



**The
Evaluator**
We'll figure it out for you

Love to Move A Social Return on Investment

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Foreword

"One lady in the class ... has depression and heart failure and all her personal care is done for her. When I started, she would sit in her chair with her head down and cry. She still thinks a lot of her family who have died are still around.

I spoke with her and found a lot about her she's deaf. She has difficulty following the music so she does so by following others and when you're doing group activities like throwing balls, she becomes really competitive and animated and really engages.

Even on days when she's down, she's not up for everything but she still engages on some level."



Dementia is a degenerative disease which affects a large proportion of the older population; 1 in 6 of those aged over 80. Dementia is not a nice illness: it's heart-breaking. Any evaluation into Love to Move needs to acknowledge that many of us will experience dementia; it will affect almost all of us who live to old age, and it must be acknowledged that the lives of those with advanced dementia are often unseen. While carrying out this Social Return on Investment, we often had to pause and truly consider the words we had heard.

This story, alongside, from one of the Love to Move deliverers, sums this up. One lady would sit in her chair with her head down and cry. She was suffering from dementia, but also depression and heart failure.

This isn't something we are used to seeing every day. We are quite removed from this, on the whole.

into an innovative programme, it was an investigation into the hidden impact of dementia and how some of this decline could possibly be lessened.

The Alzheimer's Society say more than a third of people with dementia feel lonely, and 62% of those who live alone report feeling lonely, in Dementia 2013: The hidden voice of loneliness.

If we have managed to give some of these people a voice; we will have achieved our own goals in this Social Return on Investment.

Kirsty Rose Parker, Director, The Evaluator

We need to start this Social Return on Investment with the words of lead deliverer, Kim Hall. Kim was a key part of developing the Love to Move programme with true passion, empathy and insight from her own expertise and personal understanding of dementia.

"I feel so passionately that people living with dementia are heard, their families too. That people will understand how important it is to shine a light in that dark tunnel, a place I know too well, with both my parents having it the past 18 years, and then from losing them both."



Love to Move
Lead Deliverer
Kim Hall

For the team at The Evaluator though, we started with research. Trying to understand how we can measure the experience of those taking part in an innovative programme, designed for those with cognitive impairment, whether that is a formal diagnosis of dementia or Parkinson's, or an individual's own choice to attend. We particularly enjoyed reading 'Somebody I Used to Know', a book written by Wendy Mitchell and published by Bloomsbury. Wendy was diagnosed with dementia and has written about her experiences of living with dementia in a transparent and honest way. She shared the importance of not assuming that

people have lost the ability to write and fill in a form. That people are 'living with dementia' not 'suffering from dementia' and that "people with dementia might not remember the detail of their care, but they would remember how it made them feel". We have tried to use this information throughout the process.

We also looked into specifics of providing information in a dementia-friendly way. Information that was written for participants followed good practice guidelines. We used a 14-point Verdana font, as this was a good size for older people and their likely eyesight. Verdana does not have a serif and is a clear, readable font. We followed AGE UK guidelines and kept questions to one page, not split over two, used bright colours and boxes. We also used booklet form rather than a leaflet.

Overall, the information we received was astoundingly positive. People were enthusiastic to the point of being evangelical. Retention is incredibly high, and the outcomes are incredible. One deliverer described the programme as magic.

"It's been magic! I can't say any other word, people come in with no hope, they don't know it, but we look at them and they are there, but then with the music and coordination, they become a different person and its magic."



Love to Move deliverer

Carers were incredibly positive about impact, both for themselves and the people they care for. Some carers talked about understanding and others mentioned changes in their own life "I think I am a lot more alert and I function better since doing it", says one. Another described the programme as "a breath of fresh air". Only one participant said something negative, and we suspect that may have been a misunderstanding.

It is worth noting how passionate and committed the deliverers are. One told us, "It's made me humble. I'm more philosophical and made me realise how short life really is." And from the amount of comments like this, it's clear that the British Gymnastics Foundation has assembled a strong and dedicated delivery team. "I'm a teacher [pre-school] I really love tutoring the Love to Move courses and my plan is to wind down the teaching and focus on Love to Move", another deliverer tells us.

Many of the deliverers and volunteers participate because they have been touched personally by dementia and often have lost parents to the disease. One volunteer we spoke to in Cambridge volunteers because her father has dementia and lives in Scotland, which means she can't visit as regularly as she would like to. She volunteers here in the hope that someone will volunteer further north. This is an idyllic way to envisage the future of Love to Move as it expands across every part of the UK.

"The response I get is quite humbling. Those who don't want to participate because they think it's silly to begin with start tapping their feet and joining in, telling me it makes them happy. It gives them a new lease of life, really. The stimulation really helps their memory and they become really proud when they realise that can actually recall certain things that they didn't think they would be able to."



Love to Move

Love to Move is a movement programme for physical and mental health and the all-round wellbeing of people.

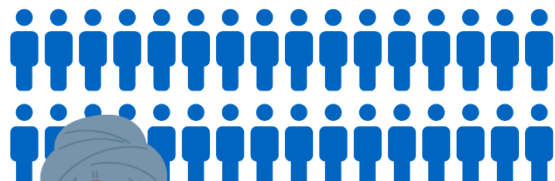
It's aimed at people with memory issues, but suitable for anyone.

Most of all it's fun!



64% of those attending are living with dementia and a further **7%** are living with Parkinson's.

1424        



In March 2020; 1424 people are currently taking part in a weekly Love to Move session across the United Kingdom and attendees are split almost 50/50 between residential care homes and community groups.

For every

£1

invested in Love to Move, there is a Social Return on Investment of **£28.24**

The average age of those attending is **74 years old.**

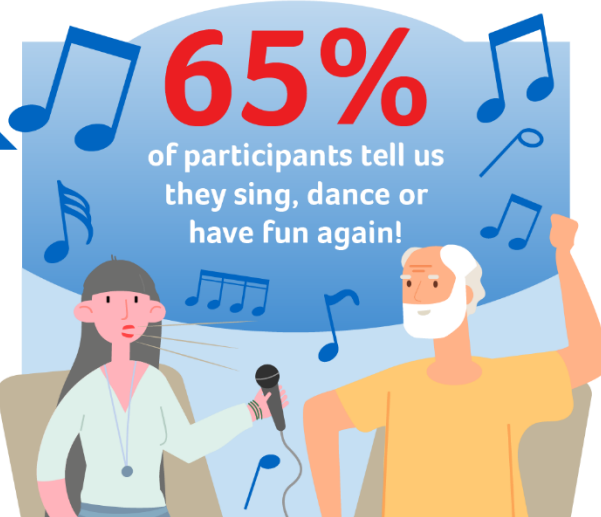
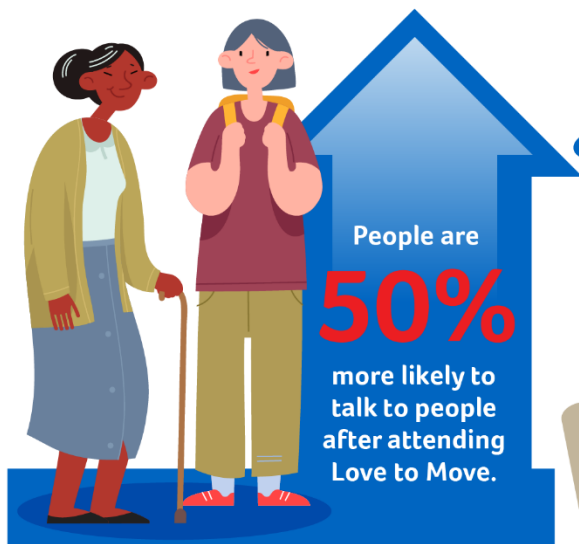


78%   

of participants feel happy after attending Love to Move.

