



# Peer Support for people with dementia

A Social Return on Investment (SROI) study

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**hin** Health  
Innovation  
Network  
South London

# Foreword

Dementia is a national priority for the Government, particularly in the area of diagnosis and effective post-diagnostics support. Peer support for people with dementia is recommended as one way people can be supported following a diagnosis, as it can reduce the loneliness and isolation associated with a diagnosis and helps people learn how to live with and manage their dementia.

The value produced by participating in peer support groups can be subtle and difficult to measure, which presents difficulties in securing funding or investing in the set up and long term longevity of these groups. The Health Innovation Network South London approached us to assist them to conduct a social return on investment (SROI) study of peer support groups in South London, to provide evidence to commissioners and funding organisations of the wider value delivered by groups.

This is the first time peer support as an intervention for people with dementia has been evaluated using the SROI methodology. The positive findings will be of interest to those involved in funding decisions - particularly commissioners and funding bodies - but also to organisations that deliver peer support when applying for grants and funding.

Michael Weatherhead

International Director of NEF Consulting.

**NEF Consulting was founded and is owned by the New Economics Foundation (NEF). Experts in Social Return on Investment (SROI) analysis and on using wellbeing measurement in impact assessment, NEF Consulting helps enable organisations to:**

- **develop an understanding of value for money that includes social and environmental outcomes alongside the economic costs and benefits,**
- **Integrate social, economic and environmental measurement into their culture to support the long term sustainability of their activities and investments.**
- **Prove the value and improve the effectiveness of what they do.**

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**Authors:** Amy Semple, Health Innovation Network Project Manager Dementia, Elizabeth Willis, MSc Student Kings College London, Dr Hugo de Waal, Health Innovation Network Dementia Clinical Lead.

Contact: [a.semple@nhs.net](mailto:a.semple@nhs.net)

## Introduction

This study focuses on the impact of peer support group interventions for people diagnosed with dementia.

The evidence contained in the report is based on a Social Return on Investment (SROI) analysis, a method of measuring the social impact of activities, projects and programmes and of placing a monetary value on them. The focus of this SROI is on the value gained from peer support groups to the individual, carers and families, and others associated with the groups.

## The context

There is a strong focus on improving dementia diagnosis rates and providing good post-diagnostic support for people and their families. Peer support is routinely advocated in national strategies and policy as an intervention to provide such support within the community setting. Peer support enables people to come together supported by trained professionals and volunteers. Qualitative evidence shows that peer support can reduce the isolation and loneliness associated with a diagnosis, and provide information and support on how to manage the condition to help people live positively. However there is limited evidence to demonstrate the value these groups offer which presents challenges in securing funding to set up and maintain peer support groups for people with dementia. The aim of this project was to build on the evidence using SROI methodology to demonstrate the value of peer support opportunities for people with dementia. This is the first time peer support groups for people with dementia have been evaluated this way, providing new evidence to support investment.

## Characteristics of the three peer supports in this study.

The peer support groups chosen for this study come from three boroughs within South London:

- a dementia-centred community group in Lambeth
- a small local charity in Southwark
- a mainstream national charity in Croydon.

Their shared objective is to provide peer support for people with dementia through providing a facilitated environment for people to meet and socialise, with a variety of dementia appropriate activities to engage group members. The three peer support groups have differences that reflect the different models of peer support that are seen within community settings. For example two groups use volunteers where one does not and one also caters to carers of people with dementia whereas the others do not. They also differ in the frequency, size and activities provided.

## Outcomes of the Peer Support Groups

The study shows that peer support groups give rise to a number of important positive outcomes<sup>1</sup> for people with dementia, their carers and the volunteers who support the groups:

### For the people that participate:

- a reduction in isolation and loneliness
- a feeling of stimulation, including memory stimulation, more than if they remained at home
- an increase in wellbeing from having a sense of purpose and enjoying their time at the group
- a feeling that their sense of personhood and identity is promoted, impacting positively on their wellbeing
- feeling part of a welcoming community which creates a sense of trust, belonging and social wellbeing
- feeling fitter as a result of taking part in weekly exercise activities.

### For the carers:

- a reduction in stress and burden of care
- an increased sense of wellbeing through being involved in the group
- a reduction in the feeling of loneliness and isolation.

### For the volunteers that support the groups:

- an increased sense of wellbeing through being engaged and fulfilled in their role at the group
- an increased level of knowledge by interacting with people with dementia and dementia care
- more transferable skills
- feeling part of a community.

## The Social Return on Investment

The SROI analysis shows that the three peer support groups evaluated create positive social value for people with dementia, carers and volunteers that is greater than the cost of investment. The social value created ranged from £1.17 to £5.18 for every pound (£) of investment, dependent on the design and structure of the group.

Positive SROI ratios in all three groups demonstrate that investing in peer support groups benefits from a mixed model approach. Although the larger, more intensive and inclusive group produced a higher social value than the two smaller peer support groups, it became clear that different structures will suit different individuals, as not everyone desires or needs a high frequency high intensive intervention. Each group provided personal and social value to its stakeholders regardless of size or design.

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<sup>1</sup>Some outcomes were evident across all three groups, some evident at one or two groups only.

*This evaluation report examines the difference made and social value created by peer support groups for people with dementia.*

This study focuses on the impact of peer support as an intervention for people with a diagnosis of dementia, to help them meet others with a shared experience and be supported by professionals, volunteers and peers.

The evidence contained in the report is based on Social Return on Investment (SROI), an accepted value for money methodology of measuring the social impact of activities, projects and programmes and of placing a monetary value on them.

In conducting this SROI analysis we have followed the principles of social value\* which provide a framework for SROI methodology. These are:

- involvement of stakeholders
- a focus on understanding what changes
- valuing the things that matter
- including only things that are material
- avoiding over claiming
- transparency
- verification of the result.

We have adopted conservative assumptions where possible to avoid over claiming and sought to be transparent in any assumptions made.

It is important to recognise that the three peer support groups in this study are not identical and these differences in host organisation, structure and design should be recognised when comparing the different estimations of value for the different groups.

We undertook a separate SROI analysis for each group and present our findings separately. By using the same researchers over the same time period, the approach was the same and the same perspectives on judgement, assumptions and proxies were used across all groups. This maximises the comparability of the three analyses and supports any observations related to the differences in social value delivered between the groups and factors that may influence this.

Due to the complexity of this study our approach and SROI analysis was verified and validated by NEF Consulting to ensure our results are valid and robust.

**\*Principles of Social Value:** provide the building blocks for anyone who wants to make decisions that consider the wider definition of value and are generally accepted social accounting principles. For more information visit <http://socialvalueuk.org/what-is-sroi/principles>

## About the Peer Support Groups

The peer support groups chosen for this project come from three boroughs within South London:

- a dementia-centred community group in Lambeth
- a small local charity in Southwark
- a mainstream national charity in Croydon.

Their shared objective is to provide peer support for people with dementia through providing a facilitated environment for people with dementia to meet and socialise and a variety of dementia appropriate activities to engage the group members. The three peer support groups have differences that reflect the different models of peer support that are seen within community settings. For example two groups use volunteers where one does not and one also caters to carers of people with dementia whereas the others do not. They also differ in the frequency, size and activities provided. Funding for each group varies between being locally commissioned or through charitable grants and fundraising activities.

	Lambeth Group	Southwark Group	Croydon Group
<b>Hours per session</b>	4	2	3
<b>Frequency</b>	Weekly	Fortnightly	Monthly
<b>Average # participants</b>	23	5	9
<b>Staff involved</b>	A group facilitator, paid staff and 10 volunteers	A group facilitator and one paid staff	A group facilitator, one paid staff and 2 volunteers
<b>Relatives or carers are able to attend the group?</b>	Yes	No	No
<b>Refreshments provided</b>	Refreshments (tea, coffee, biscuits etc.) and lunch provided for free.	Refreshments (tea, coffee, biscuits etc.).	Refreshments (tea, coffee, biscuits etc.) and lunch paid for by members.
<b>Activities provided</b>	A variety of group activities including: reminiscence and music based activities, group games, a chair-based exercise session and occasional manicure and hair dressing sessions.	A variety of group activities and games including memory specific and advice activities.	Group activities, particularly using reminiscence.

