developed using a standardised data collection template to record individual responses and facilitate discussions between all participants, lasting approximately 45 minutes. The template provided space to list the perceived short, medium and long term outcomes and factors that helped or hindered these being achieved. Discussions were recorded and transcribed verbatim. Undertaken by first two authors who are experienced qualitative researchers, data were organised into distinct coding text units in order to establish increasingly distinct themes via discretionary and 'in-vivo' codes which established the basis for emergent concepts. Together, these concepts provided the theoretical explanation for what was going on in the data and highlighted the multifaceted and interactive effects of diverse personal and environmental factors associated with health behaviours. The ToC mapped broadly onto four of the five nested hierarchical levels of the SEM, including: individual (knowledge, attitudes, behaviours); interpersonal (families, friends, social networks); community (relationships between organisations), and organisational (organisations and social institutions) (Figure 3).



**Figure 3: Hierarchical levels of the Social Ecological Model**

	<b>Description</b>	<b>Units of analysis</b>
<p><b>Organizational</b> (organizations and social institutions)</p> <p><b>Community</b> (relationships between organizations)</p> <p><b>Interpersonal</b> (families, friends and social networks)</p> <p><b>Individual</b> Knowledge, attitudes, behaviors</p>	<p>County Council and organisations providing sport and physical activity opportunities for local people within legal and regulatory frameworks</p>	<ul style="list-style-type: none"> <li>- County Council representatives</li> </ul>
	<p>Relationships between County Council and diverse local organisations and networks in order to promote population health and wellbeing</p>	<ul style="list-style-type: none"> <li>- Stakeholders representing local community organisations</li> </ul>
	<p>Interactions within and between social networks and systems including individuals, customs and practices that influence individual behaviours</p>	<ul style="list-style-type: none"> <li>- Participants engaging in Active Together-funded projects</li> </ul>
	<p>Individual characteristics influencing behaviour change relating to demographic, historical, socio-political, psychological (including beliefs, expectations and identity) and economic factors</p>	

## Formative and summative evaluations

The SEM provided a conceptual lens through which to understand the process aspects of the programme (formative evaluation) and to track the outcome changes it produced (summative evaluation). In parallel with the ToC exercise a formative evaluation focused on stakeholders' (beneficiaries) experiences of the processes linked to the management and delivery of the programme through rich qualitative data that explored real world contexts and experiences (Leck, Upton and Evans, 2014; Lyon and Arvidson, 2011; Westall, 2009), for example, how the stakeholders learned about and applied for the funding in addition to general perceptions concerning their projects. The stakeholders (n = 27, of which eight also took part in the ToC workshops) represented diverse organisations including youth and social clubs, sports clubs, charities and community groups. Qualitative data were analysed using an inductive thematic approach (Braun and Clarke, 2006) to identify, organise and report emergent themes which conveyed what was occurring according to the participants.

Following the completion of the ToC exercise the summative evaluation examined the outcomes and impact of the programme and investigated the extent to which the impacts could be attributed to the programme (attribution), or indeed would have occurred anyway without the intervention (deadweight). The programme's outcomes were operationalised using the ToC which provided the basis of an outcomes map derived through a grounded theory approach (Baker and Courtney, 2018) which established the methodological means of implementing a social ecological evaluation approach. This approach combined the principles of SROI and grounded theory in a mutually reinforcing cycle whereby data are collected, analysed, compared and refined in an iterative manner to assist with the conceptualization and categorization of data (Baker and Courtney, 2018; Bringer et al., 2006; Jeon, 2004). This

facilitates the development of explanatory models of phenomena that are ‘grounded’ in empirical data (Charmaz, 2009; Hutchison et al., 2010) via the engagement of stakeholders in data collection processes.

### Programme outcomes

The programme’s outcomes were conceptualised into three broad domains including community connections and resources, education and skills, and health and well-being. These operationalised the SROI framework and established a template for data collection containing 15 stakeholder-defined outcomes. In turn, these informed the selection of a number of outcome indicators that assessed the perceived degree of change experienced by those taking part in activities. A pilot survey was conducted between January and February 2015 to check the efficacy of the outcomes for use in a pre and post quantitative survey that assessed changes over time. The final survey assessed 11 psycho-social outcomes and was conducted between March and October, 2016 to measure changes as perceived by those taking part in Active Together-funded activities. Demographic information, likert-type scales and open-response questions were also collected. Guided by the outcomes domains, the first survey (pre) asked respondents to reflect on life before and after taking part in the programme on a number of areas including community connections, health and wellbeing, and education and skills, and the extent to which they felt that participation in the activities had been responsible for improvements in these areas, ranging between 0% (none at all) and 100% (a great deal). This was repeated in the second survey (post) administered two to three months later in order to triangulate the data. The distance travelled data served to evidence change in the outcomes and to populate the SROI model with proportional measures to establish the impact of Active Together. This data was supplemented with semi-structured interviews conducted with

members of the public participating in funded projects (n = 22) to explore general and specific perceptions concerning the impact of participation and to investigate the extent to which the projects were responsible for how participants felt about themselves and their community, and the changes they perceived to have happened as a consequence of taking part.

