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Valuing nature-based communities of care: A social return on investment (SROI) evaluation of The Fathom Trust 'Making Well' programme

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27. Jul. 2024

VALUING NATURE-BASED COMMUNITIES OF CARE

A SOCIAL RETURN ON INVESTMENT (SROI) EVALUATION OF THE FATHOM TRUST 'MAKING WELL' PROGRAMME

Prepared by:

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Funded by:

Accelerate Programme,
Life Science Hub Wales

August 2022

1. EXECUTIVE SUMMARY

This report presents a Social Return on Investment (SROI) evaluation of the 'Making Well: Health & Healing through Green Craft' programme (hereafter Making Well programme). Developed and delivered by The Fathom Trust as part of a six-month pilot project, the aim of this community-led, nature-based programme is to support the health and well-being of people with long-term mild to moderate psychological conditions.

1.1.Background

The UK mental health crisis following the Covid-19 pandemic has put pressure on an already overburdened health care system, resulting in longer NHS wait times (O'Shea, 2021; Rathnayake et al. 2020; Mahase, 2022). Long wait times can result in further deteriorations in health and compound suffering (Reichert & Jacobs, 2018; ; Punton, Dodd, & McNeill, 2022).

Green social prescribing is a means of connecting people with non-clinical community-led, nature-based interventions that could help alleviate pressure on health and social care systems and provide immediate support to those in need (Bragg & Aktins, 2016; Howarth & Donovan, 2019; Pretty & Barton, 2020; Vidovic et al. 2021). Understanding the social impact, costs, and benefits of these programmes is essential to enable the development and integration of this holistic approach into policy and practice.

1.2.The Fathom Trust 'Making Well' programme

Founded in 2019, The Fathom Trust is a charitable organisation that seeks to develop innovative models of integrated holistic and cost-effective social infrastructure to care for people and the environment through craftsmanship, conservation and contemplation.

The Fathom Trust Making Well programme is an eight-week supportive programme developed to promote health and well-being for people with long-term mental health conditions. The programme offers experience of therapeutic traditional nature-based crafts, horticulture, conservation and mindfulness within the local natural landscape in the Brecon Beacons, Wales. The programme aims to equip individuals with new skills while fostering healthy social and cognitive development for self-empowerment.

1.3.Aim and Objectives

The goal of this SROI evaluation of the Making Well programme is to compare the costs of the programme with the social value generated for key stakeholders, with a particular focus on health and well-being. The specific objectives of the evaluation are:

- To explore if the Making Well programme is effective in supporting people with long-term mental health conditions (i.e. by facilitating an improvement in well-being).
- To identify and quantify the social value generated by the Making Well programme.
- To provide the Fathom Trust with social cost-benefit evidence and forecasting to help maximise the social value of the Making Well programme in the future.

1.4.Methods

SROI explores the wider economic and social costs and benefits of activities from the perspective of the people that experience them. Due to time constraints of a six-month pilot project, the stakeholders considered in this SROI evaluation were restricted to Making Well programme participants and NHS Wales. The health and well-being of 15 Making Well participants and their recent health service resource use were assessed before and after the eight-week programme via questionnaires. Interviews were also conducted with 12 participants to collect in-depth data on their lived experience of the programme. Making Well programme inputs and costs were estimated and financial proxies from the HACT Social Value Bank were applied to identified outcomes. Three alternative well-being valuation approaches were applied as an embedded sensitivity analysis to estimate a robust range of social value ratios.

1.5.Results

Results demonstrate that the Making Well programme is effective for supporting the well-being of people with long-term mild to moderate mental health conditions. The key outcomes acknowledged by participants were **increased feelings of social connection and belonging, improved mental health and higher self-confidence**. Participants also reported improved overall well-being and fewer GP appointments at the end of the programme compared to before, resulting in social value cost-savings to the NHS. Applying well-being valuation to non-monetised outcomes indicates that the six-month Making Well pilot generated significant social value in the range of £3.30 to £4.70 for every £1 invested.

When considering the social cost-benefit of the Making Well programme and The Fathom Trust's commitments to develop the programme going forwards, the forecast social value of the Making Well programme is estimated to be in the range of **£5.40 to £7.70 for every £1 invested**.

1.6.Conclusions and Recommendations

This SROI evaluation indicates that the Fathom Trust Making Well programme is effective for supporting people with long-term mild to moderate mental health conditions and has potential to deliver significant social value to stakeholders. Suggestions are made to help the Fathom Trust maximise the social value of the Making Well programme in the future.

A 12-month feasibility study is recommended to validate the promising findings from this six-month pilot project and contribute to the growing evidence-base for the value of community-led, natured-based interventions made accessible via green social prescribing.

> *"We have got the skills now to move forward on our own."*
>
> Making Well participant

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3. ACKNOWLEDGEMENTS

This SROI evaluation and report were sponsored by the Accelerate programme (Section 3.1.) and conducted by the Centre for Health Economics and Medicines Evaluation (CHEME) at Bangor University (Section 42). The project would not have been possible without the support of Dr Andrew Cuthbert, Clinical Innovation Hub, and the invaluable input and cooperation of Dr William Beharrell, founder of The Fathom Trust. Special thanks also to the SROI project team (Section 3.2) for their valuable input and support, and of course to Making Well programme participants, craft makers and volunteers for their willing engagement and participation. A huge thank you to all involved.

3.1.The Accelerate Programme

This project was sponsored by the Accelerate programme, a healthcare innovation programme aligned with Welsh Government's Well-being of Future Generations Act (Wales) 2015 and A Healthier Wales Plan for Health and Social Care. The Accelerate programme is part-funded by the European Regional Development Fund (ERDF) and led by the Life Science Hub Wales in partnership with Cardiff University, Swansea University and University of Wales Trinity Saint David. Accelerate enables collaboration between enterprises, healthcare professionals and academia to engage in innovative, evidence-based health and social care solutions.

Cardiff University's Clinical Innovation Accelerator (CIA) uses a flexible approach to develop and support Accelerate-sponsored projects such as the six-month Making Well programme pilot project, enabling agile innovation and collaborative working to achieve long-term improvements in health and well-being outcomes. Accelerate's infrastructure is explicitly designed to promote sustainable economic development for Wales, increasing employment and establishing new enterprises with novel evidence-based products, services, and interventions with potential for local, nation and international impact.

3.2. SROI project team

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4. INTRODUCTION

4.1.The UK mental health crisis

The covid-19 pandemic has had a significant impact on mental health demand in the UK (Holmes et al. 2020; O'Connor et al. 2020; Carr et al. 2021), heightening the pressure felt by an already overburdened health care system (O'Shea, 2020; Rathnayake et al. 2020). In February 2022, 1.6 million people were on the waiting list for specialised mental health treatment, with a further 8 million unable to access the list despite the service being considered beneficial for them (Mahase, 2022). Long wait times for services can result in further deteriorations in health and compound suffering (Reichert and Jacobs, 2018; Punton, Dodd, and McNeill, 2022).

Welsh Government already spend approximately £750 million, 5% of the total Welsh Government budget, on mental health per year (Johnson, 2019), and the estimated wider economic impact of mental health on Wales in terms of productivity losses is estimated to be £4.8. billion (McDaid and Park, 2022). The efficacy of current clinical approaches to treating long-term mild and moderate mental health conditions is not certain. It is estimated that 70% of people living with depression are prescribed antidepressant medication in UK primary care (Kendrick et al. 2015), yet adherence to these medications is thought to be as low as one third (Bull et al. 2002).

Given the current pressures on mental health care services and significant societal impacts of poor mental health, alternative approaches that can effectively support people suffering with mental health conditions such as anxiety and depression could help alleviate the burden (Health and Social Care Committee, 2021).

4.2. Green social prescribing to support mental health

Green social prescribing is a pathway for connecting people with non-clinical community-led, nature-based interventions that offer a holistic and potentially more sustainable approach to supporting people with long-term psychological conditions (Bragg and Leck, 2017; Baska et al. 2021). Nature-based interventions that aim to support specific groups and/or health conditions could help alleviate pressure on health and social care systems (Bragg and Aktins, 2016; Howarth and Donovan, 2019; Pretty and Barton, 2020; Vidovic et al. 2021) and provide immediate support to those in need.

Here a mixed-method Social Return on Investment (SROI) evaluation of 'Making Well', a community-led, nature-based programme focusing on traditional crafting and therapeutic horticulture to support people with long-term mild to moderate mental health conditions, is undertaken to investigate its social cost-benefit and contribute to the emerging evidence-base for the social prescribing of holistic, community-based interventions to support mental health.

4.3. The Fathom Trust

The Fathom Trust (hereafter Fathom) is a charity made up of a team of dedicated craft makers, volunteers, ambassadors, and trustees taking a soulful approach to health and healing, particularly for people experiencing psychological distress. Fathom's mission is:

'To promote physical, mental, and spiritual well-being using traditional crafts to restore life-giving connections to body, soul, nature, and society'

Fathom seeks to develop an innovative model of integrated holistic and cost-effective social infrastructure to care for people and planet through craftsmanship, conservation and contemplation.

Working closely with a network of public, private, and independent partners, including local landowners, Brecon Beacons National Park Authority, the NHS, local schools and authorities, Fathom is developing a practical and resource-efficient community-led, nature-based approach that offers therapeutic support to those suffering with physical and psychological conditions, such as stress and fatigue, with the aim of promoting health and well-being and generating sustainable socio-economic renewal.

Fathom provides safe, calm, and creative environments in which people can learn to focus on practical tasks that are mentally relaxing, and which create opportunities for developing new skills, relationships and perspectives.

Fathom aims to foster healthy cognitive and social development to promote recovery and emotional resilience through an evidence-based approach called 'Fathoming'.

Fathom is a word taken from old English meaning 'to reach out and embrace' and was used to describe the act of measuring the girth of a tree. For Fathom, fathoming relates to a connection to the natural world, a sense of depth and inquiry, and an embodied-relational approach to self-worth, health and well-being. Fathom believes that the bodily engagement and mental focus involved in traditional craft-making and conservation and can be transformative for people suffering from psychological distress. By guiding individuals through the process of fathoming using natural materials within the natural environment, Fathom aims to help people to re-evaluate their habits of self-perception and recover a sense of meaning, purpose and well-being.

Fathom currently delivers three community-led, nature-based programmes:

1. 'Making Well' health-focused programme for people with physical and psychological conditions – bringing together craftsmanship, conservation and contemplation to provide therapeutic, nature-based care for people experiencing chronic psychological difficulties. Fathom is working with the NHS and third sector organisations such as Brecon & District Mind to develop this supportive, nature-based programme and welcomes referrals from local GPs, community mental health teams and third-sector charities.

2. 'Make. Do. Mend.' for stressed and fatigued workers – providing rest and recuperation for employees who are exhausted through chronic excessive work-based stress, especially health workers.

3. 'Fingertip Philosophy' educational programme for young people - providing positive pathways to a brighter future for young people, especially those in alternative provision. Fathom works with schools and local authorities to create opportunities to enrich the curriculum and enable access to beautiful and wild places where young people can discover life-giving connections to self, nature, and society.

