



EVALUATION OF LCT'S PEER SUPPORT PROJECTS

VOCAL's Peer Mentoring
Scheme

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Summary

This report presents the results of an evaluation conducted by researchers at the University of Stirling that was funded by the Life Changes Trust. The evaluation explored how six of the peer support projects funded by the Trust helped to create better lives for people with dementia and unpaid carers in a way that could highlight common facilitators and barriers, while drawing out examples of good practice.

Readers seeking further insight into the evaluation as a whole are encouraged to refer to the main Peer Support Project Evaluation Report¹, while those with a focused interest in how the findings of the evaluation relate to VOCAL's Peer Mentoring initiative will find that information here. The report is presented in the following format:

Section 1 provides an introduction to the Life Changes Trust, its role as a funder, and the importance of peer support projects for people living with dementia and unpaid carers.

Section 2 provides a brief overview of the Peer Mentoring project.

Section 3 describes the different methods used by the evaluation.

Section 4 reports the result of thematic analysis conducted on data gathered from interviews and focus groups with beneficiaries and stakeholders from across the peer support programme.

Section 5 presents the logic model that was constructed for Peer Mentoring project.

Section 6 explores how Social Return on Investment Analysis could be used to demonstrate the financial value of Peer Mentoring projects moving forwards.

¹ Robertson et al (2021) published by the Life Changes Trust

Section 1: Life Changes Trust & The Peer Support Programme

The Life Changes Trust was established as an independent charity in 2013 following a £50 million endowment from the Big Lottery Fund Scotland (now known as the National Lottery Community Fund). The Trust used this fund to support three groups of beneficiaries: young people with care experience, people living with dementia, and unpaid carers of people living with dementia. This ultimately led the Trust to fund the six peer support projects that later became part of this evaluation: CEARTAS De Café, ENABLE's Cuppa Club, Health in Mind, North West Carers Side by Side Project, Outside the Box's Food and Garden Buddies Project, and VOCAL's Peer Mentoring Service.

The Life Changes Trust defines peer support as “the help and support that people with lived experience of dementia, or caring for a person with dementia, are able to give each other”². Peer support projects are particularly valuable as they not only provide people living with dementia and unpaid carers with the opportunity to access the knowledge held by project staff, but with the opportunity to build relationships and gain insight from others who have lived, or are living, through similar experiences themselves. These networks of support help to reduce feelings of isolation and increase quality of life for both the people living with dementia, unpaid carers, and the wider community.

The peer support projects included in this evaluation each received 100% of their funding from the Trust in 2015, with contributions decreasing on the basis that they would seek increasing levels of funding in order to sustain the projects over the longer-term. Projects were required to submit twice-yearly reports to the trust detailing their activities, challenges, and triumphs as well as their future plans. Coordinators were also encouraged to engage with the Trust more broadly, and to attend ‘gathering’ events where projects could come together to learn about, and from, other projects that were being funded by the Trust.

² Life Changes Trust (2020) *Peer Support and Dementia: A resource for creating better lives*. Glasgow: Life Changes Trust. Available: <https://www.lifechangestrust.org.uk/sites/default/files/publication/files/PEER%20SUPPORT%20WEB.pdf>

Section 2: An Overview of VOCAL's Peer Mentoring Service



VOCAL's Peer Mentoring service is a further example of how funding from the Trust could be used by third sector organisations to extend their service with new activities for beneficiaries. In this case, the project focused on recruiting and training volunteers with experience of caring so that they could provide support to beneficiaries on a one-to-one basis for a limited amount of time. This individual support could be supplemented by attending peer support groups, or by accessing other services offered by VOCAL. Peer mentoring was provided by volunteers and arranged formally through the Project Coordinator, but carried out informally in a setting that worked for the beneficiary. This allowed volunteers to be matched with carers based on factors such as their age, gender, or relationship to the person living with dementia, depending on the carer's needs. It also allowed carers to arrange support for a time and place that worked for them, including their caring commitments. Peer support groups were also encouraged to raise topics for discussion and to invite speakers to address particular issues as they arose.

Section 3: Evaluation Methodology

The evaluation adopted a strengths-based approach and focused on gathering evidence that could both demonstrate the value of peer support initiatives and provide useful insight into effective strategies and best practice moving forward. The evaluation examined the peer support projects in three ways: by examining data from interviews and focus groups, by constructing logic models based on the data provided by the projects as part of their biannual reporting, and by using Social Return on Investment Analysis to explore how these factors might be accounted for in terms of financial value.

Thematic Analysis of Interviews and Focus Groups

Semi-structured interviews and focus groups were conducted with 37 people between May and September 2020, with 21 people (8 project beneficiaries, 7 representatives from partner organisations, 4 representatives of community organisations, 1 member of project staff and 1 project volunteer) taking part in individual interviews with the research team, and 16 people (8 project staff and 8 volunteers) taking part across 6 focus groups. All discussions were conducted remotely either by telephone, or via video conferencing software like Zoom or Microsoft Teams. Each session was recorded and transcribed verbatim to ensure each participant's views were captured accurately.