“They've made friends! They have something to get out of bed for and its benefiting them all around - physically and emotionally.”

Love to Move deliverer



“People have regained skills once lost and Love to Move is a beacon of hope for people with dementia and Parkinson’s and those who care for them.”

Kirsty Rose Parker, Director of The Evaluator

Please tell us how Love to Move makes you feel?

“I feel glad I’m here. Makes me feel good. This is life!”

Participant quote



“It’s been magic! I can’t say any other word, people come in with no hope. They don’t know it, but we look at them and they are there, but then with the music and coordination, they become a different person and its magic.”

Love to Move deliverer



Love to Move is an innovative chair-based exercise programme designed by the British Gymnastic Foundation.

This Social Return on Investment has been carried out by The Evaluator in March 2020.

SOCIAL RETURN ON INVESTMENT

Carrying out a Social Return On Investment (SROI) is a robust framework for writing and describing a wider context of value. It puts a financial proxy on the project. It is presented in monetary terms but describes value, not actual money.

Carrying out an SROI is an evaluative process and this one was carried out by The Evaluator between October 2019 and March 2020.

The methodology has included carrying out the following:

- Review of all existing evaluation information, case studies collected by British Gymnastics Foundation staff and existing data collected for Sport England returns
- Intensive telephone interviews with the project team and project manager
- Telephone interviews with a sample of Love to Move deliverers; in total we spoke to 8 deliverers for approximately 12 hours in total
- Research calls and emails to care home staff
- Visits to see the programme in action; two sessions in care homes and three in community settings
- The Evaluator designed questionnaires for participants to complete, and 61 were received and have been analysed
- The SROI methodology was carried out in an ethical manner; with regard to anonymous data, avoiding questions which could cause 'psychological distress', GDPR and data protection guidelines were followed throughout and The Evaluator is registered with the Information Commissioners Office
- We created questionnaires for carers to complete and for care home staff, in total 37 of these forms have been received and analysed
- We have used financial proxy values from a range of sources, from our own previous data collected in past SROI exercises, online data freely available at the 'HACT Social Value Calculator' and from reviewing previous dementia based SROI which are in the public domain

Throughout the process we asked questions about all aspects of the project. We share some of this learning here, as while not strictly relevant to the SROI, it is of interest to people wanting to understand more about Love to Move.

PRINCIPLES OF SROI

Because SROI is robust and has a structured methodology, it does have some key principles.

1. Change is change and might not always be positive; there may be some negative implications
2. Stakeholders are key to the whole process; we started with our stakeholders as participants, as carers and as deliverers in this case. We started with their words, their quotes and then progressed to asking about change. We started with open questions and moved on to checklists of changes, adapting the standard SROI methodology to account for a client group with cognitive challenges
3. SROI uses financial proxies to value change. Throughout this SROI we have used existing measures of other similar experiences that could also make the changes our participants told us about
4. It can't include everything - not everything that changes in people's lives is down to the project. It is just as important to know when to stop
5. An SROI should be truthful. It goes without saying really, but on an exercise like this honesty is the best policy. For an SROI to be believable it does need to be based on evidence and data, and not over-claimed
6. An SROI should be transparent; explaining the process like this gives us transparency
7. Results should be verified, either by stakeholders or experts or both; this is something that would be able to be checked as part of a new conversation or even through the full programme evaluation

We have had to adapt SROI methodology slightly in this instance. Approximately half of the participants taking part are in care homes and have advanced dementia. Many are non-verbal and have cognitive

challenges. They are unable to remember the changes in their lives, although they can often remember how they feel during a Love to Move session. Not everyone with these challenges lives in a care home, some people with quite advanced needs are still cared for in community settings. We decided to allow carers in the community and care home staff in the actual care homes, to tell us about the changes they have noticed in these individuals in their own words. This allowed us to carry out an adapted SROI which we believe is the right choice, and in fact, the only choice in the circumstances.

However, it was important to give people the chance to tell us in their own words, and not for us to decide in advance who was capable of completing participant questionnaires. Following research and listening to 'experts by experience', we learned that people who cannot always speak clearly may not have lost the power of writing. We designed a simple participant form and let people choose to complete it or not. We had hoped around 10% of participants would be able to do this, which was a target of approximately 40 people. In the end, we were delighted to receive 61 completed participant forms, telling us changes in their own words. The participant voice in this project is often simply phrased, but is absolutely crucial to include.

UNDERSTANDING THE PROGRAMME

HOW CAN WE DESCRIBE LOVE TO MOVE? (IN THE WORDS OF THE EVALUATOR)

- It's a movement programme for physical and mental health and the all-round wellbeing of people.
- It's aimed at people with memory issues but suitable for anyone.
- Most of all, it's fun!

It's a fun, seated, activity set to music to engage all walks of life and all people, in particular the older generation and those with cognitive impairment. It enables participants to enhance their physical and emotional ability to do things, and it gives them the confidence to continue with their lifestyles and regain the functions they've lost. It builds their self-esteem and allows them the life they lived before.

This programme was written by the British Gymnastics Foundation, who train deliverers to run the sessions in a mix of care homes and community venues.

CURRENT REACH

We carried out this SROI in the early days of the project. Delivery is growing across the UK and we wanted to understand the current picture.

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

"I think it makes people feel part of the community and they get more involved and they've met others and made friends. They get to know new music and exercises and it helps combat the loneliness."

The logo for 'Love to Move deliverer' features a stylized blue figure of a person sitting on a chair, with a speech bubble above it containing the text 'Love to Move deliverer'.

In March 2020,
Love to Move has
trained
238
deliverers



By March 2022,
it's estimated they
will have trained
500
deliverers

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



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



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

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

SROI: THE STAKEHOLDERS



Of the 1424 weekly participants; we know 51% will be taking part in a care home which is equal to 726 people. The other 49% are taking part in a community setting (698) and, of these, 38% will be carers and the other 62% will be participants. These figures are current as of March 2020.

SROI: WHAT CHANGED?

At The Evaluator we always start with what currently exists.

From the September 2019 project update:

“We are finding that individuals have developed confidence in their movement and memory for movements. Some participants are showing improvements in flexibility. There has been an increase in socialising, camaraderie, interaction and connection between residents in the Care Home settings, and great friendships built in the community settings. Participants laugh a lot during sessions and happiness levels are reported to have increased. Improvements in movement and lifestyle have been cited by a number of participants; people with Parkinson’s have reported that they have regained the ability to juggle, carry hot cups of tea up the stairs and draw cartoons, something they, as individuals, had lost the ability to do. Not only have the participants living with Dementia and Parkinson’s gained positive benefits from taking part in Love to Move, but their carers/loved ones have also felt supported and gained friendships, helping to reduce the loneliness and stress of 24/7 care.”

"Hazel has been in the class years. When I met her she was withdrawn, not engaging with anything. Her family had to come in daily to feed her. She is now knitting, sewing, self propelling her wheelchair, feeding herself."



The September report continued to discuss the impact on care homes in general. “Care Homes in particular are finding great benefits from the programme. The impact Love to Move has on their residents is making a difference to the general morale in the Homes.”

What changes have you noticed in carers?

"It's a relief that there's somewhere to bring the people they're caring for and there's no barriers, they can talk about their difficulties and give each other informative information and advice without being any stigma. It lets them know they're not alone."



