

# HALL AITKEN

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The Social Value of Creative Arts – Start in  
Salford

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**“I am an occasional carer for someone with a severe mental health problem who found arts participation the most helpful service he is offered within his community. I suspect these experiences are all grounded in the essential “humanity” of creativity and art.”** Dr Andrew McCulloch, Chief Executive, Mental Health

Foundation

# Introduction

Hall Aitken is working with Start in Salford to help develop its understanding and use of social value. This report summarises our findings, setting out our approach to the study, identifying the social value Start in Salford creates and developing an approach to valuing impact.

## About Start in Salford

Start in Salford (Start) is a social enterprise supporting the emotional wellbeing and recovery of people who are, or at risk of experiencing mental health difficulties. Service users, known as members, come to Start as their illness often leads to isolation, loneliness and depression.

There is growing appreciation of the impact arts participation can have on health and wellbeing. The Mental Health Foundation suggests

**“More recently there has been growing interest in arts-in-health initiatives where the creative process itself is seen to have therapeutic value in promoting general wellbeing, including mental health”<sup>1</sup>.**

By supplementing or occasionally replacing medicine and care, the arts can improve the health of people who experience mental or physical health problems. Engaging in the arts can promote prevention of disease and build wellbeing. The arts can improve health care environments and benefit staff retention and professional development. Start uses creative arts to support members to cope with or manage their mental health problems.

Start enjoys a strong reputation built on a successful track record, delivering projects for public bodies, charities and private companies. As a social

enterprise, it delivers charitable aims through business and grant roles. Start employs staff and relies on volunteers, many of whom are former members.

## Evaluation of Start in Salford

Start is committed to learning and in 2014 appointed Hall Aitken to work alongside it to provide evaluation and training based around social value. For the evaluation we focused on four programmes delivered by Start:

- Start Core, a support service for those suffering severe mental health problems
- Arts on Prescription, a help service for patients with less severe but debilitating mental health problems
- Start over 50's, a place for older people to meet others and take part in creative activities.
- Start Peer Groups, an outreach service.

Start in Salford has robust reporting systems, and this report draws on quantitative and qualitative tools. But despite the growing influence of social prescribing, evidence is relatively weak and still developing.

**“Unfortunately, the evidence base for arts therapies and for arts-in-health activities is not as it should be and needs to be.”<sup>2</sup>**

<sup>1</sup> <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/A/arts-therapies/>

<sup>2</sup> Mental Health Foundation 2012 The findings of four arts therapies trial services 2003-2005

Start is determined to provide strong evidence of impact. As our report draws on 18 months working with members, partners and staff, the report provides a solid evidence base. We have used recognised evaluation tools such as the Edinburgh Warwick measure of mental wellbeing, interviews, focus groups, surveys and workshops. Partners in Salford are committed to developing social value so our approach placing social value at the heart of monitoring and evaluation.

As austerity bites, competition for funding is fierce, whether through commissioned work or external grants. To provide a sustainable future, Start as with other groups has to develop new income streams. But new and existing funders often want different measures of impact. Some are outcomes focused, others output based. Some require specific tools for evaluation, others particular indicators. One of the aims of this exercise is to work with partners to identify core outcomes and measures which clearly demonstrate impact.

With the evidence base for creative arts and mental wellbeing limited it was necessary to make assumptions for some aspects of the evaluation – these assumptions are clearly set out and explained. Our aim is to test these assumptions over the coming year to further develop our understanding of social impact.

## Social value

Start is keen to develop an approach that looks beyond numbers and cost, focusing instead on change and value. It wants to maximise the social, economic and environmental impact it delivers to members and the communities of Salford. Start's interest in social value lay in its understanding that it plays a key role in the lives of members. By focusing on what matters to members and partners, Start in Salford can ensure services meet their needs, aspirations and expectations. And Start recognises the potential role it has in building the wider economic and social wellbeing of Salford, so

understanding the social value it creates is an important step in supporting partner aims to develop Salford as a Social Value City<sup>3</sup>.