The above programmes are hosted by local landowners partnering with Fathom to provide people with access to natural outdoor spaces and landscapes, including woodland, as well as heritage structures and buildings such as dry-stone walls, traditional farms and associated buildings.

Through its focus on traditional nature-based crafts and conservation, Fathom's programmes not only provide safe, therapeutic space and support to those in need, but also have the potential to revive and grow heritage skills amongst local communities and facilitate local environmental improvements and structural repairs for the local landowners that host the programme.

4.4. Making Well: Health & Healing through Green Crafts

In 2021 Fathom partnered with Cardiff University's Accelerate programme and the Centre for Health Economics and Medicines Evaluation (CHEME) at Bangor University to conduct a Social Return on Investment (SROI) evaluation of their community-led, nature-based Making Well programme. Fathom delivered two eight-week Making Well programmes over six-months between October 2021 and March 2022, to test the idea that an embodied-relational approach to health and healing using traditional crafts and conservation in a nature-based setting can help support people with long-term psychological conditions and facilitate an improvement in health and well-being.

The Making Well programme involved a Taster Day followed by an eight-week programme of one-day a week. Tables 1 and 2 provide an outline of a typical programme plan and daily schedule.

Programme participants included up to 10 people over the age of 18 years old, with a personal experience of chronic mental illness and with an interest in developing skills in craft-making and self-care. No previous crafting or conservation experience was required for the programme, as all activities are designed to be fully accessible.

The programme took place at Llanfellte, a beautiful upland farm in the Brecon Beacons near the village of Bwlch in Powys, equidistant from Brecon and Abergavenny. Nature-based activities included therapeutic gardening, coppicing and woodland conservation skills, hedge-laying and wall repairs, wood whittling, willow weaving and willow-structure creation (e.g. natural compost bins and living willow arches), wool-weaving, plus mindfulness and complementation techniques in nature.

The team involved in the delivery of the Making Well programme included; Dr William Beharrell, a medical doctor with training in psychiatry and a special interest in developing innovative approaches to health and care; Jess Tanner, a trained horticulturist and the founder of Green Minds, a community-based ecotherapy service; Barnaby Carder aka 'Barn The Spoon', one of the foremost artisanal spoon carvers in the UK; Heather Dickens, one of the region's most well-known willow weavers and, Clare Clark, an occupational therapist with extensive expertise in managing chronic pain.

Table 1. Typical Making Well programme plan

SESSION	ACTIVITIES AND THEMES
TASTER DAY	Introduction to The Fathom Trust. Orientation to site and course description. Group introductions over lunch.
1	Co-producing and establishing group boundaries. Introducing nature-connection and exploring barriers to accessing nature.
2	Tuning-in: Introduction to the Nature of Attention & sensory perception. Introduction to contemplation using the Third Earl of Shaftesbury's formulation 'Advice to an Author'. Listening skills and the art of observation.
3	Metaphor and the body: the role of language and meaning in our relationships.
4	Imagination and wonder: trusting in that which beautifies.
5	Creatureliness and Belonging: Nature as home. Native plants and indigenous meanings/use.
6	Life and death in nature: exploring grief and reverence.
7	Gratitude: seeing life as gift.
8	Growing: reflections and commitments.

Table 2. Typical Making Well daily schedule

TIME	ACTIVITY	CONTENT
09:30	**Registration**	Meet at the barn, Llanfellte Farm.
10:00	**Meditation**	Introduction to the theme of the day. Grounding exercise.
10:30	**Session 1** Craft activity Movement break Craft activity	Participants split into two smaller groups of 4 to 5 people and spend the morning experiencing one of two crafts available.
12:00	**Shared lunch**	Lunch of locally sourced, home-made, and home-cooked produce.
12:30	**Session 2** Craft activity Movement break Craft activity	Participants return to their smaller groups and spend the afternoon experiencing the other craft available.
14:15	**Contemplation**	Structured, group-based reflection.
15:00	**Depart**	

"It was a very relaxed supportive atmosphere...just a unique, supportive caring environment."

Making Well participant

5. SOCIAL RETURN ON INVESTMENT (SROI)

5.1. An introduction to SROI

SROI is a principle-based framework for identifying, measuring, and accounting for the social value created by organisations (Nicholls, Lawlor and Nietzert, 2012). SROI can be considered a pragmatic form of Social Cost-Benefit Analysis (CBA) that explores the wider economic, environmental, and social costs and benefits of an organisation's activities from the perspective of the people that experience them (Edwards and McIntosh, 2019). By accounting for this wider concept of value, SROI ultimately seeks to help organisations maximise the social value they generate for stakeholders.

The National Institute for Health and Care Excellence (NICE) and HM Treasury's Green Book recommend the use of CBA and Social CBA for evaluating the cost-effectiveness of public health and well-being interventions (NICE, 2013; New Economics Foundation, 2012; HM Treasury, 2018). SROI methodology is also aligned with the Welsh Government's 'Well-being of Future Generations Act (Wales) 2015' (Welsh Government, 2015), being strongly grounded in stakeholder engagement to ensure that what matters to the people affected by an intervention or activity is considered.

SROI considers all costs and outcomes that are relevant and significant to stakeholders and assigns a market or financial proxy value to these. When market values are not available (e.g. for outcomes such as well-being), revealed preference methods are used to assign proxy values, as recommended in HM Treasury's Green Book (Section 6.15, Box 20; HM Treasury, 2018). Sources of financial proxies for health and well-being outcomes include the HACT Social Value Bank (www.hact.org.uk).

SROI evaluations are operationalised through six stages:
1) Establishing scope and identifying key stakeholders,
2) Mapping input, outputs and outcomes - developing a theory of change,
3) Evidencing outcomes and giving them a value,
4) Establishing impact (Net social value),
5) Calculating the SROI ratio,
6) Reporting, using and embedding.

The six stages of SROI evaluation involve exploring how inputs of an activity or intervention (i.e. costs, resources) are converted into outputs (e.g. the activity or activities delivered as part of the intervention), and subsequently into the outcomes that matter most to stakeholders (i.e. intervention benefits). The social value generated by the outcomes experienced by stakeholders are then estimated using appropriate valuation techniques. The social value of relevant outcomes is compared with the intervention costs to estimate an SROI ratio to demonstrate value for money:

$$\text{SROI ratio} = \frac{\text{Social value of outcomes}}{\text{Intervention costs}}$$

To ensure a clear and consistent approach and shared language when exploring social value, the following key principles are applied within SROI methodology.

- Involve stakeholders,
- Understand what changes,
- Value the things that matter,
- Only include what is material,
- Do not over-claim,
- Be transparent,
- Verify the result.

Further information about the six-stage methodology and underpinning principles of SROI can be found in 'A Guide to Social Return on Investment' (Nicholls, Lawlor and Nietzert, 2012).

5.2. Evaluation aims and objectives

The SROI methodology applied in this evaluation aimed to understand the social value generated by Fathom's Making Well programme, delivered as a six-month pilot.

The specific objectives of the SROI evaluation were:

- To explore if the Making Well programme is effective in supporting people with long-term mild to moderate mental health conditions (i.e. by facilitating an improvement in well-being).
- To identify and quantify the social value generated by the Making Well programme.
- To provide the Fathom Trust with evidence regarding the social cost-benefit of the Making Well programme to help maximise its social value in the future.

Specifically, this evaluation explores and establishes how the Making Well programme inputs (i.e. costs) are converted into outputs (i.e. the programme activities), and subsequently into stakeholder outcomes to estimate the social value it generates.

The primary stakeholders of the Making Well programme were people with long-term mild to moderate mental health conditions that participated in the programme (see Section 5: Establishing scope and identifying stakeholders). Given the nature and aims of the programme, the primary outcomes experienced by participants were expected to be well-being outcomes. These expected well-being outcomes were measured using questionnaires completed by participants before the programme started (at baseline) and at the end of the programme (at follow-up). The well-being-related measurement tools selected for inclusion in the questionnaires were informed by the development of a theory of change model which hypothesises the links between programme inputs, outputs and outcomes (Section 6: Mapping input, outputs and outcomes). Further detail on evidencing the outcomes of the Making Well programme can be found in Section 7: Evidencing and valuing outcomes.

Due to the focus on mental well-being, well-being valuation will be the primary valuation method to estimate social value. Well-being valuation is a recommended methodology in the HM Treasury's Green Book (HM Treasury, 2018) and offers a consistent and robust method for estimating the financial value of outcomes that do not have market values. Well-being valuation can be applied using two social value calculators: the HACT Social Value Calculator derived from the HACT Social Value Bank (SVB) (www.hact.org.uk), and the HACT Mental Health Social Value Calculator derived from the Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS) (Trotter and Rallings Adams, 2017). Both these calculators value similar elements of health and well-being, therefore the two approaches are used separately to avoid double-counting and verify results by estimating a range of SROI ratios as a form of embedded sensitivity analysis. Further information on the well-being valuation in this evaluation can be found in Section 7: Evidencing and valuing outcomes.

To adhere to the SROI priniciple 'Do not overclaim' and ensure a robust evaluation, the estimation of the social value generated by the Making Well programme will consider any change that participants would have experienced without the programme, plus any changes attributed to factors outside of the programme (see Section 8: Estimating Impact). SROI ratios comparing the cost of the programme per participant with the social value generated per participant will be calculated to provide an estimate of the social value generated per participant per £1 invested (Section 9.1: Calculating the SROI ratio).

Finally, the evidence regarding the social cost-benefit the six-month Making Well programme pilot generated by this evaluation are incorporated into an SROI forecast of the social value expected to be generated by the programme going forward (Section 9.2: Improving social value in the future).

6. IDENTIFYING SCOPE AND STAKEHOLDERS

6.1. SROI scope

The scope of this SROI evaluation was to calculate the social value generated for key Fathom Trust stakeholders by a six-month pilot project that delivered two eight-week Making Well programmes.

6.2. SROI stakeholders

Stakeholder identification and involvement is a critical principle of SROI methodology and is essential to the effective design and conduct of evaluations. The full range of possible stakeholders identified in this SROI evaluation and an explanation for inclusion or exclusion of each stakeholder in the evaluation are outlined in Table 3.

Making Well participants were considered the primary stakeholders for this evaluation as they were expected to directly experience the most benefit from the programme. NHS Wales were considered secondary stakeholders as they may also benefit from the programme if participants reduced their health service use as a result of taking part in the programme. Other stakeholders identified were not included in the SROI evaluation due to time restrictions of the six-month pilot project (Table 3).

Table 3. Making Well programme stakeholders identified and justification for their inclusion/exclusion in the SROI evaluation.