*This section provides the backdrop for this study and introduces peer support as an intervention for people with dementia.*

There is a strong focus on improving dementia diagnosis rates and providing good post-diagnostic support for people and their families. It is sometimes argued that there is limited post-diagnostic support available to appropriately support those who have a diagnosis, with a need to increase service provision to meet both existing and future needs.

Peer support is an intervention well placed to be delivered within the community setting yet there is variation in provision of and access to such groups across England. Peer support enables people to come together supported by trained professionals and volunteers. Peer support is interpreted by organisations and individuals differently and there is variation in the structure and design of available groups. The Alzheimer's Society is the leading provider of peer support groups across England and offers a structured environment where people come together to talk about their diagnosis of dementia with others in a similar situation. Support groups are also offered by national charities such as AGE UK or by smaller localised charities supporting people with dementia. Some groups are self-started by individuals who have experience of facilitating groups for people with dementia, funded by small grants and fundraising activities. Groups may vary in their design but most offer some kind of reminiscence or memory stimulation activities alongside opportunities to share experiences and talk to each other, formally or informally. For this SROI analysis we interpreted a 'peer support group' as being a group that is facilitator led for people with dementia to come together and specifically offers opportunities to talk to others in a similar situation.

Qualitative evidence\* shows that peer support can reduce the isolation and loneliness associated with a diagnosis, and provide information and support on how to manage dementia to help people live positively. At present there is limited quantitative evidence to demonstrate the value these groups offer. This presents challenges in commissioning peer support as an intervention and in securing funding to set up and maintain peer support groups for people with dementia.

The aim of this project was to build on the evidence to demonstrate the value of peer support opportunities for people with dementia. Using Social Return on Investment (SROI) methodology developed by The New Economics Foundation, we evaluated three peer support groups to understand what it is that people value about the groups and how they help them. This is the first time peer support groups for people with dementia has been evaluated this way, providing new evidence to support investing in peer support as post-diagnostic intervention.

\*Department of Health 'Healthbridge Report' evaluating peer support networks and role of dementia advisers.

\*Dementia Action Alliance and Faculty of Psychologists Report into Post-diagnostic support for people living with dementia

\*Joseph Rowntree Foundation 'A stronger collective voice for people with dementia'

\*Keyes, S. E., et al. (2014). "We're all thrown in the same boat ..." A qualitative analysis of peer support in dementia care. *Dementia*: April 2014



*This section defines the scope and boundaries of the study and describes the main stakeholders associated with the peer support groups.*

### Scope of the analysis

The purpose of this SROI evaluation is to understand the value created by peer support groups as an intervention to support people with dementia. The aim is to use SROI analysis to:

- understand better what value people receive from attending or being involved in peer support groups
- demonstrate this value to commissioners; funding bodies and organisations interested in or considering setting up peer support groups
- provide a benchmark study for peer support groups to demonstrate the wider social value they provide
- generate conversation about the evidence available related to post-diagnostic interventions for people with dementia.

The SROI evidence produced is based on the impact of the three peer support groups during the financial year 2014/15.

### Stakeholder groups

This SROI analysis explores the changes to stakeholders as a result of being involved with one of the three peer support groups. Stakeholders are the people or organisations that experience change, whether positive or negative, as a result of the activity that is being analysed.

Stakeholders associated in any way with each group were identified. Main stakeholders were selected with the rationale that they experience relevant and significant change from being involved with the group. The table below shows identified stakeholders and the reason for their inclusion and exclusion from this SROI analysis:

Stakeholder	Included	Reason
<b>People that participate</b>	Yes	This group are the main beneficiaries of the peer support group
<b>Relatives who are informal carers</b>	Yes	While not all relatives attend the group they are expected to experience a material impact
<b>Unpaid volunteers</b>	Yes	Volunteers are vital to the delivery of some groups and are expected to benefit as a result of being involved
<b>Paid staff</b>	No	Facilitators or sessional tutors are employed to support the programme and any personal benefits are incidental and not material to the study.
<b>Funding organisations</b>	No	These are vital for the groups to take place yet within the scope of this study it was decided their active involvement was too far removed to result in material outcomes
<b>Extended family members of people who participate</b>	No	Any outcomes experienced were likely to be less material in comparison with the informal carer relatives, combined with insufficient resources to include them in this study.

## Stakeholder engagement

SROI analysis explores changes to stakeholders as a result of being involved with the peer support group. The table below describes the engagement method used to collect this data:

Stakeholder	Engagement method	Number of stakeholders engaged (total number of stakeholders available)		
		Lambeth Group	Southwark Group	Croydon Group
<b>Members*</b>	Focus group	5 (23)	3 (5)	6 (9)
<b>Carers</b>	1:1 interviews by phone or face to face. Follow up questions via email or phone	3 (10)	2 (5)	3 (9)
<b>Volunteers</b>	1:1 interviews by phone or face to face. Follow up questions via email or phone	5 (10)	No volunteers support this group	2 (2)

\*It is important to note that it was not possible to engage all group participants during each focus group. Due to their dementia some people were not able to understand the question or provide a coherent answer to the researcher so this data was excluded. Group facilitators were present throughout each focus group and received a copy of the data transcript to verify as a true and accurate account of the discussion.

**Materiality:** SROI like financial accounting only considers outcomes that are material to the stakeholder. Any analysis must therefore focus on those impacts that are relevant and significant and received directly from the stakeholder themselves.

*This section describes and values the input of the various stakeholders for each peer support group.*

Inputs are defined as the contribution made by stakeholders that are necessary for an intervention to occur. This includes both direct financial costs, for example grants, staff costs, refreshments etc. and in-kind contributions such as volunteer time, use of a venue for free etc. In SROI analysis direct financial and in-kinds costs are combined to create the total economic cost (total input).

<b>Lambeth group</b>	<b>Per Annum</b>	<b>Weekly: 50 sessions per year @ 4 hours. 23 participants.</b>
Direct financial contribution	£30, 748	Lunches and refreshments, activities, staff costs, administration to The College of Medicine, transport, travel, training, stationary, insurance, fundraising costs, evaluations costs and other expenses.
In-kind contribution	£66, 948	Group participants' travel costs, volunteer time, use of group venue.
<b>Total contribution</b>	<b>£97,696</b>	

<b>Southwark Group</b>	<b>Per Annum</b>	<b>Fortnightly: 26 sessions per year @ 2 hours. 5 participants.</b>
Direct financial contribution	£6,790	Refreshments, activities, staff salaries, transport, proportion of organisation overheads (training, IT costs, telephone, post, travel, insurance, rent, management and other expenses).
In-kind contribution	£2,340	Use of venue.
<b>Total contribution</b>	<b>£9,130</b>	

<b>Croydon Group</b>	<b>Per Annum</b>	<b>Monthly: 11 sessions per year @ 3 hours. 9 participants.</b>
Direct financial contribution	£5,547	Staff salaries, training for facilitator, activities, staff travel, volunteer expenses, stationary, proportion of area/regional/locality management charges, proportion of organisation overheads (HR, finance, IT, health and safety, quality and evaluation, learning and development).
In-kind contribution	£2,248	Group participants' travel and lunch costs, volunteer time, use of group venue.
<b>Total contribution</b>	<b>£7, 795</b>	

Each group differed as to direct financial and in-kind contributions however each group had a paid facilitator and organisational running costs. All groups had secured a venue free of charge which we costed separately due to variation in participant numbers and Borough location.