The transcripts were then examined by academic researchers based at the University of Stirling and community researchers who had volunteered to support the project. Transcripts were analysed using thematic analysis, which allowed researchers to identify patterns (or themes) in the data. These themes represented important aspects of the data, which could often (but not always) be associated with the key goals outlined by the Trust: feeling heard and understood; feeling safe, valued and respected; feeling supported to face challenges; feeling more confident; feeling greater wellbeing. An additional theme of feeling socially connected was also identified. The analysis also highlighted more organisational themes, such as the importance of organisational partners having shared values, and the importance of staffing, as well as the challenges experienced as a result of COVID-19. The results of this analysis are discussed briefly in Section 4, and in more detail in the full report.

Logic Models

Logic models are a valuable method that provide an opportunity to view an organisation or projects from the ‘top down’. This allows for a certain amount of comparison across projects, as the focus is placed on key inputs (such as financial investment, staff time, or organisational support), main activities (including outreach, signposting, and advocacy) and short, medium and long-term outputs (such as people feeling happier, carers caring for longer, or the project developing resources that can be accessed by others). The evaluation created a logic model for each of the six evaluated projects, following the Wisconsin format³ outlined below.

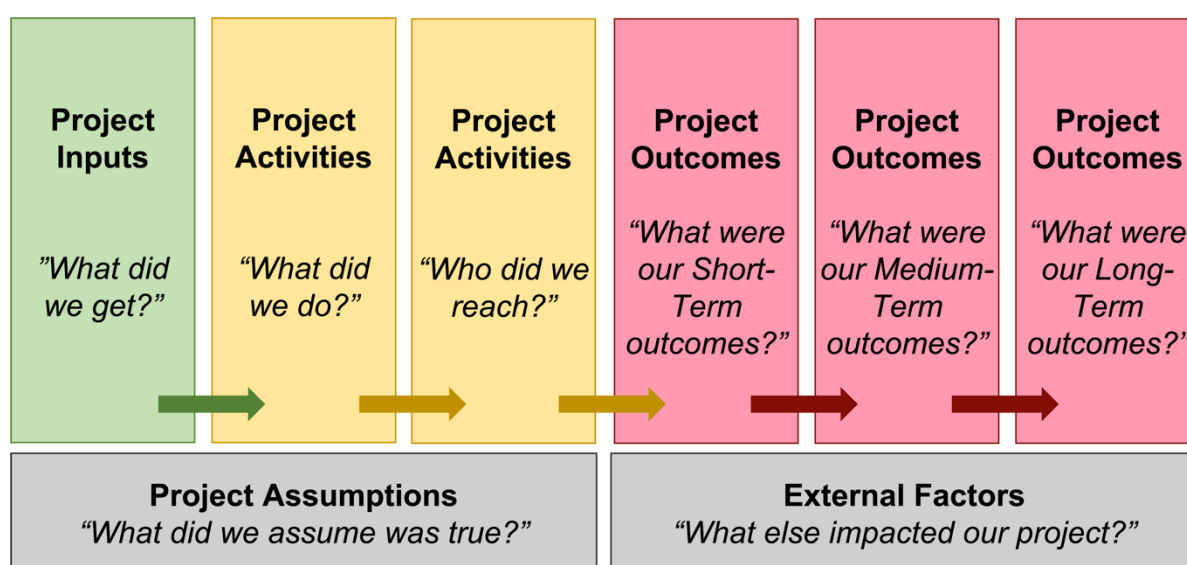


Figure 1: Peer Support Project Logic Model Framework

This version of the logic model allowed the evaluation to highlight not only the influence of inputs on outputs, but the impact of the various assumptions and external factors on the outcome of the projects. The logic model for the Peer Mentoring project is provided in Section 5.

Social Return on Investment Analysis

Social Return on Investment (SROI) Analysis is an analytical tool that is increasingly used by researchers and funding bodies to determine the extent to which social enterprises, groups or interventions represent a good financial ‘investment’. The method involves identifying a series of proxy measures of value, where activities or outcomes are matched against potential benefits with a known financial value, to create an

³ Willis, E., Semple, A. C., & de Waal, H. (2018). Quantifying the benefits of peer support for people with dementia: A Social Return on Investment (SROI) study. *Dementia*, 17(3), 266-278.

approximate value calculation for the project overall. Advocates for the SROI approach argue that it is better able to account for the wider social benefits produced by initiatives like peer support projects, where traditional measures tend to focus exclusively on direct financial measures to determine success⁴. Data for SROI calculations were based on qualitative and quantitative data (with some key factors influencing outcomes) gathered throughout the evaluation and highlights how the process of outlining objectives and outcomes, as well as rigorous reporting, can influence the perceived 'value' of a project under this measure. This is discussed in more detail in relation to the VOCAL Peer Mentoring project in Section 6.

