



Evaluation of House of Memories in the Midlands

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INTRODUCTION

i House of Memories in the Midlands

Following the successful delivery of the House of Memories Northern Model during February-March 2013, National Museums Liverpool (NML) received funding from the Department of Health to deliver a new House of Memories programme in the Midlands during March 2014, in collaboration with the following partners:

- Birmingham Museum and Gallery: 11 & 12 March 2014
- Leicester Guildhall: 18 & 19 March 2014
- Wollaton Hall, Nottingham: 24 & 25 March 2014

The new programme was delivered in collaboration with participating museum and gallery services, and arts partner Collective Encounters under the stewardship of NML. The full-day training intervention combines dramatic set pieces, forum theatre, interactive facilitation, museum and gallery tours, reminiscence therapy and museum education activities, with the aim of supporting and enabling participating dementia carers to help those directly affected by the condition to 'live well' with dementia. The theatrical pieces contain detailed, authoritative information on dementia, which is brought to life by believable characters and high quality performances. The session is underpinned by branded training resources, which can be taken away and adapted for use in a range of care settings. Other recent developments attached to the programme include the launch of a dedicated House of Memories¹ app, which can again be used remotely in a variety of care contexts.

ii Evaluation aims and objectives

Building upon previous evaluation studies of *House of Memories* at the Museum of Liverpool (2012) and the Northern Model delivered in collaboration with Salford Museum and Art Gallery, Bury Art Museum and Sunderland Museum and Winter Gardens (2013), the leadership team at NML expressed an interest in developing a standardised, quantitative 'impact measure' that can be used to consistently assess the impact of the Midlands programme, and the future delivery of *House of Memories* in different contexts. Key learning outcomes and 'impact indicators' from previous evaluation studies include:

- Increased awareness and understanding of dementia
- Skills development including listening, communication and empathy
- Improved capacity for [individual and collective] critical, reflective care practice
- Confidence in trying new approaches to dementia care
- Improved knowledge, skills and access in relation to memory activities
- Appreciation of creative and interactive training approach
- Enhanced appreciation of the relevance and value of museums in dementia care

The brief stated that, where possible, the third evaluation study should capture and continue to assess these emerging impact indicators. The Midlands evaluation specification was also inspired by other research undertaken in the museums sector, designed to measure the impact of museums and

¹ For more information on House of Memories, including previous evaluation studies, please see: <http://www.liverpoolmuseums.org.uk/learning/projects/house-of-memories/index.aspx>

relevant interventions upon participants' health and wellbeing². House of Memories creates a critical, complementary learning opportunity for the sector, in relation to how the value of museums as spaces for enhanced wellbeing translates into effective skills development outcomes for the dementia care community. In this context, NML was interested in mapping the new standardised measure against core objectives outlined in the National Dementia Strategy. The chosen evaluation approach therefore has cross-sector relevance, with the potential to provide evidence on the value of museums as health care partners, and furthermore inform the future development of effective collaborative working between museums and a range of health and social care services.

The aims and objectives of the Midlands evaluation therefore were:

- To design and test the use of a pilot, standardised House of Memories Impact Measure and evaluation framework that captures:
 1. The impact on participants' own sense of wellbeing as dementia carers
 2. The impact upon participants' values, behaviours and skills as dementia carers
 3. The wider impact within the Midlands with respect to the creation of dementia friendly communities
 4. The contribution of House of Memories in the Midlands to the National Dementia Care strategy

In order to assess both the personal (intrinsic) and strategic (instrumental) impact of House of Memories in the Midlands, an iterative, mixed-method approach was undertaken. Each member of the evaluation team attended one of the Midlands sessions in an observational capacity. A standardised, quantitative measure was subsequently designed and administered (in online survey form) to all participants across the three Midlands venues, in order to maximise response rates. Given the limited time available for data collection and analysis, the measure was purposefully accessible and easy to complete, with a maximum of 20 items (individual questions) in a format similar to other 'wellbeing' measures used in the museums sector (i.e. Likert scales). In order to ensure a degree of consistency with previous House of Memories evaluation studies, the measure incorporated key impact indicators listed above, and was designed to fulfil each of the four main objectives of the Midlands evaluation (but with a particular focus on objectives 1 and 2).

Key stakeholders from across the three participating venues were then invited to participate in a Social Return on Investment (SROI) workshop in early May. The aim of 'phase 2' of the evaluation was to establish the 'cost benefit' of House of Memories to NML and the region, fulfilling objectives 3 and 4 (creation of dementia friendly communities and contribution to national policy). The workshop was held in a mutually convenient venue in the centre of Birmingham. SROI is an inclusive, participatory approach to understanding and managing the value of the social, economic and environmental outcomes created by an activity or an organisation using financial proxies. It is based on a set of principles that are applied within an agreed framework. The SROI exercise therefore considered the economic value of established House of Memories social outcomes and other factors that emerged during workshop discussions. Applying an SROI methodology will enable NML and partners to consider how the outcomes of House of Memories translate into an economic value that will have resonance and meaning to funding bodies and policy decision makers. In summary, the

² See for example the UCL Museum Wellbeing Measures Toolkit developed by Thomson, L. and Chatterjee, H.:

http://www.ucl.ac.uk/museums/research/touch/museumwellbeingmeasures/UCL_Museum_Wellbeing_Measures_Toolkit_Sept2013.pdf

Other relevant examples include evaluation research undertaken as part of the Happy Museums project: <http://www.happymuseumproject.org/?p=1992>

combined 'two phase' evaluation framework (impact measure and SROI) was designed to facilitate the ongoing development of a cohesive evidence base for NML and the Department of Health, by profiling the relative impact on Midlands' participants in the first element of the evaluation, and its translation as an economic value to the region's care sector during phase 2. The evaluation has trialled the use of the framework on a pilot basis in the Midlands regions

iii Indicative findings

Complementing previous House of Memories evaluation studies, this report documents the development of a coherent, consistent, intrinsic and instrumental theory of change for NML's dementia care training intervention.

The evaluation of House of Memories in the Midlands provides substantial evidence on the impact of the programme on the personal wellbeing of individual participating dementia carers (intrinsic value), and their subsequent professional development, via a standardised Dementia Care Impact Measure. Positive outcomes include enhanced optimism, confidence and compassion as dementia carers; advanced knowledge of dementia and of own contribution to improving care standards; renewed commitment to training and development; reducing the stigma of dementia and improving dementia care environments across the full sample of 72 participating dementia carers.

Qualitative Social Return on Investment (SROI) analysis, following a workshop with 8 key stakeholders, substantiates and validates these findings and points to considerable instrumental value for the dementia care sector. Outcomes are grouped according to three themes including dementia awareness; improved care standards; and professional development.

These outcomes translate into economic values and a return on investment of £1: £8.66 (up to one year after House of Memories in the Midlands) and £1: £44.68 (up to eight years after House of Memories in the Midlands).

Outcomes map directly on to national dementia policy priorities, as outlined by the National Dementia Strategy.

Evaluation findings, and the emerging intrinsic and instrumental theory of change, also make a significant contribution to national debates on cultural value, particularly in terms of cross-sector impact and the value of the cultural sector to statutory health and social care services and professionals. Indicators resonate with theories that seek to link intrinsic and economic value (Throsby, 2001), providing a rare example of a cultural intervention that achieves both in a critical policy context.

House of Memories (and associated research on the programme) fills a gap in terms of our conceptual and practice-based understanding of the developmental value of arts and cultural interventions to health and social care sectors and their professional development. Much research on arts, culture and health focuses on therapeutic benefits and the direct relationship between 'the art' (or the 'cultural offer') and 'the patient' or audience (Chatterjee and Noble, 2013). This is especially true regarding the growing body of work on arts and dementia – House of Memories has a unique contribution to make to this field.