STAKEHOLDER	INCLUDED/ EXCLUDED?	REASON FOR INCLUSION/ EXCLUSION
FATHOM TRUST	Inputs included	The Fathom Trust delivers the Making Well programme, therefore provides the primary inputs.
MAKING WELL PARTICIPANTS	Outcomes included, inputs excluded	Making Well participants were the expected primary beneficiaries of the programme. Inputs provided by participants, e.g., time, travel costs, emotional engagement, were not included because of time constraints of the six-month pilot.
NHS WALES	Outcomes included, inputs excluded	NHS Wales may benefit from the Making Well programme if the positive changes experienced by participants reduces their health and social care service use. NHS Wales time referring participants to the programme was expected to be negligible and not included.
BRECON & DISTRICT MIND	Excluded	Brecon & District MIND provide community-based mental health support and referrals alongside NHS Wales. Inclusion of this stakeholder, however, was outside the scope of the six-month pilot study.
CRAFT MAKERS	Excluded	The local crafters and artisans delivering craft sessions to Making Well participants may experience similar positive changes to those experienced by participants themselves. Collection of this data, however, was outside the scope of the six-month pilot study.
MAKING WELL PARTICIPANT FAMILY MEMBERS AND WIDER SOCIAL NETWORKS	Excluded	Making Well participant family members and wider social networks may indirectly benefit from the 'Making Well' programme due to positive changes experienced by participants. Collection of this data, however, was outside the scope of the six-month pilot study.
LANDOWNER HOST	Excluded	In addition to the revenue generated from renting/leasing facilities and providing land access to Fathom Trust, the landowner host of the Making Well programme was expected to benefit from the environmental improvements generated by the 'Making Well' programme (e.g., building/wall repairs, coppicing, planting, habitat creation). Collection of this data was outside the scope of the six-month pilot study.
THE LOCAL ENVIRONMENT	Excluded	The local environment, including local biodiversity, were expected to benefit from the environmental improvements (e.g., coppicing, planting, habitat creation) generated by the Making Well programme in the longer term. Collection of this data was outside the scope of the six-month pilot study.

6.3. Ethical approval for the evaluation

Ethical approval for this SROI evaluation was gained from Bangor University Healthcare and Medical Sciences Academic Ethics Committee in October 2021.

6.4. Participant recruitment and eligibility criteria

Participants enrolled on to the Making Well programme via two routes; i) referral from their Community Psychiatric Nurse (CPN), or ii) self-referral after hearing about the opportunity through Brecon and District Mind. Before undertaking the full eight-week programme potential participants were invited to attend a taster day to meet the programme delivery team, other participants and experience the programme location and activities. This taster day aimed to help reduce feelings of apprehension and anxiety by giving participants opportunity to 'try out' the programme and meet each other before the programme started.

Participants were introduced to the SROI evaluation at the beginning of the taster day via a verbal introduction and the provision of Participant Information Sheets containing details of the study, including information about data confidentiality and how Bangor University would store and use of their data under the Data Protection Act (2018). Participants were invited to take part in the evaluation if they wished and given opportunity to provide their consent to involvement by completing a consent form distributed with the Participant Information Sheets. All participants were provided with Participant Information Sheets and consent forms for completion before any data was collected via questionnaires.

As agreed by the Bangor University Healthcare and Medical Sciences Academic Ethics Committee, participants were eligible for the SROI evaluation if they were:

- aged over 18 years,
- had self-referred or been referred to the programme by a local health professional,
- had capacity to give informedconsent to take part in the evaluation,
- were able to speak, read and write in English or Welsh,

.

In total, 19 participants enrolled to take part in the six-month Making Well programme pilot and provided consent to take part in the SROI evaluation. Four participants later withdrew from the programme.

Table 4 provide a summary of all Making Well participant characteristics at baseline before the programme started.

Table 4. Making Well participant characteristics at baseline, before the programme started.

CHARACTERISTIC AT BASELINE	NUMBER (%), UNLESS DESCRIBED OTHERWISE	
	All participants (n = 19)	Programme completers (n = 15)
AGE		
MEAN ± STANDARD DEVIATION	46.05 ± 11.40	46.53 ± 11.46
MINIMUM-MAXIMUM	29 - 63	29 - 63
GENDER		
FEMALE	11 (58%)	8 (53%)
MALE	8 (42%)	7 (47%)
ETHNICITY		
WHITE	18 (95%)	14 (93%)
OTHER	1 (5%)	1 (7%)
EMPLOYMENT STATUS		
EMPLOYED	4 (21%)	4 (27%)
UNEMPLOYED	11 (58%)	9 (60%)
OTHER	4 (21%)	2 (13%)
ENROLMENT PATHWAY		
REFERRED	18 (95%)	14 (93%)
SELF-REFERRED	1 (5%)	1 (7%)
TOP 5 REASONS FOR ENROLMENT*		
IMPROVE MENTAL HEALTH & WELL-BEING	14 (74%)	11 (73%)
REDUCE STRESS AND/OR ANXIETY	5 (26%)	4 (27%)
IMPROVE PHYSICAL HEALTH & WELL-BEING	3 (16%)	2 (13%)
MEET NEW PEOPLE	3 (16%)	2 (13%)
SPEND TIME IN NATURE	3 (16%)	2 (13%)

*Some participants selected more than one primary reason for enrolment.

7.MAPPING INPUTS, OUTPUTS AND OUTCOMES

7.1. Costing programme inputs

Making Well programme inputs and associated costs were identified through consultation with Fathom. Programme inputs are outlined below and associated costs are presented in Table 5.

Total pilot programme costs (Taster day + eight-week programme) are estimated at £9,843 per programme and £1,312 per participant (n = 15) (Table 5).

Governance

Fathom's Board of Trustees' provide oversight, governance, and strategic direction for the charity. To date Trustee Board meetings have been held online four times per year for approximately one hour per meeting. Volunteer Trustees offer their time for free and are altruistic in support of the charity's development. To ensure transparency in Trustee volunteer opportunity costs, hourly rates (based on 235 working days per year and 7.5 working hours per day) are calculated for Trustees using job titles and estimated average salaries in the UK sourced from payscale.com (Apinunmahakul et al. 2009). Where salary estimates are not available from payscale.com, estimates obtained from the NHS (nhsemployers.org) are used. Trustee salary and hourly rate estimates are presented in Table 1 in the supplementary material accompanying this report which is available on request. The total estimated volunteer opportunity cost for Fathom Trustees' is £195.80 per meeting and £783.20 per annum. This cost is divided between the three Fathom programmes (see Section 4.3) and an attributable cost of £130.50 per six-months (£261 per annum) in Trustee-specific costs for the Making Well programme pilot project is applied in this SROI evaluation (Table 5).

Table 5. Estimated Making Well programme costs during the six-month pilot, including cost per participant.

COST CATEGORY	COST DESCRIPTION AND ASSUMPTIONS	COST SOURCE	ESTIMATED AVERAGE COST PER DAY (£)	PROGRAMME COSTS (£) (TASTER DAY + EIGHT-WEEK PROGRAMME)	SIX-MONTH PILOT COSTS (£) (TWO PROGRAMMES)	COST PER PARTICIPANT (£) (N = 15)
THE FATHOM TRUST BOARD OF TRUSTEES (GOVERNANCE)	Six months of board meetings divided by the total number of programmes run by The Fathom Trust (three programmes in total)	The Fathom Trust, payscale.com (Table 1, Supplementary Materials).	£7.25 (£65.25 / 9)	£65.25 (£130.50 / 2)	£130.50	£8.70
MANAGEMENT & ADMINISTRATION	Charity Director estimated average hourly rate £23.40 x 7 hrs	payscale.com	£163.80	£1,474.20	£2,948.40	£196.56
SITE RENT	Estimated daily rent, including utilities, for programme location, Llanfellte Farm, Brecon.	The Fathom Trust	£100	£900	£1,800	£120
OUTDOOR HEATING (FIRE BOWLS & WOOD)		The Fathom Trust	£18.89 (£170 / 9)	£170	£340	£22.66
CATERING (£7.50 PER PERSON)	Catering for 8 participants, 8 staff & volunteers	The Fathom Trust	£120	£1,080	£2,160	£144
CRAFTING (STAFF, EQUIPMENT, MATERIALS)	£250 per craft, 3 crafts on taster day, 2 crafts per day thereafter	The Fathom Trust	£527.78 (£4,750 / 9)	£4,750	£9,500	£633.30
SUPPORT STAFF	Community Support Worker at £10.85 per hr x 5 hrs per day	payscale.com	£61	£549	£1,098	£73.20
VOLUNTEER TIME (10 HRS PER SESSION)	(£9.50 x 10 hrs)	gov.uk/national-minimum-wage-rates	£95	£855	£1,710	£114
TOTAL (ROUNDED TO THE NEAREST POUND):			**£1,094**	**£9,843**	**£19,687**	**£1,312**

Management and administration

For the six-month Making Well pilot project, the management and administration of the Making Well programme was undertaken by Fathom's founder and director, Dr William Beharrell. An average Executive Director of Non-profit organisations salary of £44,343 per annum sourced from payscale.com (accessed August 2022), and an assumption of 253 working days per year and 7.5 hours per day, was used to estimate an hourly rate of £23.40 per hour (rounded to nearest ten pence) to cost this input (Table 5).

Site hire/rent

Fathom works closely with local landowners to create safe and supportive environments in traditional, natural settings. For the six-month Making Well pilot project, Fathom worked with owners of Llanfellte Farm, an upland farm in the Brecon Beacons surrounded by open countryside and woodland. The hire for this location, including utilities, was estimated to be £100 per day (Table 5).

Outdoor heating

The six-month Making Well programme pilot took place between October 2021 and March 2022, over Autumn and Winter. Most programme activities took place outside and two fire bowls costing £150 each and firewood costing £20 per programme (taster day + eight-week programme) were purchased to ensure a comfortable outdoors experience for participants (Table 5).

Catering

Lunch and light refreshments, including teas and coffee, were provided for Making Well participants and staff at a cost of £7.50 per person. Home-made and home-cooked food was sourced from local producers (Table 5).

Crafting

Crafting sessions are central to the Making Well programme. The Making Well taster day provided participants with an opportunity to experience three different crafts included in the programme, as a result three craft session leaders were employed to attend these taster days. Subsequent days of the programme featured two crafts per day. The cost of each craft per day, including craft session leader time, all tools and materials was £250 (Table 5).

Support staff

To provide additional support to participants during the Making Well programme, Fathom invited a Social Work Assistant to attend and support each day of the programme. The role of the Social Work Assistant was to provide independent, one-to-one support to participants if they required it. An average Community Support Worker salary of £20,582 per annum sourced from payscale.com (accessed August 2022), and an assumption of 253 working days per year and 7.5 hours per day, was used to estimate an hourly rate of £12.20 (rounded to nearest ten pence) per hour for this input (Table 5).

Volunteer time

Over the course of the Making Well programme, up to 10 hours volunteer time per day supported programme delivery by preparing workspaces, organising and serving food and refreshments, as well as tidying and cleaning workspaces. All volunteers involved in the two taster days and two eight-week Making Well programmes over the course of the six-month pilot project were retired and their volunteer opportunity cost was estimated using the National Living Wage of £9.50 per hour (gov.uk/national-minimum-wage-rates, accessed July 2022) (Table 5).

