

The Evaluator conducted a full Social Return on Investment analysis on the Love to Move programme back in 2020 which can be found here: <https://britishgymnasticsfoundation.org/wp-content/uploads/2020/08/FINAL-Love-to-Move-SROI-Aug-2020.pdf>.

This update aims to expand on the findings of the initial report, with a view into the effect of cost-of-living increases in the current turbulent economic climate. We also wanted to increase our focus on the burden of care on caregivers and whether taking part in Love to Move had additional impact on caregivers, both as a respite of care and as a social activity, as well as investigating whether taking part in Love to Move is able to keep participants at home with their families longer, before the disease requires them to move into full-time care.

To undertake this additional report, we have done the following:

- Conducted telephone interviews with caregivers who have attended both in the past or present.
- Desk research, referencing the World Alzheimers report which was published in 2022 <https://www.alzint.org/resource/world-alzheimer-report-2022/> alongside figures sent to us by Love to Move.
- Updated our participant and carer estimates to reflect real knowledge based on the actual programme in 2022

We are aware that previous evaluation has been conducted with participants of Love to Move and we were keen to avoid interviewing the same people again, so we made a request to deliverers to signpost us to participants who would be willing to be interviewed, but hadn't already spoken to Love to Move. Our email to the deliverers was thus:

"Dear Love to Move Deliverers

Call for interviews:

We're hoping to capitalise on some press interest on Love to Move and would like to update the Social Return on Investment. One of the things we're keen to try and explore is the question, "Can taking part in Love To Move keep a loved one at home and out of full time care for longer?"

Do you know anyone who might be able to help us answer that question or have an opinion on it? We're particularly keen to hear from people who haven't already taken part in interviews for Love To Move as we know interviews can be quite invasive and we want to be mindful of peoples time. We think the kind of person who might be best placed to answer this is someone who has taken part in the programme for a while, who supported a partner or relative to attend until they needed full time care, or maybe someone who volunteers at the sessions. That might not be the only person who can help us, and if you know someone different, please speak up.

We hope the SROI update will help publicise Love To Move more widely and help care homes, potential partners and funders understand the benefits of the program.

If you think you can help us find us somebody who would be willing to speak to us, please let us know your details here and we'll give you a call to explore how we can reach out to those people in a way that suits you/ them best. "

Through our email and through contacting individual deliverers to speak to participants we were able to speak to 7 carers, who over the course of the project had attended Love to Move with either their partner or parent who had been diagnosed with dementia. We conducted telephone interviews with each carer of asking about the impact attending Love to Move had on their partner and themselves.

When we first spoke to deliverers and were planning how to approach this SROI, it was clear that carers and participants were treated very similarly and had some similar issues in the classes. Carers have a difficult life, and they are often elderly themselves.

We found that the carers were extraordinarily supportive and passionate about Love to Move with a few quotes as follows:

"I haven't seen her laugh like that for so long"

"My husband and I feel like a one-person care home sometimes and to have these outlets is an absolute saving grace! It gives structure to the week for her and for us. It gives us a break and it's terrific."

"It's lovely for the carers to interact with each other as well as those with the diagnosis."

"I honestly believe that without the group and the visits from carers, that she would be in a home as we wouldn't be able to cope."

"She comes away having enjoyed the occasion – I always find she's pulling back as she wants to chatter on with her friends that she's made"

"I do take the opportunity to read a book as it's one of the few times in the week that I have time to myself."

"Staff [are] all are so warm and affectionate. I can't speak more highly of them. I can see that it's doing good."

"There was one lady who wasn't doing very well, she had dementia but when the music started, she danced with her husband and didn't put a foot wrong."

UPDATING THE NUMBER OF PEOPLE TAKING PART IN 2023

ORIGINALLY, WE WROTE -

We know that 238 people have attended the delivery training, and that of those, 40 have been assessed and a further 40 have confirmed they are delivering. It is likely that more than 80 people are delivering but we are erring on the side of caution.