The pilot study presents a legitimate case for the continued use of the impact measure and SROI framework to gather more evidence on the impact of House of Memories and to further develop the intrinsic and instrumental theory of change model. It is recommended that the Dementia Care Impact Measure be administered to a larger sample of House of Memories participants in order to fully test its validity and reliability. It is also anticipated that additional SROI research with different stakeholder groups (e.g. families and service users) could yield higher cost benefit results.

iv Acknowledgements

Evaluators are grateful to all House of Memories in the Midlands participants and stakeholders for their generous contributions to the evaluation study. Enthusiasm for the Midlands programme has been palpable, and evidenced repeatedly during conversations both during and after individual sessions. The team would also like to acknowledge and thank: Lucy Day and Melanie Jones (Liverpool John Moores University) for their help in facilitating the SROI workshop; Dr Helen Chatterjee, University College London for her advice on wellbeing research in museums; and the education team at NML for their continued support and guidance.

1.1 Designing the research instrument

In order to fully consider the relationship between the impact of the programme on participants' own sense of wellbeing as dementia carers, and upon their relevant values, behaviours and skills (each set within the context of previous evaluation studies and emerging indicators), the impact measure was designed according to three distinct but complementary scales. Each scale contained 5 items following a Likert scale format, whereby respondents were asked to identify the extent to which they agreed with given statements, coded as follows:

Strongly disagree = 1

Disagree = 2

Undecided = 3

Agree = 4

Strongly agree = 5

Acknowledging the given limitations of standardised measures in terms of allowing for other causal factors, each item focused attention on the specific impact of House of Memories by beginning each statement with '*After the House of Memories workshop...*'.

Subjective wellbeing scale

The subjective wellbeing scale was adapted from the Warwick-Edinburgh Mental Wellbeing Scale³ (WEMWBS) – a widely-used and reputable research instrument within the health and wellbeing field. The WEMWBS model was chosen as the time and resources available to the evaluation team to complete this study did not allow for the testing and re-testing of an original tool. The adaptation of an existing resource therefore has helped to facilitate a greater degree of reliability. Adapted WEMWBS items include statements on being 'interested in new things'; 'feeling optimistic'; 'feeling good about myself'; 'feeling cheerful'; and 'feeling confident'. These items were adapted to ground this particular scale within the context of dementia care, as follows:

- After the House of Memories workshop I have been **interested** in new approaches to dementia care
- After the House of Memories workshop I have been feeling **optimistic** about dementia care
- After the House of Memories workshop I have been **feeling good about myself** as a dementia carer
- After the House of Memories workshop I have been feeling **cheerful** in my role as dementia carer
- After the House of Memories workshop I feel more **confident** as a dementia carer

House of Memories impact scale

The second scale was used to incorporate impact indicators from previous House of Memories evaluation studies, in order to test the consistency and validity of these results with House of Memories in the Midlands participants. The five items used within this scale included:

³ For more information please see: <http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx>

- After the House of Memories workshop I am more **knowledgeable** on dementia and its implications
- After the House of Memories workshop I feel able to **communicate** more effectively as a dementia carer
- After the House of Memories workshop I feel more **compassionate** towards dementia
- After the House of Memories workshop I am more open to **creative** activities in dementia care
- After the House of Memories workshop I am more **respectful** of the people affected by dementia

National Dementia Strategy Scale

Finally, the third scale was adapted from desired outcomes specified in the National Dementia Strategy⁴, in order to gauge the impact of the programme on participants’ dementia care values, behaviours and skills within the context of key, national policy drivers. These included:

- After the House of Memories workshop I feel more able to help reduce the **stigma** associated with dementia
- After the House of Memories workshop I feel that there is **peer support** available to me as dementia carer
- After the House of Memories workshop I have a clear understanding of my role in **improving standards** in dementia care
- After the House of Memories workshop I am committed to my own ongoing **training and development** as a dementia carer
- After the House of Memories workshop I am committed to ongoing improvements in my surrounding dementia **care environment**

The measure was administered online using Bristol Online Surveys (freely available via Liverpool John Moores University) – please see appendix 1 for the full research instrument used. The link was shared with all House of Memories in the Midlands participants (across the three venues) via email up to 4-5 weeks after each training session. This was to allow enough time and distance for considered, objective reflection by respondents within the dedicated evaluation project time-frame. A total number of 72 responses (completed impact measures) were received, and subsequently analysed using SPSS. For more information on respondent demographics, please see section 1.5. On a pilot basis, the measure has proven to be effective and reliable (see figure 1) with the caveat that it would be beneficial to continue to test and develop the measure with larger House of Memories sample groups.

Proposed scale	Reliability
Subjective wellbeing	.825
House of Memories impact	.846
National Dementia Strategy outcomes	.827

Figure 1 – Chronbach’s alpha of reliability for proposed Dementia Care Impact Measure

NB: Chronbach’s alpha of reliability ranges from 0 to 1.

0.7 or higher represents a strong level of reliability (0.6 to 0.7 is acceptable).

⁴ For more information please see:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168221/dh_094052.pdf

1.2 Subjective wellbeing scale

Feeling *interested* in new approaches to dementia care proved to be the most positive outcome within the subjective wellbeing scale, with a mean score across the sample of 4.56. This strongly infers that participants have felt inspired and motivated by House of Memories (see table 1).

Table 1 - Interested in new approaches to dementia care

	Frequency	Percent	Valid Percent	Cumulative Percent
Undecided	1	1.4	1.4	1.4
Valid Agree	30	41.7	41.7	43.1
Valid Strongly agree	41	56.9	56.9	100.0
Total	72	100.0	100.0	

Mean score 4.56 (cumulative)

Items regarding 'optimism', 'feeling good' about self and 'feeling cheerful' within the context of dementia care elicited more mixed responses. Although still positive on the whole, more respondents felt 'undecided' on these statements compared to other items within the scale (see tables 2-4). These are highly emotive indicators, which may have encouraged more cautious responses.

Table 2 - Feeling optimistic about dementia care

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	1	1.4	1.4	1.4
Valid Undecided	12	16.7	16.7	18.1
Valid Agree	43	59.7	59.7	77.8
Valid Strongly agree	16	22.2	22.2	100.0
Total	72	100.0	100.0	

Mean score 4.01 (cumulative)

Table 3 - Feeling good about self as dementia carer

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	1.4	1.4	1.4
Valid Undecided	6	8.3	8.3	9.7
Valid Agree	48	66.7	66.7	76.4
Valid Strongly agree	17	23.6	23.6	100.0
Total	72	100.0	100.0	

Mean score 4.13 (cumulative)

Table 4 - Feeling cheerful in role as dementia carer

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	1.4	1.4	1.4
Undecided	9	12.5	12.5	13.9
Valid Agree	48	66.7	66.7	80.6
Strongly agree	14	19.4	19.4	100.0
Total	72	100.0	100.0	

Mean score 4.04 (cumulative)

The second strongest item within the subjective wellbeing scale was 'confidence', with 54.2% of respondents agreeing, and 38.9% strongly agreeing that they felt more confident as dementia carers after participating in House of Memories (see table 5).

