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**An evaluation of the charitable
& community activities of Sheffield City Trust**

REPORT 1: SOCIAL RETURN ON INVESTMENT

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CONTENTS

TABLES	iii
1.0. INTRODUCTION.....	1
1.1. Context.....	1
2.0. APPROACH AND METHOD	3
2.1 Measuring and valuing outcomes	4
2.2 Measuring inputs	5
2.3 Measuring outputs.....	5
3.0. FINDINGS	6
3.1 Valuation of social outcomes	6
3.1.1 Physical and mental health	6
3.1.2 Other social outcomes	6
3.1.3 Summary	7
3.2 Inputs	7
3.3 SROI.....	8
4.0. CONCLUSION.....	9
Appendix A1: Key assumptions England SROI model (participation outcomes).....	10

TABLES

Table 1.1:	SCT facilities included in the study.....	2
Table 2.1:	SCT SROI outcomes.....	3
Table 3.1	Health valuation of sport and physical activity in SCT facilities.....	6
Table 3.2:	Social value of other outcomes	7
Table 3.3:	Summary: Social value of SCT participation	7
Table 3.4:	Summary of the inputs to the SCT SROI model	7
Table 3.5:	Summary of the SROI calculation, SCT.....	8



Social Return on Investment of the SCT sports facilities - 2021/22

Outcomes

PHYSICAL WELLBEING

Reduced CHD/stroke, type 2 diabetes, breast cancer, colon cancer, dementia, depression, good health, hip fractures, back pain and increased sport injuries

£5.50m



MENTAL WELLBEING

Improved life satisfaction of participants

£23.68m



INDIVIDUAL DEVELOPMENT

Improved educational attainment and enhanced human capital

£0.21m



SOCIAL AND COMMUNITY DEVELOPMENT

Enhanced social capital and crime reduction

£10.81m



Overall

£40.20m

Inputs

CONSUMER SPENDING

£21.93m

MANAGEMENT FEES AND GRANTS

£0.30m

SHEFFIELD CITY COUNCIL FUNDING

£3.26m



Overall

£25.49m

SROI £1.58

For every £1 spent on sport and physical activity at SCT facilities, £1.58 worth of social impacts are generated

1.0. INTRODUCTION

In March 2022, the Charitable Purposes Committee of Sheffield City Trust (SCT) commissioned the Sport Industry Research Group (SIRG) from Sheffield Hallam University (SHU), to conduct a programme of research on the value of SCT's charitable and community activities. The research was conducted to demonstrate SCT's charitable objectives; to identify important achievements by SCT; and, for consideration by Sheffield City Council in its external contract specification for 2024.

The study builds on previous research carried out for the Trust in 2015, which calculated the Social Return on Investment (SROI) of generalised participation in SCT facilities and the GP referrals scheme. The current study comprises two parts: Part one is an SROI of participation in SCT's sport and physical activity programmes and facilities, and is similar in approach to that adopted in the previous study (although not to be compared for reasons explained below). Part two is an additional and wider qualitative evaluation of the outcomes resulting from SCT's community and charitable activities. Part two is the more substantial element of the work, reflecting the needs of SCT to demonstrate its wider charitable purpose, and the breadth of its community outreach work. This report focuses on part one, the SROI analysis.

1.1. Context

During the coronavirus pandemic, the leisure sector in the UK suffered a massive shock. Facilities across the UK were closed for a period of time, and the sector required a significant financial recovery package from government (National Leisure Recovery Fund) to enable many facilities to reopen. Participation levels at public leisure facilities across England have only partially recovered since the pandemic¹. This study covers a time period since covid restrictions were lifted. The SROI study was conducted using data from 2021-22, which best represents 'normal' circumstances, although it should be noted that this period is not 'normal' by pre-pandemic standards as SCT facility operations were phased in during this period. The SROI study includes the facilities listed in Table 1.1.

The SROI findings presented in this report should not be compared to the 2015/16 SROI study for the following reasons:

1. The 2021/22 study includes different social outcomes.
2. The participation threshold for achieving social outcomes is different between the two studies.
3. For health outcomes, the 2021/22 study includes two participation thresholds (active and fairly active participants).
4. The two studies use different methods to calculate the overall unique users of SCT facilities.
5. The two studies look at different venues.

¹ Sport England (2022). *Future of Public Leisure*. Available online: <https://www.sportengland.org/news/public-sector-leisure-set-transition-active-wellbeing-focus>.