⁴ New Economics Foundation (2015) A guide to social return on investment. London: New Economics Foundation. Available: <https://www.nefconsulting.com/training-capacity-building/sroi-training/>

Section 4: Key Results from Interviews and Focus Groups

The following section reports the results of the thematic analysis conducted on transcripts of the semi-structured interviews and focus groups that were conducted with beneficiaries, staff, volunteers, and community partners between May and September 2020.

While the process of analysis identified a number of themes that were directly connected to the key outcomes for peer support programmes that were laid out by the Trust during the bidding and application process, several additional themes were identified during the analysis. These themes were then arranged under two main categories; 'creating better lives', which explored the impact of peer support on individuals; and 'factors influencing success', which focused on organisational and practical aspects of the peer support programs.

The outcomes for the Trust's peer support initiatives were:

- Having someone who listens and who can understand
- Feeling safe, valued and respected
- I know that I have support to face the challenges in my life
- I have more confidence to make choices and do the things that matter to me
- I have an increased sense of wellbeing

Additional themes included:

- Feeling socially connected
- Staffing & Funding
- Cultivating Networks & Partnership Working
- Enabling Participation
- Adapting Peer Support for COVID-19

Creating Better Lives

While each of the six projects included in the evaluation offered their beneficiaries a different range of activities at different times, participants across the evaluation each expressed their belief that peer support projects could support people living with dementia and unpaid carers to lead better lives. This theme was very visible in the data, as staff members, volunteers and community partners framed this outcome as the key indicator of a successful project, while beneficiaries talked openly about the range of ways in which accessing peer support had changed their lives positively. The data below is drawn from all participants from across the evaluation, rather than just those who had connected with the Peer Mentoring project, to provide more robust analysis and ensure participant anonymity.

Having someone who listens and who can understand

Participants often stated that having the opportunity to be heard, and understood, was one of the most important benefits of accessing a peer support group. They reflected that peer support groups were one of the few services that would engage fully with the challenges that they were experiencing, particularly if those issues related to being a carer for someone living with dementia. This led to participants explaining that staff who facilitated peer support groups “were actually there for you”, where other services were often seen as remote, difficult to access, or unable to meet their needs. This support was reinforced by other members of the peer support group, who could provide emotional support, practical advice, and most importantly, a non-judgemental ear when needed. One staff member explained:

[The group members] really support each other. They really have an opportunity to share ideas and understand what is happening in other people's lives and they go away thinking ‘I am not on my own here’; other people are undergoing the same stresses and things, and get a good idea as to how to support it.

The feeling of being accepted and included as a valuable member of the group resonated strongly with the experiences of other participants both with and without dementia who described peer support as a space

where people could openly discuss their experiences without fear of being judged.

Feeling safe, valued and respected

A supportive space was a key component in allowing beneficiaries to feel safe, valued and respected during peer support activities. Being in a supportive space allowed people to be vulnerable, whether that was by trying new things, or by being honest and open about how they were feeling in relation to challenging situations. As one carer explained:

I found it was much easier to talk to people who had the same problems as I had and what it was really like, rather than trying to talk to relatives [...] or even friends. [...] I think a lot of people did not know how to deal with it [...] And they had no idea what it was really, really like [...] so I found that was a great help for me to talk to people who knew what we were all talking about, to get help and support from them.

Feeling supported in this way often meant that unpaid carers felt more comfortable, and more able to access social situations and outings as they knew that any issues that arose could be handled calmly, and without embarrassment or fear of misunderstanding or stigmatisation. This allowed both unpaid carers and people living with dementia to access services and activities more freely, and remain more connected to others as a result, and in turn helped people to try new things that they would not have attempted alone, including art, singing, dinners out, and trips to different places. It is important to remember, too, that many of these activities were made open to both unpaid carers and people living with dementia, allowing people to attend together. As one staff member explained:

[It is important] to bring people with dementia and their carers together to give them that peer group support as well. Because [...] it is not always about getting respite away from the person, it is sometimes being able to do something together, but maybe not feeling stressed about it. [...] Sometimes if you are out and about it is actually quite good in a group like that to actually be able to support one another, and that goes for the people with dementia as well as it does for the carers [...] it is like going out with a group of friends.

Feeling supported to face challenges

While these experiences of being seen, heard and understood helped beneficiaries improve their wellbeing over time as a result of increased social connection and emotional support, peer support groups also helped people face the challenges in their lives more directly.