6.2. Theory of change

Theory of Change models are used in programme development and evaluation to explore and illustrate the underlying assumptions and linkages between inputs, outputs and expected outcomes of a programme or project (Jackson, 2013).

A theory of change (Figure 1) was developed here, from a multi-stakeholder perspective, to explore the potential processes of how Making Well programme inputs lead to expected outcomes for programme participants and NHS Wales, the primary and secondary stakeholders in this evaluation, respectively. The theory of change was co-produced with Fathom representatives, previous Fathom beneficiaries and craft makers leading Making Well sessions via informal interviews. The resulting theory of change informed the selection of outcome measures included in Making Well participant questionnaires.

MAKING WELL

THEORY OF CHANGE

EXPECTED OUTCOMES

NHS Wales is expected to experience:

Reduced GP visits for mental health

Participants are expected to experience:

Improved overall well-being

Improved mental health

Reduced anxiety/ depression[1]

Greater sense of purpose & meaning

Higher confidence

Increased connection to nature[2]

Increased social connection

Increased self-awareness

PROPOSED MECHANISMS OF CHANGE

Bodily engagement, awareness and focus helps participants to re-connect with themselves and re-evaluate habits of self-perception

Immersion in purposeful and therapeutic practical tasks help participants experience flow and meaning and disconnect from worries

Group activities and sharing foster a sense of social connection and solidarity

Contact and interaction with nature helps participants re-evalute their connection to and place within the world

PROGRAMME OUTPUTS

Eight weekly sessions (10:00 till 15:00) to include:

Group activities learning traditional crafting and experiencing theraputic horticulture

Group sharing to explore and reflect upon experiences in a safe, supportive environment

Shared lunches of local produce

Contemplative practices in nature

STAKEHOLDER INPUTS

Time, effort, engagement and resources provided by:

The Fathom Trust

Craft makers

Participants

Local landowners

Local health care services

Local volunteers

[1] Anxiety/ depression were not valued in this evaluation due to overlap with overall well-being and mental health outcomes.
[2] Connection to nature was measured in this evaluation but not valued due to a lack of available valuation techniques and proxies.

Inputs and outcomes included and valued in this SROI evaluation

Figure 1. Making Well Theory of Change

The theory of change model identifies the following stakeholder inputs into the Making Well programme;

- The Fathom Trust provides management and administration input, site hire, outdoor heating (winter only), locally sourced catering, payment for local crafter time, tools and materials.
- Local volunteers input personal time and resource travelling to and attending the Making Well programme.
- Local crafters input time and resource travelling to and delivering Making Well sessions.
- Local health care services provide input via participant referrals from local GPs, community mental health services and Brecon & District Mind.
- Participants provide input via self-referral (where applicable), as well as personal time and resource travelling to and attending Making Well sessions, and emotional engagement in the programme.
- Local landowners provide access to facilities, heritage buildings and natural landscape.

With respect to Making Well programme outputs, the programme is described as;

- An eight programme of outdoors-based, nature-focused activities with a strong social-element, including;
- Traditional nature-based crafting (e.g. whittling, willow weaving) and therapeutic horticulture taught in a way to encourage sensory and embodied awareness whilst 'doing'.
- Contemplative practices with and in nature, e.g. grounding exercises and mindfulness meditation, providing opportunity to pause, notice and feel between crafting and gardening activities.
- Group sharing to explore and reflect upon feelings and experiences in a safe, supportive environment.
- Shared lunches to encourage a sense of social connection and solidarity.

> *"I loved all the skills and crafts that we began to dabble in and learn...whittling and gardening and basket making."*
>
> Making Well participant

The proposed mechanisms of change for the Making Well programme outlined in Figure 1 link programme outputs to expected outcomes. These proposed mechanisms of change are based on Fathom's programme aims and objectives plus supporting literature that explores participant experiences of nature-based 'green care' (Granerud and Eriksson, 2014), its theoretical underpinnings (Cutcliffe and Travale, 2016) and the benefits of nature connectedness (Pritchard et al, 2020).

The proposed mechanisms of change include;

- Experiencing and practicing bodily engagement, awareness and mental focus will help participants re-connect with themselves, re-evaluate their habits of self-perception and improve emotional regulation and well-being.
- Group activities and sharing will help participants experience social connection and solidarity (Granerud and Eriksson, 2014).
- Contact and interaction with nature will help participants re-evaluate their connection to and place within the natural world and experience the documented positive impact of nature on well-being (Cutcliffe and Travale, 2016; Pritchard et al. 2020).
- Immersion in purposeful and therapeutic practical work will help participants experience a sense of flow and meaning as well as an opportunity to disconnect from concerns and worries (Granerud and Eriksson, 2014; Cutcliffe and Travale, 2016).
- Learning new skills and overcoming challenges will help participants build self-confidence and self-worth (Granerud and Eriksson, 2014).

The expected outcomes of the Making Well programme for participants were;

- Increased self-awareness
- Increased connection to nature
- Increased social connection
- Higher confidence
- A greater sense of meaning & purpose
- Improved overall well-being
- Improved mental health
- Reduced anxiety/ depression

"It's given me a lot of comfort meeting people in the same situation and joining in conversations about how you feel each day and how your life in is general. I found it very uplifting"

Making Well participant

A key expected outcome for the secondary stakeholder in this evaluation, NHS Wales, was a potential reduction in participant visits to local GP services regarding mental health and associated health care cost-savings.

To be included in SROI evaluation, expected outcomes must be measurable, have a valuation approach and/ or financial proxy available, and must be independent of each other to prevent double counting. The following expected outcomes highlighted in Figure 1 fulfil these criteria and are included in this SROI evaluation;

Participant outcomes

- Increased social connection
- Higher confidence
- Improved overall well-being
- Improved mental health

NHS Wales outcomes

- Reduction in participant visits to local GP services regarding mental health and associated health care cost-savings.

8. EVIDENCING AND VALUING OUTCOMES

8.1. Evidencing outcomes

To measure the expected well-being-related outcomes predicted by the Making Well theory of change model (Figure 1, Section 6), a mixed-method approach was utilised to collect information on participant well-being and health service use.

Several validated, questionnaire-based health and well-being measurement tools were identified and incorporated into questionnaires for Making Well participants to complete before starting the programme (at baseline) and on completion of the programme (at follow-up) (Table 6). Further information about the questionnaire-based measurement tools used in this evaluation can be found in the accompanying supplementary material available on request.

Table 6. Expected well-being-related outcomes for Making Well stakeholders and validated questionnaire-based measurement tools selected to measure them.

STAKEHOLDER	EXPECTED WELL-BEING-RELATED OUTCOMES		QUESTIONNAIRE-BASED MEASUREMENT TOOLS
MAKING WELL PARTICIPANTS	General outcomes	Improved overall well-being	ICEpop CAPability measure for Adults (ICECAP-A) (Flynn et al. 2015) Total tariff values calculated using this measure can range from -0.001 to 1, with 1 reflecting full capability or well-being.
		Improved mental health	Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS) (Tennant et al. 2007) Total scores on this scale can range from 7 to 35, with 7 reflecting very poor mental health and 35 reflecting excellent mental health.
	Specific outcomes expected to underpin general outcomes	Higher confidence	General Self-Efficacy Scale (GSES) (Schwarzer and Jerusalem, 1995) Total scores on this scale can range from 10 to 40, with 10 reflecting low self-efficacy and confidence and 40 reflecting high self-efficacy and confidence.
		Increase social connection	SWEMWBS Question 6 'I've been feeling close to other people' (Tennant et al. 2007) Scores for this question range from 1 to 5, with 1 reflecting no feelings of closeness/ social connection and 5 reflecting strong feelings of closeness/ social connection.
		Increased connection to nature	Nature Connection Index (NCI) (Richardson et al. 2019) Total scores on this index range from 0 to 100, with 0 reflecting no connection to nature and 100 reflecting strong connection to nature.
NHS WALES	Reduction in number of participant visits to local GP		A simple, bespoke Client Service Receipt Inventory (CSRI) asking participants about the number of GP appointments they had during the preceding eight-weeks

Telephone interviews were conducted with 12 out of 15 participants on completion of the programme to collect further, qualitative evidence of the changes they experienced because of the Making Well programme, including; which outcomes, if any, were most important to them. Participants were also asked if they had experienced any negative changes or outcomes because of the programme, how likely they would recommend the Making Well programme to others, and were invited to provide any general feedback and suggestions regarding the programme and its future development.

8.2. Observed changes for Making Well participants

A comparison of mean participant outcome measure responses at baseline and follow-up indicates overall positive changes for participants across all outcome measures used in this evaluation (Table 7).

Table 7. A comparison of mean Making Well participant outcome measure responses at baseline and follow-up.

STAKEHOLDER	OUTCOME		OUTCOME MEASURE	NO. OF RESPONDENTS	BASELINE MEAN ± SD	FOLLOW-UP MEAN ± SD	MEAN DIFFERENCE#
MAKING WELL PARTICIPANTS	General	Overall well-being	ICECAP-A	14	0.611 ± 0.200	0.711 ± 0.167	0.100
		Mental health	SWEMWBS	15	20.07 ± 6.86	24.27 ± 4.30	4.2
	Specific	Social connection	SWEMWBS Q6	15	2.60 ± 1.06	3.47 ± 0.64	0.87
		Self-confidence	GSES	15	23.93 ± 6.03	26.7 ± 5.3	2.77
		Connection to nature	NCI	15	62.60 ± 28.95	74.13 ± 28.03	11.53

#Mean difference is calculated by subtracting baseline mean values from follow-up mean values. A positive mean difference suggests an overall positive Making Well programme effect. Statistical significance is not assessed due a lack of a control group for comparison and small sample sizes. NB. One participant did not complete ICECAP-A at follow-up.

The total score range on the above outcomes measures varies widely (see Table 6 for details), therefore directly comparison of mean differences to determine the most significant changes for participants is difficult. Instead, the number of Making Well participants reporting a ≥10%, ≥25% and ≥50% improvement in outcome measure scores between baseline and follow-up is explored (Table 8).

Table 8. Number of Making Well participants reporting a <10%, <25% and <50% improvement in outcome measure scores between at baseline and follow-up.

STAKEHOLDER	OUTCOME		OUTCOME MEASURE	NO. OF RESPONDENTS	NO. OF PARTICIPANTS REPORTING AN IMPROVEMENT IN OUTCOME MEASURE SCORES		
					≥10% improvement n (%)	≥25% improvement n (%)	≥50% improvement n (%)
MAKING WELL PARTICIPANTS	General	Overall well-being	ICECAP-A	14	7 (50.0)	6 (42.8)	2 (14.3)
		Mental health	SWEMWBS	15	8 (53.3)	6 (40.0)	4 (26.7)
	Specific	Social connection	SWEMWBS Q6	15	9 (60.0)	9 (60.0)	8 (53.3)
		Self-confidence	GSES	15	6 (40.0)	4 (26.7)	2 (13.3)
		Connection to nature	NCI	15	10 (66.7)	10 (66.7)	4 (26.7)

NB. One participant did not complete ICECAP-A at follow-up.