Love to Move deliverer

We also looked at existing data, which had been collected for Sport England. Immediately we identified a problem: on key questions, around 60-75% of participants were choosing ‘prefer not to say’ and the data was incomplete. This was particularly apparent on the demographics and personal information. The Evaluator did some digging on this issue and following conversations with staff who had seen participants complete the forms, three possible reasons for this were identified;

1. Confusion about the questions, due to the cognitive challenges the participants face
2. Lack of understanding and trust in the paperwork – the questions were on a simple Word document, with no logo or official stamp, and staff and deliverers did not know how to introduce the paperwork
3. The generation taking part are older, and value their privacy

We decided to completely redesign the paperwork to create a standardised set of brightly coloured, easy to complete, officially branded forms, and sent these out to deliverers in January 2020 with a script to introduce the forms. We changed the forms to include one for carers, which was more complex, and one for participants, which was simpler and more visual.

This issue was incredibly important to address, as without this information, the project could not identify if it was working with people who were 'living with dementia' or 'living with Parkinson's'.

We were pleased with the response rate:

| Group | Number Returned | Did the percentage of 'prefer not to say' answers persist? |
|--------------|-----------------|---|
| Participants | 61 | No, only 2 participants selected 'prefer not to say' - a rate which we would expect |
| Carers | 37 | <p>Participants were happy to answer questions about age and ethnicity, where hardly anyone selected 'prefer not to say' however questions about physical or mental health and their effects did continue to see high numbers of 'prefer not to say' with rates of approximately 20% choosing this answer.</p> <div> <p>Do you have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more? (Including dementia or Parkinsons)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p> </div> <div> <p>Do these physical or mental health conditions or illnesses have substantial effect on your ability to do normal daily activities?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p> </div> <p>We can only assume this is related to reasons of privacy; as the other questions were answered, we can be confident people understood the questions and trusted the project enough to answer</p> |

We would recommend that these forms are always used in the future, rather than returning to previous collection methods. If used every year, or every six months, the data would exist for a very strong impact assessment to be carried out in future.

"[Love to Move] gives Ron a reason to get out of bed (which sometimes he didn't)... since doing this & the 2 singing classes his memory is slightly better. (He's had dementia for over 10 years.)"



The deliverers were the first people we spoke to. Asking open questions about the changes they had noticed helped us to understand the likely changes and to design data collection. You'll see throughout this SROI we have quoted changes in people's own words, using their voices to tell the story of impact. Each quote is clearly marked whether this is from carers, participants, a case study from a care home resident, or deliverers. We did carry out an in-depth conversation with Kim Hall, Lead deliverer of Love to Move and we also spoke to Love to Move staff in detail, even going so far as to test our newly designed paperwork with real people taking part in the programme.

"I think you can definitely see, when doing fine motor skills, people have more movement with their fingers for having a cup of tea, buttoning their clothes and just living independently."



One deliverer explained participants feel 100% more sociable and uplifted at the end of a session, that 80% of people remember the rhythmic patterns and that people's fine motor skills have increased since starting; their bilateral skills have increased and they had noticed 100% increased wellbeing.

"We had a gentleman who was almost non-verbal and would come in and wouldn't connect with anyone. He ended up getting chatty with the partner he was working with and his motor skills increased, and these built his confidence enough to start singing opera style

to an Irish song! And we were all surprised, it was amazing!"

"I don't think there's much laughter in the care home usually, but there is so much laughter at the classes"



Another noticed that people were happier and determined. "One man was able to clap his hand after weeks of trying", we were told.

Others described the challenges, explaining that around 80% of people are usually more cooperative, less confused, and more sociable, but the other twenty percent are often asleep or disengaged because of 'The Fog' coming in - however they often keep singing and it's clear part of them is still present. Yet, "the changes this programme makes can be the difference between a mother recognising her children or not. This

programme is really helping continue communication and retain facial recognition of loved ones. It's beautiful", the deliverer continued.

All deliverers discussed changes in people's dexterity, and their ability to socialise. One described how 100% of people participate after initial apprehension and then 100% of people have a sense of self-worth as they get involved and achieve. She stressed that "NO ONE leaves feeling inadequate regardless of their ability".

Deliverers noticed more happiness, more friends, people persevering to learn new skills, and feeling happy and proud to have achieved. "Balance is increased too, therefore confidence and basic mobility - just getting up and sitting down which is big in our strengthening section of the programme. Their physical and emotional wellbeing increases" explains one.

"I'm seeing people with far more of an ability to communicate, whether verbal or non-verbal, which wasn't there before."



"They've made friends! They have something to get out of bed for and it's benefiting them all-around - physically and emotionally."



What changes have you noticed in people?



"They just seem more alert, not slumped in the chair snoozing. They're ready, willing and want to get on with it! They have a positive outlook on life when they see me and know what we're going to do."



We then visited some sessions. The Director of The Evaluator, Kirsty Rose Parker, watched 5 classes, seeing a total group of 68 people taking part, 33 of whom had dementia.

“The staff, deliverers and volunteers were all very welcoming. I saw two care homes, one much more able than the other, and three community groups – all of different abilities, sizes, and duration, so I feel I have got a good overall picture of the activity. The participants were great; I got some amazing quotes and did get a real feel for the programme. One example was Jeff, who didn’t remember Love to Move when he walked in and didn’t know what he was doing there, and then sang all the songs word for word and told me at the end, that he used to be in a choir. Another was Doris, who was almost bent over at the start of the session, smiling and singing throughout, remembering she had been to Wales, and joining in with some of the more complicated hand movements!”