The Lambeth group's contribution costs reflect the frequency and longer duration of the group, higher number of participants and the use of a large number of volunteers in comparison to the other two peer support groups. Volunteer time for the Lambeth group equates to £58,736.60 per year, based on 10 volunteers costed at £14.80 per hour (average UK wage).

A full breakdown of sources for costings is available in the Appendices.

*This section describes the identified outcomes for the three peer support groups, the indicators for evidencing the outcomes, the quantity and duration of the outcomes and the financial proxies identified to measure them.*

Outcomes are the changes stakeholders experience as a result of being involved with an intervention. Our stakeholder engagement process identified several outcomes for each stakeholder group (see below table). It is important to verify that outcomes have occurred so indicators were chosen to show the existence and incidence for each outcome. The incidence frequency with which each outcome was reported was recorded to provide overall percentages of occurrence for each outcome

Some of the outcomes were reported across all peer support group, whereas others occurred in one or two groups only. This was an expected result given the variation in group design and structure. No negative outcomes emerged.

Outcomes for people with dementia	Outcome Indicator	Identified outcomes experienced by person by group (%)		
		Lambeth	Southwark	Croydon
1. Members experience a reduction in loneliness and isolation	Proportion of members who state they have made social connections and/or are able to get help and support.	100	100	66
2. Members are mentally stimulated (including memory stimulation) more so than if they remained at home	Proportion of members being mentally stimulated.	100	100	100
3. Members wellbeing is increased from having a sense of purpose and enjoying their time at the group*	Proportion of members reporting the group gives them a reason to go out.			50
	Proportion of members reporting feeling happy as a result of attending the group.		100	
4. The members' personhood and sense of identity is promoted which increases their wellbeing	Proportion of members reporting feeling happy.	100		
5. Members feel part of a welcoming community which gives them a sense of trust, belonging and social wellbeing	Proportion of members who report feelings that reflect a sense of community (including a feeling of being welcome, feeling comfortable and being able to be yourself, enjoying everyone being together, enjoying the multicultural inclusivity).	60		
6. Members are fitter as a result of taking part in the weekly exercise session	Proportion of members taking part in exercise groups each week.	91		

- *Outcome 3 has different indicators for Southwark and Croydon. Data collected at both groups showed an impact on wellbeing but emphasis on Southwark participants was due to a feeling of being happy attending the group and in Lambeth, giving them a reason to get out of the house.*

**Materiality of outcomes:** Outcomes reported were mentioned by most of the stakeholder groups and therefore we believe them to be material. Some outcomes were specific to an individual or not enough stakeholders to reach 'saturation' and therefore are not included in this evaluation to avoid over claiming.

Outcomes for Carers	Outcome Indicator	Identified outcomes experienced by person by group (%)		
		Lambeth	Southwark	Croydon
1. Carers experience a reduction in stress and burden of care	Proportion of carers who report they feel relief from having something to 'fill the day with' in a place they know their relative will feel comfortable and will be well looked after.	100		
	Proportion of carers reporting decrease in stress over worrying about their relative wellbeing.		100	
2. Carers have an increased sense of wellbeing through being involved with the group	Proportion of carers who report they use the time for respite and to do things without the person with dementia.			100
	Proportion of carers who report an increase in wellbeing since being involved in the group.	100		
3. Carers experience a reduce feeling of loneliness and isolation	Proportion of carers who state that the group helps reduce the feeling of isolation.	33		

Outcomes for Volunteers	Outcome Indicator	Identified outcomes experienced by person by group (%)		
		Lambeth	Southwark	Croydon
1. Volunteers have an increased sense of wellbeing through feeling engaged and fulfilled in their role at the group	Proportion of volunteers reporting an increase in sense of wellbeing since being involved with the group.	80		100
2. Volunteers have an increased level of knowledge by interacting with people with dementia and dementia care	Proportion of volunteers who report having an increased level of knowledge around dementia since being involved with the group.	75	No volunteers support this group	100
3. Volunteers have more transferable skills	Proportion of volunteers who reported that they have learnt new skills or improved on existing skills since joining the group.	80	so not applicable	
4. Volunteers feel part of a community	Proportion of volunteers who report an increased sense of belonging to a community.	80		

## Universal Outcomes

Outcomes reported by stakeholders across all three peer support group could be interpreted as universal outcomes of peer support groups for people with dementia in general. For example a reduction in loneliness and isolation and an increase in mental stimulation were reported across all groups. This finding suggests that different models of peer support group structures can all lead to this outcome. Similarly a reduction in carer burden and stress was reported across all three groups, which demonstrates the importance of peer support groups for family carers, despite the variance in group design and structure between the groups.

## Unintended Outcomes for Volunteers

Some of the outcomes were expected as a result of our engagement particularly for people with dementia and their carers, e.g. a reduction in loneliness. However we did find two outcomes reported by the volunteer stakeholder group that could be considered positive unintended outcomes:

- the universal outcome of an increased sense of wellbeing
- an increased understanding about dementia which is then 'recycled' back into the group leading to potential improvements in the service being provided.

## Calculating the value of outcomes using financial proxies

SROI analysis makes use of financial proxies to establish the value of the identified outcomes, to enable a market price to be attributed to outcomes/ services where there is no associated market. We selected proxies that were deemed the closest, most relevant and reflective of a service with a market price and these were validated by NEF Consulting.

Outcomes for people with dementia	Group	Financial Proxy	Cost
1. Members experience a reduction in loneliness and isolation	ALL	Average unit cost of treating someone with depression (NHS)	£2,414.46
2. Members are mentally stimulated (including memory stimulation) more so than if they remained at home	ALL	Average cost of providing 4 hours of day care centre service, 50 times a year, per person	£1,361.71
3. Members wellbeing is increased from having a sense of purpose and enjoying their time at the group	Southwark & Croydon	Value of being a member of a social group.	£2,959.00
4. The members' personhood and sense of identity is promoted which increases their wellbeing	Lambeth	Cost of CBT to build psychological resilience and self-esteem per person (20 CBT sessions).	£1,420.11
5. Members feel part of a welcoming community which gives them a sense of trust, belonging and social wellbeing	Lambeth	Feeling of belonging to a neighbourhood (Value refers to London >50yrs)	£2,407.00
6. Members are fitter as a result of taking part in the weekly exercise session	Lambeth	Cost of geriatric outpatient assessment (multi-professional).	£253.00

Outcomes for Carers	Group	Financial Proxy	Cost
1. Carers experience a reduction in stress and burden of care	ALL	Average cost of mental health services per individual per year (anxiety and depression).	£1,122.47
2. Carers have an increased sense of wellbeing through being involved with the group	Lambeth	Value of being a member of a social group.	£2,959.00
3. Carers experience a reduce feeling of loneliness and isolation	Lambeth	Average cost of care at home x number of hours group runs per week x sessions a year.	£3,458.00

Outcomes for Volunteers	Group	Financial Proxy	Cost
1. Volunteers have an increased sense of wellbeing through feeling engaged and fulfilled in their role at the group	Lambeth	Value of job satisfaction for 200 hours work. (Lambeth = 4hrs x 50 time a year).	£1,804.20
	Croydon	Value of job satisfaction for 33 hours work. (Croydon = 3hrs x 11 time a year).	£297.69
2. Volunteers have an increased level of knowledge by interacting with people with dementia and dementia care	Lambeth Croydon	Safe & Sound 1 Day Dementia Awareness Course (recommended for professional carers or relatives who look after people with dementia).	£1,074.00
3. Volunteers have more transferable skills	Lambeth	Value of employment training.	£807.00
4. Volunteers feel part of a community	Lambeth	Feeling of belonging to a neighbourhood. (Value refers to Londoners >50yrs).	£2,407.00

## Magnitude of Change

Our theory of change suggests that frequency and duration of the groups (i.e. monthly, fortnightly or weekly and hours per session) is likely to be a significant factor in the magnitude of the change (outcome) experienced by the dementia sufferer. Because of the nature of dementia, this was a hypothesis difficult to test through our stakeholder questionnaires. We have therefore factored these dynamics into the final SROI impact calculation in the following way.