Over 50% (8 out of 15) of participants reported a significant 50% of more improvement in feelings of social connection as measured by SWEMWBS Q6, and over 25% (4 out of 15) of participants reported a significant 50% or more improvement in mental health and connection to nature as measured by SWEMWBS and the Nature Connection Index, respectively (Table 8).

Over 40% (6 out of 14) of participants experienced a ≥25% to <50% improvement in overall well-being, measured by ICECAP-A, and over 25% (4 out of 15) of participants experienced a ≥25% to <50% improvement in self-confidence measured by GSES (Table 8).

Overall, quantitative data suggests that the largest changes experienced by Making Well participants were **increased social connection**, with an average 54% increase in SWEMWBS Q6 scores across all 15 participants, and an **increased connection to nature**, with an average 39% increase in NCI scores across all 15 participants.

Quantitative questionnaire results are largely supported by qualitative information collected from participants via interview at follow-up, with nine out of 12 interviewees stating that they had experienced increased feelings of social connection and belonging and higher confidence, and seven out of 12 interviewees reporting a noticeable improvement in their mental health.

A very strong theme throughout interviews with Making Well participants was **the sense of connection and feeling of belonging** they had experienced as a result of the programme, with all participants commenting on connection with group members and leaders, enjoyment of group activities, and appreciation of a **warm, welcoming, non-judgmental, safe and supportive community** being key to their positive experience of the programme and its benefits. All participants mentioned a WhatsApp group that was created to help programme participant connect outside of sessions.

The learning of new skills, both in crafting and, more importantly, **skills in managing personal mental health** were also highlighted by many participants as key elements and outcomes of the programme, People also commented on how concentrating on crafting helped them worry less and talk more easily with others about their concerns. Two participants also mentioned the physical aspect of the programme and an improvement in physical health.

When asked which outcome was most important to them four out of 12 interviewees stated **social connection and/ or feelings of belonging**, three out of 12 interviewees stated **higher confidence** and three out of 12 interviewees stated **improved mental health** as most important. One interviewee stated increased self-awareness and one interviewee stated feeling more connected to nature as most important.

A number of quotes from Making Well participant interviews (n = 12) are included below to illustrate the above results and qualitative findings.

"...I've whittled this piece of hazel...mindfully and actively doing it brings an awful lot of joy."

Making Well participant

Social connection, feelings of belonging, safety and support

"Yesterday we all happily stood in our circle and everybody contributed. You weren't ever forced to do that, you just became part of the group and you looked out for everybody and there's no judgement."

"I felt connected and suppose I felt that I wasn't on my own. I had people there that I felt safe with"

"I don't feel that I'm on my own or that I haven't got people to talk to."

"We were able to grow together... craft together and work together as a team."

'We have a Whatsapp group...so we can talk to each other, and just say, you know, how we are today...so we get that good support."

"Getting out and talking to people...the social aspect was the biggest thing for me that helped."

"I was just really well supported and looked after very well."

Improved mental health

"It's given me the chance to use those skills to help me manage my everyday life... now I'm able to calm myself down and relax myself"."

"I found it really relaxing just listening to nature, closing my eyes and I felt really calm...More relaxed, more calm and at peace."

"It's been a real bonus towards my mental health."

"I'm definitely feeling less anxious."

"...before when I had a walk, I'd just look at the ground and I'd just carry on walking and my anxious thoughts would go round in my head. Today... I paid attention to the world around me."

"I've gone from being quite an anxious person to somebody who kind of looks for things to relieve anxiety when it comes and I feel more able to do that."

"I've started to get up in the mornings. Before I would sleep until around 2 o'clock in the afternoon becaise I was very down and depressed."

"...it being more about the process than making something, we were able to concentre on something for a long time and not be thinking about other things that might be worrying."

"...the mindfulness part of it, that was completely new to me. It just makes everything bigger and brighter really."

Higher confidence

"The sense of achievement when you actually produce something...and getting over the difficulties as well and not giving up - stepping away and coming back and having the support of the person next to you."

"I felt able to converse with other people while I was whittling a spoon."

"I've skills I can use in my day to day life."

"There's a belief in myself that I have got more to offer."

"Getting back to basics was a huge thing for me, learning new skills, feeling useful.""

"We have got the skills now to move forward on our own."

8.3. Wider, longer-term community impacts

During the qualitative interviews, participants acknowledged that the Making Well programme had helped them:

- Return to work.
- Find a new job.
- Re-connect with past hobbies.
- Discover new hobbies.

"In the last month I managed to get a part time job."

All participants had started or set an intention to begin or continue new, positive activities and behaviours such as keeping in contact with other participants, meeting up as a group, walking, crafting, gardening, volunteering, working and starting a business. These positive behavioural changes and intentions suggest there may be a significant amount of potential additional, long-term community-level benefit generated by the Making Well not capture within this six-month pilot project and short-term SROI evaluation.

"We're all going to keep in touch and chat. Everybody's thinking about organising walks and different things."

Spending time outside in nature is something I feel I need to do more because it benefits me. I'd like to continue and help with the next (Making Well) group as well if that's a possible opportunity."

"I'm thinking of joining a woodland management group."

"Getting outside in the fresh air more often is the thing I plan to do."

"...going there and crafting and people encouraging you has inspired me to want to start jewellery making again.... I'm hoping to start selling them online within the next few weeks."

"I'm doing a bit of work now and I've got quite a lot of friends now who are very willing to talk."

"I'm even thinking of getting an allotment."

8.4. Participant feedback

No significant negatives were reported by Making Well participants, but some suggestions for improving the accessibility of the programme were provided, including;

- Provide an option for a shorter day for people who might find 10:00 till 15:00 too long or for people who aren't available for a full day.
- Make the Making Well programme available in more locations, including locations with good transport links.
- Provide childcare options for participants with young children.
- Ensure someone is always available for one-to-one conversations and support for participants that require it.

100% of participants interviewed (n = 12) stated they would be likely (n = 1, 8.3%) or very likely (n = 11, 91.7%) to recommend the Making Well programme to others.

"I would love to continue with the process."
Making Well participant

8.5. Observed changes for NHS Wales

With respect to NHS Wales outcomes and the number of participant visits to the GP over an eight-week period, a 40% reduction in GP visits was reported at follow-up compared to baseline (Table 9).

Table 9. Change in the total number of Making Well participant visits to the GP over an eight-week period between baseline and follow-up.

STAKEHOLDER	OUTCOME	OUTCOME MEASURE	N	BASELINE	FOLLOW-UP	DIFFERENCE
NHS WALES	Change in number participant visits to GP	**Participant CSRI** No. of GP appointments	15	30	18	-12

"My nurses said that there's definitely a change in the way I look...I look brighter and more positive."
Making Well participant

8.6. Valuing outcomes

Three alternative well-being valuation approaches were applied to observed Making Well programme outcomes as a form of embedded sensitivity analysis to estimate a robust range of social values. Two of these well-being valuation approaches use the HACT Social Value Calculator to apply financial proxies from the HACT Social Value Bank (SVB) for i) general outcomes (well-being valuation approach 1) and ii) specific outcomes (well-being valuation approach 2). The third well-being valuation approach uses the HACT Mental Health Social Value Calculator to apply financial proxies derived from the Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS).

Well-being valuation using the **HACT Social Value Calculator** utilises financial proxies from the SVB to apply a monetary social value to observed outcomes. Here SVB financial proxies of £13,080 for 'High Confidence (adult)' and £3,753 for 'Feel belonging to neighbourhood' are applied to the observed specific outcomes of higher confidence and increased social connection/ feelings of belonging using the HACT Social Value Calculator to estimate the social value generated for Making Well participants (well-being valuation approach 2, Table 10). This estimation is based on an outcome indicator of a 10% of more improvement in General Self-Efficacy Scale (GSES) scores and SWEBWMS Q6 score, respectively, between baseline and follow-up (i.e. if six participants report a 10% or more improvement in GSES score, a social value of 6 x £13,080 will be included in the well-being valuation).

The SVB financial proxy of £20,141 for 'Good overall health' is similarly applied to the observed general outcome of improved overall well-being in a separate well-being valuation (well-being valuation approach 1) using the HACT Social Value Calculator and based on an outcome indicator of a 10% of more improvement in ICECAP-A scores between baseline and follow-up (Table 10).

Well-being valuation using the **HACT Mental Health Social Value Calculator** uses a slightly different well-being valuation methodology to apply monetary values derived from the SWEMWBS scale. The HACT Mental Health Social Value Calculator methodology described by Trotter and Rallings Adams (2017) was used to assigned SWEMWBS monetary values to total SWEMWBS scores for each participant at baseline and follow-up and the difference in social value between baseline and follow-up for each participant was used to estimate the total social value generated (well-being valuation approach 3) (see Trotter and Rallings Adams (2017) for further details about HACT Mental Health Social Value Calculator methodology).

The three different well-being valuation approaches for estimating the social value generated for Making Well participants, including details of the social value calculator, outcome indicators and financial proxies used are outlined in Table 10.

Table 10. Well-being valuation approaches, social value calculators and outcomes used to calculate the social value generated for Making Well participants, including how outcomes were defined and valued.

STAKEHOLDER	WELL-BEING VALUATION APPROACH	OUTCOMES (MATERIAL CHANGE EXPERIENCED BY STAKEHOLDER)	OUTCOME INDICATOR (HOW MATERIAL CHANGE WAS DEFINED)	FINANCIAL PROXY SOURCE (HOW MATERIAL CHANGE WAS VALUED)	FINANCIAL PROXY (VALUE)
MAKING WELL PARTICIPANTS	**1. Social Value Calculator** General health & well-being outcome	Improved overall well-being	Improvement of 10% or more in ICECAP-A score between baseline and follow-up. Total tariff values calculated using this measure can range from -0.001 to 1, with 1 reflecting full capability or well-being.	HACT Social Value Calculator v4: Good overall health	**£20,141**
	2. Social Value Calculator Specific outcomes identified as most important by participants	Higher confidence	Improvement of 10% or more in General Self-Efficacy Scale (GSES) score between baseline and follow-up.	HACT Social Value Calculator v4: High confidence (adult)	**£13,080**
		Increased social connection/ sense of belonging	Improvement of 10% or more in SWEMWBS Q6 score ('I've been feeling close to other people') between baseline and follow-up.	HACT Social Value Calculator v4: Feel belonging to neighborhood	**£3,753**
	3. Mental Health Social Value Calculator General health & well-being outcome	Improved mental health	Improvement in SWEMWBS score between baseline and follow-up. Total scores on this scale can range from 7 to 35.	HACT Mental Health Social Value Calculator v1	**Various, depending on change in SWEMWBS score**

To estimate the social value generated for NHS Wales by the Making Well programme pilot project, the unit cost of a GP appointment (£39 per appointment, Jones & Burns, 2021) was used to estimate the social value generated by the change in number of GP appointments 8 weeks before the programme and 8 weeks during the programme (Table 11).