Table 5 - Feeling more confident as a dementia carer

	Frequency	Percent	Valid Percent	Cumulative Percent
Undecided	5	6.9	6.9	6.9
Valid Agree	39	54.2	54.2	61.1
Strongly agree	28	38.9	38.9	100.0
Total	72	100.0	100.0	

Mean score 4.32 (cumulative)

Feeling interested and feeling confident therefore are the most notable outcomes of the subjective wellbeing scale – Pearson Correlation tests suggest a high correlation between the two variables at .543, where a high [positive] correlation occurs between .5 and 1.0. These qualities, and others defined elsewhere in this section including compassion and respect, are integral to the development of person-centred dementia care strategies and practices (Brooker, 2007).

1.3 House of Memories impact scale [consistent indicators]

An impressive 54.2% of respondents strongly agreed, and 44.4% agreed with the statement that they felt more knowledgeable on dementia as a result of attending House of Memories in the Midlands (mean score 4.53 - table 6). This reflects the quality of the programme in relation to the standard of information provided and the engaging way that this is communicated to participants. 62.5% of respondents agreed that they themselves felt more able to communicate effectively as a dementia carer (table 7), with 63.9% strongly agreeing that they feel more compassionate towards dementia following participation in the programme (table 8). These results provide considerable reinforcement for outcomes of previous evaluation studies, and can be reported with confidence by NML. Such qualities in socially-responsive museum services are well established as 'creative new forms of empathy intervention' (Silverman, 2010), but they are particularly pertinent in the context of national dementia policy and should be promoted as such.

Table 6 - More knowledgeable on dementia and its implications

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Undecided	1	1.4	1.4	1.4
Valid Agree	32	44.4	44.4	45.8
Valid Strongly agree	39	54.2	54.2	100.0
Total	72	100.0	100.0	

Mean score 4.53 (cumulative)

Table 7 - Able to communicate more effectively as a dementia carer

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Undecided	2	2.8	2.8	2.8
Valid Agree	45	62.5	62.5	65.3
Valid Strongly agree	25	34.7	34.7	100.0
Total	72	100.0	100.0	

Mean score 4.32 (cumulative)

Table 8 - Feeling more compassionate towards dementia

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	3	4.2	4.2	4.2
Valid Undecided	1	1.4	1.4	5.6
Valid Agree	22	30.6	30.6	36.1
Valid Strongly agree	46	63.9	63.9	100.0
Total	72	100.0	100.0	

Mean score 4.54 (cumulative)

As further evidence on the value of the engaging, creative approaches applied by House of Memories, 62.5% of respondents strongly agree that they now feel more open to creative activities in dementia care (mean score 4.60 - table 9). The interpersonal, resonant qualities of the intervention are reflected by the outcome that a combined 88.9% agree or strongly agree that they now feel more respectful of people affected by dementia (table 10).

Table 9 - More open to creative activities in dementia care

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	1	1.4	1.4	1.4
Valid Agree	26	36.1	36.1	37.5
Valid Strongly agree	45	62.5	62.5	100.0
Total	72	100.0	100.0	

Mean score 4.60 (cumulative)

Table 10 - More respectful of people affected by dementia

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	4	5.6	5.6	5.6
Valid Undecided	4	5.6	5.6	11.1
Valid Agree	31	43.1	43.1	54.2
Valid Strongly agree	33	45.8	45.8	100.0
Total	72	100.0	100.0	

Mean score 4.29 (cumulative)

Enhanced feelings of compassion and openness to creative approaches were the most significant results (higher mean scores) within the House of Memories impact scale, which proved to be the most reliable of the three scales created. Commissioners (NML) can therefore place a significant degree of confidence and trust in the findings of all three evaluation studies, which have consistently shown the value of the programme in improving the capacity for empathy and compassion amongst participants, and the relationship between this outcome and a new enthusiasm for creative approaches to dementia care. Across the two scales of 'subjective wellbeing' and 'House of Memories impact', there is a strong positive correlation between 'feeling more confident as a dementia carer' and 'feeling more knowledgeable on dementia and its implications' (Pearson Correlation = .524).

1.4 National Dementia Strategy scale

The relationship between the more intrinsic, individual impacts of the programme and their strategic relevance is evidenced by the third scale in the impact measure. In consistently positive results, a combined 95.9% of respondents agree or strongly agree that they feel more able to help reduce the stigma of dementia as a result of participating in House of Memories (table 11). This is a leading priority in national dementia policy, linked to the creation of dementia friendly communities and holistic care environments. In other relevant, complementary results, 70.8% agree that they feel that peer support is available to them as dementia carers via the House of Memories network (table 12).

Table 11 - More able to help reduce the stigma of dementia

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Undecided	3	4.2	4.2	4.2
Valid Agree	39	54.2	54.2	58.3
Valid Strongly agree	30	41.7	41.7	100.0
Total	72	100.0	100.0	

Mean score 4.38 (cumulative)

Table 12 - Feeling that peer support is available as a dementia carer

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	1	1.4	1.4	1.4
Valid Undecided	5	6.9	6.9	8.3
Valid Agree	51	70.8	70.8	79.2
Valid Strongly agree	15	20.8	20.8	100.0
Total	72	100.0	100.0	

Mean score 4.11 (cumulative)

Alongside notions of 'community' and collective resilience, responses also illustrate a renewed commitment to individual responsibility and professional conscientiousness. 58.3% of respondents agreed (34.7% strongly agreed) that they now have a greater understanding of their individual role in improving dementia care standards (table 13); 62.5% strongly agreed that they feel personally committed to ongoing training and development (mean score 4.57 - table 14); and a combined 98.6% agree/strongly agree that they are committed to improving their dementia care environment (table 15).

Table 13 - Understanding of own role in improving standards in dementia care

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	1.4	1.4	1.4
Valid Undecided	4	5.6	5.6	6.9
Valid Agree	42	58.3	58.3	65.3
Valid Strongly agree	25	34.7	34.7	100.0

Total	72	100.0	100.0
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Mean score 4.25 (cumulative)

Table 14 - Commitment to ongoing training and development in dementia care

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	1	1.4	1.4	1.4
Undecided	1	1.4	1.4	2.8
Valid Agree	25	34.7	34.7	37.5
Strongly agree	45	62.5	62.5	100.0
Total	72	100.0	100.0	

Mean score 4.57 (cumulative)

Table 15 - Commitment to improving dementia care environment

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	1	1.4	1.4	1.4
Valid Agree	37	51.4	51.4	52.8
Strongly agree	34	47.2	47.2	100.0
Total	72	100.0	100.0	

Mean score 4.43 (cumulative)

Within the National Dementia Strategy scale, commitment to ongoing training and development and commitment to improving dementia care environment(s) were the most significant results (higher scores). Again Pearson Correlation tests suggest a strong relationship between the two variables at .697, where a high [positive] correlation occurs between .5 and 1.0. Across the three scales, there are high (positive) correlations between 'more able to help reduce the stigma of dementia' and 'able to communicate more effectively as a dementia carer' (Pearson Correlation = .584), and 'commitment to improving dementia care environment' and 'feeling good about self as dementia carer' (Pearson Correlation = .510).

Together the three scales point to complementary outcomes that define the 'rounded', responsible and accomplished dementia carer. These attributes reflect qualities associated with interpersonal trust in healthcare, including honesty, competence and integrity (Pilgrim et al, 2011). Furthermore, the capacity of museums to engender these qualities in healthcare professionals reflects the unique contribution of cultural interventions in key public policy agendas.

1.5 The research sample and recommendations for future research

The measure included four basic demographic questions in order to profile the research sample. These included: workshop attended; type of care environment in which respondents are predominantly based; gender; and age group.