In March 2020,
Love to Move has
trained

238

deliverers



By March 2022,
it's estimated they
will have trained

500

deliverers

We also know from our direct research that each care home setting has an average attendance of 19 people, each community setting has an average attendance of 14 people and each session has an average of 1.28 volunteers. This works out as an average current weekly attendance of 17.8 participants per session, per week.



With 80 people delivering weekly we know that in March 2020, we can make a confident estimate that 1424 participants are taking part each week.



These global figures of 1424 participants, 80 deliverers and 238 trained individuals will not be used to estimate the SROI, as we are concerned with the value of the whole project. However, the team needs to understand their current progress towards targets and for SROI purposes, we need to understand the current picture to decide if our samples are statistically reliable.

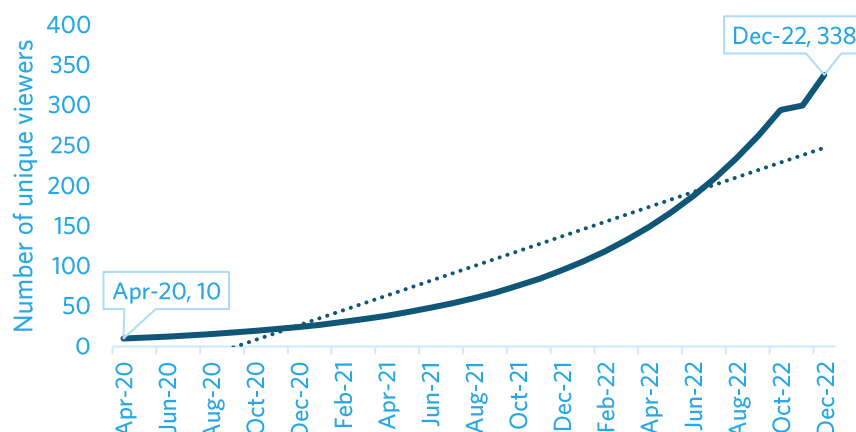
Programme staff confidently estimate that by March 2022, 5000 people will be participating weekly and 500 deliverers will have been trained. This is based on hitting the programme's target of 4000 people taking part in England, with a further 1000 people taking part across Scotland, Wales, and Northern Ireland. These estimates seem very reasonable and are probably on the low side.

2023 UPDATE - FACE TO FACE FIGURES

Due to the continued impact upon the pandemic, the face to face sessions were not able to go ahead and reach quite the capacity predicted. We estimate that 4140 people participated and we worked this out in the following way:

In March 2020 there were 238 deliverers who were running workshops for an estimated 1,424 people. By December 2022, Love to Move trained 692 deliverers, so using a ratio calculation of 238:1424 we estimate that 692 deliverers will have 4140 people attending their sessions.

YouTube unique viewers over time with 10% increase per month



After the COVID-19 pandemic we believe that uptake on Love to Move was definitely impacted, as the participants were high risk and likely to be shielding long after the lockdown measures were lifted. We know that care homes were highly affected which meant that in-person sessions could not take place. However, Love to Move transitioned into a digital medium, releasing YouTube videos that carers and participants could engage with from home.

We know that the YouTube videos had 31,000 views, and they had 338 unique views in December 2022, and 883 unique views from the last three months. We understand that it will have taken some

time to gain enough traction to attract these unique views, so we estimated that from a baseline unique viewer count of 10 in April 2020, with a percentage increase of 10% increase per month over 30 months (April 2020-December 2022) to attain an estimated unique viewer count of 3,303. We divided the unique viewers by the total views (31,000) and gained an average 9.3 views per viewer.

We know that the in-person attendance was not as high as predicted (due to the continued shielding from the pandemic) and we estimate the in-person attendance reached 4,140. However, we estimate that the online engagement made up for these numbers with an online engagement of 3,303 unique viewers. This means that more than 5000 people are participating in Love to Move, but as they are participating in different ways we have allowed for this in SROI calculation. If these viewers engaged with the video once per month, on average they would benefit from the effects for 9 months, therefore we have allowed for online participants to receive benefits for three quarters of a year rather than a full year.