### Calculating the weighting factor

The Alzheimer's Society is the main provider of peer support groups across England and groups run on average 2 hours once a month (24 hours a year). We used 24hrs per year as an average to calculate the weighting calculation for each group then applied the weighting value on the financial proxy for each outcome's social value calculation.

Group	Weighting Calculation	Weighting value
<b>Lambeth Group</b>	50 sessions per year x 4 hours = 200 hours per year / 24 hours	8.3
<b>Southwark Group</b>	26 sessions per year x 2 hours = 52 hours per year / 24 hours	2.17
<b>Croydon Group</b>	11 sessions per year x 3 hours = 33 hours per year / 24 hours	1.38

## A closer look at stakeholder outcomes

Engagement with stakeholders provided a rich source of evidence on the changes brought about through involvement with a peer support group. Described in more detail below are the outcomes arising for each stakeholder group:

## Outcomes for people with dementia that participate

### Outcome 1: A reduction in loneliness and isolation

Peer support groups are an opportunity to socialise and make friends with people who are living a similar experience and people find comfort in being able to share their experiences with each other. Through the sharing of experiences members received support and advice both about dementia care and also about more general life issues. Members incorporated receiving support and advice into the social element of attending a peer support group when discussing the groups, with the greater emphasis on the ability to be removed from isolation and socialise with friends.

*"When you are left at home, it is lonely and coming here you have friends and you meet people you haven't met before." (Lambeth member)*

*"You can get isolated on your own and think you are the only one...And you also learn some people have different ways of coping with things."  
(Southwark member)*

### Outcome 2: A feeling of stimulation, including memory stimulation, more than if they remained at home

When members attend the peer support groups they are in a situation where they interact with a group of people. They engage in conversation and take part in a variety of activities that are either recognised dementia interventions such as reminiscence therapy or are simply sociable activities or games that would to some degree be stimulating such as singing or playing bingo. An example of memory stimulation is remembering people's names each week. Carers report a noticeable difference in the participants' mental and social engagement after the group sessions.

*"What is interesting is that she will talk more in the car on the way home. But not on the way in... I think she is just generally more relaxed, a bit happier, got back into the routine of making conversations."  
(Lambeth carer)*

*"There is a lot of mental stimulation because everybody has music associated with different parts of his or her life, different things that have happened. And you can tap into that, and that will prompt a conversation. First date, getting married, Christmases..."  
(Lambeth volunteer)*

### Outcome 3: Wellbeing is increased from having a sense of purpose and enjoying their time at the group

Southwark and Croydon stakeholders described their groups as a purposeful and enjoyable occupation with a sense of independence or of members leading their own lives, despite the assistance the members may be given travelling to the club or whilst there. From this information it seems a sense of wellbeing, with specific regard to the sense of identity and occupation, is maintained or promoted by members attending the groups.

*"She doesn't often go out and when she does she actually gets up, and she wants a shower, wash her hair, choose something to wear you know. And that is different because normally when you are home you just chuck on track suit bottoms... when she is going out she does try and dress, you know" (Southwark carer B)*

*"Well it gives you a bit of a focus... meeting people, getting out and about"  
(Southwark member)*



Outcome 4: A feeling that their sense of personhood and identity is promoted, impacting positively on their wellbeing.

Lambeth stakeholders brought forward a theme of identity being promoted through all members being regarded as individuals, which can be linked with the inclusion and identity elements of wellbeing. For members, their wellbeing appeared to be maintained through the manner in which they are welcomed, treated and included as individuals by everyone at the group be it members, carers or group staff. This boosts self-esteem and promotes the sense of personhood. The volunteers themselves also commented on how using their knowledge of individuals enabled them to adapt their activities so the members would get the most enjoyment from them and feel good about them.

*"The volunteers know the people so well that they know one doesn't like broccoli! Everyone is allowed to do and behave as they would like. No one is forced to do anything but people join in because you are pulled along with the atmosphere." (Lambeth volunteer, a previous carer)*

*"[The exercise class instructor] knows who can do what and who is not doing it when they actually can. They ladies love him; he tells them they are beautiful. It's a bit like going to the hair dressers- it gives you a lift." (Lambeth volunteer)*

Outcome 5: Feeling part of a welcoming community which creates a sense of trust, belonging and social wellbeing.

Lambeth stakeholders describe a feeling where a community comes together with individuals who each bring something to the group. The members are empowered as part of this community and report proudly that the group is a community that welcomes anybody.

*"I think it's almost an attitude because the people who come here are not coming here to be serviced, they come here because they can add something. They feel valued... The people who come here don't feel they are being looked after. I watch some people with dementia helping someone else, being fed, making sure they have a drink...and that's just wonderful because in any other setting they might have thought "oh I can't do that, I can't help someone else"...But here..." (Lambeth volunteer, a former carer)*

*"Because we are all the colours; we are red, yellow and black. And we unite together." (Lambeth member)*

Outcome 6: Feeling fitter as a result of taking part in weekly exercise activities

The majority of participants from the Lambeth group take part in the weekly exercise class. The exercise instructor has a very engaging manner and several of the volunteers and carers also take part, which helps to prompt the participants to join in. The members report feeling fit from the exercise class. Evidence from a volunteer shows how the more active activities, e.g. singing and dancing, also contribute to the members' physical health: she described how she has seen a marked improvement in the participant's breathing capacity through the regular singing sessions.

*"How does [the exercise class] make you feel..." "Fit!" (Lambeth member)*

*"What I've noticed here, particularly because I have not worked with a group so consistently before, is the improvement in breathing -so back in May last year if you asked them to hold a note [when singing] it was ok, now you ask them to hold a note and you are looking at your watch saying when are they going to stop! It is all little signs that things are happening inside..." (Lambeth volunteer)*

## Outcomes for Carers

### Outcome 1: A reduction in stress and burden of care

There was a universal feeling of relief to know that their relative had the opportunity to take part in a social, stimulating and safe environment when they would otherwise either be house bound or severely restricted what they could achieve outside of their home. Some carers commented on their understanding that community interventions such as peer support groups can help to keep a people independent and delay care home placement. The group was also a time in which the carer was able to have time to themselves. The scope of stress and burden relief for carers who attend the group differs from carers who do not attend. These carers take part in the activities and socialising and are also able to take advantage of the monthly carers' advice sessions. For these carers the carer burden seemed to be reduced by the group being a focus for one day each week, taking the stress away of worrying how to fill that day, as well as providing a source of advice and support.

*"Having read that its good for people with dementia to be able to have conversations and talk to people, getting their minds working, it reassures us that we are doing as much as we can to keep her in a condition where she can live on her own... Eventually she might have to go into a home but if we can prolong that as long as possible..." (Southwark carer)*

*"It gives me a few hours in which I know she is in safe hands and very good company and gives me a bit of time to get on and do things that I want to do without worrying what she is doing". (Croydon carer)*

*"I think coming here has really, really helped with all the stress I have with my parents because instead of just going to visit them...there was no focus to the day, there was no conversation... whereas now it's a full day, and I love coming here... So there is a focus to the day." (Lambeth carer)*

### Outcome 2: An increased sense of wellbeing through by being involved with the group

Carers from the Lambeth group reported several effects of coming to the group that contributed to a sense of wellbeing. Carers reported feeling happy when they come to the group each week. They described how the atmosphere inspired them and raised their spirits. In addition to the group being an activity to 'fill the day' they themselves looked forward to attending the group. This outcome did not arise from the other groups studied whose carers do not attend the groups and are less actively involved.