Participants across the evaluation reflected on the opportunities available to beneficiaries to raise questions and ideas for future sessions, for example, guiding the content of meetings to meet their needs. Such sessions required careful facilitation, however, as different members of the group sharing their experience in solidarity could become overly negative at times. As one community partner explained:

You can just feel when there is a moment where, maybe half a dozen people on a Zoom call [and...] it becomes something quite negative, because what has been a frank, open, loving discussion can become just people piling complaint upon complaint, and moan upon moan, and it just goes. At that point, you have to firmly, but gently, step in and steer in another direction.

This insight highlights the continued importance of having a skilled facilitator in a peer support setting. This was emphasised throughout the evaluation, as participants discussed how staff members and volunteers actively supported unpaid carers and people with dementia to participate in the sharing of knowledge, problem solving, and emotional support that were key components of the peer support experience.

Having increased confidence

The benefits of attending a peer support group were not limited to feeling heard and understood or having the information and support necessary to deal with challenges. A number of participants described how carers and people with dementia could sometimes be surprised by what they were able to take part in, and what they enjoyed.

I would always encourage people to come, just say, 'yes, I know it is going to be a bit scary, but I will come with you' or something like that. Because, quite honestly, two minutes later, that is it. No way was I going to join a singing group, but I knew the lady that was taking it. [...] She was trying to start this thing off and I thought I will give it a go then. Singing. In the end the singing was not as important; [it was] the meeting of the other people [...]. We would get up and wander around and you just got to know people.

This quote shows how important it is to remember that even attending a peer support group for the first time can be a significant step and success for someone living with dementia or an unpaid carer. It echoes the experiences of several beneficiaries who explained their own initial reluctance about attending a group, and their fears about feeling unwelcome, overwhelmed, or out of place. This sense of confidence often grew throughout their time with the peer support group, as they gathered knowledge about different challenges in their lives, gained experience and learned from others, or were supported to access different services and activities that improved their quality of life.

Having an increased sense of wellbeing

Being provided with a space where they could reflect honestly on their experiences or relax and be accepted as a person with dementia or a carer, was a key aspect in improving the wellbeing of beneficiaries. Indeed, emotional support was often one of the first things people mentioned when they were asked about why peer support was important to them. As one carer noted:

The carers' group was really a godsend. I think I would have been in the asylum or something, and that is not overstating it.

Peer support groups were often discussed as one of the few places where unpaid carers in particular could explain their own experience without feeling either shame or pressure to immediately create a plan to 'fix' the problem they were experiencing. As such, sharing with peers provided unpaid carers with an opportunity to address difficult emotions in an environment where others could both resonate with the emotions themselves, and the potential shame and guilt they might feel about those emotions. This explanation could then be met with both

reassurance from others that the experiences and emotions were both valid and understandable, and examples of how others who had faced similar situations and feelings had come to terms with them. This was only possible within peer support, participants explained, because others in the group had been in similar situations themselves, and could genuinely understand what they were going through, something that was not always possible with formal staff who did not have experience of unpaid caring or living with dementia.

Feeling socially connected

One of the most noteworthy findings of this evaluation has been the importance of social connection to beneficiaries, and the positive impact that being in a safe and supportive space can have on the social lives of people living with dementia and unpaid carers. This evaluation often collected accounts of members of peer support groups going on to build friendships that extended beyond the group itself.

People also described the value of feeling a sense of togetherness with other generations in their community, when initiatives supported intergenerational connections. For people with dementia, this could help them feel a sense of purpose from being able to share learning and experience with younger people, allowing them to display their expertise in different areas despite their dementia diagnosis.

These connections; between group members, staff, volunteers, and the wider community all represent the important contribution of peer support groups to reducing social isolation for people living with dementia and unpaid carers.

Key Factors Influencing Success

One key aim of this evaluation was to identify factors that could positively or negatively impact the ability of projects to meet their goals and achieve their outcomes. These themes are outlined briefly, below, with more detail being provided in the main Peer Support Project Evaluation report.

Staffing and funding

The importance of attracting, supporting, and retaining an enthusiastic and knowledgeable facilitator to support the peer support project was reinforced throughout the evaluation. Issues with staffing could delay the start of the project, stymie recruitment, and impact the experiences of beneficiaries to the point that it became difficult for some projects to meet their outcomes within their hoped timescale. Facilitators became the primary representatives of the projects themselves, and so were often more successful where they were seen as trustworthy, knowledgeable and accessible, as these traits helped beneficiaries to feel empowered to ask the questions or seek the advice that mattered to them. These traits didn't only affect beneficiaries, however, as being perceived as knowledgeable and personable could also impact how community partners thought about the project as a whole, and how they included it in their networking. This was captured by one partner, who said:

She is really engaged. She does travel down sometimes, even if it is just maintaining that relationship; she always keeps in touch. If she cannot make it down then she will provide information and maintain those links with people. She is really well thought of by the volunteers and the people that have met her, and she goes out of her way to try and support things, despite the distance, which means quite a lot to people. [...] I think she does go above and beyond.