CARERS:

The carers who we spoke to were mainly spouses and children. Care providers provide hands-on care, dressing, assisting with finances and other daily activities, and care managers arrange for others to provide care, for example a nurse for personal care, an accountant to assist with finances. Spouses tend to be care providers, and adult children and other relatives, care managers.¹ The majority of carers we spoke to were care providers, with one care manager who attended Love to Move with their parent to give the care provider some respite. From studies we can estimate the amount of time a carer is 'working' as the following:

Hours of care required	per day	per week	per month	per year
Mild dementia	3.2	22.4	89.6	1075.2
Moderate dementia	5.35	37.45	149.8	1797.6
Severe dementia	9.5	66.5	266	3192

Figures taken from source: <https://pubmed.ncbi.nlm.nih.gov/23629588/>

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181916/>

For an individual with moderate dementia the amount of informal care their care provider gives is equivalent to a full time job over the course of a week. With informal care of course, there are no days off or annual leave so the burden on the caregiver can become quite taxing over time.

We found during this update that the caregivers valued Love to Move for their own benefit, not just for their partner/parent. The sessions provided them a safe space where they were understood by the others. They were able to choose how to spend their time, either by taking part, having a coffee and a natter, or even sitting to one side and enjoying a book. The time became their own and was a small respite from their caregiving. ***“It’s a lovely relief for carers ‘cause you can talk to someone and have a decent conversation. It gives you the fact that you are still part of the human race”***

We have therefore added two new benefits to the SROI calculation, one where a carer feels happier, and one where a carer socialises more. These are now added into the values table below.

SOCIAL RETURN ON INVESTMENT UPDATE

The updated research conversations have allowed us to update the changes which can be valued in the SROI.

Change	Care Home Staff % Improved	Carers % Improved	Care Home Staff % Stayed the same	Carers % stayed the same	Participants %	2022 update	Final % used
Brighter or more alert	63.3%	59.5%	26.7%	13.5%	26.1% (used term more energy)	14% were more alert	On average; 41% improved (<i>changed from 50% in 2020</i>) and 20% stayed the same.
Make more eye contact	63.3%	37.8%	23.3%	37.8%	n/a	No change	On average; 51% improved and 31% stayed the same
Easier to connect	76.7%	43.2%	16.7%	29.7%	n/a	57% improved	On average; 59% improved (<i>changed from 60% in 2020</i>) and 23% stayed the same
Sleeping better	3.3%	13.5%	16.7%	51.4%	17.4%	No change	On average; 11% improved and 34% stayed the same
Calmer	33.3%	35.1%	33.3%	35.1%	n/a	No change	On average; 34% improved and 34% stayed the same
Less agitated or angry	46.7%	24.3%	33.3%	43.2%	n/a	No change	On average; 36% improved and 77% stayed the same
Less frustrated	43.3%	29.7%	33.3%	37.8%	17.4% (used the term feel great)	No change	On average; 30% improved and 36% stayed the same
More interested in what is going on around them?	53.3%	45.9%	33.3%	24.3%	n/a	29% improved	On average; 43% improved (<i>changed from 50% in 2020</i>) and 29% stayed the same
Speaking more clearly	3.3%	10.8%	56.7%	56.8%	n/a	No change	On average; 7% improved and 57% stayed the same
Chattier	23.3%	35.1%	43.3%	32.4%	73.9% (used talked)	57% improved	On average; 47% improved (<i>changed from 44% in 2020</i>) and 38% stayed the same