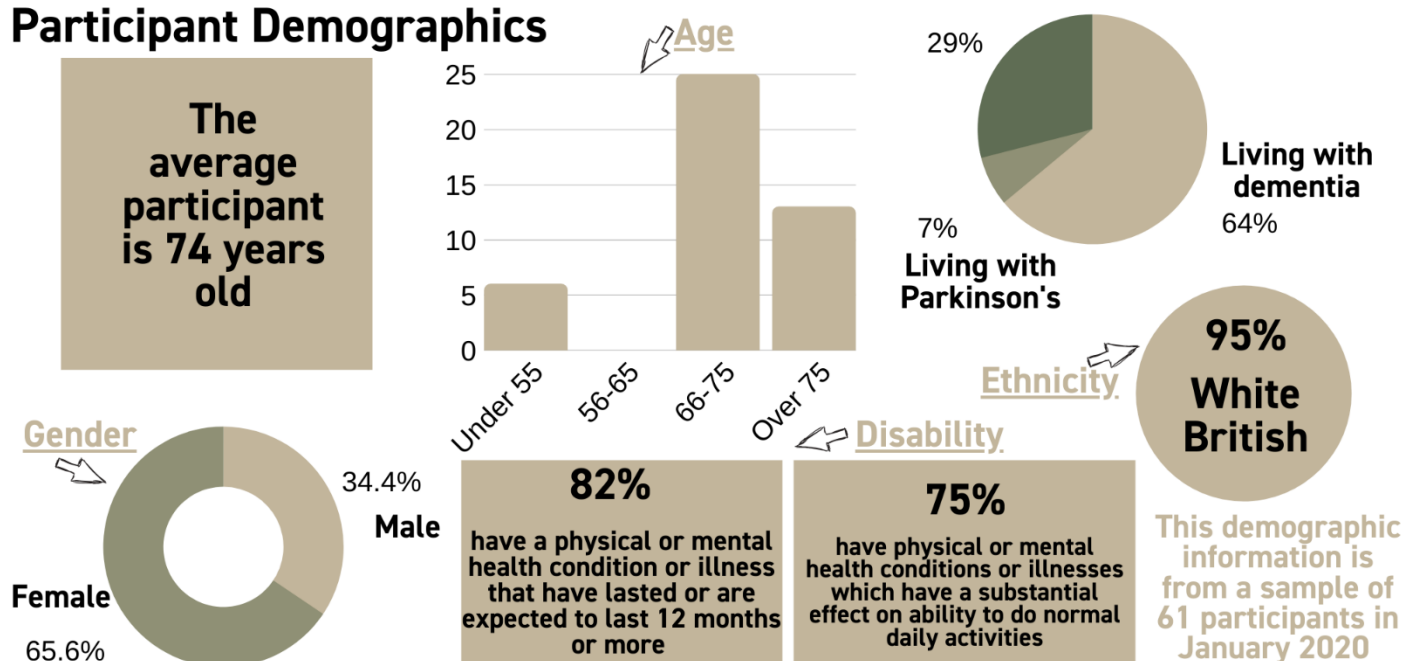
CHANGES FOR PARTICIPANTS

| | | |
|--|--|--|
|  |  |  |
| Made new friends <input type="checkbox"/> | Can move my hands better <input type="checkbox"/> | Can sleep better <input type="checkbox"/> |
| Talked to more people <input type="checkbox"/> | Can do things I couldn't do before <input type="checkbox"/> | Have more energy <input type="checkbox"/> |
|  |  |  |
| Can sing or dance or have more fun again <input type="checkbox"/> | Can remember more <input type="checkbox"/> | Can walk or stand better <input type="checkbox"/> |

We heard from 61 participants in total and in our newly designed paperwork we gave people an open space to talk about change and then gave a visual clue-based option which people could tick...

Part of it looked like this, but we also asked for participant demographics and if people were living with dementia or Parkinson's.

Participant Demographics



Let's start with what people told us in their own words. Participants told us they felt "happy" and had made "new friends" and had "better co-ordination".

Please tell us how Love to Move makes you feel?



Participant
Quote

**"I feel glad I'm here.
Makes me feel good.
This is life!"**



Please tell us how Love to Move makes you feel?



Participant
Quote

**"Alive, revitalised,
happy"**



Please tell us how Love to Move makes you feel?



Participant
Quote

**"Keeps me active.
Have met new people."**



**"I see enjoyment,
happiness and
satisfaction in what they
do. I'm seeing people in
a chair who are just
glum – they start lifting
their heads, they're
happy, content and
sometimes surprised
that they can do things
they didn't expect
otherwise."**



One gentleman, who is living with dementia said simply 'sad' but also ticked that he had made new friends, could sleep better, talk to more people, could sing or dance and have more fun again and could move his hands better. We have to acknowledge that there may have been some confusion for participants with dementia who completed our research forms.

Please tell us how Love to Move makes you feel?



Participant
Quote

**"I feel so much better.
Life is coming back!"**



**"Shirley continuously asked why she was there
and what we were doing, once the class
started she stopped asking and was calmer
and less agitated."**



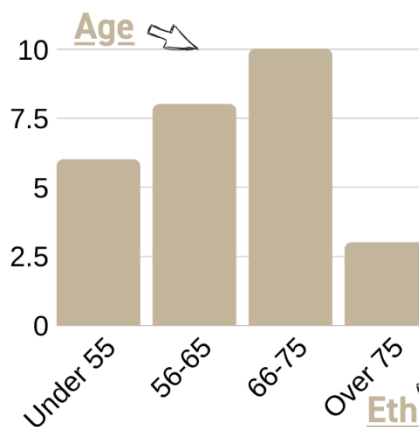
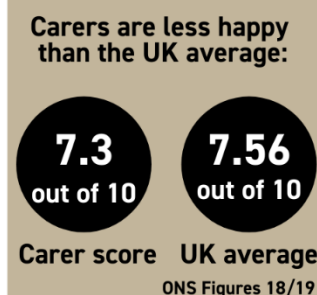
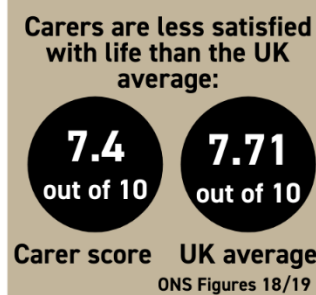
Love to Move
Lead Deliverer
Kim Hall



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Carer Statistics



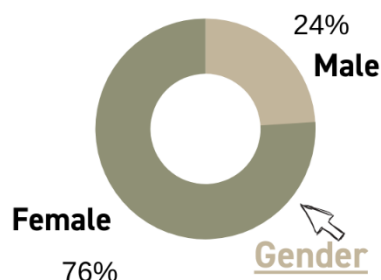
100%

of carers would recommend Love to Move

96%
White British

This demographic information is from a sample of 21-27* carers in January 2020

*not every person answered every question



Disability

12%
have a physical or mental health condition or illness that have lasted or are expected to last 12 months or more

5%
have physical or mental health conditions or illnesses which have a substantial effect on ability to do normal daily activities

What changes have you noticed in carers?

"It's a relief that there's somewhere to bring the people they're caring for and there's no barriers, they can talk about their difficulties and give each other informative information and advice without being any stigma. It lets them know they're not alone."



Love to Move deliverer

When we first spoke to deliverers and were planning how to approach this SROI, it was clear that carers and participants were treated very similarly and had some similar issues in the classes. Carers have a difficult life, and they are often elderly themselves. Life can be tough. We decided to ask carers harder questions as, on the whole, they are cognitively unaffected, but to treat them and participants together as participants for SROI purposes.

Deliverers told us about the respite they get; "they have the chance to socialise with like-minded people and have a break from the carer duty and actually have some independence themselves. They can interact with people and have a coffee without worrying", one explained. Another carer mentioned this, unprompted.

"It's good to watch & I have coffee in peace."



"Being a carer is just as lonely as having dementia, really."



It was clear that carers' lives were now compromised, finding everyday things harder, and sometimes impossible.

"Once a week I can get out of house & meet other people & enjoy company. We can't get to go now to other places."



Deliverers noticed this too: "we make sure the conversation is also about them and not all about the person living with the illness. They become more than a carer, they become a person again," explained one. Another continued, "Carers' wellbeing is that whilst there is no cure, there's a glimmer of light that by building the cognitive reserve, we're enabling them to continue to do things they used to do. It's just a relief."

People mentioned they enjoyed joining in, it made them feel positive and that they looked forward to coming.

"We try and get out more either walking or seeing friends"



"We have met wonderful group of people & feel part of a caring environment."



We asked carers how they felt after attending; the most common answers were good and happy. Quite a few mentioned peer support; although they didn't use that language, and quite a few explained that seeing the person they care for happy, had a knock-on effect on their own mood.

How do you feel after attending Love to Move?

"Enjoy being able to do things together"



"Nice to see everyone joining in a group activity. Lots of laughs & no pressure to do everything. Feel good factor!"



How do you feel after attending Love to Move?

"Happy to see Dad enjoying something & lovely to chat to others"



- "I love it! It's challenging too!"
- "Just seeing them happy makes me feel good"

All of the changes people told us about were positive. There were no negative implications.

We also asked carers if the programme had had any impact on the person-they-cared-for's independence. Results here were more mixed. Of the 15 individuals who

answered this question carefully, around half saw no change here.