Table 11. Valuation approach used to calculate the social value generated for NHS Wales, including how the outcome was defined and valued.

STAKEHOLDER	VALUATION APPROACH	OUTCOME (MATERIAL CHANGE EXPERIENCED BY STAKEHOLDER)	INDICATOR (HOW MATERIAL CHANGE WAS DEFINED)	FINANCIAL PROXY SOURCE (HOW MATERIAL CHANGE WAS VALUED)	FINANCIAL PROXY (VALUE)
NHS WALES	National unit costs	Reduction in GP appointments	Difference in number of GP appointments 8 weeks before the programme and 8 weeks during the programme	Unit cost of a GP appointment (Unit costs of health and social care, 2021 (Jones & Burns, 2021))	**£39**

9. ESTIMATING IMPACT (NET SOCIAL VALUE)

9.1. Reducing the risk of over-claiming

The questionnaires and interviews to measure health and well-being-related outcomes included specific questions to determine the proportion of observed outcomes that would have happened to stakeholders anyway. even if they hadn't attended the Making Well programme (deadweight), the proportion of observed outcomes that can be directly attributed to the programme (attribution), and any benefits foregone by participants because of attending the programme (displacement). In SROI methodology, these aspects of understanding the extent of an activity's impact are known as deadweight, attribution and displacement, and are applied when estimating the net social value of outcomes to reduce bias and the risk of over-claiming benefits.

Deadweight

Deadweight reflects a proportion of the outcomes could have happened anyway, without the Making Well programme. In this study, the follow-up questionnaire asked participants in relation to the changes they had experienced since starting the programme: 'How much of this change do you think would of happened anyway, if you hadn't participated in the Making Well programme?'. Results provided an estimated average deadweight of 15%, that is, on average, Making Well participants indicated that 15% of the change they experienced since the start of the programme would have happened anyway.

Attribution

Attribution acknowledges that a proportion of the outcomes could be attributable to factors other than the programme. In this study, the follow-up questionnaire asked participants: 'How much of the change do you think is due to the Making Well programme?'. Results provided an estimated average attribution of 18%, that is, on average, Making Well participants indicated that 18% of the change they had experienced happened out with the programme.

Displacement

Displacement considers whether participants had to give up any other activities that could have contributed to their well-being. In this study, the follow-up questionnaire asked participants: 'By participating in Making Well programme over the last nine weeks, how much have you had to give up other activities that benefitted you?'. Results provided an esimated average displacement of 13%, that is, on average, Making Well participants indicated that they had to forego 13% of other supportive, beneficial activities in order to attend the programme.

9.2. Net social value estimation

Social Value Calculator well-being valuation approach

When the above estimates for deadweight, attribution and displacement are applied to the monetary social values for overall well-being, high confidence and social connection/ feelings of belonging, calculated using the HACT Social Value Calculator (Table 10) for the number of participants that reported a 10% or more improvement in outcome measure scores (Table 8), the net social value estimated for Making Well participants is estimated to be **£6,107 per participant** when valuing the general outcome of improved overall well-being (well-being valuation approach 1, Table 12) and **£4,538 per participant** when valuing the specific outcomes of higher confidence and increase social connection (well-being valuation approach 2, Table 13).

Table 12. Net Social value generated for Making Well participants, calculated using Social Value Calculator valuation of general improved overall well-being (well-being valuation approach 1).

STAKEHOLDER	OUTCOME	NET QUANTITY (NO. OF PARTICIPANTS EXPERIENCING OUTCOME)	FINANCIAL VALUE	TOTAL FINANCIAL VALUE	MEAN DEADWEIGHT	MEAN ATTRIBUTION	MEAN DISPLACEMENT	NET SOCIAL VALUE	NET SOCIAL VALUE PER PARTICIPANT
MAKING WELL PARTICIPANTS	Improved overall well-being	7 out of 14 participants reported a 10% or more improvement in ICECAP-A score	£20,141	£140,987	15%	18%	13%	£85,493	£6,107
							SOCIAL VALUE GENERATED BY THE MAKING WELL PROGRAMME (TOTAL AND PER PARTICIPANT):	£85,493	£6,107

Table 13. Net Social value generated for Making Well participants, calculated using Social Value Calculator valuation of specific outcomes higher confidence and increase social connection (well-being valuation approach 2).

STAKEHOLDER	OUTCOME	NET QUANTITY (NO. OF PARTICIPANTS EXPERIENCING OUTCOME)	FINANCIAL VALUE	TOTAL FINANCIAL VALUE	MEAN DEADWEIGHT	MEAN ATTRIBUTION	MEAN DISPLACEMENT	NET SOCIAL VALUE	NET SOCIAL VALUE PER PARTICIPANT
MAKING WELL PARTICIPANTS	Higher confidence	6 out of 15 participants reported a 10% or more improvement in GSES score	£13,080	£78,480	15%	18%	13%	£47,589	£3,173
	Increased social connection/ feeling of belonging	9 out of 15 participants reported a 10% or more improvement in SWEBWMS Q6 score	£3,753	£33,777	15%	18%	13%	£20,482	£1,365
							SOCIAL VALUE GENERATED BY THE MAKING WELL PROGRAMME (TOTAL AND PER PARTICIPANT):	£68,071	£4,538

"They were such a kind, open group of people and I really loved talking to them, hearing their stories, hearing about their mental health, and I felt very connected to them. It helped me be more open about my mental health as well, without any judgement."

Making Well participant

"The atmosphere and the relationships within the group, it was like nothing else I'd done before really. It was quite amazing."

Making Well participant

Mental Health Social Value Calculator well-being valuation approach

When using the HACT Mental Health Value Value Calculator, a standard deadweight of 27% is applied in estimations of net social value. The net Social Value estimated for the improved mental well-being experienced by Making Well participants using the HACT Mental Health Social Value Calculator is **£4,290 per participant** (well-being valuation approach 3, Table 14).

Table 14. Net social value generated for Making Well participants, calculated using Mental Health Social Value Calculator valuation of improved mental well-being (well-being valuation approach 3).

STAKEHOLDER	OUTCOME	NET QUANTITY (NO. OF PARTICIPANTS EXPERIENCING OUTCOME)	TOTAL SOCIAL VALUE AT BASELINE	TOTAL SOCIAL VALUE AT FOLLOW-UP	DIFFERENCE IN SOCIAL VALUE	DEADWEIGHT	NET SOCIAL VALUE	NET SOCIAL VALUE PER PARTICIPANT
MAKING WELL PARTICIPANTS	Improved mental well-being	11 out of 15 participants	£242,678	£330,833	£88,155	27%	£64,353	£4,290
SOCIAL VALUE GENERATED BY THE MAKING WELL PROGRAMME (TOTAL AND PER PARTICIPANT):							£64,353	£4,290

10. CALCULATING THE SROI RATIO

10.1. SROI evaluation of the Making Well programme

The SROI ratio is calculated by dividing the total value of inputs by the net social value of identified, relevant outcomes. The resulting ratio is the amount of social value generated for every £1 invested in the Making Well programme.

Three different SROI ratios calculated from the three alternative well-being valuation approaches indicate that the Making Well programme generates social value in the range of £3.30 to £4.70 for every £1 invested (Table 15).

Table 15. Social value generated by the Making Well programme, calculated for the six-month Making Well pilot project using three different well-being valuation approaches.

	WELL-BEING VALUATION APPROACH		
	1 Social Value Calculator General well-being outcome	2 Social Value Calculator Specific health & well-being outcomes identified as important by participants	3 Mental Health Social Value Calculator General well-being outcome
OUTCOME(S) VALUED	Improvement in overall well-being	Higher confidence Increase social connection/ feeling of belonging	Improvement in mental health
WELL-BEING-RELATED SOCIAL VALUE PER PARTICIPANT	£6,107	£4,538	£4,290
NHS COST SAVING PER PARTICIPANT	£23	£23	£23
TOTAL SOCIAL VALUE PER PARTICIPANT	£6,130	£4,561	£4,313
TOTAL COST PER PARTICIPANT	£1,312	£1,312	£1,312
SROI RATIO (ROUNDED TO NEAREST 10 PENCE)	**£4.70: £1**	**£3.50: £1**	**£3.30: £1**

10.2. 12-month SROI forecast

Building on the social cost-benefit evidence from this SROI evaluation of the six-month 'Making Well programme pilot project, it is apparent that the social value generated per participant could be improved by reducing programme costs per participant. This could be achieved by working closely with the local primary care cluster and relevant third sector organisations such as Brecon & District Mind to raise awareness of the Making Well programme and increase the number of participant referrals per programme. Fathom could also invest in administrative support to reduce demands on Charity Founder and Director time as well as safeguarding and other relevant training for craft makers to remove the need for a Community Support Worker to be present.

Fathom's commitments for developing the Making Well programme going forward and improve the social value it could potentially generate is be applied and extrapolated here to forecast a social value for 12-months of delivery of Making Well.

Fathom aspires to deliver 12 Making Well programmes per annum (i.e. three programmes running concurrently per quarter). To forecast social value ratios for the delivery of 12 Making Well programmes over a 12-month period, the total cost of programme inputs is calculated based on Fathom's commitments to programme development and a projected 20% increase in the available participant places from 10 to 12 places per programme (Table 16).

The direct costs of delivering the Making Well programme over a 12-month period is estimated to be **£93,360 in total and £648 per participant** (Table 16). Direct programme costs and the assumptions underpinning them are outlined below.

Site hire/rent

Fathom is committed to continue working closely with local landowners and intends to widen the range of locations where the Making Well programme is made available. The expansion of venues is expected to include local, rural village halls and community centres in addition to the current location at Llanfellte Farm. Investigation of village hall hire across Powys is estimated to be an average of £50 per day (ranging from £30 to £75 per day) and rent for Llanfellte Farm continues to be estimated at £100 per day. A mid-point cost of £75 for site hire/rent per day is used in the 12-month SROI forecast. The total cost of site hire/rent for 12 Making Well programmes over a 12-month period is £8,100 (Table 16).

Outdoor heating

Over a 12-month period, six out of 12 Making Well programmes will take place between October and March. Given the outdoors, nature-based focus of the Making Well programme, activities will continue to take place outside to help foster participants awareness of and connection to nature. Outdoors heating in the form of fire bowls and fire wood (as used in the six-month pilot project) will therefore be required for these six programmes. It's assumed that four fire bowls costing £150 will be required, plus £20 worth of firewood per programme (one taster day plus the eight-week programme) to ensure a comfortable outdoors experience for participants. The total cost of four fire bowls and firewood for 12 Making Well programmes over a 12-month period is £720 (Table 16).

Catering for participants, craft makers and volunteers

Shared refreshments and lunch will continue to be a key element of the Making Well programme, to help foster the sense of social connection and belonging identified as important by participants. An estimated cost of £8.00 per person, increased from £7.50 per person used in the evaluation of the six-month pilot project, is used to take into account recent inflation of food prices. The total cost of catering for participants, craft makers and volunteers for 12 'Making Well' programmes over a 12-month period is £17,280 (Table 16).