Demographic data alone are unremarkable given the target group for the House of Memories intervention (dementia carers). In terms of gender for example, 87.5% of respondents were female (n=63). Commissioners may be interested to note however that the greatest number of responses came from participants in the session held in Birmingham on 12 March (see figure 5), with an otherwise even distribution of participants from other sessions.

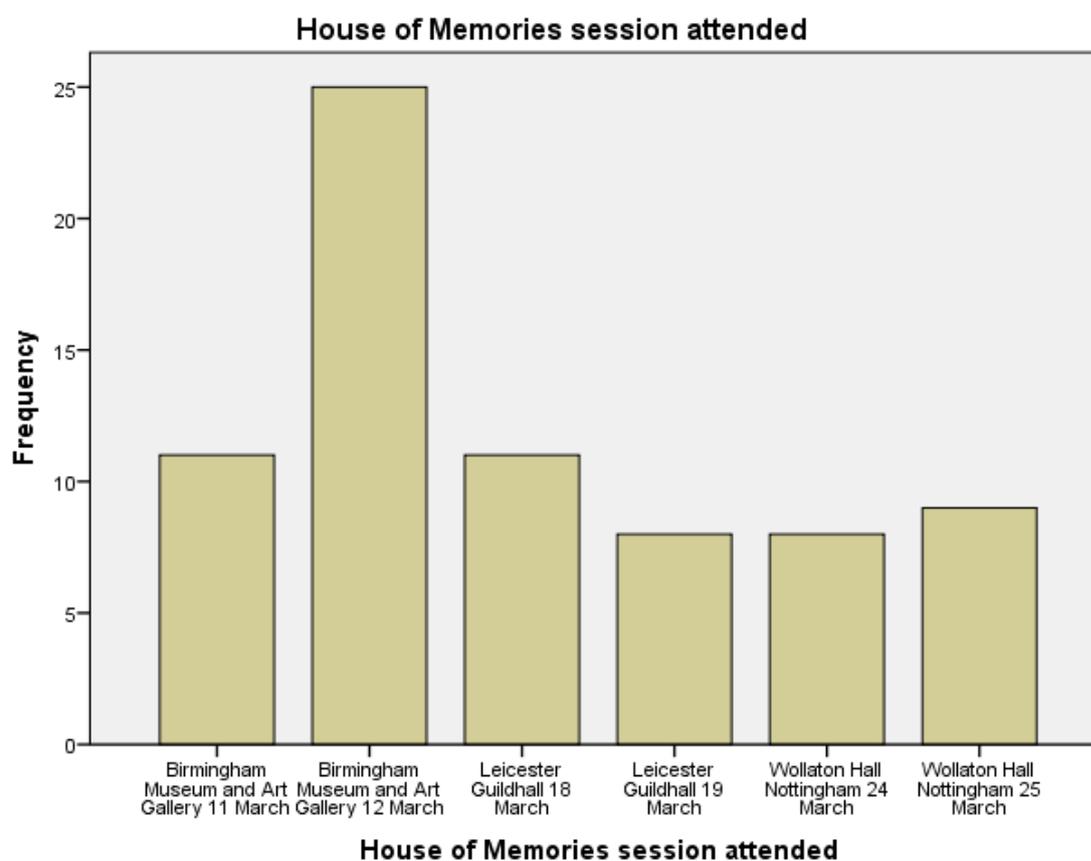


Figure 2

The most frequently represented age group was 41-50 years (n=21), although the distribution across all age groups was satisfactorily even (see table 16).

Table 16 - Age group

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 16-30 years	12	16.7	16.7	16.7
Valid 31-40 years	20	27.8	27.8	44.4
Valid 41-50 years	21	29.2	29.2	73.6

51-65 years	19	26.4	26.4	100.0
Total	72	100.0	100.0	

Similarly, a diverse range of care environments was represented in the research (see figure 6). These included: residential care home (n=23); domiciliary care (n=4); day care services (n=5); sheltered housing (n=5); hospital (n=4); other health service (n=7); guidance and advice service (n=7); community service (n=6); hospice (n=3); outreach and intermediate services (n=8).

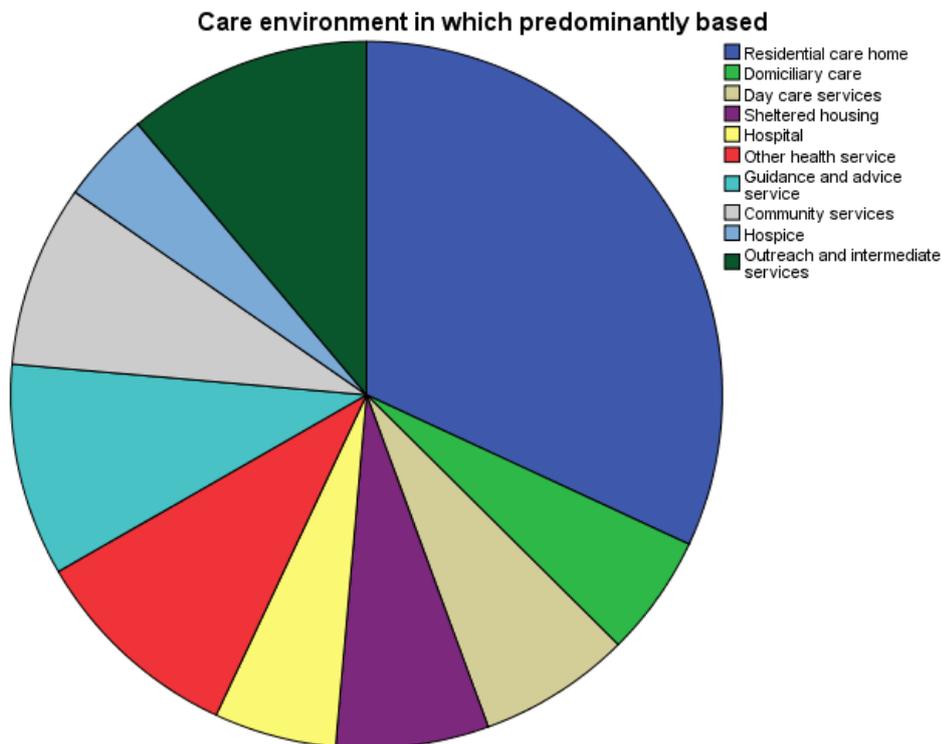


Figure 3

T-tests (gender) and ANOVA tests (other demographic variables) show no significant difference in responses within and across the sample of 72. This may change with a larger sample of respondents. As such, the pilot exercise with House of Memories in the Midlands generates enough confidence in the validity of the research instrument to justify use within a larger study, perhaps retrospectively with previous House of Memories participants (Liverpool and other Northern regions), or with future cohorts. Furthermore, the impact measure may be adapted for evaluation studies of other relevant NML interventions, as long as the 'key indicators' remain clearly defined.

2.1 Social Return on Investment methodology

The aim of the second part of the evaluation was to consider in greater depth the social value created by House of Memories in the Midlands for professional health services, based on the professional impacts and personal outcomes that have occurred as a direct result of the programme.

Social Return on Investment (SROI) was chosen as the most appropriate method of analysis for this element of the evaluation as it involves assessing the social AND economic impact of the programme, thus helping to develop the intrinsic and instrumental theory of change model developed through previous evaluation studies and ‘phase 1’ of the Midlands evaluation (Dementia Care Impact Measure).

The SROI process involves identifying changes that have occurred as a direct result of the training programme. The analysis uses a combination of qualitative, quantitative and financial information to estimate the amount of ‘value’ that is created, which is typically expressed as: ‘for every £1 invested, £x of social value is created’ (Nicholls et al., 2012).