## **Results**

A total of 465 project applications were made to the programme and £2,194,685 was distributed, mean funding being £4,719 and 457 projects being funded to the full amount requested, eight projects being rejected or retracted. Registered charities (23.5%) and sports groups and associations (22.5%) accounted for the majority of applications followed by community or voluntary groups (16%), and town or parish councils (16%). Just over one third (36.1%) of applications were made to purchase sports equipment or to refurbish a sports facility, while improving green spaces (19.1%) and less informal activities involving families (16.6%) made up the majority of other applications. Most focused on social activities and physical activity (52.5%), sports (37.9%), with walking, swimming or cycling representing 5% of applications. Many applications concerned capital investment or staff development projects (46.3%), club and talent development representing approximately 12%, and education and learning activities representing approximately 6% of applications.

### Formative evaluation

Three qualitative themes emerged via the analysis of the interview data with stakeholders which unpacked experiences relating to the planning, management and delivery of the

programme. These were: simplicity and flexibility; rapid access and sustainability and development opportunities.

Simplicity and flexibility related to the process and flexibility afforded by the programme which provided stakeholders with opportunities to pursue their objectives; “We needed to take some actions to engage with the local community. That meant looking to promote our sport, encouraging local people to join us ... any financial support we could find to help us develop the capability of running the club, working in the community, was important to us” [community sports club manager]. Participants found the application process straightforward, and valued the contact with local councillors supporting their applications which in turn fostered a sense of trust and connectedness. Most stakeholders recognised the programme as an opportunity to do more for their local communities and club members, to extend or upgrade their equipment and offer a wider range of activities. The funding provided opportunities to develop larger applications where match-funding was a requirement and in so doing provided a basis for leveraging funds for larger-scale projects and new partnerships; “...it will enable us to reach a lot of people through the rest of our work which is already in place, developing new activities, developing new partnerships between organisations” [local authority representative]. In turn this provided a catalytic effect that extended beyond the delivery of activities afforded through the programme funding. Rapid access to funding, generally between four and five weeks, enabled projects to be initiated sooner than had been anticipated and was in stark contrast to stakeholders’ previous experiences of funding; “It was very easy to apply for the grant and the whole process was conducted quickly and painlessly” [community sports club manager]. Being able to implement projects sooner than anticipated led to a number of beneficial outcomes including significant increases in numbers of staff and volunteers, and increased organisational membership. Stakeholders commended the non-bureaucratic approach and the responsiveness

of the reviewing process although did not feel well informed about the level of scrutiny applied by the funding team, giving rise to some concerns regarding the programme's management and accountability processes.

At an organisational level, sustainability and development opportunities were deemed very important; "We're finding it difficult to get funding at the moment. There isn't much. It's the economic climate, a mixture of competition for the funding that is there, and more people going for it" [community charity representative]. This was set against a backdrop of intense competitiveness for funding where smaller organisations felt particularly disadvantaged. The flexibility afforded by the small grants meant that they were highly compatible with organisational contexts, goals and objectives and provided a means of strengthening sustainability in the longer-term. This resulted in a greater sense of confidence to achieve growth and visibility and in doing so the potential to make meaningful contributions to local communities.

### Summative evaluation

A total of 135 responses were received to the SROI survey of which 42.7% were male (n = 56), the mean age being 44 years old (range = 16 – 85 years). Nearly 92% (n = 121) were White British and three quarters (n = 97) reported taking part in activities about once a week. A small number (12.6%, n = 17) reported both having participated in and receiving Active Together funding. Survey data were used to evidence change in the identified outcomes with proportional measures to establish the indicator values for the outcomes (Table 1). The values are derived from the distance travelled survey questions which asked respondents to self-report the perceived change in the outcome as a result of participation in Active Together. This is expressed as mean percentage change in the respective outcome for all respondents. Four

interconnected themes emerged through qualitative analysis of participant data including practical issues, individual benefits, social aspects and transformative potential. Each theme is briefly considered with reference made to both the SROI metrics and the interview narrative.