## The Social Value Act

The Public Services (Social Value) Act, which came into force in January 2013, requires public authorities to consider economic, social and environmental wellbeing when procuring public services and for connected purposes. The Act has the potential to radically alter public procurement to deliver community benefits. It provides organisations such as Start with genuine opportunities to compete for large and small contracts.

The City of Salford is at the forefront of work to implement social value. Over the past twelve months, the Public Health team and partners including Start have developed a social value framework for public contracts. The aim is to use public funds to deliver maximum economic, environmental and social value for Salford. This report, and Start's commitment to social value, aims to support commissioners including the CCG and other partner ambitions to develop their approach to the Social Value Act.

## Social return on investment

Start's interest in social value goes beyond the opportunity to secure contracts. It sees social value as the heart of delivery. But measuring social value can be problematic, as there is a degree of subjectivity and a range of tools available. Start is using Social Return on Investment (SROI) to help develop its approach to social value. The choice of SROI reflects Start's approach to delivery as an ethical company. SROI employs seven principles for impact measurement underpinning this study.

- **Involve stakeholders.** Stakeholders are those people or organisations who experience change as a result of Start's activities.
- **Understand what changes.** We report how change is created and gather evidence to prove intended and unintended change.

<sup>3</sup> Salford Social Value launch, November 2014

- Valuing what matters. The changes that Start members value most are intangible, such as reduced isolation and increased confidence. Because they are intangible their value is often not recognised. Financial proxies allow us to value these outcomes in a way that is recognisable to a wider audience.
- Only include what is material. Here, we need to determine what information and evidence must be included in the report to give a true and fair picture of impact.
- Do not over-claim. Ensuring our report reflects the true contribution of Start in Salford, accounting for issues such as deadweight and displacement.
- Transparency. Explaining clearly why evidence for change is chosen, the basis for analysis and the sources of information such as proxy values.
- Verification. The report, once verified independently, will be circulated for wider learning.



**“The art sessions are important to me, they are the highlight of my week. I now have confidence to make new friends and show my drawings to my family – very good for self-esteem. It has also enhanced my enjoyment of visiting art galleries.”**

## Evaluation approach

This three year evaluation and support programme focuses on leaving a social value legacy for Start. We are building staff capacity so social value underpins delivery, monitoring and evaluation. Evaluation and learning lies at the heart of our work with Start.



### Indicate®

Start's long term evaluation goal is to ensure staff understand and use social value. Hall Aitken's role is to work alongside the team to build capacity and transfer skills, rather than to simply produce a one-off report identifying social impact or a 'return on investment'. Our Indicate® service is a three year training and evaluation programme which includes:

- Initial workshop to introduce SROI and Indicate®;
- Evaluation framework, setting out the short, medium and long term outcomes (or changes) Start delivers;
- Training and support to use qualitative tools effectively to capture outcomes, encouraging self-evaluation;
- A report providing an overview of impact and a suggested social return on investment based on work with staff, members and partners;
- Training to deliver a follow up report in 2016 which Start will produce with Hall Aitken and Salford CVS.

## Scope of the study

Start is keen to secure member participation and leadership in all areas of delivery, and this includes evaluation. So we set up an evaluation steering group to agree the scope of work and oversee the study through to report. The steering group included four members of staff, two trustees and eight members. We delivered an initial workshop in April 2013 to review core aims, objectives and outcomes.

### What does Start deliver?

Mental health commissioners in Salford use the stepped-care model to organise the provision of services and to help people with common mental health disorders, their families and carers. The model supports healthcare professionals choose the most effective interventions. In stepped-care the least intensive intervention appropriate for a person is typically provided first, and people step up or down the pathway according to changing needs and in response to treatment.