Most significantly, SROI is a framework for assessing social value through the perspective of key stakeholders – that being the people or organisations which experience change as a result of the programme or intervention under investigation (in this case, House of Memories participants drawn from dementia care and other relevant services). It is a story of change which is expressed in ‘value’ created. Put simply, SROI measures the value of social benefits created by an intervention, in relation to the relative cost of achieving those benefits, taking into consideration both the positive, negative and any unintended impacts in order to assess the overall [economic] value created. Whilst SROI is a ratio of monetised social value, it represents much more than that – it is the story of change and it is important that qualitative statements are included within any presentation of findings to understand the meaning behind the value. SROI can also provide key insights into areas of a project or service where additional social value could be created in the future.

There are several overarching principles to undertaking an SROI analysis which include:

- Involving stakeholders in the research;
- understanding the impact and what changes;
- valuing what matters; not over claiming;
- being transparent in the results.

As such, SROI analysis involves four distinct stages: scoping; engagement activities; results and feedback.

2.2 SROI Scoping

A scoping exercise was undertaken by the evaluation team with the aim of identifying and clarifying what the SROI workshop would add to the evaluation, including criteria for design, measurement and analysis; resources required; identification and recruitment of stakeholders/participants. Results from previous House of Memories evaluation studies, and indicators used in the Dementia Care Impact Measure administered during ‘phase 1’ of the Midlands study, have fed directly into the design of the SROI workshop.

It was agreed that stakeholders who had attended training sessions across the three venues in Birmingham, Leicester and Nottingham should be invited to participate in the session via email, which was held in Birmingham on 7th May 2014. The SROI involved two ratios: the first looked at the impact for the first twelve months after training; and the second used a forecast calculation looking at eight years beyond training. The time-scale of eight years was used as an estimation given by workshop participants for how long the knowledge they had gained as a direct result of House of Memories would last.

2.3 Engagement activities

A half-day SROI workshop was subsequently held with a total of eight participants from the Midlands programme, including representatives of local authority care services; a social enterprise; and museum and gallery services. The session was held in the Priory Meeting Rooms at the Quaker Meeting House, Birmingham city centre and involved a networking lunch, followed by an initial Lego ice breaker session which encouraged the group to build a structure based on their feelings and what they had learnt as a result of the House of Memories training. Following discussion around the Lego structures, the Distiller⁵ computer software package was used to collect responses to a series of questions relating to the impacts of the training session on participants, both professionally and personally (focus group). This covered their own experiences of caring for someone with dementia, hopes for the training, whether expectations were fulfilled and what has changed subsequently (the impact of the training).

2.4 SROI analysis

This section of the report outlines findings from the SROI workshop, which feed directly into the impact map which calculates the final financial ratio, expressed as: £1:£X.

Logic Model:

A desktop-based logic model was created based on findings from the scoping exercise (Appendix 2). This outlines established, themed outcomes of House of Memories and was used to inform the Distiller focus group session.

Lego discussion:

The Lego session was delivered by a facilitator trained in the use of Lego as an engagement activity. The building of structures encouraged the group to reflect upon and discuss their experiences of House of Memories in the Midlands. The key themes to come out of the structure building and discussion related to the journey that the training represented for them, where they had been given the tools to increase their own understanding of dementia:

“The training triggered something, turning the wheels in motion and climbing the ladder of success”
[Image 1]

“The training was full of energy and warmth. It was very professional. The training has been a set of learning steps. I probably knew a lot before, but this has led to an incremental learning journey”.

⁵ Designed by Liverpool John Moores University, the computer software programme allows each focus group attendee to type their responses in on a keyboard, with the anonymous answers displayed on a projection screen.

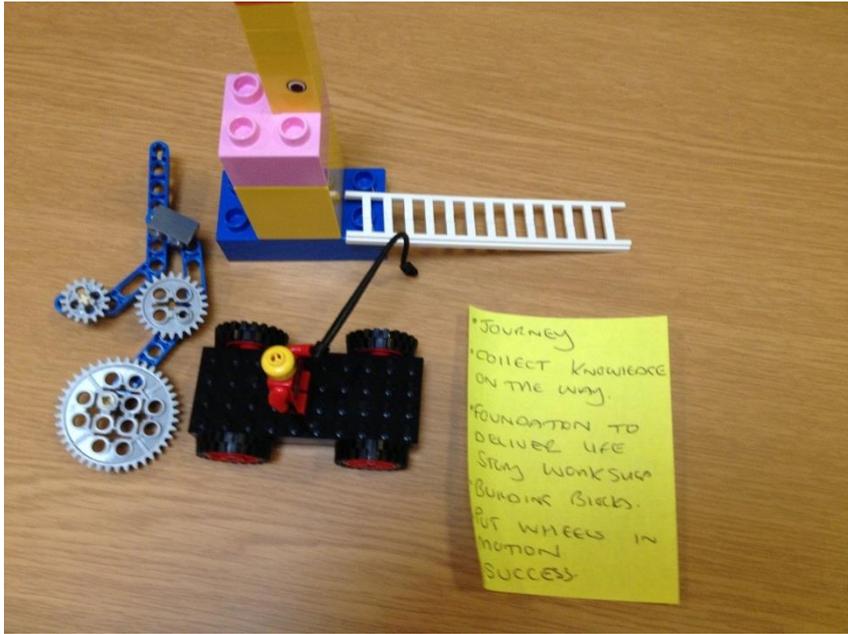


Image 1 – SROI workshop Lego discussion

There were many personal stories of family members experiencing dementia and this fed back into the discussions. Attendees' personal knowledge meant that they had an open mind to the training, and upon having received the training could directly relate its learning to their own experiences. As a result, one attendee now visited places of interest with her relative, re-enacting the reminiscence techniques taught during forum theatre exercises.

From the point of view of the carer, there had been a metaphorical darkness attached to dementia (represented by darker colours in many of the structures), which was somewhat lifted as a result of House of Memories:

“The training evoked sadness but I’ve looked at it positively – I’ve moved from darkness to a brighter future” [Image 2]



Image 2 – SROI workshop Lego discussion



Image 3 – SROI workshop Lego discussion

It was felt that dementia was something that was “always with you” as a carer. For many, House of Memories had enhanced knowledge and understanding in dementia and its ‘real-life’ implications, which impacted upon them both professionally and personally. The training had also resulted in people trying new things – the day had been a great starting point for their future career, and it had supported them in “reaching for the sky”.

“For me the training has given me an opportunity to reflect on something that was well informed. The steps reflect the increase over time and the propeller – being propelled. This is the platform to try new things in my job and to see growth”. [Image 5]

The training also had the impact of increasing self-awareness – they felt more able to recognise the condition and could use the emotional aspect of the training to empathise with others, which reinforces ‘impact measure’ evaluation results described in part 1:

“Little bits make me feel like it’s a condition I recognise. It’s been brought to the forth and [the training] has touched on other people’s experiences as well as my own. It was very powerful”.

“The dementia person (Lego figure) is both giving and receiving. It’s about seeing what they can give, not just receive” [Image 6]

“Now I’ve had the training it’s like a treasure box. My own personal experience of dementia beforehand wasn’t good. There was no support and I was muddling along.” [Image 5]



Image 4 – SROI workshop Lego discussion



Image 5 – SROI workshop Lego discussion

The training also had the added effect of getting people together who would not otherwise have crossed paths, which for many had been a hugely positive experience.