					to more people)		
Communicating better	43.3%	21.6%	40%	43.2%	73.9% (used talked to more people)	57% improved	On average; 49% improved (<i>changed from 46% in 2020</i>) and 42% stayed the same
Taking part in other activities	76.7%	51.4%	16.7%	13.5%	65.2% (asked if can sing or dance or have more fun again)	14% improved	On average; 52% improved (<i>changed from 64% in 2020</i>) and 15% stayed the same
Socialising better with you	70%	29.7%	23.3%	40.5%	n/a	71% improved	On average; 57% improved (<i>changed from 50% in 2020</i>) and 32% stayed the same
Socialising better with others	56.7%	43.2%	36.7%	24.3%	56.5% (used term made new friends)	86% improved	On average; 61% improved (<i>changed from 52% in 2020</i>) and 61% stayed the same
Eating better	10%	13.5%	43.3%	54.1%	n/a	No change	On average; 12% improved and 49% stayed the same
Physically able to eat or drink better	3.3%	5.4%	50%	59.5%	8.7% (asked if could do things couldn't before)	No change	On average; 6% improved and 55% stayed the same
Physically able to move around more	6.7%	24.3%	53.3%	40.5%	8.7% (asked if could do things couldn't before)	57% improved	On average; 24% improved (<i>changed from 13% in 2020</i>) and 47% stayed the same
Laughing more	56.7%	40.5%	30%	24.3%	n/a	14% improved	On average; 37% improved (<i>changed from 49% in 2020</i>) and 27% stayed the same
Feeling happier	63.3%	51.4%	33.3%	16.2%	78.3%	100% improved	On average; 73% improved (<i>changed from 65% in 2020</i>) and 25% stayed the same
Remembering more	23.3%	18.9%	43.3%	35.1%	21.7%	29% improved	On average; 23% improved (<i>changed from 21% in 2020</i>) and 39% stayed the same
Carer – Feeling happier						100% felt this	New changes added in 2022
Carer – Socialising more						86% felt this	New changes added in 2022

TOP FIVE KEY IMPROVEMENTS FOR PARTICIPANTS AND CARERS

Ranked in order, from most improvement to least from the 2022 interviews:

Rank	Change seen	% who saw an improvement
1	Participant feeling happier	100%
2	Carer - feels happier	100%
3	Participant socialising better with others	86%
4	Carer - socialising more	86%
5	Socialising better with you, the carer	71%

The prevailing impact is that both participants and carers come away from Love to Move feeling happier. They also felt the benefits of socialising. More than just an exercise class, Love to Move is connecting people and allowing them to socialise, something which is increasingly important in a post-lockdown world.

This can be compared to the 2020 results for participants (as we did not count carer benefits in the original SROI):

1. 64% Feel happier
2. 64% Took part in other activities
3. 60% Found it easier to connect
4. 52% Socialised more and made new friends
5. 51% Made more eye contact

Through the telephone interviews we carried out the numbers of people who were feeling these benefits are much higher. But, this is a much smaller sample size, therefore we have taken averages of the previous percentage and new percentage rather than just use the new figures to remain cautious in our estimates.

SROI VALUING THE CHANGES

Our final list of changes and the corresponding values table are shown, all figures have now been updated to 2022 figures and an inflationary increase has been incorporated:

Stakeholder	Change	Working out	Final Number affected	Financial proxy 2020	Financial Proxy 2022
Participants have more energy (face-to-face)	Brighter or more alert	On average; 41% improved and 20% stayed the same	Participants & Carers who take part 1697 full benefit 414 10% of benefits	HACT value for feeling more in control of life £15,894	HACT value for feeling more in control of life £17,792
Participants have more energy (Online)	Brighter or more alert	On average; 41% improved and 20% stayed the same	Participants & Carers who take part 1354 full benefit 330 10% of benefits	HACT value for feeling more in control of life £15,894	HACT value for feeling more in control of life £17,792
Participants have good overall health (face to face)	<div> <div>■</div> Make more eye contact </div> <div> <div>■</div> Easier to connect + Eat Better </div> <div> <div>■</div> Physically able to eat or drink better </div>	<div> <div>■</div> On average; 51% improved and 31% stayed the same + </div> <div> <div>■</div> On average; 59% improved and 23% stayed the same </div> <div> <div>■</div> On average; 12% improved and 49% </div>	Participants & Carers who take part 1490 full benefit 414 10% of benefits	HACT Value for Good overall health is £20,141**	HACT Value for Good overall health is £22,547