Finding and retaining staff over the course of the project often presented a challenge, however, especially when it became necessary to seek out alternate streams of income to continue to employ the staff member in their usual pattern. Ironically, the right staff member in post could also make significant progress in securing the necessary funds, whether that

was through fundraising efforts, networking, or applying for funding from different organisations.

In some cases, this process of fundraising became an opportunity for greater partnership-working, as one community partner reflected:

[...] most times, we have got a good sort of relationship where we can rely on each other to help out. [...] that is what we have to focus on now - funding is so limited and there are so many people trying to access the same pot. It is just a nightmare, but it has been quite good sharing things, as well, because [the peer support group] are in the same position as what we are. If they find somewhere that is good for a certain project, they will maybe say, you should try this funding or try this trust. Likewise, we would do the same: we have had success with that - you should try it.

This interaction between funding as it impacts staffing, and staff as they impact funding, emphasises how difficult it could be for projects to attract and retain talented facilitators, when the presence of continued funding often relied on the efforts and knowledge base of the facilitator themselves. It was notable that staff spent significant amounts of time looking for funding to sustain their project and completing self-evaluation activities in order to report to funders when they were successful. Nor did this cycle only impact facilitators or staff, as beneficiaries themselves reflected on the difficult financial environment that surrounded peer support groups.

Cultivating networks and partnership working

The creation and maintenance of a successful network of community and project partners had a significant impact on the success of projects across the evaluation. Facilitators with well-established networks were often described as communicating and coordinating regularly with other groups and making significant efforts to highlight how groups could work together to meet their shared needs and goals.

This initial awareness-raising could be time-consuming, but the efforts were often rewarded with beneficiaries being referred into projects by other organisations and facilitators, which helped the project remain sustainable over time. Working alongside other projects allowed

initiatives to co-exist rather than compete with each other, which was captured by one community partner who emphasised:

Without sounding twee, I think we are all there for the same aim - helping people to get the right support, and, hopefully, at the right time.

This collaborative style of working often resulted in better outcomes for both the projects and the beneficiaries. Networked groups focused on supporting people living with dementia and unpaid carers to access the necessary support, irrespective of the organisation that was delivering the support, and thus referred beneficiaries to different services at different times, even when this meant 'giving up' a group member.

Enabling participation

One of the major challenges for peer support projects was the need to reach and attract the right group of beneficiaries to the initiative. Projects reported that reaching people with dementia and unpaid carers could be difficult, especially during the period directly after diagnosis and during periods of stress.

While it is difficult to know why certain recruitment strategies fail, several beneficiaries that took part in the evaluation discussed why they resisted engaging with support at different points, often highlighting a lack of capacity, or a fear that the services would be inaccessible or inappropriate for their needs. This was described by one beneficiary who said:

I probably should have got involved earlier on. I waited until, really, I was desperate - really desperate. I tried everywhere and nobody was listening to me. [...] I do not know why I waited so long - I think my expectations of [the service...] but when I went there it was nothing like I thought it would be like. I obviously had some kind of negative image in my head that stopped me going there.

This 'negative image' associated with dementia, dementia support, or support for unpaid carers was discussed multiple times within the evaluation as a challenge that could still impact both projects and beneficiaries. This highlights the importance the efforts made by projects

to raise awareness and understanding of dementia within the community as well as the value of resources and legacy efforts, as these could lower the level of stigma experienced by potential beneficiaries and group members. Other efforts to enable participation included having multiple locations, a variety of times, and groups or meetings for designated members, depending on the challenges faced by the project and beneficiaries in question.

Adapting peer support for COVID-19

The theme of adaptability was central to many of the interviews and focus groups conducted as part of this evaluation. This is unsurprising, given that fieldwork took place in the midst of the COVID-19 pandemic. The restrictions associated with COVID-19 included restrictions on movement between areas, changes to statutory services, restrictions on the size and location of group meetings, and the introduction of a 'shielding' category that often included older beneficiaries. These restrictions had a significant impact on peer support groups across the programme.

Peer support groups were forced to adapt and invent new, and usually remote, ways of supporting people with dementia and unpaid carers. This process often required a degree of trial-and-error, as both staff and beneficiaries learned to use new digital technologies, learned their limits, and adapted to ever-changing circumstances and formal regulations. This process was described by one volunteer, who said:

[We] are still doing [reminiscence] online. It seems to work and we are going to try and get one of the gentleman that plays the accordion and sings to record something to put it on our Zoom meeting (for the next one), so I think that might work, hopefully. [The meeting] is only for the 40 minutes, so it is probably long enough for online, but [facilitator] was getting people to chat. [...] They are also sending out newsletters [...] with lots of helping information: good ideas for things to do; phone numbers for contacting people in emergencies or for advice - lots of things you probably all know that. I think they are moving forward with it, so it is good it has not stopped.