Table 1.1: SCT facilities included in the study

Facility	Type
Ponds Forge	Mixed use sports/leisure centre
Hillsborough Leisure Centre	Mixed use sports/leisure centre
Concord Sports Centre	Mixed use sports/leisure centre
Westfield Sports Centre	Mixed use sports/leisure centre
Springs Leisure Centre	Mixed use sports/leisure centre
EIS Sheffield	Dry use sports centre
Heeley pool	Swimming pool and gym
iceSheffield	Ice rink
Birley Wood Golf Club	Golf club
Beauchief Golf Club	Golf club
Tinsley Park Golf Club	Golf club

This report will outline the approach used to calculate the SROI of sport and physical activity in SCT facilities and summarise the key findings.

2.0. APPROACH AND METHOD

The SCT study uses an SROI framework to measure the social impact of sport and physical activity² in SCT facilities in 2021-22. It measures the value of outcomes generated through sport and physical activity participation and expresses these in relation to the net costs (inputs) of providing these opportunities.

The SCT SROI measures 15 outcomes, grouped into four themes. These are shown in Table 2.1. The outcomes, selected from those measured in the national SROI model of sport and physical activity in England³, are all related to participation. They are consistent with those measured by the Moving Communities Social Value Calculator (MCSVC)⁴, which is a standardised tool used by Sport England for measuring the value of activity at leisure centres across England.

Table 2.1: SCT SROI outcomes

Outcome	Description / demographic
Physical and mental health	
CHD / stroke	Reduced risk (participants 16+)
Breast cancer	Reduced risk (female participants 16+)
Colon cancer	Reduced risk (participants 16+)
Type 2 diabetes	Reduced risk (participants 16+)
Hip fractures	Reduced risk (participants 65+)
Back pain	Reduced risk (participants 16+)
Dementia	Reduced risk (participants 16+)
Depression	Reduced risk (participants 16+)
Good health	Reduced medical service usage (GP visits and psychotherapy usage (participants 16+))
Injuries	Increased risk (participants 16+)
Mental wellbeing	
Subjective wellbeing	Improved life satisfaction (participants 16+)
Individual development	
Educational attainment	Improved educational attainment (participants aged 11-18)
Human capital	Enhanced human capital (average additional salary for graduates)

² Davies, L.E.; Taylor, P.; Ramchandani, G.; Christy, E. Social return on investment (SROI) in sport: a model for measuring the value of participation in England. *Int. J. Sport Policy Politics*. **2019**, *11*, 585-605. <https://10.1080/19406940.2019.1596967>

³ Sport England (2020). *Measuring the social and economic impact of sport in England. Report 1: Social Return on Investment of sport and physical activity in England*. Available online: <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-09/Social%20return%20on%20investment.pdf?5BgVln09jwpTesBJ4BXhVfRhV4Tygm9E>

⁴ Sport England (2020). *Moving Communities*. Available online: <https://www.sportengland.org/research-and-data/data/moving-communities?section=overview>

Outcome	Description / demographic
<i>Social and community development</i>	
Crime	Reduced criminal incidences (males aged 10-24)
Social capital	Improved social networks, trust and reciprocity

The assumptions underpinning the outcomes included in the SCT SROI model are the same as those used in the national SROI model for England. They are presented in Appendix A.

2.1 Measuring and valuing outcomes

The SCT SROI model uses the 2017/18 national SROI of sport and physical activity in England as a starting point for the research. The steps involved in deriving the value of the outcomes are outlined below.

1. For each outcome included in the SROI model, we derived a value per participant based on gender (male, female), age (16+; 65+), and participation threshold. For the physical and mental health theme, two physical activity thresholds are used in the national SROI model for England: 'active' i.e. those doing 150+ minutes per week of moderate intensity activity (or 75 minutes of vigorous activity); and, 'fairly active' i.e. those doing 30-149 minutes per week of moderate intensity activity (or 15-74 minutes of vigorous intensity activity). For the other themes, only the 150+ minutes per week activity threshold is used for participation-related outcomes.
2. The 'per participant' monetary values derived in step 1 were adjusted for inflation to the year 2021 using the Bank of England Inflation Calculator.
3. The 2020/21 Active Lives Survey data for Sheffield was used to establish the participation threshold profile of active (150+ mins per week) and fairly active (30-149 mins per week) people in the Sheffield population by gender and age.
4. SCT provided the number of unique users of its facilities for general admissions and coached activity, which was used in conjunction with the Active Lives Survey data for Sheffield (from step 3) to estimate the number of SCT facility users who met the participation thresholds of being active or fairly active⁵.
5. The 'value per participant' figures derived in step 2 were multiplied by the number of SCT users who met the relevant participation thresholds (step 4).
6. To account for the activity undertaken by SCT users outside SCT facilities, appropriate deflators were applied from the MCSVC.
7. Based on steps 1-6, an estimate of the social value attributable to SCT facilities was derived.