One person explained "Not really as his dementia has

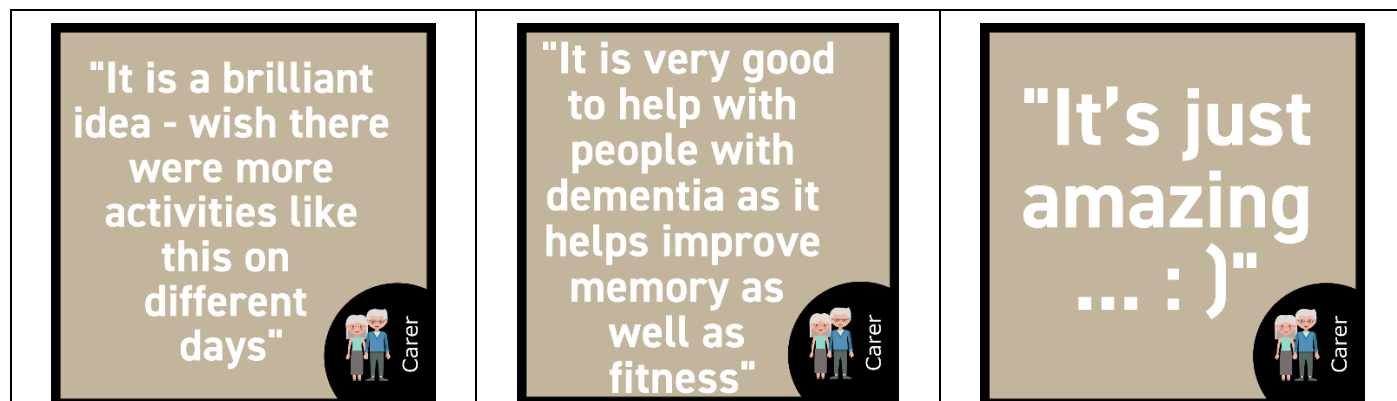
deteriorated" while another answered, "Very good psychological effect." We have not used any change here

"It's brilliant seeing everyone moving & laughing."



for SROI purposes as the outcomes and percentages are not clear enough. This would however, be an interesting change to explore in a fuller evaluation.

Finally, we gave people a chance to freely discuss Love to Move overall. Everything here was positive.



"It's escapism – an opportunity to get out of about and have a chat. Some couples come and one is a carer and we make sure the conversation is also about them and not all about the person living with the illness. They become more than a carer, they become a person again."

Love to Move deliverer

"Activity together makes life much more enjoyable. Helps Mum to be interactive & independent"

We know that 100% of carers recommend Love to Move. We also know that 52% practice the Love to Move exercises at home.

What changes have you noticed in carers?

"The social side. Definitely. They love that their loved ones are doing better and they're able to get out themselves and a change of environment. They really get involved and love to participate and now they actually get to do some exercise. I think carers really love the programme!"

Love to Move deliverer

| TWO MINI CASE STUDIES | |
|--|---|
| <p>Rosemary's needs are great having had a stroke & heart attack. She had been a very active lady involved with her large garden & community & this decline has deeply distressed her husband.</p> <p>Love to Move has offered support to her husband as they can share their past together in the session. He has said on many occasions that he wishes something like Love to Move had been available earlier as his wife may have lessened her inability to move now.</p> <p style="text-align: right;"><small>Case Study</small></p> | <p>Barbara has advanced Lewi Body dementia... Her husband & visitors have commented that she is generally much more alert when she has just had a Love to Move session & enjoys these visits. On occasion she has made a good attempt at feeding herself cake - normally she would have to be fed.</p> <p style="text-align: right;"><small>Case Study</small></p> |

MOVEMENT

Love to Move has been collecting some information for more than one year; the Short Active Lives survey. We used the information to see what impact we could find.

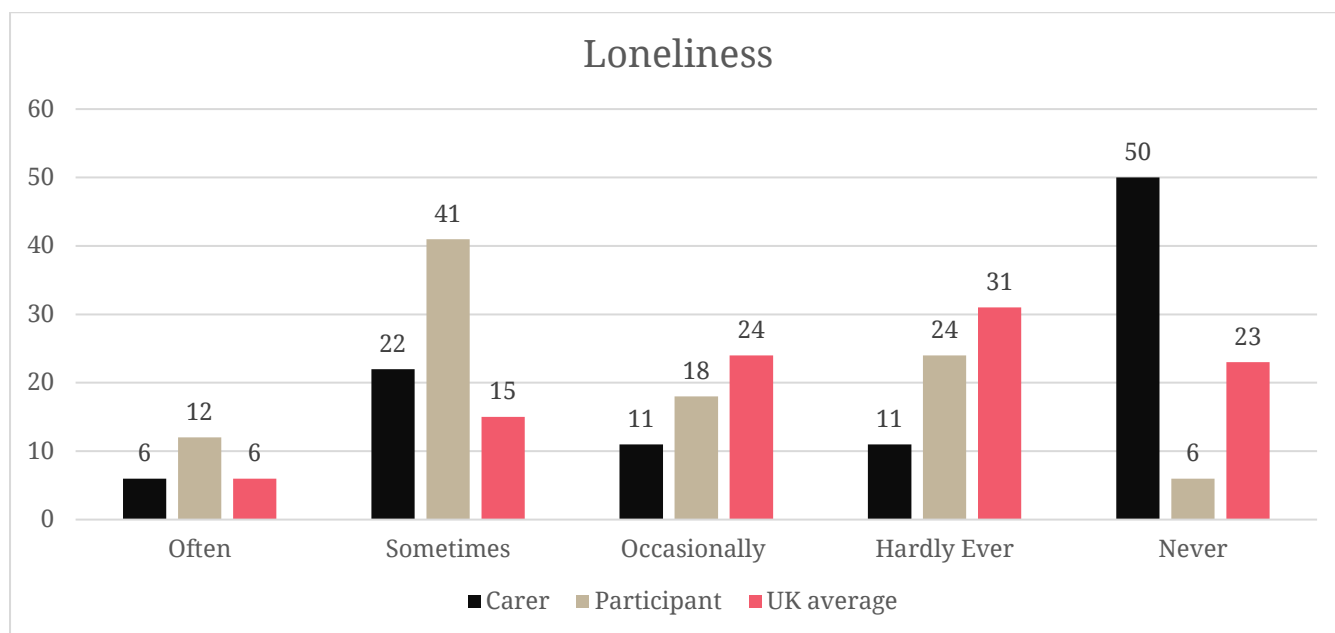
Short Active Lives consists of three questions around movement and activity levels. The questions are quite difficult for cognitively-challenged participants to understand, but they do show some changes.

| Question | Impact |
|------------------------------|--|
| Question 1 About walking | <p>We see a decline over 1 year, from 48.9% who walk to only 35.7% after 12 months, which we need to remember is to be expected for people with degenerative illnesses like dementia.</p> <p>But we see an increase in those who put in enough effort to raise their breathing rate; from 36% at the start of people's Love to Move journey to 70% after 1 year of attending Love to Move.</p> <p>People who do walk also walk more often after 1 year of attending Love to Move; from 3 times a week on average, to 4 times a week.</p> |
| Question 2 About cycling | <p>The numbers of individuals who cycle is not statistically significant (less than 2%) so this question cannot be analysed in this cohort.</p> |
| Question 3 About activity | <p>This question shows huge impact from Love to Move.</p> <p>When people first join Love to Move, only 33% have been active in the last 7 days, and of those 60% have been active enough to raise the breathing rate.</p> <p>AFTER 1 YEAR OF ATTENDING LOVE TO MOVE; 96.4% OF THESE MOSTLY INACTIVE PEOPLE ARE NOW ACTIVE. PLUS 92.6% OF THEM NOW PUT IN ENOUGH EFFORT TO RAISE THEIR HEART RATE.</p> <p>They really are Loving to Move!</p> |

What changes have you noticed in people?