Craft sessions

Craft sessions will continue to be central to the Making Well programme and the same costs used in the six-month SROI evaluation are applied for the forecast. Three craft makers will continue to attend taster days and two craft makers will attend each day of the eight-week Making Well programme. The cost for each individual craftmakers plus all associated tools and materials is £250 per day. The total cost of craft sessions for 12 Making Well programmes over a 12-month period is £57,002.40 (Table 16).

Volunteer time

It is expected that up to 10 hours volunteer time per day will continue to be required to support the delivery of the Making Well programme. The same volunteers are expected to support each week of the same programme to ensure continuity and help build relationships and the sense of community identified as important by participants. For the SROI forecast volunteers are assumed to be retired or unemployed and volunteer opportunity costs are estimated using the National Living Wage of £9.50 per hour (gov.uk/national-minimum-wage-rates, accessed July 2022). The total opportunity cost of volunteering based on the National Living Wage for 12 Making Well programmes over a 12-month period is £10,260 (Table 16).

Taking account of the development of social capital attained through volunteering activities, it is creditable that future volunteers could be employed. Should these volunteers continue to be altruistic in their behaviour and volunteer for Fathom, the opportunity costs of volunteering are recommended to take into account foregone working hours given to volunteering activity and an hourly rate based on salaries would be used to estimate these volunteer opportunity costs instead of the National Living Wage (as set out in Apinunmahakul et al. 2009).

Table 16. Expected direct costs for delivering 12 Making Well programmes over a 12-month period, including cost per participant.

DIRECT COST CATEGORY	COST DESCRIPTION AND UNDERPINNING ASSUMPTIONS	COST SOURCE	ESTIMATED COST PER DAY (£)	INDIVIDUAL PROGRAMME COSTS (£) (9 DAYS)	12-MONTH COSTS (£) (12 PROGRAMMES, 108 DAYS)	COST PER PARTICIPANT (£) (N = 144)
SITE HIRE/ RENT	A mid-point cost (£75 per day) of hire/ rent of programme locations ranging from local, rural village halls (average £50 per day) to Llanfellte Farm (£100 per day) is applied.	The Fathom Trust	£75 (Estimated mid-point cost)	£675	£8,100	£56.25
OUTDOOR HEATING	It is estimated that 4 fire bowls (£150 each) and firewood for six programmes running October to March (£20 per programme) will be required.	The Fathom Trust			£720 ((£150 x 4) + (£20 x 12))	£5
CATERING	The cost of catering for 12 participants + 8 staff & volunteers is estimated at £8 per person.	The Fathom Trust	£160 (£8 x 20 people)	£1,440	£17,280	£120
CRAFT SESSIONS	Craft maker time, tools and materials cost £250 per craft per day. 3 craft makers deliver sessions on the taster day and 2 craft makers deliver craft sessions each day of the eight-week programme, giving 19 craft sessions in total per programme.	The Fathom Trust		£4,750 (£250 x 19 craft sessions)	£57,000	£395.83
VOLUNTEER TIME	10 volunteer hrs are required to support each day of the programme. Volunteering opportunity costs are estimated using the National Living Wage of £9.50 per hour.	gov.uk/national-minimum-wage-rates	£95 (£9.50 x 10 hours)	£855	£10,260	£71.25
				TOTAL (ROUNDED TO THE NEAREST £):	**£93,360**	**£648**

10.3. Organisational overheads

In addition to the direct costs of delivering 12 Making Well programmes over a 12-month period, the cost of organisational overheads at a rate of up to 20% of total programme spend are calculated and applied to the SROI forecast to reflect an accurate and sustainable future cost for delivering the programme over the next three to five years.

Organisational overheads for charities typically include the costs of governance and staff salaries, plus expenses for management, administration, and fundraising (Gneezy, Keenan and Gneezy, 2014; Blevins, Ragozzino and Eckardt, 2020; Park and Matkin, 2021). Moderate not-for-profit overheads are considered to fall in the range of 20% to 25% (Portillo and Stinn, 2018; Suk and Mudit, 2021), supported by evidence that American donors believe an overhead spend of 22.4% is reasonable (Portillo and Stinn, 2018). Furthermore, the UK Civil Society Almanac 2021 indicates that average overhead costs (including spend on governance, grants and fund raising activity) for micro-to-small voluntary sector organisations in the UK were 21% in 2018/19 (NCVO, Charity Commission, 2021).

In line with the approach taken by Portillo and Stinn (2018), an estimated organisational overhead of up to 20% is applied in this SROI forecast to capture the governance, management, administrative and fundraising/ grant capture inputs into the Making Well programme. These overheads are essential for enabling Fathom to effectively deliver on its mission, aims and objectives and ensuring the financial sustainability of the charity (Gneezy et al. 2014; Park and Matkin, 2021; Suk and Mudit, 2021). Fathom is a new charitable organisation, only two years in operation, and initial overhead costs are expected to be low. These overhead costs are expected to grow, however, as the charity continues to establish itself. A projected 20% increase in overheads is therefore conservatively applied here to reduce the likelihood of over-claiming and reflect a robust estimate of social value generated over forthcoming years.

The expected organisational overheads required to facilitate the delivery of the Making Well programme, including their estimated cost and underpinning assumptions, are outlined below and presented in Table 17.

Table 17. Expected organisational overheads specific to the Making Well programme and their estimated cost over a 12-month period.

ORGANISATIONAL OVERHEAD	COST DESCRIPTION AND UNDERPINNING ASSUMPTIONS	ESTIMATED COST (£)
TRUSTEE BOARD (GOVERNANCE)	One face-to-face meeting per annum est. cost £150 divided between three programmes A total annual volunteering opportunity cost for Trustee time of £1,076.96 is based on an estimated opportunity cost of £195.81 per hour and 5.5 hours of meetings per year (Table 14) and divided between three programmes.	£50 (£150 / 3 programme) £359 ((£195.81 x 5.5 hrs) / 3 programmes)
PROGRAMME DEVELOPMENT BOARD (PDB)	Two face-to-face meetings per annum at a total cost of £240 divided between three programmes. A total annual volunteering opportunity cost for PDB time of £1,449 is based on an estimated opportunity cost of £207 per hour and seven hours of meetings per year (Table 14) and divided between three programmes.	£80 (£240 / 3 programmes) £483 ((£207 x 7) / 3 programmes)
PROGRAMME MANAGEMENT	Charity Director estimated hourly rate £23.36 x 324 hours management time per annum.	£7,568.20 (£23.36 x 324 hours)
PROGRAMME ADMINISTRATION	Admin Assistant estimated hourly rate £9.93 x 324 hours administration time per annum.	£3,217.32
FUNDRAISING (TO ENSURE LONG-TERM SUSTAINABILITY)	Charity Director estimated hourly rate £23.36 x 70 hours fundraising time per annum.	£1,635.20
CRAFT MAKER CONTINUED PROFESSIONAL DEVELOPMENT (CPD)	Relevant training courses @ £625 per annum and development day @ £400 divided between three programmes.	£208.33 (£625 / 3) £133.33 (£400 / 3)
WEBSITE FOR COMMUNICATION AND MARKETING	Website hosting @ £6 per month x 12 months, divided between three programmes.	£24 (£72 / 3)
	TOTAL (ROUNDED TO NEAREST £):	**£13,758**

Governance

Fathom's Board of Trustees' provide oversight, governance, and strategic direction for the charity. Although meetings have so far been held online, Fathom expects to hold three one-hour annual meetings online and one two-and-a-half hour meeting per year face-to-face going forward (five and a half hours of meetings in total per annum). The estimated cost of room hire and catering to facilitate the face-to-face meeting is £150 per annum. This cost is divided between the three Fathom programmes (Section 4.3) to estimate an attributable cost of £50 per annum in Trustee-specific overheads for the Making Well programme (Table 17).

Trustees' offer their time for free and are altruistic in support of the charity's development. To ensure transparency in Making Well programme-associated Trustee volunteer opportunity costs, these costs are calculated using the same approach outlined in Section 7.1. The total forecast volunteer opportunity cost for Fathom Trustees is £195.81 per meeting and £1,076.96 per annum based on 5.5 hours of meetings in total. This cost is divided between the three Fathom programmes (Section 4.3) and an attributable cost of £358.99 per annum in Trustee-specific opportunity costs for Making Well programme delivery over 12-months is applied in the SROI forecast (Table 17).

Programme Development Board

Fathom intends to establish a Programme Development Board (PDB) to advise on programme design, delivery and development. The Board is expected to comprise eight local individuals representing a range of relevant sectors and organisations. The PDB is expected to meet four times a year, with two one-hour meetings held online and two, two-and-a-half hour meetings held face-to-face (seven hours of meetings per annum). Fathom estimates catering costs and local travel expenses for each member to be £15 per meeting, giving a total expected cost of £240 per annum for two face-to-face meetings. This costing is divided between the three Fathom programmes (Section 4.3) to give a Making Well-specific overhead cost of £80 per annum.

Similar to the board of Trustees', PDB members are assumed to offer their time altruistically and associated volunteer opportunity costs are calculated based on estimated salaries for individual members (Apinunmahakul et al. 2009), using job titles and estimated average salaries in the UK sourced from payscale.com (accessed August 2022). Where salary estimates are not available from payscale.com, estimates obtained from glassdoor.co.uk and the NHS (nhsemployers.org, accessed August 2022) are used instead. PDB member salary and hourly rate estimates are presented in Table 2 in the supplementary material accompanying this report, available on request. The total estimated volunteer opportunity cost for the PDB is £207 per hour and £1,449 per annum based on seven hours of meetings in total. This cost is divided between the three Fathom Trust programmes (Section 4.3) and an attributable cost of £483 per annum in PDB-specific opportunity costs for Making Well programme delivery over 12-months is applied in the SROI forecast (Table 17).

Programme management

The Fathom Trust estimates that day-to-day management of the Making Well programme will required approximately 3 hour per programme day of Charity Founder and Director time, giving at total of 324 hours management time for 12 Making Well programme delivered over a 12-month period. An average Executive Director of Non-profit organisations salary of £44,343 per annum sourced from payscale.com (accessed August 2022) and an assumption of 253 working days per year and 7.5 hours per day is used to estimate an hourly rate of £23.36 per hour. 324 hours of management time at £23.36 per hour gives a total cost of £7,568.20 in management overheads required for delivery of 12 Making Well programmes over a 12-month period (Table 17).

Programme administration

The Fathom Trust estimates that an average of 27 hours of Admin Assistant time will be required for the administration of each Making Well programme, which would equate to approximately 324 hours of administration time for the delivery of 12 Making Well programmes over a 12-month period. An estimated hourly rate of £9.93 per hour for Admin Assistant time is applied based on an average Admin Assistant salary of £18,843 per annum sourced from payscale.com (accessed August 2022). 324 hours of administration time at £9.93 per hour gives total cost of £3,217.46 in administrative overhead support required for delivery of 12 Making Well programmes (Table 17).