*"My wellbeing has certainly improved. I am inspired by the volunteers constantly - their energy, kindness and enthusiasm... I love coming to the group... I love the prevailing sense of humour which is always present." (Lambeth carer)*

*"I just think it's such a nice place... it's a place where you are happy to come, you look forward to coming and that is very important when you have long days [caring for a person with dementia]" (Lambeth carer)*

### Outcome 3: A reduced feeling of loneliness and isolation

Attending a group with their relative was reported to help carers feel less isolated in their role, as the group provides emotional and practical support and helps them adjust to their changing day to day life as the condition of dementia continues to advance.

*"It's just the whole atmosphere within the club that you could just come in and talk to anybody. There is always somebody to talk to... Not to talk about problems but just to pass the time of day because the days are lonely and very long. We were never stop in people, we were always out. So it's, it's a big culture shock, suddenly... Isolation is a very difficult thing to cope with, especially if you haven't been used to it. You are left with someone who doesn't want to do anything, who doesn't want to talk." (Lambeth carer)*

## Outcomes for Volunteers

### Outcome 1: An increased sense of wellbeing through feeling engaged and fulfilled in their role

Volunteers at Croydon and Lambeth groups shared a sense of enjoyment through being able to help the members enjoy and get the most out of their time at the groups. Some volunteers had previously been carers for a spouse with dementia and had volunteered to give back to an organisation that had helped them. Some volunteers at the Lambeth group currently work in the field of dementia care and take pleasure from being able to use their knowledge and skills. There are also volunteers who have had little or no exposure to dementia but reported the sense of fulfilment by volunteering at a peer support group because they feel they are helpful and enjoy bringing their own interests and skills to the groups.

*"I thought I am going to be lost [after the death of my husband], then I thought no I'm not, I'm going to volunteer for the Alzheimer's. It's given me pleasure, it's given me something to do... it does both; its helping them and its helping me"(Croydon volunteer, a previous dementia carer)*

*"I do enjoy leading the music sessions... I get a lot of fun out of music and to me it's always been a way of meeting people all my life... It's nice to be able to give that to someone else, pay it forward."  
(Lambeth volunteer)*

### Outcome 2: An increased level of knowledge by interacting with people with dementia and dementia care

The volunteers described how working at the groups had given them a greater knowledge of dementia and dementia care. Volunteers at the Lambeth group, many of whom run activities within the group, described how they often learn through a process of trial and error to find what works best for the current members in the group. They also describe how they use their volunteer peers to share knowledge. Some volunteers, at both groups, have had personal or professional experience of caring for someone with dementia and so already had a level of knowledge of dementia but still found that they were learning new things as a result of volunteering at the group.

*"I am constantly drawing on experiences from the group, and not just my experiences but experiences I have [heard from] the exercise group and the reminiscence, the art workers... I draw on those all the time."  
(Lambeth volunteer)*

*"I realised how many different situations there were... how many stages... I don't think people really appreciate, until you see..." (Croydon volunteer)*

### Outcome 3: More transferable skills

"Volunteers at the Lambeth group reported learning skills that are not dementia-related. Many of the volunteers are trustees of the organisation and have been involved in the managerial and organisation side of working for a charity through which they have learned new skills.

*"And organisationally as well I think seeing how we manage here...the way we operate as a charity, which we are learning, and we are by no means very experienced but we are learning. It has taught me a lot about how charity should actually work" (Lambeth volunteer)*

*"I think I get a huge amount out of it actually because it's increasing my level of skills, I've had to apply for grant applications, its keeping me active." (Lambeth volunteer)*

*This section shows the impact of peer support groups for people with dementia and introduces the calculation methodology used in SROI analysis.*

It is important to consider other factors that influence the impact of peer support groups to ensure the value presented is credible and does not over-claim. SROI analysis requires the effects of deadweight, displacement and attribution to be calculated. These effects are explained in more detail below.

### Deadweight

Deadweight is a measure to describe the amount of an outcome that would have happened anyway, even if the peer support group has not taken place. An example of how this was calculated is the outcome ‘volunteers have an increased level of knowledge around interacting with people with dementia and dementia care’. This outcome was attributed a deadweight value of 2%. This is the proportion of the population that are Dementia Friends and have a higher level of knowledge related to dementia than the general population i.e. the likelihood of the target volunteer population having knowledge of dementia in the absence of the groups. The below table details the deadweight value and source for each outcome.

Outcomes for people with dementia	Group	Deadweight Description	Value
1. Members experience a reduction in loneliness and isolation	ALL	Proportion of people with dementia in the UK who do not feel lonely.	0.60
2. Members are mentally stimulated (including memory stimulation) more so than if they remained at home	ALL	Proportion of people with dementia in the UK who leave their house every day.	0.66
3. Members wellbeing is increased from having a sense of purpose and enjoying their time at the group	Southwark & Croydon	Proportion of people with dementia in the UK who have not felt anxious or depressed recently.	0.39
4. The members' personhood and sense of identity is promoted which increases their wellbeing	Lambeth	Proportion of people with dementia in the UK who have not felt anxious or depressed recently.	0.39
5. Members feel part of a welcoming community which gives them a sense of trust, belonging and social wellbeing	Lambeth	Proportion of people with dementia who feel part of their community.	0.44
6. Members are fitter as a result of taking part in the weekly exercise session	Lambeth	Proportion of adults in England aged 65yrs + who do 30- 59 minutes of moderate physical activity per week or 15-29 minutes vigorous physical activity per week or an equivalent combination of these. (Referred to as 'low activity').	0.06

Outcomes for Carers	Group	Deadweight Description	Value
1. Carers experience a reduction in stress and burden of care	ALL	Proportion of carers of people with dementia who have access to respite.	0.66
2. Carers have an increased sense of wellbeing through being involved with the group	Lambeth	Average proportion of adults in the UK aged 65+ who report being happy (5+ on the 11 point scale)	0.92
3. Carers experience a reduce feeling of loneliness and isolation	Lambeth	Proportion of carers in the UK who do not feel that it is hard to maintain relationships and social networks.	0.25

Outcomes for Volunteers	Group	Deadweight Description	Value
1. Volunteers have an increased sense of wellbeing through feeling engaged and fulfilled in their role at the group	Lambeth & Croydon	Proportion of adults who formally volunteer at least once/month in the UK.	0.27
2. Volunteers have an increased level of knowledge by interacting with people with dementia and dementia care	Lambeth & Croydon	Proportion of UK population who are dementia friends.	0.02
3. Volunteers have more transferable skills	Lambeth	Proportion of adults (aged 50-69) in England who take part in some form of learning (informal and formal).	0.44
4. Volunteers feel part of a community	Lambeth	Proportion of the English population who have a strong sense of belonging to their neighbourhood.	0.70

## Displacement

Displacement is an assessment of what activities or services are displaced by the presence of the peer support group. For this study we propose that there is no evidence of displacement as there are a limited number of peer support groups in the three Boroughs for people to access. Therefore the displacement value was set at 0% for all outcomes.

## Attribution

To avoid over-claiming SROI analysis recommends that a value is calculated as to how much of each outcome can be attributed solely to being part of a peer support group. The level of attribution in the analysis is taken as a percentage and deducted from the total impact. For this study it is important to recognise that attribution was estimated, based on information from stakeholders and professional knowledge surrounding each outcome. See the Appendices for attribution description and values.

## Drop off

For the purpose of this study the outcomes have been considered for a maximum of four years. Yet for people with dementia outcomes can only be credibly linked for the duration of the time they attend the group. We recognise that dementia as a condition is unpredictable and people can quickly deteriorate and that we must be conservative in our assumptions. For outcomes that last longer than one year, it is likely that the effect of the outcome will diminish over time and become less attributable to that activity. Drop off is calculated by deducting a straight percentage (estimated drop off) from the outcome each year. There is no research data available to establish the drop off rate therefore assumptions were made for each stakeholder group.