**Table 1: Indicator values for Outcomes**

<b>Outcome group</b>	<b>Outcomes</b>	<b>Indicator / Composition</b>	<b>Value (%)</b>
Community connections and resources			
	Improved access to community resources	% stakeholders who feel that community resources are more accessible to them; member of more clubs or organisations	+37
	Greater integration of social, sport and special interest groups	% organisations and interest groups reporting improved links with other groups and wider community	+14
	Improved social capital, community ties and strengthened civic engagement	Reported change in involvement in local events; club membership and volunteering;	+34
	Reduced social isolation	Reported change in feeling lonely; in meeting socially with friends, relatives or colleagues; in feeling supported	+20
Education and skills			
	Improved competence, engagement and purpose	Reported change in involvement in local events; club membership and volunteering; (As a proxy for sense of accomplishment; getting chance to learn new things; what doing is worthwhile)	+34
	Improved physical, social and life skills and training	Reported change in skills acquired and developed; feeling more employable	+34
Health and wellbeing			
	Improved mental health	Reported improvement in mental health (WEMWBS adapted short); feeling positive about myself; able to make up my mind about things	+17
	Safer and more positive environments	Reported change in feeling safer in the community; feeling more positive about the local area	+3
	Improved well-being through development of cultural, recreational and sports facilities	Extent to which use of new and developed facilities has resulted in increased life satisfaction; improved health and energy and increased optimism and self-esteem	+15



Improved physical health, improvement in long term conditions and reduced treatment	Extent to which people: have a long-term condition that limits daily activities; feel in control of their health; perceive their health to be good or very good	+17
Reduced burden on social care services	Extent to which people: have drawn on support from organisations to help them feel in control of their life; know where to go to get health advice	+22

The Active Together projects provided diverse local opportunities that provided nearby and accessible physical activity and sport resources, thus reducing the distance and cost associated with opportunities further afield. Indeed, improved access to community resources (A1) was one of three highest scoring outcomes (37%) in terms of change demonstrated through the survey. At the community level, new opportunities and the support to existing projects were perceived as important for re-vitalising local communities and provided sustainable activities that reflected local needs and preferences. This was particularly evident in rural communities who did not have access to a diverse range of resources: “It means a great deal, it’s used a lot, we’re in a small village. There’s not really much for them to do, the nearest town is three miles away and so it just gives them something extra to do...” [community association representative]. In this example, new and improved facilities provided an attractive and more easily accessed resource for younger people to play, interact and be independent.

At the individual level, outcomes included a sense of improved wellbeing (B2, C3), physical (C4) and mental health (C1), and opportunities to develop new skills in new environments (B3). In fact, change in this area was particularly notable from the survey data, with improved competence, engagement and purpose (B2) and improved social and life skills both evidencing an incidence change of 34%. These outcomes enriched peoples’ lives and helped people to participate socially and feel motivated to continue their engagement in physical activity and sport. Consistent with the SROI outcomes survey data, interview participants recognised improvements to physical health due to increased activity levels as a significant benefit, increased flexibility and mobility specifically being noted by a number of participants, in addition to increased self-esteem and confidence; “I have completely changed my life, my fitness level, all that. It has changed everything for me ... before I never used to go outside, I was upset often, but now ... I’d rather be outside and doing something” [youth project

participant]. The diverse range of opportunities allowed participants to identify activities they could relate to and engage in, non-sport activities including play, gardening and gentle exercise being perceived as particularly important.

At an individual level, social outcomes related to opportunities to leave the house, get out and about, and interact and make friends with like-minded people in new surroundings. This satisfied a perceived need for contact with other people and opportunities to develop new friendships; "... apart from walking you are meeting and talking to people ... I do it with friends, going to gym is not for me, I like walking and gardening. I've met some nice people here and learn and talk about other things...I lost my husband 10 years ago and here I do not feel lonely" [walking project participant]. Indeed, the role of Active Together in reducing social isolation was emphasised by both the interview and survey data (B1, 20%), with activities providing a catalyst for social interaction, companionship, a sense of connection and happiness. At a community level therefore, projects acted as important local hubs around which social networks developed and interests were shared, demonstrated in part by the incidence change of 14% for the outcome Greater integration of social, sport and special interest groups (A2). Further, the transformative potential of projects with respect to improving participants' perceptions of social and physical spaces was an important cross-cutting theme evidenced through the SROI metrics and supporting narrative, entailing not only regenerative physical aspects but the sense that projects provided vibrant social spaces, providing a 'glue' within communities which allowed diverse people with similar interests to bond.