Several participants discussed issues around supporting access, or maintaining engagement when moving into online spaces, while others observed how moving online had allowed beneficiaries to attend who

might not have been able to do so before, for instance due to caring commitments. Importantly, the shift to remote support did not necessarily end the peer-to-peer relationships that had grown within the groups, as several beneficiaries noted that they now routinely phoned one another in addition to attending digital meetings. This provides one of the clearest examples of the benefits of the peer support model: not only were beneficiaries supported flexibly during a time of national crisis, but they were able to adapt and support one another throughout that time.

Section 5: Logic Model for the Peer Mentor Project

One of the important aspects of the evaluation is its ability to highlight the ways in which project planning and recording can impact the perception of the project as a whole. The logic model presented below was constructed during the early phases of the evaluation, and draws heavily from the bids originally submitted by each project to the Life Changes Trust and the bi-annual reports that they were required to submit to as part of their funding.

These reports had standardised sections asking for details of main activities, spending and working towards the Trust's key outcomes for people living with dementia and unpaid carers. The way in which different projects recorded their responses to these questions had a significant impact on both their logic model, and their performance under the Social Return on Investment analysis detailed in the next section. This is particularly notable where projects recorded their potential activities and outcomes, as those projects that listed more outcomes were ultimately able to demonstrate more impact than those that reported or recorded fewer.

The logic model for the Peer Mentor project is shown on the next page and highlights the influence of the reporting over time. For example, the column for 'what did we do' includes the recruitment and training of volunteers, which contributes to the projects sustainability while also providing a measurable outcome. Similarly, noting that carers had the potential to re-enter the group as volunteers highlights the potential for some people to benefit twice from the Peer Mentor project, supporting the sustainability of the initiative.

Project Goal: Support Unpaid Carers of People Living with Dementia through small group mentoring & peer support

INPUTS	ACTIVITIES		OUTCOMES		
What did we get?	What did we do	Who did we reach	Short-term	Medium-term	Long-term
<ul style="list-style-type: none"> £62,010 over 5 years Supported by existing Carers Support Team Service Manager, Care Support Worker, Peer Mentors Care management & impact system to systematically digitally record feedback 	<ul style="list-style-type: none"> Recruit and train peer supporters in solution focused approaches Provide information and signposting to other services for carers Support 1:1 mentoring for carers with peer support (3-8 meetings) Run small peer support groups (8-12 sessions) Advertise in VOCAL's existing newsletter & use pre-existing contacts Provide practical caring advice including strategies, boundary work & service access Regularly & systematically review services & carer experience 	<ul style="list-style-type: none"> GPs, Social Workers & Allied Health Other carer groups Carers of people living with dementia (mostly spouses and children) 	<ul style="list-style-type: none"> Developed new training resources for peer mentors Peer mentors received training to increase skills Carers encouraged to focus on assets & strengths Carers reported feeling supported and informed about caring & dementia Mentoring helped carers navigate immediate challenges (transition, power of attorney etc.) Carers concerned about personal safety were provided with strategies to address risk & fear 	<ul style="list-style-type: none"> Production of a peer support tool kit People with dementia benefit from reduced carer stress Carers reported improvement in health and wellbeing Carers reported feeling supported as carers meaning other relationships could remain as friends/family Carers report meeting outside formal groups & mentoring with the people with dementia 	<ul style="list-style-type: none"> Carers were less isolated & reported better wellbeing Carers were better able to manage caring responsibilities from diagnosis to move to residential care Carers reported feeling more empowered and less negative when looking forward or reflecting on caring Carers who received peer mentoring volunteered themselves once their caring responsibilities ended
<p>Assumptions</p> <ul style="list-style-type: none"> VOCAL Carers Support team will provide referrals to peer support VOCAL supports 1000+ carers and receives regular referrals indicating a need for peer support Sharing experiences in non-judgmental spaces with others who have a similar experience is crucial to carer wellbeing 			<p>External Factors</p> <ul style="list-style-type: none"> VOCAL operates more broadly as a 'one stop shop' style service so has a wide network of people who can be referred to the peer support service 		

Section 6: Demonstrating the value of VOCAL's Peer Mentoring through a Social Return on Investment Analysis

A Social Return on Investment was conducted for the Peer Mentoring project during the final phases of the evaluation. The SROI drew from available data in an effort to provide an estimated monetary value for the services provided by the Peer Mentoring project. This process involved identifying key pieces of data from reports and correspondence that would allow the research team to map the project outcomes to viable proxies with an established financial value.

The resulting SROI estimated that VOCAL's Peer Mentoring project generates approximately £15.00 of social value for every £1 investment⁵.