“The white brick is the connectivity, which is very powerful. It was impressive that there were 100 people in the room of all ages and ethnicity who had come together both professionally and personally. This shows good will to get the best care for people with dementia”. [Image 6]



Image 6 – SROI workshop Lego discussion

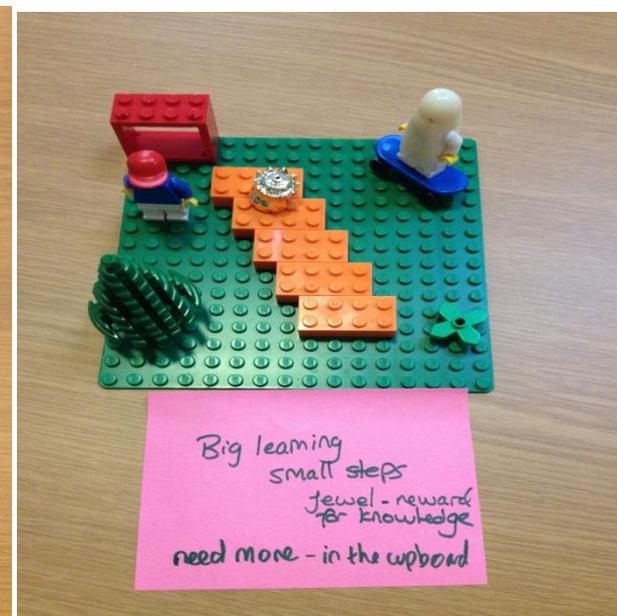


Image 7 – SROI workshop Lego discussion

Following the Lego session, focus group attendees were asked to list three words which best described their experience of caring for someone with dementia. The group agreed that dementia evoked powerful emotions – it was scary, frustrating, heart-breaking and yet caring for those with

dementia provided an opportunity to care and love. The House of Memories training had been powerful and had given attendees the opportunity to challenge, while providing optimism and support for those with dementia.

“Felt that it was handled very sensitively, really thought provoking”.

“It was a day I’ll remember very positively all my life. It happened at a crucial point for me in returning to dementia work and validated my approaches. The actors must have great empathy for people with dementia and their carers to play them so beautifully and sensitively”.

“The training was phenomenal; needs to be rolled out”.

“House of Memories is an excellent resource that needs to be made available in as many places as possible”.



Image 8 – words that describe caring for people with dementia

Prior to participating in House of Memories, attendees looked forward to the new experience of the training programme, and hoped that the day would provide greater understanding of dementia care and knowledge of managing the condition, whilst for others it provided the opportunity to improve and refresh existing knowledge, and to develop new skills. Attendees also hoped to build upon their knowledge of reminiscence therapy.

For all, the training had met, and for many, exceeded their expectations. It was more relevant than they had first anticipated, and the workshops gave a creative insight into dementia that had not initially been expected.

“The training exceeded my expectations; the days experience was as if I was actually with those individuals; really realistic.”

Attendees stated that some aspects of the day were not relevant to their particular area of work, but that they had still enjoyed them. One thought that the session on memory boxes should have been longer as that was something they were particularly interested in.

Impacts:

As a result of attending House of Memories, focus group attendees reported a number of changes, which broadly covered both personal and professional aspects of dementia care practice. These included:

- greater understanding and confidence in dealing with dementia;
- importance of spending time with dementia sufferers;
- more relaxed and less frightened of dealing with dementia;
- more sensitive care of dementia sufferers;
- develop techniques taught in the session and apply them in their work;
- and, understand the benefit of a holistic approach to dementia.

These can be grouped into the following three main recurring (and interlinked) themes:

- **Dementia awareness; (Greater understanding of dementia, Less frightened of dementia)**
- **Improved care standards (Increased confidence; More personalised care for dementia sufferer)**
- **Professional development (Change in career, Thirst for knowledge)**

Dementia awareness:

As a direct result of the training, attendees now felt differently about dementia and were confident in talking about it with others. It had also given the attendees a sound basis to work with dementia sufferers, and where necessary to challenge others' perceptions. For some, they felt that their own personal experiences of dementia could be used to support the care work they do in conjunction with the techniques they had learned as part of the House of Memories. In certain situations, attendees drew on their new knowledge to more effectively manage and care for the dementia sufferer. As they now had more understanding and knowledge about dementia, they were also less frightened of it "because I now know that it affects individuals in different ways".

"It has reassured me that the way I work has validity".

"I am more willing to work with dementia".

"I am speaking to professionals and I know what I am talking about!"

Improved care standards:

Reflecting evaluation results in other regional settings, House of Memories had also supported attendees to be more empathic and sympathetic. It had given attendees an insight into the dementia sufferer's experience, while greater confidence gave them the reassurance to "really engage on a personal level". The skills they had learnt from the training had also inspired them to think about the individual when planning services, avoiding a 'one size fits all' approach. This had the effect of creating good working relationships between carers and those being cared for:

"I try to go into their world and see things from their perspective".

"I think about the person more than the condition".

"I see a difference in the relationship that I have with individuals who have dementia".

"Watching the person-centred approach in the House of Memories drama (e.g. in forum theatre scene) gave me reassurance to really engage on a personal level".

Professional and career development:

Most (5 out of 8) reported that they had experienced a career change or development since attending House of Memories. For some it was a desire to seek further education, or developing more services in the area of dementia care:

“I would like to do more to support people with dementia”.

“Continually seeking out opportunities to develop new learning opportunities for people with dementia. Putting adult learning on the map”.

One attendee had set up her own social enterprise and the training had given her the impetus to develop new Life Story Workshops for older people living with dementia and their carers, reflecting new initiatives in the local dementia care environment. The free monthly social event supports reminiscence therapy and encourages the writing of life stories. Professionally, the majority of focus group attendees (6 out of 8) reported that the training had led to professional development and ultimately, all agreed that they now had a desire to do more with the knowledge they had gained from House of Memories. For some this meant finding out about research into dementia outside of work to better support them and to attend further training sessions, or revisit person-centred dementia care models e.g. Kitwood, Miesen.

“I can use it in my work”.

“I'm now more confident in using academic resources to support my plans”.

“I have implemented different work to support dementia”.

“Having experienced little understanding of the condition and feeling more empowered to cope, I feel that there must be other ways to get greater understanding”.

2.5 The SROI impact map

The impact map is a Microsoft Excel document⁶ which lists the key changes (as reported above) that have occurred as a direct result of House of Memories. The impact map charts the inputs, outputs, and outcomes of each of the identified changes on individuals who had directly received training as part of the Midlands roll out. Each change is recorded as an indicator on the impact map, and has a financial amount applied to it that is the amount of social value created (called a financial proxy). The completed impact map calculates the SROI ratio based on these financial proxies. This section outlines how these proxies were made, the actual SROI calculations, and a sensitivity analysis which ensures legitimacy in the calculation.

Inputs

Inputs considered what stakeholders have invested into House of Memories in the Midlands (National Museums Liverpool funding received from Department of Health). This funding was for the expansion of House of Memories via the Midlands model to around 1000 carers. This financial information was used to assess the net social value that had been created. This predominantly is expressed by time and resources (Tables 17 and 18).

Table 17: Summary of main stakeholder group and inputs

⁶ Available on request.

Stakeholder Group	Inputs
National Museums Liverpool	£132,500

Outputs

Outputs encompass the aims and objectives of the project, highlighting what has occurred as a result of the training programme.