"Probably the dexterity and coordination – someone who wasn't able to do something with their hands or perform the fine motor skills have now mastered it and its more fluid."



We used the one question loneliness scale from the 'Campaign to End Loneliness'. We asked carers to tell us whether they thought the person they cared for was ever lonely and then asked them the same question about themselves.

They thought 12% of those they cared for were often lonely. This is much higher than the UK average as a whole, but disabled people are more likely to be lonely. 13% of disabled people are 'often' lonely in the UK and our figures match this, so we can be confident that loneliness is an issue for Love to Move participants. This is lower than expected for people with dementia as a whole. If we had been able to collect a larger sample size of people just starting the programme, we would have been able to confirm whether this is because of Love to Move.

The average UK figures are from the Office of National Statistics.



"It gives them something to look forwards to and share their memories with other participants. You hear them reminiscing about music playing and chatting and the happiness is showing on their faces. They listen to the music and hold hands even after the class."

SROI: HOW MUCH DID IT CHANGE BY?

We asked participants fewer questions than carers and care home staff, following dementia-friendly advice.

We looked in detail at people who had been attending for 12 months or more, mostly because of sample sizes. Community participants told us:

| Change | Percentage who saw this change |
|--|--|
| Feel happy | 78.3% |
| Feel great | 17.4% |
| Made new friends | 56.5% |
| Can move my hands better | 43.5% |
| Can sleep better | 17.4% |
| Talked to more people | 73.9% (this was only 25% when joining, a clear indication that Love to Move helps people make friends) |
| Can do things I couldn't before | 8.7% |
| Have more energy | 26.1% (this was a significant decline from 75% at joining – possibly indicative of the dementia progressing) |
| Can sing or dance or have more fun again | 65.2% |
| Can remember more | 21.7% (which is only a small decline from 25% at joining, which is really hopeful!) |
| Can walk or stand better | 30.4% |

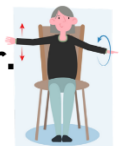
TWO MINI CASE STUDIES

Lesley has Parkinsons but cognitively she is relatively unimpaired. She does have restricted movement & several months ago broke her wrist. She enjoys the exercise & particularly the hand exercises as she sees this is good... She always engages with the A.B.C. activity & the poems. She is a regular participant in the class & interested in the how/why we do the various exercises. She also enjoys the social aspect & chatting with others. She tends to participate more in this session than others offered at the home.



Case Study

Betty has been coming to Love to Move for over a year. Her movement is quite limited - she attends in a wheelchair. She was very agitated originally - clearly demonstrating in her body language that she did not want support or help. Now she takes an active part in the session. More recently we have seen her smile & enjoy interaction. A turning point was when it was acknowledged that she had been a Primary School teacher.



Case Study

Looking at everyone who took part in our research; here are the final changes and the percentages of people affected.

| Change | Care Home Staff % Improved | Carers % Improved | Care Home Staff % Stayed the same | Carers % Stayed the same | Participants % | Final % used This is the average percentage of all the figures we have in the preceding columns |
|--|----------------------------|-------------------|-----------------------------------|--------------------------|------------------------------------|--|
| Brighter or more alert | 63.3% | 59.5% | 26.7% | 13.5% | 26.1% (used term more energy) | On average; 50% improved and 20% stayed the same |
| Make more eye contact | 63.3% | 37.8% | 23.3% | 37.8% | n/a | On average; 51% improved and 31% stayed the same |
| Easier to connect | 76.7% | 43.2% | 16.7% | 29.7% | n/a | On average; 60% improved and 23% stayed the same |
| Sleeping better | 3.3% | 13.5% | 16.7% | 51.4% | 17.4% | On average; 11% improved and 34% stayed the same |
| Calmer | 33.3% | 35.1% | 33.3% | 35.1% | n/a | On average; 34% improved and 34% stayed the same |
| Less agitated or angry | 46.7% | 24.3% | 33.3% | 43.2% | n/a | On average; 36% improved and 77% stayed the same |
| Less frustrated | 43.3% | 29.7% | 33.3% | 37.8% | 17.4% (used the term feel great) | On average; 30% improved and 36% stayed the same |
| More interested in what is going on around them? | 53.3% | 45.9% | 33.3% | 24.3% | n/a | On average; 50% improved and 29% stayed the same |
| Speaking more clearly | 3.3% | 10.8% | 56.7% | 56.8% | n/a | On average; 7% improved and 57% stayed the same |
| Chattier | 23.3% | 35.1% | 43.3% | 32.4% | 73.9% (used talked to more people) | On average; 44% improved and 38% stayed the same |
| Communicating better | 43.3% | 21.6% | 40% | 43.2% | 73.9% (used talked to more people) | On average; 46% improved and 42% stayed the same |
| Change | Care Home Staff | Carers % Improved | Care Home Staff | Carers | Participants % | Final % used |

| | % Improved | | % Stayed the same | % Stayed the same | | This is the average percentage of all the figures we have in the preceding columns |
|---|------------|-------|-------------------|-------------------|---|--|
| Taking part in other activities | 76.7% | 51.4% | 16.7% | 13.5% | 65.2% (asked if can sing or dance or have more fun again) | On average; 64% improved and 15% stayed the same |
| Socialising better with you | 70% | 29.7% | 23.3% | 40.5% | n/a | On average; 50% improved and 32% stayed the same |
| Socialising better with others | 56.7% | 43.2% | 36.7% | 24.3% | 56.5% (used term made new friends) | On average; 52% improved and 61% stayed the same |
| Eating better | 10% | 13.5% | 43.3% | 54.1% | n/a | On average; 12% improved and 49% stayed the same |
| Physically able to eat or drink better | 3.3% | 5.4% | 50% | 59.5% | 8.7% (asked if could do things couldn't before) | On average; 6% improved and 55% stayed the same |
| Physically able to move around more | 6.7% | 24.3% | 53.3% | 40.5% | 8.7% (asked if could do things couldn't before) | On average; 13% improved and 47% stayed the same |
| Laughing more | 56.7% | 40.5% | 30% | 24.3% | n/a | On average; 49% improved and 27% stayed the same |
| Feeling happier | 63.3% | 51.4% | 33.3% | 16.2% | 78.3% | On average; 64% improved and 25% stayed the same |
| Remembering more | 23.3% | 18.9% | 43.3% | 35.1% | 21.7% | On average; 21% improved and 39% stayed the same |

Please note these averages have been worked out in the following ways;

- % improved is the total of care home staff improved + carer improved + participants (if equivalent answer available) divided by 2 if no participant answer and by 3 if participant answer included to find the overall broad average.
- % same is the total of care home staff improved + carer improved divided by 2 to find the overall broad average.

TOP TEN KEY IMPROVEMENTS FOR PARTICIPANTS

Ranked in order, from most improvement.