⁵ This step was necessary as the SCT data did not measure duration of visit.

2.2 Measuring inputs

Inputs in an SROI are those things that stakeholders contribute in order to make activities possible. The inputs for the SCT model were relatively straightforward to identify, although care was needed to ensure that there was no double counting. The primary sources of the inputs were the SCT management accounts, which provided information on management fees and grants, Sheffield City Council funding and various elements of consumer spend such as admissions and memberships, coaching, catering and events. The other source was the national SROI model, which was used to derive the participant spending estimates for equipment, sports clothing and footwear, and travel. As with the social value calculation, the consumer spend estimates were deflated to account for out of facility participation using data from the MCSVC.

2.3 Measuring outputs

Outputs are a quantitative summary of an activity. They are essentially the metric or measure which drives the calculation of value in an SROI for sport and physical activity. Sport and physical activity participation is the primary output in the SCT SROI model. Participation data was provided by SCT.

In the previous SCT study, facility throughput data for number of visits was provided. For this study SCT provided the research team with the number of unique visitors using SCT facilities. **This is a key example of the different methods used to collect data, and an important reason why the two SCT studies should not be compared.**

Note: The participation figures used in the current study are higher than those used in the previous study. The higher participation numbers may be a result of one or more of the following: more people participating for 150+ minutes per week; the inclusion of different thresholds for inclusion (e.g., the fairly active category (30-149 mins per week)) and improved data capture by SCT.

3.0. FINDINGS

This section of the report presents a summary of the SCT SROI findings.

3.1 Valuation of social outcomes

3.1.1 Physical and mental health

Table 3.1 summarises the overall health impact of participation in SCT facilities in 2021/22. The table presents the monetary value per outcome and the number of cases of ill-health prevented. Note the figures in red are negative and are therefore subtracted from the overall social value.

Taking into account the fiscal cost of sport injuries, the net value of the physical and mental health benefits achieved through participation in sport and physical activity in SCT facilities was **£5.5m**. A total of **1,783** cases of ill-health were prevented across seven health conditions. The largest cost saving was for type 2 diabetes (£2.2m). The largest number of cases prevented were for back pain (892), which accounts for half of the overall number of cases prevented.

Table 3.1: Health valuation of sport and physical activity in SCT facilities

Outcome	Cases prevented	Value (£)
CHD & stroke	85	633,461
Type 2 diabetes	522	2,206,545
Breast cancer	4	202,745
Colon cancer	2	96,381
Dementia	55	2,163,945
Depression	219	70,323
MSK (Hip fractures)	4	160,501
MSK (Back pain)	892	251,607
Good health (GP visits)	-	258,853
Good health (Psychotherapy usage)	-	382,317
Sub-Total	-	6,426,679
Sport injuries	-	925,962
Total	1,783	5,500,717

3.1.2 Other social outcomes

Table 3.2 summarises the value of the other outcomes included in the SCT SROI model. The overall value of the other outcomes was **£34.7m**. The highest value was generated from improved life satisfaction in the mental wellbeing theme.

Table 3.2: Social value of other outcomes

Outcome	Value (£)
Improved life satisfaction	23,680,731
Improved educational attainment (participants aged 11-18)	3,312
Enhanced human capital (average additional salary for graduates)	204,932
Reduced criminal incidences (male aged 10-24)	23,184
Improved social networks, trust and reciprocity	10,788,789
Overall	34,700,948

3.1.3 Summary

Table 3.3 summarises the overall social value generated by participation at SCT facilities, grouped by theme. The highest value (£23.7m) was generated from mental wellbeing, which accounts for over half of the total value.

Table 3.3: Summary: Social value of SCT participation

Theme	Value (£)
Physical and mental health	5,500,717
Mental wellbeing	23,680,731
Individual development	208,243
Social and community development	10,811,973
Overall	40,201,664

3.2 Inputs

Table 3.4 summarises the inputs included in the SCT SROI model. The majority of inputs are from consumer spend of participants.