Table 18: Summary of key stakeholder outputs

Stakeholder Group	Outputs
National Museums Liverpool (NML)	Develop full-day training package
Arts partners [Collective Encounters] and collaborating museum services with NML	Deliver full-day training package x 6
Carers	Attend training package

Outcomes

The outcomes are the key changes experienced by carers as a direct result of attending House of Memories. The Distiller focus group has narrowed these down to the most important outcomes for inclusion in the impact map - **Dementia awareness; improved care standards; and professional development**. The outcomes experienced by stakeholders are expressed in the following theory of change statement. A theory of change is a specific, measureable description of the social change that has occurred as a result of the intervention, and represents established beliefs about the causal relationships between actions and desired outcomes:

Theory of Change [SROI results]

The House of Memories is a tailored dementia care training programme which uses artistic interpretation, curatorship, museum education, and reminiscence therapy techniques to raise awareness of the condition, enabling professional health services, carers and families to help those affected to 'live well' with dementia. The training evoked very emotional responses in attendees, which supported them in becoming more aware of dementia as a condition, (its physiology and cognitive deterioration for example). It also had the effect of improving the standard and nature of care offered by carers attending the training, and gave attendees a thirst for knowledge on the subject that they were actively pursuing as part of their work.

Indicators

Indicators are used to determine how the above outcomes are measured. These are chosen as they are reported or agreed with stakeholders or where proxies were used (see next section and appendix 2).

Financial proxies and sources

In order to determine the 'value' of the key material changes – or indicators - financial proxies were used. The majority of the financial values for the three key changes reported by participating stakeholders were valued during the focus group. However, financial values could not be accounted for all indicators, such as gains in confidence and increased knowledge. In this situation, values were sourced from elsewhere, mainly the 'Global Value Exchange' (a financial proxy website where

indicator values are shared – www.globalvalueexchange.org). Wherever a value has been calculated by the researcher, the source has been referenced on the impact map to ensure the costs can be verified. The SROI process often requires the use of proxies where stakeholders were unable to arrive at amounts of value. These proxies are usually taken from other studies where outcomes and indicators have been the same, or are taken from other trusted references including government and NHS calculations (for example, cost of a saved GP appointment). In this study, for example, to value the increased confidence gained in being a carer of someone with dementia, this was valued at the cost of a confidence-building course (£395.00 per person). For the greater understanding and application of reminiscence therapy gained, this was valued at £31.50 per individual – sourced from a clinical trial using such therapy. For the greater role that carers felt they played in improving standards of dementia care, the financial proxy was £309.09 - the value of improved learning and operations for an organisation (data sourced by a prior SROI study led by the University of Bristol). For an increase in the ability to communicate more effectively with dementia sufferers, this was costed at £149 – the price of a one-day communication course.

Quantity

For each outcome and subsequent indicator(s) identified by stakeholders, a numeric quantity is required for the impact map. For this SROI analysis, the quantity refers to the number of stakeholders that a change applied to (up to a maximum of 1000 – the total number of individuals who have received House of Memories training). This number is arrived at by extrapolating the numbers reporting this outcome in the research with actual project numbers.

Duration

How long a change will last varies depending on the identified change. However, for the purpose of this research, the figure of one was applied to represent the outcomes gained in the first year following training, and for the second analysis a duration of eight years was applied – the average length of time that focus group attendees expected their training knowledge would last.

Impact adjustments

Included within the SROI analysis framework is a series of adjustments that were made by the relevant researcher (Whelan, G.) which relate to deadweight, attribution, displacement and drop-off.

- Deadweight – how likely is it that the change would have happened anyway?
- Attribution – are there any other organisations / individuals who have contributed to the change?
- Drop off – does the change drop-off in future years?

For the purpose of this research drop-off was set at 0% for the first year, and at 10% per year for up to eight years in the second analysis. As this evaluation specifically covers the next twelve months, there was no reported drop-off or displacement.

Deadweight

Deadweight is a measure which describes the proportion of outcome that would have happened anyway, even if the activity had not taken place. In order to address this question, focus group attendees considered this with each outcome they reported. An average of responses was used in each case.

Table 19: SROI Deadweight assessments

Stakeholder	Outcome	Deadweight
Carers	Greater understanding of the condition	15%

	Increased confidence of dealing with dementia	36%
	More personalised care	39%
	Thirst for knowledge	44%

Attribution

Attribution considers what share of each outcome is attributable to other people, organisations and services accessed by stakeholders. In order to measure this factor, all focus group attendees were asked how likely it is that the change would have happened anyway. Furthermore, they were asked to provide their own subjective level of attribution for each of the identified outcomes as a percentage. Through this process, it was identified by the stakeholders that their workplace and career played a small aspect, and that in most cases, the House of Memories training was the largest reason for this change occurring: the involvement of other services was limited and intensity of support from other sources relatively minor compared to the knowledge and confidence they had gained as part of House of Memories. The likelihood and scale of attribution was assessed at an individual level and averaged across the sample (the range was between 2% and 85%).

Table 20: SROI Attribution Levels

Stakeholder	Outcome	Deadweight
Carers	Greater understanding of the condition	41%
	Increased confidence of dealing with dementia	33%
	More personalised care	31%
	Thirst for knowledge	37%

Drop off

In the prospective SROI calculation, for each of the years that their knowledge lasts, a standard 10% drop-off is applied. This is automatically calculated by the impact map to account for other influences and reductions in the value of the proxy amount.

2.6 Calculating the Social Return on Investment

The calculation for the SROI is described in this section. Expressed as a ratio of return, the SROI amount is derived from dividing the impact value (total value input) by the value of the investment (all outgoing costs to run the project). For the year following House of Memories, a social return of **£8.66** was generated for every £1 invested.

House of Memories in the Midlands

Total value input	£1,147,292
Net Present Value	£1,014,792
Social Return £ per £	£8.66

Social Return on Investment ratio (twelve months)	£1: £8.66
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Over the lifespan of the eight year period that it was expected that the attendees' training knowledge would remain, this was calculated as returning a total £44.68 for every £1 input into the initial intervention.

House of Memories in the Midlands

Total value input	£5,920,332
Net Present Value	£5,787,832
Social Return £ per £	£44.68

Social Return on Investment ratio (eight years) £1: £44.68

Sensitivity analysis

Sensitivity analysis allows the influence of each variable used within the impact map to be assessed for its impact upon the overall result. This can also test assumptions made and determine their impact in the final SROI calculation. Each variable was assessed, and it was found that most changes did not have a significant impact upon the result, thereby providing a degree of confidence over the figures used. In most cases, adjusting proxy amounts did not result in a marked difference in value. Those areas with the largest potential impact have been highlighted in Table 21. Where necessary, the principle of under-estimation has been followed, and as a result no single variable can be assessed to significantly alter the result.

Table 21: Financial assumptions significantly affecting SROI calculation

Stakeholder	Outcome	Indicator	Sensitivity test	SROI
Carers	Tell others about the training	Cost of a House of Memories social marketing campaign using Facebook and Twitter for one year - £750pm X 12	Change amount from £9,000.00 to £2000	£6.35

When conducting sensitivity analysis testing on deadweight and attribution, a number of assumptions were made where key stakeholders were not able to give actual figures. In this case, an average response amount of 40% for deadweight and 32% attribution was applied.

Limitations of SROI method:

The process of conducting an SROI analysis relies heavily on qualitative data gathered via the active contribution of relevant stakeholders. The nature of the stakeholders engaging with this research (i.e. dementia carers), meant that participant numbers were limited by many factors. For example, carers attending the SROI focus group were all in paid employment and therefore were only able to attend because this was in between their caring duties, or because they were predominantly office-based and could spare the time to travel.