1. 64% FEEL HAPPIER
2. 64% TOOK PART IN OTHER ACTIVITIES
3. 60% FOUND IT EASIER TO CONNECT
4. 52% SOCIALISED MORE AND MADE NEW FRIENDS
5. 51% MADE MORE EYE CONTACT
6. 50% WERE MORE SOCIABLE WITH CARERS
7. 50% WERE MORE ALERT
8. 50% MORE INTERESTED IN WHAT IS HAPPENING AROUND THEM
9. 46% FOUND IT EASIER TO COMMUNICATE
10. 49% LAUGHED MORE

SROI: INPUTS

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

| Amount | Details |
|-----------------|--|
| £499, 991.00 | Sport England total grant |
| £250, 000.00 | British Gymnastics Foundation |
| £26, 000.00 | Sport Northern Ireland total grant |
| £10, 000.00 | Awards for All grant |
| £9, 999.00 | Cambridgeshire Community Foundation |
| £5, 000.00 | Luton Clinical Commissioning Group |
| £92, 000.00 | Donations from participants (this is worked out by estimating that half of all those attending community groups in total, 1000 people, will donate £2 a week and attend 46 times a year, allowing for some sessions not attended/running) |
| £184, 000.00 | Participant time and travel. As all the participants are retired, we cannot use time costs, so we have allocated £4 per person, per week, as average travel costs and assumed that 2 people travel together. This only applies to community settings as there are no travel costs in care home settings. |
| £150, 000.00 | Deliverers' investment, financially, in training. This is worked out by 500 people paying £300 per course. |
| £150, 000.00 | Those who attend the courses pay in terms of time and travel costs; we have estimated £150 per person, per day to cover these costs. Courses are 2 days. |
| £1, 376, 990.00 | This is the total value of inputs for the SROI calculation. This is likely to be over-estimated but we want to be cautious in our working out and not over-claim a figure. |

SROI VALUING THE CHANGES

Our final list of changes and the corresponding values table are shown:

| Stakeholder | Change | Working out | Final Number affected | Financial proxy used |
|--|---|--|--|---|
| Participants have more energy | Brighter or more alert | On average; 50% improved and 20% stayed the same | Participants & Carers who take part 2500 full benefit 1000 10% of benefits | Previous SROI carried out by The Evaluator values more energy at £4108* |
| Participants have good overall health | Make more eye contact +Easier to connect + Eat Better + Physically able to eat or drink better + Physically able to move around more = Good overall health | On average; 51% improved and 31% stayed the same + On average; 60% improved and 23% stayed the same + On average; 12% improved and 49% stayed the same + On average; 6% improved and 55% stayed the same + 13% and 55% = On average: 28% of participants see an improvement in physical health 43% stay the same and receive 10% of the benefits | Participants & Carers who take part 1400 full benefit 550 10% of benefits | HACT Value for Good overall health is £20,141** |
| Participants have good emotional health | Feel calmer + Less frustrated +Laughing more +Feeling happier = High Confidence | On average; 34% improved and 34% stayed the same +On average; 49% improved and 27% stayed the same + On average; 64% improved and 25% stayed the same On average: 44% of participants see an improvement in emotional health 31% stay the same and receive 10% of the benefits | Participants & Carers who take part 2200 full benefit 1550 10% of benefits | HACT Value for High Confidence (adults) is £13,080 |
| Participants sleep well | Sleeping better | On average; 11% improved and 34% stayed the same | Participants & Carers who take part 550 full benefit 1700 10% of benefits | A sleep test costs £199 and a CPAP machine costs £300, which is often associated with an improvement in sleep |

| | | | | |
|--|--|---|--|--|
| Participants socialise better and are less lonely | Speaking more clearly + chattier + Communicating better + Socialising better with you + Socialising better with others = Better socialising overall | On average; 7% improved and 57% stayed the same + On average; 44% improved and 38% stayed the same On average; 46% improved and 42% stayed the same + On average; 50% improved and 32% stayed the same + On average; 52% improved and 61% stayed the same On average: 40% improved and 46% stayed the same | Participants & Carers who take part 2000 full benefit 2300 10% of benefits | HACT Value for being a member of a social group is £1,850 |
| Participants feel less angry | Less agitated or angry+ Less frustrated + Feeling happier = Relief from depression and anxiety | On average; 36% improved and 77% stayed the same + On average; 30% improved and 36% stayed the same + On average; 64% improved and 25% stayed the same = On average: 43% of participants feel relief from depression and anxiety 46% stay the same and receive 10% of the benefits | Participants & Carers who take part 2150 full benefit 2300 10% of benefits | HACT Value for relief from depression and anxiety is £36,766 We will only claim 25% of this impact as other factors can impact on depression and anxiety – we cannot take full credit here. |
| Participants do more | Taking part in other activities + More interested in what is going on around them? = hobbies | On average; 64% improved and 15% stayed the same + On average; 50% improved and 29% stayed the same = On average: 57% improve and 22% stay the same | Participants & Carers who take part 2850 full benefit 1100 10% of benefits | HACT Value for Hobbies is £1,555 |
| Participants carry out more exercise | Participants feel the general benefits of mild exercise | 100% | Participants & Carers who take part 5000 | HACT Value of frequent mild exercise is £3,537 |

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

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

*Previous SROI carried out by The Evaluator, freely available at <https://www.hyndburnleisure.co.uk/wp-content/uploads/2019/06/Up-and-Active-SROI-May-2019-The-Evaluator.pdf>

Some final SROI notes:

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

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

2. Displacement – What activity would we displace?

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

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

We have again been cautious in this column, allocating between 25% and 75% throughout most activities unless feeling certain that Love to Move is the sole cause, for example in the 100% of people who undertake mild exercise. The table on page 26 details the exact attribution we have used for each change.

4. Drop off – Will the outcome drop off in future years?

During our research for this SROI we also reviewed a previous SROI concerning dementia. This was from an SROI carried out on people with dementia, which was also validated by the New Economics Foundation (NEF). The link is <https://www.nefconsulting.com/wp-content/uploads/2015/10/Social-Return-on-Investment-Study-Dementia-Peer-Support-Groups.pdf>

This other SROI differs from ours in that they thought the benefits for people with dementia would last for 4 years. We have erred on the side of caution and gone for approximately 1 year of benefits.



SROI: OUTPUTS

| Amount | Details |
|-----------------------|---|
| £2,782,143.00 | Total Value of More Energy 2500 people (full benefit) + 1000 people (10%) 50% deadweight, 10% displacement and with a 50% attribution |
| £14,652,577.50 | Total Value of Good Overall Health 1400 people (full benefit) + 550 people (10%) 50% deadweight, 10% displacement and with a 70% attribution |
| £5,909,544.00 | Total Value of High Confidence 2200 people (full benefit) + 1550 people (10%) 50% deadweight, 10% displacement and with a 60% attribution rate |
| £49,962.38 | Total Value of Better Sleep 550 people (full benefit) + 1700 people (10%) 50% deadweight, 10% displacement and with a 75% attribution rate |
| £1,433,565.00 | Total Value of Being Part of a Social Group 2000 people (full benefit) + 2300 people (10%) 50% deadweight, 10% displacement and with a 30% attribution rate |
| £10,795,416.75 | Total Value of Relief from Depression and Anxiety 2150 people (full benefit) + 2300 people (10%) 50% deadweight, 10% displacement and with a 75% attribution rate |
| £3,728,268.00 | Total Value of Having Hobbies 2850 people (full benefit) + 110 people (10%) 0% deadweight, 10% displacement and with a 50% attribution rate |
| £11,459,880.00 | Total Value of Frequent Mild Exercise 5000 people (full benefit) 20% deadweight, 10% displacement and with a 0% attribution rate |
| £40,264,521.78 | This is the total value of outputs for the SROI calculation. This is likely to be under-estimated but we want to be cautious in our working out and not over-claim a figure. |

Final SROI Calculation

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

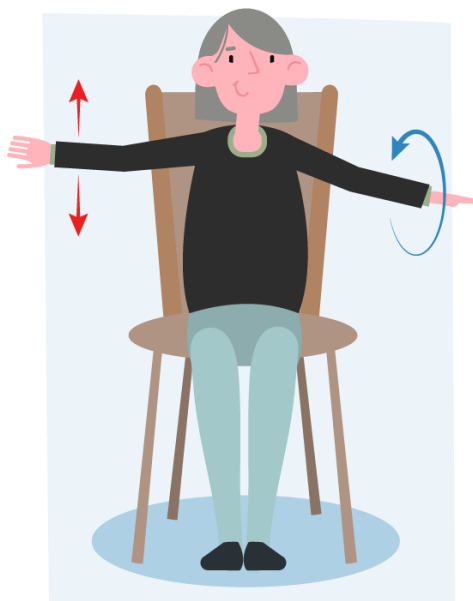
$$£40,264,521.78 - £1,376,990.00 = £38,887,531.98$$

$$£38,887,531.98 / £1,376,990.00 = £28.24$$



Our calculation reveals that for every £1 invested in Love to Move there is a social return on investment of £28.24.