Specific outcomes generating social value included:



Unpaid Carers. Carers reported increases in social wellbeing, increased awareness about dementia, improved confidence in caring roles, improvements in overall health and wellbeing, and improved confidence in influencing health and social care services.

People with Dementia. Self-evaluation data did not report any outcomes in relation to people living with dementia.

Staff and Volunteers. Staff and volunteers reported receiving increased training in dementia.

⁵ The data used to complete SROI analysis include some subjective elements, and the assessment should be used as a broad indicator of value, in conjunction with other measures.

This demonstrates the importance of consistent and thorough recording across the lifetime of a project, as well as the need for caution when using measures like SROI. VOCAL generated the highest rate of return across the four peer support groups for whom SROI analysis was conducted.

This high rate of return was despite the self-evaluation data describing a lower number of outcomes compared to the other groups. For example VOCAL reported no outcomes for people with dementia, who were not supported directly by its initiative. We would expect that people with dementia would experience significant indirect benefits which would generate significant extra social value, but could not be captured in the SROI due to a lack of recording or reporting of this data.

The most important reason for the high rate of return appeared to be the breadth of activities provided for carers by VOCAL, who served the second largest number of unpaid carers across the four organisations. In addition, VOCAL provided a number of different individual and group peer support activities for unpaid carers, leading to a greater number of carers receiving support from their activities when compared to other organisations. In focusing on carers, this also likely enabled the provision of in-depth peer support activities for its carers (for example individual peer counselling or befriending), which generated significant social value for their associated outcomes.

We would, therefore, strongly recommend that all projects consider the potential tools like SROI to be used in the future, and actively plan to collect data in a way that allows them to demonstrate the full extent of their value, whether that is through qualitative means by collecting the experiences of beneficiaries, or adapting record keeping practices to capture both direct and indirect beneficiaries of the project in order to enable later analysis wherever possible.

Stakeholder	Total Population	Outcome	Indicator Description	Indicator Result	Outcome Incidence	Deadweight Description	Deadweight Amount	Deadweight Incidence	Outcome Incidence – Deadweight	Attribution Proportion
Carer (Individual Peer Support)	132	Improved social wellbeing	Unpaid Carers reported improvement in wellbeing	1.0	132.0	Average proportion of adults 65+ who report feeling happy	0.95	125.40	6.6	0.14
Carer (Individual Peer Support)	173	Improvement in being informed about caring	Unpaid Carers reported being better informed	1.0	173.0	Proportion of UK population who are dementia friends	0.04	6.92	166.1	0.75
Carer (Individual Peer Support)	149	Improved confidence in caring role	Unpaid Carers reported greater levels of confidence in caring	1.0	149.0	Proportion individual cares not reporting more confidence in caring	0.00	0.00	149.0	0.75
Carer (Individual Peer Support)	149	Improvement in overall health and wellbeing	Unpaid Carers reported greater levels of confidence in caring	1.0	149.0	Proportion of older people aged 65+ reporting no difficulty with ADLs	0.80	119.20	29.8	0.20
Carer (Individual Peer Support)	144	Improved confidence in shaping services	Unpaid Carers felt more able to shape services	1.0	144.0	Proportion of group carers who did who do not feel more confident in shaping services	0.19	27.36	116.6	0.20
Carer (Group Peer Support)	211	Improved social wellbeing	Unpaid Carers reported improvement in wellbeing	1.0	211.0	Average proportion of adults 65+ who report feeling happy	0.95	200.45	10.6	0.20
Carer (Group Peer Support)	272	Improvement in being informed about caring	Unpaid Carers reported being better informed	1.0	272.0	Proportion of UK population who are dementia friends	0.04	10.88	261.1	0.50
Carer (Group Peer Support)	288	Improved confidence in caring role	Unpaid Carers reported greater levels of confidence in caring	1.0	288.0	Proportion group cares not reporting more confidence in caring	0.06	17.28	270.7	0.50
Carer (Group Peer Support)	269	Improvement in overall health and wellbeing	Unpaid Carers reported greater levels of confidence in caring	1.0	269.0	Proportion of older people age 65+ reporting no difficulty with ADLs	0.60	161.40	107.6	0.20
Carer (Group Peer Support)	260	Improved confidence in shaping services	Unpaid Carers felt more able to shape services	1.0	260.0	Proportion of group carers who did who do not feel more confident in shaping services	0.15	39.00	221.0	0.20
Carer (Volunteers)	19	Volunteers have increased training in dementia care	Volunteers experienced increased knowledge about dementia	1.0	19.0	Proportion of UK population who are dementia friends	0.04	0.76	18.2	0.20