- for people with dementia drop off was set high at 95% as it is assumed that benefits are experienced whilst people are actively engaging with and regularly attending the group
- volunteer drop off was valued at 50% and relates to displacement from external inputs over the four years, yet it is expected they would retain the knowledge and personal value gained from being involved for a longer period

- it is assumed that carers retain the benefits for a longer period of time so drop off was valued at 70%. Carers had a higher drop off value than volunteers, as it is assumed that challenges associated with caring for a person who has deteriorated and unable to attend the group would diminish the benefit faster than that experienced by volunteers

*In this section we outline the overall Social Return on Investment produced by the three peer support groups.*

The social return on investment (SROI) value is expressed as a ratio of return and is derived from dividing the value of the impact by the value of the investment. The value needs to be adjusted to reflect the net present value (NPV) of the projected outcome values, in order to reflect the present day value of benefits projected into the future. Discounting is applied to values that are projected to last longer than 1 year.

The interest rate used is 3.5% based on the Government HM Treasury’s Green Book\*. See below for the NPV for each group:

	<b>Economic Investment per year</b>	<b>Net Present Value</b>
<b>Lambeth group</b>	£97,696	£506, 094
<b>Southwark group</b>	£9,130	£15,629
<b>Croydon group</b>	£7,795	£9,103

To calculate the SROI ratio the total impact calculation is as follows:

$$\text{SROI} = \frac{\text{Total Net Present Value}}{\text{Total Economic value of inputs}}$$

The table below shows the social value gained for every £1 invested in each group:

	<b>SROI Ratio</b>
<b>Lambeth group</b>	£1 : £5.18
<b>Southwark group</b>	£1 : £1.71
<b>Croydon group</b>	£1 : £1.17

\*The Green Book is guidance for central government produced by the Treasury on how publicly funded bodies should prepare and analyse proposed policies, programmes and projects to obtain the best public value and manage risks.

*This section presents an analysis of the social value created by the peer support groups evaluated and outlines our conclusions from the study.*

Findings from this SROI analysis show the positive benefits peer support groups produce for people with dementia, their carers and volunteers who support the groups. It also shows the wider social value created by three very different types of peer support groups.

All three groups produced a positive SROI ratio indicating that the social value they create is greater than the cost of investment. The strength of this ratio varied between groups due to the difference in group structure and outcomes produced. There is a risk in SROI analysis to focus solely on the ratio without examining the content behind it, in terms of financial proxies used and the qualitative data, which is data rich and brings to life economic based evaluations like the SROI.

### Looking at the outcomes

This SROI analysis shows that peer support groups give rise to a number of important positive outcomes for people with dementia, their carers and the volunteers who support the groups. Outcomes experienced by stakeholders across all three groups (in bold) could be interpreted as possible universal outcomes of peer support groups in general and suggests that different group structures can all lead to these outcomes.

For the people with dementia that participate:

- a reduction in isolation and loneliness
- a feeling of stimulation, including memory stimulation, more than if they remained at home
- an increase in wellbeing from having a sense of purpose and enjoying their time at the group
- a feeling that their sense of personhood and identity is promoted, impacting positively on their wellbeing
- feeling part of a welcoming community which creates a sense of trust, belonging and social wellbeing
- feeling fitter as a result of taking part in weekly exercise activities.

The Alzheimer's Society 2013 annual report 'The hidden voice of loneliness' highlighted the increased prevalence of loneliness and isolation among people with dementia, with one third of people surveyed saying they had lost friends following a diagnosis. Findings from this SROI analysis demonstrates that peer support groups, or having the opportunity to meet others regularly can help people feel less lonely and less isolated and are a valuable intervention for people with dementia.



### For the carers:

- a reduction in stress and burden of care
- an increased sense of wellbeing through involvement in the group
- a reduction in the feeling of loneliness and isolation.

Carer burden and stress is regularly cited in the literature. A reduction of burden and stress was a universal outcome although the Lambeth group was the sole group to offer carers support group once a month as part of the regular group. Evidence from qualitative interviews with carers from Southwark and Croydon groups showed that peer support groups can offer carers respite when they have some time for themselves, can generate conversation between carers and the person with dementia and offers peace of mind that their relative is being stimulated and cared for in their absence. Carers who attended the Lambeth group regularly cited similar reasons even though they were present at the group, in addition to the enjoyment of sharing time together and meeting other carers with shared experiences.

### For the volunteers that support the groups:

- an increased sense of wellbeing through being engaged and fulfilled in their role at the group
- an increased level of knowledge by interacting with people with dementia and dementia care
- more transferable skills
- feeling part of a community.

The universal outcome amongst volunteers of an increased sense of wellbeing through being engaged and fulfilled is a valuable unintentional outcome. Volunteers reported an increased level of knowledge and understanding about dementia, which is recycled back into the group leading to potential improvements in the service being provided.

### Looking behind the ratios

- this study has shown dementia peer support groups to be a worthwhile investment
- the high SROI ratio seen in one group shows that a larger, more intensive and inclusive peer support group creates the greatest social return on investment
- having access to in-kind contributions increases a groups' social value. An organisation that can supply more goods and services at no cost would be able to increase capacity for members
- using volunteers as a free resource enables a higher number of people to be supported in a group setting. It also increases a group's social value as a result of the positive outcomes experienced by volunteers
- the two groups that had lower ratios show that smaller groups (in design or participants) also provide beneficial value to stakeholders, demonstrating that different group structures appeal to different people. These groups should consider ways to increase the value they create relative to their investment, for example increasing their use of volunteers or in-kind contributions

- prior to setting up or commissioning a peer support group some degree of needs assessment of the population should be carried out in order to ensure the configuration is fit for purpose
- this study highlighted that independent organisations and initiatives by smaller charities are able to produce a positive social return on investment, just as much as those groups constituted by large, more formal organisations.

### Using the findings

The aim of this study was not to find out which model of peer support is 'better' for people with dementia but to demonstrate the value gained by people who access them. People with dementia, like those without dementia, have different preferences in terms of support and socialising and what is appealing to one person in terms of peer support will differ to the next. It is accepted that peer support as an intervention is beneficial to people with dementia however securing funding on the current available qualitative evidence provides challenges to both commissioners and funding organisations, and groups currently in operation. This SROI is a step across the gap in evidence between existing qualitative and not yet available quantitative evidence. It is hoped it will provide benchmark evidence to aid decision making for those looking to commission, invest or set up peer support groups for people with dementia, or for organisations when applying for funding.

**Appendix I: Attribution Assumptions**

Outcomes for People with Dementia	Group	Attribution Description	Value
1. Members experience a reduction in loneliness and isolation	Lambeth	People may see friends and families but many say the group is the only group they go to each week therefore it would have a large impact on isolation and loneliness.	50%
	Southwark	All the group participants go to the sister 'reading' group and approximately 40% of members also go to another social event (another group, church etc.) therefore the attribution is estimated at 40%.	40%
	Croydon	Members go to one or two other community social groups and may also have social interactions with friends and family therefore the attribution is estimated at 40%.	40%
2. Members are mentally stimulated (including memory stimulation) more so than if they remained at home	Lambeth	The group provides an active and intensive day of stimulation. However members will also experience other sources of stimulation when not at the group such as seeing family, watching TV, going to the shops and attending other groups.	60%
	Southwark	All the group participants go to the sister 'reading' group and approximately 40% of members also go to another social event (another group, church etc.) therefore the attribution is estimated at 40%.	40%
	Croydon	Members go to one or two other community social groups and may also have social interactions with friends and family therefore the attribution is estimated at 40%.	40%
3. Members wellbeing is increased from having a sense of purpose and enjoying their time at the group	Southwark	All the group participants go to the sister 'reading' group and approximately 40% of members also go to another social event (another group, church etc.) therefore the attribution is estimated at 40%.	40%
	Croydon	People go to one or two other community social groups and may also have social interactions with friends and family therefore the attribution is estimated at 40%.	40%
4. The members' personhood and sense of identity is promoted which increases their wellbeing	Lambeth	People are very positive about their time at the group indicating it is a significant factor within their happiness and wellbeing. Recognising that there may be other factors that will influence this outcome 60% is attributed to the group.	60%
5. Members feel part of a welcoming community which gives them a sense of trust, belonging and social wellbeing	Lambeth	People are very positive about their time at the group indicating it is a significant factor within their happiness and wellbeing. Recognising that there may be other factors that will influence this outcome 60% is attributed to the group.	60%
6. Members are fitter as a result of taking part in the weekly exercise session	Lambeth	People may go to church or other community groups but this is a community group that occurs every week and lasts the majority of the day and therefore will have a meaningful impact on feeling part of a community leading to an attribution of 60% for this outcome.	60%