We have been cautious in our estimates, and this is the value of an investment over just 1 year.



"I think people come in, down shouldered and cold... Fed up. The thing that always happens, people go out uplifted, smiley, chatty, it's like a book opening."



CONCLUSIONS

We did ask about improvements to the programme during the research, and asked people if there was anything which could make Love to Move better. One participant explained, “Not really. I’m quite happy - I feel it’s the right amount of exercise for me!” and another continued, “No, it works really well with the social part.”. There was very little in terms of improvements mentioned. A couple mentioned adding some stand up exercises for those who are able, one mentioned music but on the whole, people were pleased and could not think of anything that needed changing.

The only clear improvement we can find is to increase coverage. There are so many benefits; this is the kind of programme which should be available everywhere. The programme has struggled to translate training deliverers into classes happening, as easily as it could have done, and there are areas which could be improved in terms of marketing.

MARKETING THE PROJECT

One of the early issues faced by the project team was marketing. Of the 238 individuals currently trained to deliver Love to Move, only 80 have successfully gone on to deliver to actual groups. A core part of this is due to marketing and deliverers not understanding that they have to get a community group together themselves, or in the care homes, it is often due to staff moving on to other workplaces.

While we were talking to all the deliverers, we asked how they had approached marketing and getting a group together, and what was successful. They told us:

- “Taster sessions is our way of marketing and we’re hoping this will get people on board. We send emails with information and a video and ensure people are seeing it for what it is.”
- “I run the memory cafés so I implemented that after I had done the course. We approached lots of different classes: Ladies who Lunch, Men’s Rotary, and we invited district nurses who now point patients towards the LTM classes.”
- “It was all a case of doing sessions and tasters for people, then word of mouth, really.”
- “More people signing up through Age UK and referrals from the GP’s as (fellow deliverer) knows a lot of people and they are getting the word out in a variety of ways.”

Carers told us about all the people who had told them about the project; saying “when Kim visited the memory land singing café” or “when lady came in” or “Alex turned up”. Care home staff told us they heard about it “through Liverpool City Council” and “we were approached by Louise from Active for All”. One honest care home staff member explained “I had never heard of Love to Move before I started”.

Only one person mentioned it being advertised. This is firmly a word of mouth, organic model of growth. This does mean there is potential to work with a marketing campaign to grow attendance, and this could be a consideration for future developments of Love to Move.

During our research with deliverers we found out that one class happened by accident. “The Wednesday class, well... that came about by accident. At Christmas I wrote a Christmas card to an old family friend and I knew his wife had Parkinson’s and I got a letter back apologising for not being in touch, but his wife was in a nursing home. I went to see them in the home, and I’d mentioned the Love to Move sessions, but not in much detail. When I went, they were due to have a physiotherapist visit the home, but she cancelled 5 minutes before the class, and I said I can do the Love to Move session. They were so impressed that they asked me to come back.”

For example, every deliverer trained could be offered a centrally resourced marketing pack, explaining step by step the best venues, contacts, ways to approach local funders, packs of centrally designed and printed posters, and email and social media messages. A central database could also be created in the future to enable

people to search for their local course via postcode. Longer-term goals could include the Love to Move app, so that anyone in the world could follow the programme.

The ideal would be a way to monitor what's happening centrally, advertise centrally or develop a way that the central team can explore marketing in more detail, then cascade this, free of charge, to the localities while still retaining quality, control and knowledge.

FUTURE EVALUATION

We have clearly identified areas of evaluation to explore in future. With larger sample sizes, and in particular more 'start' forms, a benchmark could be created and then improvements can be allocated as due directly to Love to Move rather than just assumed. Also, our initial research here indicated some strongly different gender responses, which would be interesting to explore in future. Further research could include investigating differences between different aged participants, more detail around the change in care homes vs community settings and further work with the differences for the volunteers supporting the programme. We alluded to their experience at the beginning of the SROI but have not included and valued this due to a lack of data.

What is important to remember is the impact on people. People feel "much better about themselves, you see them laugh! They all look a bit dreary and sleepy to begin with, but then they come to the class and it's like the sun is shining on them", one deliverer told us.

One example was 'Barbara – She was able to feed herself some cake! She hadn't been able to do that for such a long time and she could after the class and her husband was shocked, no one expected it.' When was the last time you even thought about feeding yourself? That is how important this is!

Another explained that "My understanding of the elderly and love and fondness for the elderly has grown. I care more as I have been exposed to what the journey can look like for some. Until you get involved with this, you're unaware of the 'locked away society' – the dementia sufferers that are separate and you don't see how this affects them."

This echoes how we felt personally while carrying out this SROI and reiterates how important this is.

"Auguste Deter first presented herself to Alois Alzheimer in 1901 at the age of fifty-one complaining of forgetfulness...

People with Alzheimer's, it is said, die twice – first in the mind, then in the body...

It is a sobering thought that poor Auguste Deter, if she presented herself to a doctor today, would be no better off now than she was with Alois Alzheimer, almost 120 years ago."

Bill Bryson, *The Body*, 2019, Doubleday



There are currently around 850,000 people living with dementia in the UK, so the 5000 people reached during this programme is only a drop in the ocean, and that must feel a bit overwhelming for the team - especially given the lack of competition or alternatives.

It is a negative image, but let's not end that way. Love to Move is a wonderful programme which can be implemented relatively easily; the programme is flexible regarding space and uses hardly any physical items – a way to play music is the only real need.

"positives can be found to ease the journey ... there is always hope and something to smile about"



Love to Move
Lead Deliverer
Kim Hall

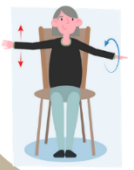
Each person matters and each positive life change matters. Over the next two years, 5000 positives are coming. There is hope and laughter, and we must finish in a participant's own words.

Please tell us how Love to Move makes you feel?



Participant
Quote

"Laugh a lot"



ABOUT THE EVALUATOR

This report was written by Kirsty Rose Parker, founder director of The Evaluator and an experienced project manager and evaluator, who previously specialised in arts, regeneration and wellbeing projects. Kirsty has an educational background in Maths and Economics, which covered many statistical topics, leading to an MA Hons in Economics from the University of Edinburgh.

Kirsty has 16 years of charitable project management experience including working with artists and audiences, and 9 years' experience of arts development. She is trained in negotiation, motivational interviewing and social return on investment and is passionate about helping organisations to run the most effective programmes they can.



**The
Evaluator**
We'll figure it out for you

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