Table 3.4: Summary of the inputs to the SCT SROI model

Inputs	Value (£)
<i>Consumer spend</i>	
General / Coached	4,998,706
Events & Hire	3,798,001
Memberships	2,694,778
Equipment	3,521,212
Sport clothing and footwear	2,498,312
Travel	3,096,368
Other	1,323,631
Sub total	21,931,008
<i>Public sector</i>	
Management Fees & Grants	298,963
Sheffield City Council Funding	3,261,943
Total	25,491,914

3.3 SROI

The final stage of an SROI analysis is to calculate the SROI value or ratio. Table 3.5 summarises the main constituent parts of the Social Return on Investment calculation. Total inputs were **£25.5m**. The total value of all social outcomes was **£40.2m**. This gives a Net Present Value (the difference between the value of the outcomes and inputs) of £14.7m and an SROI of 1.58 i.e. **for every £1 invested in SCT sports facilities, £1.58 worth of social benefit is generated.**

Table 3.5: Summary of the SROI calculation, SCT

		Value (£)
Inputs	Management fees & grants	298,963
	Sheffield City Council funding	3,261,943
	Consumer spending	21,931,008
Outcomes (Social value)	Physical and mental health (net)	5,500,717
	Mental wellbeing	23,680,731
	Individual development	208,243
	Social and community development	10,811,973
Net Present Value		14,709,750
SROI		1.58

4.0. CONCLUSION

The SCT SROI study demonstrates that despite the disruption caused by the coronavirus pandemic and the ongoing recovery of the leisure sector, significant social value is being created by SCT facilities. The study found that the value created is greater than the costs of providing these opportunities, which means that for every pound of investment in SCT facilities, there is a positive financial return to wider society.

The SROI revealed that the SCT facilities generate significant social value across multiple domains, including physical and mental health, mental wellbeing, individual development and social and community development. However, as with many studies of this nature, including the national SROI of sport and physical activity in England, the estimates provided are conservative. This part of the SCT study only focuses on generalised participation rather than engagement in specific programmes and other community activities. It is therefore likely that the SCT SROI findings in isolation undervalue the contribution of SCT. However, together with part two of this study, the qualitative community evaluation, SCT have strong evidence to articulate the contribution of its charitable outcomes to its objectives.

Appendix A1: Key assumptions England SROI model (participation outcomes)⁶

Theme	Outcome	Relationship/assumption
Physical and mental health	Coronary heart disease (CHD) and stroke	Participation in sport and physical activity at moderate intensity in adults for 150+ mins reduces risk of CHD and stroke in adults by 35% .
	Type 2 diabetes	Participation in sport and physical activity at moderate intensity in adults for 150+ mins reduces risk of Type 2 diabetes by 40% .
	Breast cancer	Participation in sport and physical activity at moderate intensity in adults for 150+ mins reduces risk of breast cancer in active women by 20% .
	Colon cancer	Participation in sport and physical activity at moderate intensity in adults for 150+ mins reduces risk of developing colon cancer by 20% .
	Dementia	Participation in sport and physical activity at moderate intensity in adults for 150+ mins reduces risk of reduces risk of developing dementia by 30% .
	Clinical depression	Participation in sport and physical activity at moderate intensity in adults for 150+ mins reduces risk of clinical depression by 30% .
	Back pain	Participation in sport and physical activity at moderate intensity in adults for 150+ mins reduces risk of back pain by 25% .
	Hip fractures	Participation in sport and physical activity at moderate intensity in adults (65+) for 150+ mins reduces risk of hip fracture by 52% .
	All outcomes	There is a linear dose-response relationship between fairly active participation (30-149 minutes) in sport and physical activity, and a reduced risk of developing the outcomes identified above.
	Good health	Sport participants are 14.1% more likely to (self) report good health than non-participant which results in a) reduced GP visits and b) reduced psychotherapy service usage.
	Sports Injury	Participation in sport increases the risk of getting a sports-related injury.
Mental wellbeing	Subjective wellbeing	Sport participation is found to be associated with improved subjective wellbeing.
Individual Development	Educational attainment	Sport participation leads to a 1% increase in educational attainments (aged 11-18).
	Enhanced human capital	Graduates who participate in sport at university earn an average of 5% more per year than their non-sporting counterparts.
Social and Community Development	Criminal incidences	Sport participation leads to a 1% reduction in criminal incidents for males aged 10-24 years.
	Social capital	Sport participation is associated with enhanced social capital through 10% higher social networks, trust and reciprocity.

Source: Sport England, 2020

⁶ Sport England (2020) Measuring the social and economic impact of sport in England: Report 1: Social return on investment (SROI) of sport and physical activity in England. Available online: <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-09/Social%20return%20on%20investment.pdf?VersionId=5BgVln09jwpTesBJ4BXhVfRhV4TYgm9E>