Start provides services from Steps 1 to 3 of the model - awareness through to mild and severe disorders. We used the workshop to reflect on Start's services against the model. As well as Start's regular interventions it manages a social enterprise and delivers smaller, ad hoc services. The steering group recommended we focus on Start's central services, as this provided stable evidence of impact over time and most members were more familiar with these services. With this in mind, our evaluation looks at:

- Start in Salford Core, providing support to those with more severe wellbeing problems
- Arts on Prescription, supporting those with mild to moderate illness
- Start over 50's, tackling social isolation among older people
- Outreach services to peer groups in centres across the city.

### Stakeholders – who changes?

Start plays a significant role in the lives of members and the wider community. It works with partners across the public, private and voluntary sector and delivers or contributes to partner outcomes across Salford and beyond. During our workshop, we worked with the steering group to ask who changes as a result of Start's work.

*"Start changed my life – I, my family, friends and colleagues all recognise the great debt we owe you".*

The steering group identified the following:

- Young people 11-25 with mental health issues
- Older people over 50 with mental health issues
- Carers and families
- NHS
- Volunteers
- Patients
- Wider community
- Local employers
- Local Authority
- Other community groups
- Leisure businesses
- Police
- Schools and colleges
- Young people at risk of reoffending
- People with drug and alcohol issues
- Suppliers

After the workshop we explored this list further with members through a survey and interviews with partners. We wanted to focus only on stakeholders who could demonstrate clear and strong change attributable to Start. The steering group agreed to refine the scope of the study to include:

- People with mental health problems. Mental health touches us all but the level of mental health problems varies, from slight risk of illness through to debilitating illness requiring in-house support. We decided the levels within the step-care model were too broad for the evaluation and so divided our services into 5 categories, falling within the step-care model's (steps one to three). The 5 categories of Start members are:

- Level 1 Members with more severe mental health problems who have little or no control over their life. They are often economically inactive and need in-patient support. This may be either delivered in a care home or requiring significant in the home care from a carer e.g. family member (Step 3 – 4 of the Stepped-Care Model)
- Level 2 Members have moderate to severe illness leading to problems with day to day life; they are largely economically inactive and need regular outpatient support and medication (Step 3)
- Level 3 Members with mental and physical health issues which limit ability to undertake day to day activity, often unemployed or in low level, casual employment. (Step 2 - 3)
- Level 4 Members currently in control of life but with one or more issues which could impact on mental health e.g. debt, family stress. They are not receiving medication but are in need of support to alleviate mild forms of mental illness. (Step 2)
- Level 5 Client is at risk of social isolation through change in life, such as bereavement, retirement or physical impairment. (Step 1)

Figure 1 identifies the number of members by category and by service. As expected, there are relatively few Level one clients as Start's AOP focuses largely on those with mild to moderate illness and there is significant membership of the Over 50's programme.

Other stakeholders confirmed for the evaluation were:

- NHS and treatment services organisations who work directly with Start and members
- Employers of staff who, through stress and poor wellbeing attend Start as members
- Carers and families

**Figure 1 Member numbers by project and category of need (Levels 1- 5)**

	Level 1	Level 2	Level 3	Level 4	Level 5	Total
CORE	72	168	0	0	0	240
AOP	0	54	108	18	0	180
Over 50's	0	0	0	30	150	180
Peer groups	0	0	30	30	0	60
	72	222	138	78	150	660

## Understanding change

At a workshop with staff and members we discussed how the key stakeholders changed - outcomes. Again this was a two stage process, with outcomes discussed at the initial workshop then refined through discussion with partners via our evaluation group. An initial list of outcomes included:

- Reduced isolation for members, carers and families
- Increased happiness
- Improved mental health
- Reduced depression, stress, anxiety
- Increased confidence
- Increased aspirations
- Increase in employability skills and qualifications
- Reduction in days off work through stress and anxiety
- Volunteering
- Reduced appointments and in house treatment
- Reduced stigma
- Increased awareness of Mental Health as an issue and arts as a treatment (Community / START IN SALFORD)
- Reduced dependence on crisis intervention (members and NHS)