	<p>■ Physically able to move around more</p> <p>= Good overall health</p>	<p>stayed the same + On average; 24% improved and 55% stayed the same</p> <p>On average: 36% of participants see an improvement in physical health and 43% stay the same and receive 10% of the benefits</p>			
<p>Participants have good overall health (Online)</p>	<p>■ Make more eye contact</p> <p>■ Easier to connect + Eat Better</p> <p>■ Physically able to eat or drink better</p> <p>■ Physically able to move around more</p> <p>■ = Good overall health</p>	<p>■ On average; 51% improved and 31% stayed the same + On average; 59% improved and 23% stayed the same</p> <p>■ On average; 12% improved and 49% stayed the same + On average; 24% improved and 55% stayed the same</p> <p>■ On average: 36% of participants see an improvement in physical health and 43% stay the same and receive 10% of the benefits</p>	<p>Participants & Carers who take part</p> <p>1188 full benefit</p> <p>330 10% of benefits</p>	<p>HACT Value for Good overall health is £20,141**</p>	<p>HACT Value for Good overall health is £22,547</p>
<p>Participants have good emotional health (face to face)</p>	<p>Feel calmer & Less frustrated & Laughing more & Feeling happier</p> <p>= High Confidence</p>	<p>■ On average; 34% improved and 34% stayed the same</p> <p>■ On average; 49% improved and 27% stayed the same</p> <p>■ On average; 64% improved and 25% stayed the same</p> <p>■ On average: 73% of participants see an improvement in emotional health</p> <p>On average 55% saw an improvement</p> <p>31% stay the same and receive 10% of the benefits</p>	<p>Participants & Carers who take part</p> <p>2277 full benefit</p> <p>1283 10% of benefits</p>	<p>HACT Value for High Confidence (adults) is £13,080</p>	<p>HACT Value for High Confidence (adults) is £14,642</p>

Participants have good emotional health (Online)	<p>Feel calmer & Less frustrated & Laughing more & Feeling happier</p> <p>= High Confidence</p>	<ul style="list-style-type: none"> On average; 34% improved and 34% stayed the same On average; 49% improved and 27% stayed the same On average; 64% improved and 25% stayed the same On average; 73% of participants see an improvement in emotional health <p>On average 55% saw an improvement</p> <p>31% stay the same and receive 10% of the benefits</p>	<p>Participants & Carers who take part</p> <p>1817 full benefit</p> <p>1024 10% of benefits</p>	<p>HACT Value for High Confidence (adults) is £13,080</p>	<p>HACT Value for High Confidence (adults) is £14,642</p>
Participants sleep well (face to face)	Sleeping better	<p>On average; 11% improved and 34% stayed the same</p>	<p>Participants & Carers who take part</p> <p>455 full benefit</p> <p>1408 10% of benefits</p>	<p>A sleep test costs £199 and a CPAP machine and energy increase costs £300 with, which is often associated with an improvement in sleep</p>	<p>A sleep test costs £199 and a CPAP machine and energy increase costs £349+£60 with, which is often associated with an improvement in sleep</p>
Participants sleep well (online)	Sleeping better	<p>On average; 11% improved and 34% stayed the same</p>	<p>Participants & Carers who take part</p> <p>363 full benefit</p> <p>1123 10% of benefits</p>	<p>A sleep test costs £199 and a CPAP machine and energy increase costs £300 with, which is often associated with an improvement in sleep</p>	<p>A sleep test costs £199 and a CPAP machine and energy increase costs £349+£60 with, which is often associated with an improvement in sleep</p>
Participants socialise better and are less lonely (face to face)	<p>Speaking more clearly & Chatterier & Communicating better & Socialising better with you & Socialising better with others</p> <p>= Better socialising overall</p>	<ul style="list-style-type: none"> On average; 7% improved and 57% stayed the same On average; 47% improved and 38% stayed the same On average; 49% improved and 42% stayed the same On average; 57% improved and 32% stayed the same + On average; 61% improved and 61% stayed the same 	<p>Participants & Carers who take part</p> <p>1822 full benefit</p> <p>1904 10% of benefits</p>	<p>HACT Value for being a member of a social group is £1,850</p>	<p>HACT Value for being a member of a social group is £2,071</p>