Charity fundraising

To ensure long-term sustainability of the charity, Fathom's Founder and Director will seek to raise funds to support charity activities. Fathom conservatively estimates that a total of 70 hours per annum will be required to be spent on grant writing and fund-raising endeavours. An estimated hourly rate of £23.56 per hour for Charity Director time is applied based on an average Executive Director of Non-profit organisations salary of £44,343 per annum sourced from payscale.com (accessed August 2022) and an assumption of 253 working days per year and 7.5 hours per day. Applying the conservative estimated time of 70 hours of fundraising activity at a rate of £23.56 per hour provides a total overhead cost of £1,649.20 towards fundraising activity linked to the Making Well programme (Table 17).

Craft maker continued professional development

Fathom is committed to the continued professional development (CPD) of the craft makers that deliver Making Well programme sessions, including the provision of safeguarding and other relevant training to conduct their roles. Fathom expects to spend £250 on training for each craft maker every two years, across a team of five craft makers, with an associated cost in CPD training of £625 per annum (5 craft makers x £250 per two years/ 2 = £625). The CPD-associated costs are divided between the three Fathom programmes (Section 4.3) to incur a 'CPD training' specific overhead cost of £208.33 per annum for the Making Well programme. In addition, Fathom also aspires to organise at least one 'away day' per year to support craft maker development and well-being under their commitment to Duty of Care, with an estimated associated cost of £400 per day. Projecting this cost forward and splitting it between the three Fathom programmes (Section 4.3), would give an 'away day' specific overhead cost of £133.33 per annum for the Making Well programme (Table 17).

The Fathom Trust website

As Fathom grows and develops as a charity, the organisations website is considered essential for establishing an online presence and supporting communication and marketing of Fathom programmes to a wider audience. Website hosting costs are £6 per month (Section 7.1), giving a total cost of £72 per annum. This annual cost is divided between the three Fathom programmes to give a Making Well programme-specific overhead cost of £24 per annum (Table 17).

10.4 Estimated 20% organisational overheads

Projected 20% organisational overheads of **£21,424** are estimated by calculating 20% of direct programme costs (£93,360) plus initial expected organisational overheads (£13,758, Table 17) (i.e. 20% of £93,360 + £13,758 = 20% of £107,118 = £21,424)).

This projected 20% overhead is combined with direct programme costs to forecast total estimated sustainable costs of **£114,784 per annum and £797 per participant to delivering 12 Making Well programmes over a 12-month period** (Table 18).

Table 18. Forecast 12-month Making Well programme costs including 20% organisational overheads.

COST CATEGORY	COST DESCRIPTION AND UNDERPINNING ASSUMPTIONS	COST SOURCE	ESTIMATED COST PER DAY (£)	INDIVIDUAL PROGRAMME COSTS (£) (9 DAYS)	12-MONTH COSTS (£) (12 PROGRAMMES, 108 DAYS)	COST PER PARTICIPANT (£) (N = 144)
PROJECTED 20% ORGANISATIONAL OVERHEAD	See organisation cost methodology outlined above.	See above.			£21,423.68	£148.78
SITE HIRE/ RENT	A mid-point cost (£75 per day) of hire/ rent of programme locations ranging from local, rural village halls (average £50 per day) to Llanfeite Farm (£100 per day) is applied.	Fathom Trust	£75 (Estimated mid-point cost)	£675	£8,100	£56.25
OUTDOOR HEATING	It is estimated that 4 fire bowls (£150 each) and firewood for six programmes running October to March (£20 per programme) will be required.	Fathom Trust			£720 ((£150 x 4) + (£20 x 12))	£5
CATERING	The cost of catering for 12 participants + 8 staff & volunteers is estimated at £8 per person.	Fathom Trust	£160 (£8 x 20 people)	£1,440	£17,280	£120
CRAFT SESSIONS	Craft maker time, tools and materials cost £250 per craft per day. 3 craft makers deliver sessions on the taster day and 2 craft makers deliver craft sessions each day of the eight-week programme, giving 19 craft sessions in total per programme.	Fathom Trust		£4,750 (£250 x 19 craft sessions)	£57,000	£395.83
VOLUNTEER TIME	10 volunteer hrs are required to support each day of the programme. Volunteering opportunity costs are estimated using the National Living Wage of £9.50 per hour.	gov.uk/national-minimum-wage-rates	£95 (£9.50 x 10 hours)	£855	£10,260	£71.25
				TOTAL (ROUNDED TO THE NEAREST £):	£114,784	£797

Forecasting SROI ratios using the three alternative well-being valuation approaches outlined in Section 8 and 9 suggests that 12 Making Well programmes delivered over a 12-month period have the potential to generate social value in the range of **£5.40 to £7.70 per every £1 invested** (Table 19).

Table 19. Forecast SROI ratios for 12-months of Making Well, based on learnings from six-month pilot project and Fathom commitments for programme development.

	WELL-BEING VALUATION APPROACH		
	1 Social Value Calculator General health & well-being outcome	2 Social Value Calculator Specific health & well-being outcomes identified as important by participants	3 Mental Health Social Value Calculator General health & well-being outcome
OUTCOME(S) VALUED	Improvement in overall well-being	Higher confidence Increase social connection/ feeling of belonging	Improvement in mental health
WELL-BEING-RELATED SOCIAL VALUE PER PARTICIPANT	£6,107	£4,538	£4,290
NHS COST SAVING PER PARTICIPANT	£23	£23	£23
TOTAL SOCIAL VALUE PER PARTICIPANT	£6,130	£4,561	£4,313
TOTAL COST PER PARTICIPANT	**£797**	**£797**	**£797**
SROI RATIO (ROUNDED TO NEAREST 10 PENCE)	**£7.70: £1**	**£5.70: £1**	**£5.40: £1**

11. DISCUSSION AND RECOMMENDATIONS

11.1. Summary of findings

This SROI evaluation of a six-month pilot demonstrates that The Fathom Trust Making Well programme can be supportive for people with mild to moderate psychological conditions and has potential to generate significant social value through improved well-being of participants. The most important outcomes identified by Making Well participants were **increased feelings of social connection and belonging**, **improved mental health and higher self-confidence**,

The positive changes experienced by Making Well participants may have an impact on their health service use, with 12 fewer GP appointments over an eight-week period being reported at the end of the programme compared to baseline. This reduction in GP appointment is estimated to provide **a social value cost-saving of £23 per participant to NHS Wales per programme.**

Applying well-being valuation to measured stakeholder outcomes indicates that the six-month Making Well programme pilot generated social value for participants and NHS Wales in the range of £3.30 to £4.70 for every £1 invested. The social cost-benefit evidence provided by the SROI evaluation process has enabled The Fathom Trust to update their Making Well programme model to improve their creation of social value in the future. A SROI forecast based on these commitments indicates that the Making Well programme has the potential to generate **£5.40 to £7.70 for every £1 invested**.

No significant negatives were reported by participants, but results regarding displacement suggest that, on average, participants had to forego 13% of their usual supportive, beneficial activities in order to attend the programme. Despite this, 100% of participants interviewed at follow-up (n = 12) stated they would be 'likely' (n = 1, 8.3%) or 'very likely' (n = 11, 91.7%) to recommend the Making Well programme to others and some suggestions for improving the accessibility of the programme to enable a greater number of people to benefit were provided.

The promising results of this SROI evaluation and forecast strengthens the case for community-led, nature-based interventions accessed via green social prescribing pathways to support population health and well-being.

11.2. Strengths and limitations

The mixed-method SROI methodology employed in this evaluation, combining quantitative and qualitative data collection, provided a robust foundation of evidence for well-being valuation compared to a single form of data collection. The use of the well-established HACT Social Value Bank, Social Value Calculator, Mental Health Social Value Calculator, and three alternative well-being valuation approaches as a form of embedded sensitivity analysis, plus the consistent, narrow range of social value ratios produced, gives confidence in the SROI results.

A six-month pilot inevitably has limitations, including limited scope; particularly regarding the short-time horizon considered and narrow range of stakeholders included due to time constraints. This pilot SROI is also limited by the lack of a control group and a small sample size <20, similar to many other studies of nature-based interventions (Bojke et al. 2018). The lack of a control group in particular hampers the exploration of causality and our understanding of the extent to which the observed improvements in participant well-being are a direct result of the Making Well programme. The application of deadweight, attribution, and displacement in SROI methodology, however, helps to mitigate against over-claiming the programme's positive impact.

11.3. Recommendations

This SROI evaluation suggests that increasing the number of participants attending each programme from 10 to 12+, employing an Admin Assistant to support with administrative tasks, and providing session leaders with appropriate safeguarding and other supportive training rather than a Community Support Worker being present at each session, would help The Fathom Trust improve the social value generated by the Making Well programme.

Embedding a simple, in-house SROI evaluation process for future Making Well programmes is also highly recommended to enable continued monitoring and improvement of social value creation.

Finally, a 12-month feasibility study of the Making Well programme involving a wider range of stakeholders, good experimental design and a control group is recommended to validate the promising findings from this six-month pilot and contribute to emerging evidence for the social prescribing of community-led, nature-based public health interventions for supporting mental well-being.

11.4. Wider communication of findings

This report will be complemented by a short, summary report presenting the findings in a condensed and accessible manner, suitable for a wide range of audiences.

An electronic version of the full and summary report will be made available on the following websites:

- Centre for Health Economics and Medicines Evaluation (CHEME) - cheme.bangor.ac.uk
- Health and Care Economics Cymru (HCEC) - healthandcareeconomics.cymru
- Wales School for Social Prescribing Research (WSSPR) - wsspr.wales

A peer-reviewed academic paper will also be published in a suitable journal and made available on the CHEME website (cheme.bangor.ac.uk).

12. REFERENCES

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14. ABOUT CHEME

Centre for Health Economics and Medicines Evaluation

The Centre for Health Economics and Medicines Evaluation (CHEME) at Bangor University was founded in 2001 and is one of the leading health economics centres in the UK. CHEME is active across a range of health economic and medicines evaluation research activities, including public health economics and the health economics of psychosocial and other non-clinical interventions, led by Professor Rhiannon Tudor Edwards.

CHEME has a depth and breadth of expertise in economic evaluation methodologies, from evaluations alongside pan-UK clinical trials to SROI analysis of community-based projects. Previous CHEME SROI projects include the Social Return on Investment of: Systema Cymru – Codi'r To (music in primary schools) (Winrow & Edwards, 2018); Art Activities for People Living With Dementia (Jones et al., 2020); the Health Precinct Community Hub for Chronic Conditions (Jones et al., 2020); Home Exercise and Community Referral for People With Early Dementia (Hartfiel et al., 2022), and Emotional Dynamic Mind Lifestyle Coaching (Makanjuola et al., 2022). Underpinning the above is CHEME's methodological work in this field (Edwards & Lawrence, 2021).

To find out more about CHEME and our work:

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Website: **cheme.bangor.ac.uk**
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