We reviewed outcomes further, to ensure there was no potential for 'double-counting' changes – for example we found in our survey increased happiness a key part of improved mental wellbeing for many members. Our evaluation focused on these outcomes:

- Improved mental health: an outcome based on supporting Level 1 members needing, or most at risk of in-house treatment;
- Reduced anxiety and depression; an outcome for those suffering less severe but debilitating mental health issues and those at risk of mental health problems;
- Reduced isolation; an outcome for all attending START IN SALFORD, a key change identified by members;
- Increased confidence; a change that develops as isolation and health improves;
- Increased employability; for a proportion of members with milder forms of mental health problems for whom their illness prevents their ability to work;
- Increased volunteering; volunteers are the lifeblood of Start and member opportunities for volunteering delivers individual and organisation benefits.
- Reduced absenteeism; as wellness leads to fewer days off work;
- Increased respite; the positive change for carers and families.

### How much do they change and how do you know?

Measuring change for Start's members is challenging. Mental health issues affect people differently and members' issues can vary over time. Start's support for many members is one part of the 'customer's journey' – Start helps members move toward improved wellbeing and other outcomes. To measure impact against these outcomes, we used a range of tools to identify distance travelled along this pathway. These include:

- Focus groups
- Case studies
- Staff observation
- Reporting data from HANLON
- Short WEMWEBs.

Working with staff and using the tools above, we calculated average distance travelled for each client group (Level 1 to 5).

- 20% Level 1 – that is, 20% progress toward defined outcomes. At Level 1, the severity of illness means Start's light touch intervention delivers a relatively limited but important push along the customer journey.

- 40% level 2 – Arts on Prescription provides more impact at Levels 2 to 4, with services targeting these client groups. As the severity of illness reduces the client pathway diminishes and Start's impact is greater
- 60% level 3
- 70% level 4
- 70% level 5 – Start over 50's tackles social isolation and Start's impact on the customer journey is very significant but not all members are able to fully benefit from support.

Of course member journeys will vary enormously member to member. But these averages reflect project manager and member feedback.

### Attribution and 'drop-off'

Mental wellbeing and social isolation are multi-agency issues and our evaluation recognises the important role played by many agencies, as well as the community, family and carers. It is important we account only for impact attributable to Start. To understand attribution, we delivered a workshop with members to ask who they worked with or depended on for support. We then calculated contribution of partners through a 'card game', asking participants to rank agency and partner contributions and quantify Start's impact on their lives. This allowed us to place average rates of attribution as:

- 20% to Level 1      Start's CORE project support plays an important role but GPs and Mental Health workers play a much more significant role in supporting wellbeing.

- 30% to Level 2 At this severity of illness other agencies still play a very important role supporting wellbeing including medication and regular intervention and support such as Community Health teams. But Start Core makes a greater contribution to impact in this target group.
- 70% to level 3 AOP and peer group support makes the greatest impact on this group which requires light touch intervention to rebuild their lives but depend on family and friends and occasional GP or similar support.
- 50% level 4 Start's impact reduces at Level 4 as this group still enjoys impact from AOP at this level Start in Salford's support is important but outside influence is heavy such as family
- 50% level 5 Members tell us Start over 50's plays a very significant role in their lives as it encourages them to make new friends and re-engage. Friends, family and peers play an equally important role in rehabilitation.

Drop off relates to the length of time an outcome is attributable to an intervention. The impact of change on members varies from member to member and from client group to group. We discussed this with staff, and we visited a peer group to ask how the project impacted on their life. Peer groups are a Start service providing follow up support and a place to go beyond their time with Start. It is clear the organisation plays an ongoing role in many members' lives. Indeed many remain in touch with Start long after support, through volunteering and occasional need to discuss their ongoing rehabilitation.