		On average: 44% improved and 46% stayed the same			
Participants socialise better and are less lonely (online)		We felt that socialising was not an outcome that could be achieved through online engagement and have assigned no value to this.	Participants & Carers who take part 0 full benefit 0 partial benefits		
Participants feel less angry (face to face)	Less agitated or angry & Less frustrated & Feeling happier = Relief from depression and anxiety	<ul style="list-style-type: none"> On average; 36% improved and 77% stayed the same On average; 30% improved and 36% stayed the same On average; 73% improved and 25% stayed the same <p>On average: 46% of participants feel relief from depression and anxiety 46% stay the same and receive 10% of the benefits</p>	Participants & Carers who take part 1904 full benefit 1904 10% of benefits	HACT Value for relief from depression and anxiety is £36,766 We will only claim 25% of this impact as other factors can impact on depression and anxiety - we cannot take full credit here.	HACT Value for relief from depression and anxiety is £41,158 We will only claim 25% of this impact as other factors can impact on depression and anxiety - we cannot take full credit here.
Participants feel less angry (online)		We felt that relief from depression was not an outcome we could confidently attribute from online engagement, and have not counted it here.	Participants & Carers who take part 0 full benefit 0 partial benefits		
Participants do more (face to face)	<ul style="list-style-type: none"> Taking part in other activities More interested in what is going on around them <p>Equals having hobbies</p>	<ul style="list-style-type: none"> On average; 52% improved and 15% stayed the same On average; 53% improved and 29% stayed the same <p>On average: 52% improve and 22% stay the same</p>	Participants & Carers who take part 2153 full benefit 911 10% of benefits	HACT Value for Hobbies is £1,555	HACT Value for Hobbies is £1,740
Participants do more (online)	<ul style="list-style-type: none"> Taking part in other activities More interested in what is going on around them Equals having hobbies 	<ul style="list-style-type: none"> On average; 52% improved and 15% stayed the same On average; 53% improved and 29% stayed the same <p>On average: 52% improve and 22% stay the same</p>	Participants & Carers who take part 1718 full benefit 727 10% of benefits	HACT Value for Hobbies is £1,555	HACT Value for Hobbies is £1,740

Participants carry out more exercise (face to face)	Participants feel the general benefits of mild exercise	100%	Participants & Carers who take part 4140	HACT Value of frequent mild exercise is £3,537	HACT Value of frequent mild exercise is £3,959
Participants carry out more exercise (online)	Participants feel the general benefits of mild exercise	100%	Participants & Carers who take part 3303	HACT Value of frequent mild exercise is £3,537	HACT Value of frequent mild exercise is £3,959
Carer – Feeling happier (face to face)	Feel calmer & Less frustrated & Laughing more & Feeling happier = High Confidence	100%			HACT Value for High Confidence (adults) is £14,642
Carer – Feeling happier (online)	Feel calmer & Less frustrated & Laughing more & Feeling happier = High Confidence	100%			HACT Value for High Confidence (adults) is £14,642
Carer – Socialising more (face to face)	Carer feels the benefit of socialising overall	86%	4140		HACT Value for being a member of a social group is £2,071

UK CPIH inflation has been taken into account, 2020-2021 at 2.59%, and 2021-2022 at 9.12%, sourced from <https://www.statista.com/statistics/270384/inflation-rate-in-the-united-kingdom/>

SROI: INPUTS

We have counted total grants, as we are working on total numbers attending as predicted by the end of the project. However, because we are only estimating SROI impact over one year, participants' donations and in-kind inputs are only worked out over one year.

Amount in 2020	Details
£500,000.00	Sport England total grant
£250, 000.00	British Gymnastics Foundation
£26, 000.00	Sport Northern Ireland total grant
£10, 000.00	Awards for All grant
£9, 999.00	Cambridgeshire Community Foundation
£5, 000.00	Luton Clinical Commissioning Group
£92, 000.00	Donations from participants (this is worked out by estimating that half of all those attending community groups in total, 1000 people, will donate £2 a week and attend 46 times a year, allowing for some sessions not attended/running)
£184, 000.00	Participant time and travel. As all the participants are retired, we cannot use time costs, so we have allocated £4 per person, per week, as average travel costs and assumed that 2 people travel together. This only applies to community settings as there are no travel costs in care home settings or online.