Outcomes for Carers	Group	Attribution Description	Value
1. Carers experience a reduction in stress and burden of care	Lambeth	Carers do have access to other influences that will help with carer stress and burden such as social services and friends/family but the group has a substantial influence, particularly as there is a designated 'carers session' once a month therefore 50% is attributed to this outcome.	50%
	Southwark	All the members also go to a similar dementia group which would also allow comparable respite and thus stress reduction for carers, therefore attributed was estimated at 50%.	50%
	Croydon	Members go to one or two other community social groups which would also allow comparable respite and thus stress reduction for carers therefore attributed was estimated at 40%.	40%
2. Carers have an increased sense of wellbeing through being involved with the group	Lambeth	Carers will have many other influences that make up an overall sense of wellbeing. As the group is once a week and the main activity for that day, one day out of a week (14%) is attributed to this outcome.	14%
3. Carers experience a reduce feeling of loneliness and isolation	Lambeth	Carers would have access to friends and family but the benefit of sharing experiences about caring for someone with dementia with others in a similar position is an important factor of carer isolation and is a significant factor each week for those who experience loneliness as a carer. Therefore an estimate of 50% is attributed to this outcome.	50%

Outcomes for Volunteers	Group	Attribution Description	Value
1. Volunteers have an increased sense of wellbeing through feeling engaged and fulfilled in their role at the group	Lambeth	Volunteers will have other influences that make up an overall sense of wellbeing. As the group is once a week and the main activity for that day one day out of a week (14%) is attributed to this outcome.	14%
	Croydon	The group is once a month and the main activity for that day. While it does contribute to volunteer wellbeing they will have other influences that contribute to an overall sense of wellbeing over the course of a month therefore the attribution to this outcome is modest at 10%.	10%
2. Volunteers have an increased level of knowledge by interacting with people with dementia and dementia care	Lambeth	Volunteers have access to learning about dementia through sources such as the media, the internet and some through their work but their time at the group will account for a large proportion of their learning about dementia therefore 80% of the outcome is attributed to the group.	80%
	Croydon	Volunteers having face-to-face contact with people with dementia is an intensive dementia care experience. Volunteers also have access to learning about dementia through sources such as the media and the internet. One volunteer volunteers in more than one dementia role each month and the other volunteers at this group only. Attribution was therefore collectively estimated at 70%.	70%
3. Volunteers have more transferable skills	Lambeth	Volunteers have exposure to learning new skills through other employment or adult learning opportunities, though for some volunteers i.e. retired volunteers this may be their main source of learning therefore attribution is estimated at 40%.	40%
4. Volunteers feel part of a community	Lambeth	Volunteers are likely to have other community engagements during the week but the group is a big factor contributing to their sense of community therefore 50% is attributed for this outcome.	50%

## Appendix II: Data Sources

Deadweight Description	Source	Comment
Proportion of adults in England aged 65yrs + who do 30- 59 minutes of moderate physical activity per week or 15-29 minutes vigorous physical activity per week or an equivalent combination of these (Referred to as 'low activity')	British Heart Foundation. Physical Activity Statistics 2015 <a href="https://www.bhf.org.uk/~media/files/publications/research/bhf_physical-activity-statistics-2015feb.pdf">https://www.bhf.org.uk/~media/files/publications/research/bhf_physical-activity-statistics-2015feb.pdf</a>	% Men who do 'low activity': ( 65-74yrs = 4%) + (75yrs+ = 6%) = Average for men 65yrs+ = 5% % Women who do 'low activity':( 65-74yrs = 5%) + (75yrs+ = 7%) = Average for Women 65yrs+ = 6% Average total adults (Men & Women) = (5% x 6%)/2 = 5.5% or 0.06
Proportion of carers of people with dementia who have access to respite	Alzheimer's Society (2014) Carer support <a href="http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=546">http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=546</a>	1/3 of carers of people with dementia had no access to respite, therefore 2/3 do = 66% or 0.66
Proportion of people with dementia who feel part of their community	Alzheimer's Society. Dementia 2014: Opportunity for change. <a href="http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2318">http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2318</a>	
Proportion of the English population who have a strong sense of belonging to their neighbourhood	Cabinet Office (2014) Community Life Survey: England, 2013 –2014 Statistical Bulletin <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335013/Community_Life_Survey_2013-14_Bulletin.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335013/Community_Life_Survey_2013-14_Bulletin.pdf</a>	
Proportion of adults (aged 50-69) in England who take part in some form of learning (informal and formal)	Department for Business Innovation & Skills (2012) Learning and Wellbeing Trajectories Among Older Adults in England <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244712/bis-12-1242-learning-and-wellbeing-trajectories-among-older-adults.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244712/bis-12-1242-learning-and-wellbeing-trajectories-among-older-adults.pdf</a>	
Proportion of UK population who are dementia friends	Alzheimer's Society (2015) Alzheimer's Society achieves one million Dementia Friends ambition <a href="http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=2322">http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=2322</a>	In 2015 there are 1 million dementia friends in the UK. UK total population = 64,105,700. Therefore (1,000,000/6,4105,700) x 100 = 1.56% or 0.02
Proportion of people with dementia in the UK who have not felt anxious or depressed recently	Alzheimer's Society (2015) Dementia 2014 infographic <a href="http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2761">http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2761</a>	61% of people with dementia have felt anxious or depressed recently. Therefore 39% or 0.39 have not.
Proportion of people with dementia in the UK who do not feel lonely	Alzheimer's Society. Dementia 2014: Opportunity for change. <a href="http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2320">http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2320</a>	40% of people with dementia felt lonely recently therefore 60% or 0.60 do not feel lonely.
Proportion of carers in the UK who do not feel that it is hard to maintain relationships and social networks	Carers UK: State of Caring 2014 <a href="http://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2014">http://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2014</a>	75 % of carers said it was hard to maintain relationships and a social network because people do not understand the impact that caring has on maintaining social relationships. Therefore 25% or 0.35 do not feel this.
Proportion of people with dementia in the UK who leave their house every day	Alzheimer's Society. Dementia 2014: Opportunity for change. <a href="http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2317">http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2317</a>	
Proportion of adults who formally volunteer at least once/month in the UK	Cabinet Office (2014) Community Life Survey: England, 2013 –2014 Statistical Bulletin <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335013/Community_Life_Survey_2013-14_Bulletin.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335013/Community_Life_Survey_2013-14_Bulletin.pdf</a>	
Average proportion of adults in the UK aged 65+ who report being happy (5+ on the 11 point scale)	Office for National Statistics (ONS) Measuring National Well-being, Personal Well-being in the UK, 2012/13 <a href="http://www.ons.gov.uk/ons/publications/reference-tables.html?edition=tcm%3A77-313452">http://www.ons.gov.uk/ons/publications/reference-tables.html?edition=tcm%3A77-313452</a>	Question asked: Overall, how happy did you feel yesterday? Over a scale where 0 is 'not at all happy' and 10 is 'completely happy'.