The nature of the SROI evaluation in attempting to quantify the unquantifiable (for example, the value of improved confidence or increased knowledge and awareness) is that it was often quite difficult to elicit meaningful financial outcomes from participants. The SROI analysis itself is dependent on the subjective responses given by the research participants at that particular moment in time. On a number of occasions where group members were not able to arrive at financial amounts themselves, financial proxies were derived from known proxies used elsewhere in research or from examples given during qualitative data collection (e.g. cost of an Open University course or workshop).

Whilst the numbers involved in the SROI workshop were relatively small, a good representation of key stakeholders was involved. Findings from SROI focus group discussions validate those from part

1 of the evaluation study (Dementia Care Impact Measure), generating added confidence in the combined results.

For this SROI evaluation, only one primary stakeholder group was involved in the research – carers. Based on these results, it is anticipated that much greater social value would be generated by including both family and friends of dementia sufferers as well as dementia sufferers [service users] themselves.

2.7 What does this SROI value mean?

In return for an investment of £135,500 to train 1000 carers in dementia awareness and care (approximately £135 per attendee), a total of £1,148,290.00 of social value was created, returning an SROI ratio of £8.66:£1, when discounting for other attributable factors and the chances that changes would have occurred anyway. This figure is in no way comparable to other evaluations where SROI calculations have been used and this ratio should only be considered in conjunction with the accompanying report. This value can be used to consider what is working well and what the outcomes of House of memories in the Midlands are with regards to dementia awareness, standards of care and personal and professional development of carer attendees.

The financial proxies arrived at have been agreed and developed with stakeholders who have been directly involved in the research. To this extent, the SROI ratios presented in this report are subjective and relevant to the individuals on the day that the research was conducted. The ratio presented offers an insight into the impacts which may be gained as a result of attending House of Memories, and is not a financial representation of what has actually been spent by stakeholders.

The SROI figure is important in understanding that House of Memories generates a good return on investment: the knowledge gained by participants has a much wider impact that resonates outside of their immediate caring duties, with the potential to improve surrounding dementia care environments.

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Appendix 1 – Dementia Care Impact Measure

Evaluation of House of Memories in the Midlands

Introduction to the Survey

Thank you for taking the time to share your reflections on the House of Memories dementia care training programme, led by National Museums Liverpool and delivered in collaboration with museum partners in Birmingham, Leicester and Nottingham in March 2014.

The short survey will take 5-10 minutes to complete. Part 1 contains 15 questions on the impact of the programme, which ask you to identify the extent to which you agree with given statements by ticking the appropriate box. Part 2 contains 5 generic questions that will help to tailor our analysis (e.g. venue/region attended; gender; age group).

Survey responses are entirely anonymous, and will be used in the strictest confidence by the research team based at the Institute of Cultural Capital in Liverpool in completing our evaluation of the programme, and preparing a research report on behalf of National Museums Liverpool (NML).

Thank you again for your participation in House of Memories, and contribution to the evaluation. This will help in shaping the on-going impact and effectiveness of the programme, and in enhancing our knowledge and understanding of the value of museums in dementia care.

Kerry Wilson
Institute of Cultural Capital
www.iccliverpool.ac.uk

Continue >

Dementia Care Impact Measure

Reflecting on House of Memories

1. After the House of Memories workshop I have been **interested** in new approaches to dementia care

Strongly disagree Disagree Undecided Agree Strongly agree

2. After the House of Memories workshop I have been feeling **optimistic** about dementia care

Strongly Disagree Disagree Undecided Agree Strongly agree

3. After the House of Memories workshop I have been **feeling good about myself** as a dementia carer

Strongly disagree Disagree Undecided Agree Strongly agree

4. After the House of Memories workshop I have been feeling **cheerful** in my role as dementia carer

Strongly disagree Disagree Undecided Agree Strongly Agree

5. After the House of Memories workshop I feel more **confident** as a dementia carer

Strongly disagree Disagree Undecided Agree Strongly agree

6. After the House of Memories workshop I am more **knowledgeable** on dementia and its implications

Strongly disagree Disagree Undecided Agree Strongly agree

7. After the House of Memories workshop I feel able to **communicate** more effectively as a dementia carer

Strongly disagree Disagree Undecided Agree Strongly agree

8. After the House of Memories workshop I feel more **compassionate** towards dementia

Strongly disagree Disagree Undecided Agree Strongly agree

9. After the House of Memories workshop I am more open to **creative** activities in dementia care

Strongly disagree Disagree Undecided Agree Strongly agree

10. After the House of Memories workshop I am more **respectful** of the people affected by dementia

Strongly disagree Disagree Undecided Agree Strongly agree

11. After the House of Memories workshop I feel more able to help reduce the **stigma** associated with dementia

Strongly disagree Disagree Undecided Agree Strongly agree

12. After the House of Memories workshop I feel that there is **peer support** available to me as a dementia carer

Strongly disagree Disagree Undecided Agree Strongly agree

13. After the House of Memories workshop I have a clear understanding of my role in **improving standards** in dementia care

Strongly disagree Disagree Undecided Agree Strongly agree

14. After the House of Memories workshop I am committed to my own ongoing **training and development** as a dementia carer

Strongly disagree Disagree Undecided Agree Strongly agree

15. After the House of Memories workshop I am committed to ongoing improvements in my surrounding dementia **care environment**

Strongly disagree Disagree Undecided Agree Strongly agree

About You

16. Which House of Memories workshop did you attend?

- Birmingham Museum and Art Gallery 11 March
- Birmingham Museum and Art Gallery 12 March
- Leicester Guildhall 18 March
- Leicester Guildhall 19 March
- Wollaton Hall Nottingham 24 March
- Wollaton Hall Nottingham 25 March

17. In which kind of care environment are you predominantly based:

- Residential care home
- Domiciliary care
- Day care services
- Sheltered housing
- Hospital
- Other health service

Guidance and advice service

Other (*please specify*):

18. Are you:

Male Female

19. To which age group do you belong:

16-30 years

31-40 years

41-50 years

51-65 years

65+ years

20. As part of our evaluation of House of Memories in the Midlands, we will be running a half-day research workshop in Birmingham city centre during early May 2014. This will provide the opportunity to discuss the impact of the programme in more detail with evaluators and fellow participants. If you would be interested in taking part in the research workshop, please include your name, email address and/or contact telephone number in the space below, and we will contact you with more information: (*Optional*)

Appendix 2 – SROI logic model

Outcomes	Indicators	Description	Financial proxy
Dementia awareness	More confident in dealing with dementia	Cost of a confidence training course for children	£298.80
	Greater understanding of dementia	Cost of a dementia awareness course	£176.99
	More able to reduce stigma associated with dementia	Cost of attendance at the North West Mental Health Conference	£60
	Greater personal qualities such as empathy, sympathy, compassion	Compassion-focused workshop	£154.38
	Improved relationships with those being cared for	Improved well-being, job satisfaction	£780.00
	More cheerful in caring role	Cost of happiness is spending £3.21 on others	£3.21
	Able to communicate more effectively as a carer	One day communication course	£149
Professional and career development	Seek further education	Open university module	£1,316
	Greater understanding and application or reminiscence therapy	Cost of reminiscence therapy (as part of a clinical trial)	£31.50
	Developing social enterprise	Business set-up costs online	£15
	Greater role to play in improving standards of care in dementia	Value of improved learning and operations for an organisation	£309.09
Thirst for knowledge	Further academic reading	Cost of online individual subscription to Dementia journal	£59.50
	Tell others about the training	Cost of a House of Memories social marketing campaign using Facebook and twitter for one year - £750pm X 12	£9,000.00
	More interested in dementia as a subject	L3 Award in Awareness of Dementia training at Open University	£710