Outcome Incidence – (Deadweight & Attribution)	Displacement Proportion	Outcome Incidence – (Deadweight, Attribution & Displacement)	Financial Proxy Description	Proxy	Total Annual Value Produced	Annual Drop Off	Year 1 Value	Year 2 Value	Year 3 Value	Year 4 Value	Year 5 Value	Total Value	Present Value
0.9	0.0	0.9	Value of being a member of a social group	£1,897	£1,753.26	0.7	£1,753.26	£525.98	£157.79	£47.34	£14.20	£2,498.57	£2,380.51
124.6	0.0	124.6	Dementia train the trainer training for home care providers	£338	£42,101.28	0.7	£42,101.28	£12,630.38	£3,789.12	£1,136.73	£341.02	£59,998.53	£57,163.46
111.8	0.0	111.8	Average cost of mental health services per individual	£1,151	£128,624.25	0.7	£128,624.25	£38,587.28	£11,576.18	£3,472.85	£1,041.86	£183,302.42	£174,640.93
6.0	0.0	6.0	Feeling of being in overall good health	£20,658	£123,121.68	0.7	£123,121.68	£36,936.50	£11,080.95	£3,324.29	£997.29	£175,460.71	£167,169.76
23.3	0.0	23.3	Value of regular volunteering once per week for 2 months	£3,332	£77,728.90	0.7	£77,728.90	£23,318.67	£6,995.60	£2,098.68	£629.60	£110,771.45	£105,537.23
2.1	0.0	2.1	Value of being a member of a social group	£1,897	£4,003.66	0.7	£4,003.66	£1,201.10	£360.33	£108.10	£32.43	£5,705.62	£5,436.01
130.6	0.0	130.6	Dementia train the trainer training for home care providers	£338	£44,129.28	0.7	£44,129.28	£13,238.78	£3,971.64	£1,191.49	£357.45	£62,888.64	£59,917.00
135.4	0.0	135.4	Average cost of mental health services per individual	£1,151	£155,799.36	0.7	£155,799.36	£46,739.81	£14,021.94	£4,206.58	£1,261.97	£222,029.67	£211,538.22
21.5	0.0	21.5	Feeling of being in overall good health	£20,658	£444,560.16	0.7	£444,560.16	£133,368.05	£40,010.41	£12,003.12	£3,600.94	£633,542.68	£603,606.25
44.2	0.0	44.2	Value of regular volunteering once per week for 2 months	£3,332	£147,274.40	0.7	£147,274.40	£44,182.32	£13,254.70	£3,976.41	£1,192.92	£209,880.75	£199,963.37
3.6	0.0	3.6	Dementia train the trainer training for home care providers	£338	£1,233.02	0.3	£1,233.02	£863.12	£604.18	£422.93	£296.05	£3,419.30	£3,159.82
												Total Benefits	£1,590,512.56
												Total Inputs	£106,636.00
												SROI Ratio	14.92

Section 7: Key Lessons from the Evaluation

The evaluation aimed to draw insights for future projects. We consider six findings below that represent key lessons from the evaluation:

Flexible: Peer support works well when projects are willing to adapt what they provide to reflect beneficiary needs and fit the wider landscape of services within an area.

Cooperative: Building meaningful relationships with other initiatives and partners supports reciprocal referral to projects and helps projects work together to sustain funding.

Empowering: Engaging and empowering volunteers with lived experience provides beneficiaries with additional supportive social connections and provides a route back into engagement for unpaid carers when they are bereaved or are no longer providing direct care.

Connected: Experienced, knowledgeable and well-connected staff sustain the project. The presence of a dedicated facilitator from the early stages improves a project's ability to establish networks, recruit beneficiaries and volunteers, meet outcomes and secure further funding.

Reflective: Involving beneficiaries, volunteers and project staff in the process of evaluation helps them view the peer support group and its benefits in a different way than they had before. This can support them to realise the significance of the project and their role within it.

Evidenced: Being proactive in evidencing goals, activities and outcomes helps to capture insight into the benefits people gain from peer support, particularly where these are not predicted or named at the outset of a project. This can support efforts to demonstrate 'social value'.

Limitations

The data in this evaluation were gathered from beneficiaries, volunteers, project staff or people who partnered with the peer support initiatives. This means that the evaluation is based entirely on the perspectives of people who access or facilitate peer support. While we had intended to also recruit participants who could not or did not want to receive the types of peer support provided by the funded initiatives, so that we could understand their potentially different perspectives on what works well and less well, the challenges of recruitment during the COVID-19 pandemic meant that we were limited in the reach of our engagement.

Additionally, the restrictions impacted the methods we used. We relied on remote engagement to conduct interviews and focus groups and were unable to host the creative workshops and conversation cafés that we had planned in communities to reach a diverse group of participants using a variety of creative methods. We were also limited in the extent to which we could record wider community benefits that we had planned to discuss during these events. Due to the necessity of using online or telephone methods to engage participants, most beneficiaries who engaged were carers rather than people with dementia, which limits the evidence about benefits for people with dementia to proxy reporting.

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