£207,600.00	Deliverers' investment, financially, in training. This is worked out by 692 people paying £300 per course.
£207,600.00	Those who attend the courses pay in terms of time and travel costs; we have estimated £150 per person, per day to cover these costs. Courses are 2 days.
£100,000.00	Sport England Extension grant
£83,500.00	BGF Extension 21/22 financial input
£10,000.00	BGF Extension 22/23 financial input
£1, 685, 699.00	This is the total value of inputs for the SROI calculation. This is likely to be over-estimated but we want to be cautious in our working out and not over-claim a figure.

Because dementia is degenerative and lasts about 8-10 years on average, we can estimate a very crude deterioration of 10% per year is to be expected. Therefore, someone retaining a skill or ability for one year will give 10% of the improved benefits.

Please note – we have used a mix of The Evaluator's own previous research and HACT values which were freely available and in the public domain.

Some final SROI notes:

1. Deadweight – what would have happened without the activity?

This is where we have allowed for the 'stayed the same' being an impact as opposed to a degeneration which is what we would normally expect. Where the calculation refers to an improvement, the deadweight is 50%, as we are being very cautious in this SROI. Where the calculation refers to maintaining, we have allowed for a 90% deadweight i.e. Love to Move is only contributing to 10% of the change.

1. Displacement – What activity What activity would we displace?

Our research revealed very little other activity happening. In fact, the Short Active Lives Surveys strongly indicate that Love to Move is the only activity most people do. Therefore, we have kept the calculation simple and allowed just 10% for displacement throughout, as fitting our cautious attitude here.

2. Attribution – Who else would contribute to the change?

We have again been cautious in this column, allocating between 25% and 75% throughout most activities unless feeling certain that Love to Move is the sole cause, for example in the 100% of people who undertake mild exercise. The table below details the exact attribution we have used for each change.

Amount	Details
£13,408,117.92	More energy value Face to face has a 50% deadweight and online has a 90% deadweight Both methods have a 10% displacement and with a 50% attribution
£8,420,234.08	Good health value Face to face has a 50% deadweight and online has a 90% deadweight Both methods have a 10% displacement and with a 75% attribution
£8,091,795.15	High confidence value Face to face has a 50% deadweight and online has a 90% deadweight Both methods have a 10% displacement and with a 50% attribution
£90,620.01	Better sleep value Face to face has a 50% deadweight and online has a 90% deadweight Both methods have a 10% displacement and with a 75% attribution
£1,436,820.87	Socialising value Face to face has a 50% deadweight and nothing is counted for socialising online Both methods have a 10% displacement and with a 30% attribution
£1,763,579.14	Relief from depression and anxiety value Face to face has a 95% deadweight and online has a 95% deadweight as we are cautious assuming too much of this relief is due to the programme Both methods have a 10% displacement and with a 50% attribution
£1,643,459.06	Hobbies value Face to face has a 50% deadweight and online has a 90% deadweight Both methods have a 10% displacement and with a 50% attribution
£13,260,076.65	Exercise value Face to face has a 50% deadweight and online has a 90% deadweight Both methods have a 10% displacement and with a 0% attribution
£8,372,370.20	Carer values (NEW IN 2023) Carers have a 50% deadweight for socialising and 90% for feeling happier All have a 10% displacement and with a 50% attribution
£50,575,280.74	This is the total value of outputs for the SROI calculation. This is likely to be under-estimated, but we want to be cautious in our working out and not over-claim a figure.

Final SROI Calculation

The final SROI figure is worked out by taking the total outputs – total inputs and then dividing the total inputs by this figure.

$$£50,575,280.74 - £1,685,699.00 = £48,889,581.74$$

$$£48,889,581.74 / £1,685,699.00 = £29.00$$