At Level 1 and 2, impact is important in year one but the severity of illness means members will still depend on external support, although for many to a lesser extent. At level 3 impact lasts for longer AS Start supports members to manage their wellbeing while at Levels 4 and 5 impacts can change member lives for much longer, reducing isolation and building confidence which are often at the heart of their problems.

In calculating drop off, we have considered the need to discount value for time, applying the current Treasury discount rate of 3.5%.

### Do all members benefit?

We identified a focused set of outcomes but of course not all members benefit from every outcome and to the same extent. For some, their illness may require stronger intervention or they are simply not ready for engagement. Reviewing WEMWEBS and interviewing members, impact varies from service to service, with approximately 10% of members failing to realise all benefits. We accounted for this by reducing beneficiary numbers by 10% for each outcome.

## Attribution summary

We have taken a prudent and consistent approach to reflect Start's true impact, as summarised below.

- Level 1 members 20% distance travelled, 20% attribution lasting 1 year
- Level 2 distance travelled 40% and 30% attribution over 1 year
- Level 3 distance travelled 60% and 70% attribution lasting 2 years
- Level 4 distance travelled 70% and 50% attribution over 3 years
- Level 5, distance travelled 70% and 50% over three years.

**“I have learnt to be more aware of my surroundings and feelings. Start gave me space, freedom and friendship to create paintings and drawings. I believe it helped my motivation and willingness to be in a room full of strangers. I realised there are many people with similar ups and downs and it is ok to seek help. My partner, friends and family have seen a change in me. I'm currently working towards a game design apprenticeship, something I couldn't even fathom during my lowest points”.**

## Delivering value

As well as identifying outcomes that matter most to members, our study focused on working with staff and members to understand how much they value those changes. We examine the rationale for values in this section, which are summarised in Appendix one.

### Valuing what matters

We are familiar with values placed on tangible assets – their monetary value which helps compare relative values easily. However this becomes more difficult when assessing intangible assets, such as confidence and employability. These outcomes do not have a financial value and so their relative impact is more difficult to assess. For example, did stakeholders benefit more from increased confidence than increased employability? This issue is particularly important for organisations like Start whose major impacts are important but intangible changes.

SROI uses proxy values to provide a monetary value for intangible outcomes. Various approaches to developing proxy values can be used. For the purposes of this study we have used existing SROI and other external reports such as government publications and strategies relevant to Start's work. We discussed values with our evaluation group, agreeing which values to use where more than one was available and to ensure value reflected their experience.

### Reduced social isolation

Members identify this as their most cherished outcome. Start provides a point of contact for new friends and a place of comfort. To calculate value, we considered proxies related to happiness and friendship. The evaluation group discussed two SROI reports identifying social isolation and focused on a 2015 report assessing the social value of a support programme for unemployed men with mental health distress suggested a value of £2,337 per person<sup>4</sup>. These valuations were sourced from an SROI Report evaluating

the impact of MOJO who offer a 12 week programme for unemployed men experiencing mental health distress. The MOJO project provides light touch support to encourage new activities much like Start AOP.

### Improved mental health

For this outcome we based our calculations on the reduced costs of inpatient support for the NHS. This fiscal saving based on a typical four week stay on a psychiatric ward is £8,800 at 2013 prices ((source Valuation Source: New Philanthropy Capital Report Source: NPC Giving Insights newsletter at <http://www.philanthropycapital.org/>). We applied this outcome to Level 1 members as this group is most at risk of in-house support from the NHS or other services. We chose not to use this outcome for other members as the alternative outcome - reduced depression, anxiety and stress (see below) - is more relevant.

### Reduced anxiety and depression

For members in Levels 2, 3 and 4 the mental health benefits of reduced isolation are largely expressed through reduced anxiety and depression. Isolation is a major cause of these mental health problems. A report by the King's Fund suggests the cost of

<sup>4</sup> [www.mojo-programme.org](http://www.mojo-programme.org)

treating depression with medication and counselling is £2,840 per person<sup>5</sup>.