Whilst material changes may have occurred because of the Active Together programme between 2014 and 2016 it was important to take account of similar changes or trends that may have occurred for society as a whole over the same time period. A range of national level

secondary data<sup>1</sup> was assembled to represent the main outcomes revealed through the theory of change with proportional changes used to produce estimates of deadweight in the model. These estimates were triangulated against the qualitative and quantitative data collected in the evaluation to improve their accuracy. Values for deadweight were 0.11 for Community connections and resources, 0.15 for Education and skills and 0.07 for Health and Wellbeing respectively, whilst equivalent attribution values were 0.53, 0.49 and 0.56. Taking health and well-being deadweight as an example, the data suggested that 7% of benefits would have occurred anyway, and the survey data suggesting that 56% of observed health and well-being improvements could be attributed to the Active Together programme opposed to other factors.

## Discussion and Conclusions

This study deployed a social-ecological evaluation framework operationalised through an SROI methodology to evaluate a small grants community health promotion programme in order to understand and assess the broader social outcomes relating to the implementation of local physical activity and sport projects. The findings highlight a diverse range of societal outcomes at individual and community levels which reflect social, personal and interpersonal, and economic benefits. The broad outcomes point to the diversity of applications submitted by organisations and the ability of beneficiaries to respond to the needs and preferences of their communities. This demonstrates the effectiveness of small grants programmes of this type in supporting communities to address health related issues through improvements in quality of life and related skills and competences, and the utility of the SROI methodology for evidencing these impacts.

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<sup>1</sup> For example, Department for Culture Media and Sport Community Life Survey; NOMIS Official Labour Market Statistics; Sport England Active People Survey.

The development and assessment of the outcomes is supported by the qualitative findings which demonstrate that community stakeholders play a pivotal role in delivering health enhancing strategies (Misener and Misener, 2016) through their immersion in, and responsiveness to, the community settings in which they are located. This resonates not only with the wider field of public health which intentionally seeks the involvement of local people in commissioning approaches (Local Government Association, 2015), but also with the recognition that narrow outcomes-based approaches are not necessarily appropriate for complex public health interventions (Gladsby et al., 2011). The cross-cutting nature of the three identified outcome domains demonstrate that the effects of the programme were not limited to a single area, namely physical health, and were experienced to varying degrees according to the context in which they took place. This finding concurs with that of other context based outcome evaluations, such as Courtney's (2014) SROI of the Lottery funded Local Food Programme where substantial health, well-being and community benefits were realised from activities aimed at improving accessibility to local food, and other small-scale projects that have reported a range of physical and mental health outcomes, greater social interaction and self-management of care (Carrick, 2013; Jones, 2012). Given the novelty of context-based approaches in this area we argue that the SROI methodology not only provides social enterprises with a much needed framework for measuring performance and social impact (Miller and Hall, 2013), but also a valuable management and stakeholder engagement tool for those commissioning local physical activity and sport programmes of this type, reflecting research elsewhere which suggests SROI approaches can support programme management and administration (Muyambi et al., 2017).

The Active Together programme raised awareness of the public health agenda to elected council members and the county's voluntary and community sector, and in so doing mobilised

a significant community resource. Whilst we were unable to assess the extent to which stakeholders and beneficiaries were involved in the early stages of the programme due to the evaluation commissioning process, it was apparent that the evaluation exercise itself provided an engagement tool that facilitated communication and feedback between the commissioning team and those benefiting from the grants. This type of stakeholder involvement is important for helping commissioners plan and implement programmes (Department of Health, 2010; Rauscher, Schober and Millner, 2012) and could potentially increase the quality of participation and the credibility of decision making (Exworthy, Powell and Gladsby, 2017).

The findings suggest that the imaginative approach adopted in the programme also appeared to circumvent issues normally equated with partnership approaches. One such issue is the concern that the localism agenda has been underpinned by a strong accountability and performance system which extends and deepens governments' roles in public policy and service delivery (Grix, 2010; Grix and Phillpots, 2011; Phillpots and Grix, 2014), rather than providing for greater flexibility and innovation. In this scenario partnership approaches may impede the inclusion of less traditional partner organisations (Craig et al., 2004; Gilchrist, 2006; Houlihan and Lindsey, 2008). In contrast, the avoidance of an onerous reporting and performance framework within the programme was notable and encouraged the development of local ideas and responses which helped lever additional funding, grew volunteer capacity and increased a sense of community resilience. This might provide a useful approach for future similar programmes, and for social prescribing approaches that have incidental benefits for communities and wider society.

Concluding Remarks

Whilst the study clearly highlights the short to medium term impact there is less certainty about longer term impacts given inevitable questions around the sustainability of the programme in its local context. This restricts the ability to make assess the overall impact of the programme. The lack of comparative studies also makes it difficult to understand the impact of Active Together in light of other similar programmes and the potential to have missed important programme outcomes and to not have engaged all material stakeholders (Muyambi et al., 2017) is a limitation. However, the successful application of SROI in this study demonstrates the potential of such approaches for evaluating contextually complex health promotion programmes, and in time should render this limitation less relevant.

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