Financial Proxy Description	Cost	Rate	Source	Comment
Average cost of running a voluntary day care centre for older people in the UK, per client day	£47.66	per client per day	Unit Costs of Health and Social Care 2008 <a href="http://www.pssru.ac.uk/archives/pdf/uc/uc2008/uc2008_s01.pdf">http://www.pssru.ac.uk/archives/pdf/uc/uc2008/uc2008_s01.pdf</a>	Adjusted from 2008 to 2014 value using: <a href="http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx">http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx</a>
Cost of geriatric outpatient assessment (multi-professional)	£253.00	per person	2014/15 National Tariff Payment System: Annex 5A: National prices <a href="https://www.gov.uk/government/publications/national-tariff-payment-system-2014-to-2015">https://www.gov.uk/government/publications/national-tariff-payment-system-2014-to-2015</a>	2014- 2015 value
Average unit cost of treating someone with depression (NHS)	£2,414.46	per person	<a href="http://www.kingsfund.org.uk/sites/files/kf/Paying-the-Price-the-cost-of-mental-health-care-England-2026-McCrone-Dhanasiri-Patel-Knapp-Lawton-Smith-Kings-Fund-May-2008_0.pdf">http://www.kingsfund.org.uk/sites/files/kf/Paying-the-Price-the-cost-of-mental-health-care-England-2026-McCrone-Dhanasiri-Patel-Knapp-Lawton-Smith-Kings-Fund-May-2008_0.pdf</a>	Adjusted from 2008 to 2014 value using: <a href="http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx">http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx</a>
Average cost of mental health services per individual (anxiety and depression)	£1,122.47	per person per year	Mental Health Alliance South West <a href="http://www.mentalhealthalliancesouthwest.org.uk/resource/paying-the-price/">http://www.mentalhealthalliancesouthwest.org.uk/resource/paying-the-price/</a>	Adjusted from 2008 to 2014 value using: <a href="http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx">http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx</a>
Being a member of a social group (Value refers to London >50yrs)	£2,959.00	per person	HACT (2014) – Social Value Bank <a href="http://www.hact.org.uk/publications-and-tools">http://www.hact.org.uk/publications-and-tools</a> .	2014 Value
Feeling belonging to a neighbourhood (Value refers to Londoners >50yrs)	£2,407.00	per person	HACT (2014) – Social Value Bank <a href="http://www.hact.org.uk/publications-and-tools">http://www.hact.org.uk/publications-and-tools</a> .	2014 Value
Safe & Sound 1 Day Dementia Awareness Course (recommended for professional carers or relatives who look after people with dementia)	£1,074.00	per person	<a href="http://www.safeandsound.uk.net/catalogue_item.php?catID=4435&amp;prodID=23974">http://www.safeandsound.uk.net/catalogue_item.php?catID=4435&amp;prodID=23974</a>	Current price (2015)
Value of job satisfaction	£17,590.91	per person per year	<a href="http://www.globalvaluexchange.org/valuations/job-satisfaction-costs/">http://www.globalvaluexchange.org/valuations/job-satisfaction-costs/</a>	Adjusted from 2008 to 2014 value using: <a href="http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx">http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx</a>
Value of job satisfaction	£9.02	per person per hour	260 working days in a year. Therefore £17,590.91/260 = £67.66 per day. £59.08/7.5 = £9.02 per hour approximately.	
The average value of employment training (Value refers to London >50yrs)	£807.00	per person per year	HACT (2014) – Social Value Bank <a href="http://www.hact.org.uk/publications-and-tools">http://www.hact.org.uk/publications-and-tools</a>	2014 Value
The average hourly cost of home care in England from the independent sector	£17.29	per hour	<a href="http://www.uk-care.com/hourly-cost-of-home-care.html">http://www.uk-care.com/hourly-cost-of-home-care.html</a>	Adjusted from 2008 to 2014 value using: <a href="http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx">http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx</a>
Cost of CBT to build psychological resilience and self-esteem costs	£1,420.11	per person	<a href="http://www.globalvaluexchange.org/valuations/cbt-to-build-psychological-resilience-and-self-esteem-costs/">http://www.globalvaluexchange.org/valuations/cbt-to-build-psychological-resilience-and-self-esteem-costs/</a>	Adjusted from 2008 to 2014 value using: <a href="http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx">http://www.bankofengland.co.uk/education/Pages/resources/inflationtools/calculator/flash/default.aspx</a> 2010 value (£1,240 per treatment @ £62 per 20 minute session)

Lambeth group In-kind Contributions	Cost	Rate	Source	Comment
Financial value of volunteer time (total number of hours a year x average UK wage)	£58,736.60	per year	Facilitator and volunteers gave information on the number of hours they spend at the group each week and the number of extra hours they give.	Average UK wage (£14.80) used to calculate volunteer time value. <a href="http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tc%3A77-235202">http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tc%3A77-235202</a> One volunteer, who is an accountant and completes the accounts for the group stated her time's value at £40/hour which was used for her only.
Financial value of member's travel costs	£1,611.50	per year	Facilitator	Walking, bus (TFL freedom pass) and dial-a-ride = free Taxi card = £5 return journey Driving by car = 45p / mile used for cost of petrol taken from <a href="https://www.gov.uk/expenses-and-benefits-business-travel-mileage/rules-for-tax">https://www.gov.uk/expenses-and-benefits-business-travel-mileage/rules-for-tax</a> . It is more than national fuel cost but includes depreciation in car's value. (Nat fuel costs: <a href="https://www.gov.uk/government/publications/advisory-fuel-rates/advisory-fuel-rates-from-1-march-2015">https://www.gov.uk/government/publications/advisory-fuel-rates/advisory-fuel-rates-from-1-march-2015</a> )
Averaged financial value of similar venues in Lambeth	£6,600.00	per year	Google search	
Financial value of volunteer time (total number of hours a year x average UK wage)	£58,736.60	per year	Facilitator and volunteers gave information on the number of hours they spend at the group each week and the number of extra hours they give.	Average UK wage (£14.80) used to calculate volunteer time value. <a href="http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tc%3A77-235202">http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tc%3A77-235202</a> One volunteer, who is an accountant and completes the accounts for the group stated her time's value at £40/hour which was used for her only.
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Southwark group In-kind Contributions	Cost	Rate	Source	Comment
Averaged financial value of similar venues in Southwark	£2,340.00	per year	Facilitator	Cost of venue based on when DHSCC was charged for room @ £90. Therefore £90 x 26 sessions a year = £2,340
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Croydon group In-kind Contributions	Cost	Rate	Source	Comment
Financial value of volunteer time (total number of hours a year x average UK wage)	£1,302.40	per year	Facilitator and volunteers gave information on the number of hours they spend at the group each week.	Average UK wage (£14.80) used to calculate volunteer time value. <a href="http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tc%3A77-235202">http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tc%3A77-235202</a>
Financial value of member's travel and lunch costs	£317.90	per year	Carers and Facilitator	Lunch cost = £3 per person Driving by car = 45p / mile used for cost of petrol taken from <a href="https://www.gov.uk/expenses-and-benefits-business-travel-mileage/rules-for-tax">https://www.gov.uk/expenses-and-benefits-business-travel-mileage/rules-for-tax</a> . It is more than national fuel cost but includes depreciation in car's value. (Nat fuel costs: <a href="https://www.gov.uk/government/publications/advisory-fuel-rates/advisory-fuel-rates-from-1-march-2015">https://www.gov.uk/government/publications/advisory-fuel-rates/advisory-fuel-rates-from-1-march-2015</a> )
Averaged financial value of similar venues in Croydon	£627.00	per year	Google search	