We have not included members from Level 5 who largely join Start over 50's to address social isolation. While there will be issues of anxiety for some this is not currently measured although plans are in place to extend WEMWEBs to this project.

## Increased confidence

As isolation reduces, stakeholders tell us they grow in confidence and this outcome combines the benefits of peer and Start support, plus the reduction of stigma that members identified. There are many proxy values for confidence and our focus is on the impact of training and support on confidence. With this in mind we have used a report by NEF which calculated the impact on confidence of training and support from a LEGI programme in inner city Coventry. The area is similar in socio-economic terms to Salford and the value within the report reflects the relative value of this outcome to other core changes. The NEF report<sup>6</sup> suggests a proxy value of £1200 per person.

*"I was apprehensive about meeting new people and my wife's death meant I had not really ventured outside for some time. I had no confidence but now I am supporting new members and feel great".*

## Increased employability

For some members mental health is a barrier to employment. Start delivers employability support by working with people most disadvantaged in the labour market. They build confidence, basic skills and provide volunteering opportunities as well as accredited training funded by European Social Fund.

Avoiding double counting is difficult – we focused on separating confidence from accredited training and volunteering. This outcome relates to those members receiving accredited training. We agreed that the most appropriate proxy came from a report "what's it worth Now? - The social and economic costs of mental health problems in Scotland' Scottish Association for Mental Health, 2011. This report suggests

with employment the economic benefit to stakeholders is £13,234 per person based on increased income (2014 figures).

This report looked at wider impacts of mental health as a barrier to all forms of employability. So we have excluded for example people who are close to or over age of retirement or people with multiple needs who are realistically far from the employment market. We have also assessed the likely numbers able to move towards employability based on the severity of their mental health problems. For most members the true impact and their objective is to reduce isolation and engage with new friends and activities. Employability is not their objective. So we have included:

- No members at level 1 as they are very far from the employment pathway
- 10% of MH level 2 members - 22
- 15% level 3 members - 21
- 25% of level 4 members (19)
- None at level 5 as this is more of a social support group and consists of largely over 50's who are not actively seeking employment

We noted how employment depends on increasing confidence and skills so the impact on employment is not immediate. We assumed impact from year 2 allowing for increased confidence to build.

<sup>5</sup> [http://www.philanthropycapital.org/publications/improving\\_the\\_sector/charity\\_analysis/Valuing\\_potential.aspx](http://www.philanthropycapital.org/publications/improving_the_sector/charity_analysis/Valuing_potential.aspx)

<sup>6</sup> NEF SR01 report Coventry Local Enterprise and Growth Initiative 2000

## Reduced absenteeism

Based on the same report, the cost of absenteeism due to mental health is projected as £330 per day. The Department of Health estimates people suffering stress take an average of 24 days off work. Start in Salford's work with employed people provides support to address health issues; the benefits accrue to both employer and employee. As with increased employability, we know from discussion with partners and members this outcome does not apply to all members so based on member profiles of those in work we attributed:

- 10% of members at Level 2 (22 in total)
- 20% in work Level 3 (28 in total)
- 30% level 4 (23 in total)

As with increased employability, the impact on absenteeism is not immediate so we assess impact from year 2 allowing time to build confidence.

## Increased volunteering

Start provides many volunteering opportunities, from supporting in-house activities, to gardening and external works, to administration and peer support. The extensive range of volunteer opportunities is valued by members and importantly members are increasingly volunteering elsewhere.

*"I had never volunteered before but now I look forward to working with others in Start. It gives me purpose and satisfaction. I've even started volunteering for a local youth club".*

Start records show in 2014/15 45 volunteers delivered 4928 hours support, an average of around 2 hours a week. Discussions with members suggested a similar figure of two hours a week outside Start. To calculate impact, we focused solely on the economic impact / fiscal saving to Salford of volunteering based on 9000 hours. We did not include the impact of volunteering on individuals as we felt issues such as confidence and employability were already considered and this approach would avoid any

issue of 'double-counting'. We calculated impact using the living wage of £7.85, as Salford is committed to implementing the living wage at a city level.

## Increased respite

Members with severe forms of mental health problems particularly depend on carers and family which has impacts on family life and on carers which are well understood. So we focused on the value of respite for carers for these members for whom Start has the biggest impact. I have based my calculations on an assumption that 75% of members have carers at level 1 and 10% Level 2, with Start providing 100 hours respite a year for carers – 2 hours a week less Christmas. As carers are effectively unpaid workers, I have used the median hourly wage for my proxy from the Annual Survey of Hours and Earnings.

[http://www.statistics.gov.uk/downloads/theme\\_labour/ASHE-2009/2009\\_all\\_employees.pdf](http://www.statistics.gov.uk/downloads/theme_labour/ASHE-2009/2009_all_employees.pdf). No deadweight is applied for this outcome as Start's help is totally applicable to this change.

**"I continue to get a great deal of pleasure from the art sessions. My confidence has grown and I've made some very good friends through having like interests, which has been especially beneficial to me recently as I've undergone surgery for mobility issues which has made me feel threatened. I have found the sessions very therapeutic for my recovery."**

## Return on investment

Based on our work with members and partners, assumptions and proxy values in this section, the total social value created by Start could be as high as £2.5 million over 3 years. This would produce a forecast rate of return on investment of around £5:£1. This is based on annual costs for delivery, including overheads, of £489,000.

With this in mind, we would suggest that a return on investment within the region of £4.50:£1 and £5:1 is possible. Erring on the side of prudence we will go forward on the likelihood of the lower of these calculations. The spreadsheet for the calculation is attached as appendix one.

Our social values can be broken down into fiscal, economic and social impacts as shown in table 1 below.

	FISCAL	ECONOMIC	SOCIAL
VALUE	£820,000	£477,000	£1.2million

## Fiscal savings

In times of austerity there is great interest in the potential of preventative interventions to 'save' – or make better use of – scarce public resources. Social prescribing is an area of health provision seen by many as one way of reducing longer term health expenditure. Our report suggest that for every £1 invested in Start, our CCG frees up £1.65 of resources. This potential saving provides a strong case for further exploration of the potential of social prescribing.

Within this report we clearly articulate many assumptions but this study provides further support to the growing evidence base for softer, preventive investment by public health teams.



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## Looking ahead

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As a three year programme focussed on training this report concludes by setting out next steps to ensure social value is understood, skills are left as a legacy and social value is embedded in Start.

### Social value reporting, funding and Start

Start's monitoring and evaluation now has a clear focus – our challenge is bridging the gap between reporting needs of clients and funders with our own clear outcomes based reporting driven by a desire to maximise social value. During future negotiations our wish is to discuss our approach with commissioners and funders to harmonise reporting and avoid unnecessary duplication or output based approaches.

### Final report

We are now preparing to submit the study for external verification but the study is only part of the wider work to develop Start's approach to social value. Staff will now take forward a second stage review using the skills and training delivered to date, overseen by Hall Aitken. The aim is to secure the capacity to deliver future self-evaluation meeting the principles of Social Return on Investment and delivering maximum social value for members and the wider community.

### Sharing learning

Our evaluation started 18 months ago incorporating capacity building for staff and members. Since publishing this report, Start Core and Arts on Prescription have merged to form one service, Inspiring Minds. The merger will deliver a holistic package of support and follows a service review part informed by this study. Start sees the merger as one way of increasing social value, working with members to develop a stronger pathway to economic and social goals such as employability.

Start is committed to sharing learning and understanding what works well and what works less well. By securing external validation we will be able to discuss our approach and findings with partners to identify how we can work with them to build Salford's social value work. We plan to share our report with partners within Salford and beyond.





**Start in Salford in Salford**

**The Social Value of Creative Arts in Supporting Mental Health  
Report**

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