Evaluation of the Pilot *House of Memories* Train the Trainer Programme

A Tier 2 Dementia Awareness Programme led by National Museums Liverpool and Commissioned by Health Education England working in the North West

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EXECUTIVE SUMMARY

The Pilot House of Memories Train the Trainer Programme, led by National Museums Liverpool and commissioned by Health Education England (HEE North West), has been designed to meet Tier 2 objectives as defined by the national Dementia Core Skills Education and Training Framework. The programme was delivered in partnership with four NHS trust and health service partners across the North West between November 2015 and April 2016, to over 100 health care professionals via a cascaded train the trainer model. The pilot has enabled a structured consideration of its design, operational characteristics and relative impact, to inform future development and delivery of the programme.

Evaluation of the pilot, using standardised quantitative measures and supporting qualitative data, has evidenced positive outcomes and strategic strengths with reference to person-centred dementia care, which forms a central tenet of the Dementia Core Skills Education and Training Framework. Specific Tier 2 strengths include improved dementia awareness; communication, behaviour and interaction with people with dementia; understanding of the principles of person-centred dementia care; understanding of the role of families and carers; the health and wellbeing of people with dementia; and living well with dementia.

Analysis of the social value and return on investment (SROI) of the pilot programme was undertaken as part of the evaluation. Key outcomes were thematically grouped according to dementia awareness; improved care standards; and living well with dementia. SROI analysis uses a combination of qualitative, quantitative and financial information to estimate the amount of economic value that is created, which is typically expressed as 'for every £1 invested, £x of social value is created'. In return for an investment of £19,800 to train a total of 112 healthcare professionals in Tier 2 dementia awareness and core skills, a total of £357,599 of social value was created, returning an **SROI ratio of £1: £19.06.**

Specific Tier 2 dementia care strengths such as communication, behaviour and interaction were directly attributed to the quality of training materials, including character-based documentary films and the My House of Memories app. This emphasises the cultural value of the programme as a museums-led creative intervention delivered in acute health settings. There is a strategic imperative for National Museums Liverpool and Health Education England to promote their work and cultural leadership, in line with national developments in the field of arts, health and wellbeing more broadly, and specific momentum behind the value of arts and culture in dementia care. This includes for example growing interest in the direct role of museums in local care landscapes (Morse and Munro, 2015; Johnson et al, 2015); the development of more meaningful activities for people with dementia, designed to support psychological wellbeing (Nyman and Szymczynska, 2016); and the role of creative technologies in fulfilling each of these objectives (Tyack et al, 2015).

The evaluation also reflects the value of the collaborative network that underpins the programme and its relative success. There has been strong partnership working between providers, commissioners and partner health services, developed over a period of time preceding delivery of the programme. This has enabled an extra layer of confidence and trust in the pilot as a museums-led health care training intervention, especially for those health care staff being trained to deliver the programme and continue to use relevant museum resources in their own professional settings.

Health Education England has shown progressive leadership in commissioning National Museums Liverpool to deliver Tier 2 dementia care training, which should be celebrated. Once more this shows proactive responsiveness to national strategic developments with respect to cultural commissioning.

A recent report on the value of art and culture to public services (NEF, 2016) recommends changes to commissioning including raising awareness of the value of arts and culture to local government and to the NHS; building the capacity of cultural organisations to bid for public sector work; engaging with the cultural sector at a strategic level; changing procurement to better engage cultural organisations; and changing evaluation approaches to focus more on outcomes. The Pilot House of Memories Train the Trainer Programme has created significant knowledge exchange opportunities for both sectors.

Operational characteristics of the pilot programme have complemented its strategic relevance. The flexibility of the programme was regarded as its key operational strength, including the extent to which its content can be adapted appropriately by different facilitators for delivery in different professional environments. Participants were also appreciative of the fact that the pilot programme was delivered on-site with health partners. Practically, this has enabled more staff to participate, particularly ward nurses who would otherwise find it difficult to create the time to undertake off-site professional development and training. In the longer term, it was felt that the physical presence of museum resources (such as the My House of Memories app) in acute care settings would help to improve the organisational culture of participating health services, creating an embedded ethos of responsive dementia care.

In taking the programme forward, it is recommended that its core Tier 2 strengths relating to person-centred dementia care be emphasised and more actively promoted. This will help to manage the expectations of participating health professionals, especially with regards to other more clinically oriented Tier 2 objectives (for example end of life care), where other training opportunities may be more relevant and appropriate.

It is estimated that the social value and return on investment of the programme could be higher as the regional roll-out continues. It is recommended therefore that more research be undertaken to map ongoing use and impact of the training materials, including extending the sample to include people with dementia and families and carers.

1 The Pilot *House of Memories* Train the Trainer Programme

National Museums Liverpool (NML) have been commissioned by Health Education England working in the North West (HEE) to develop and deliver a scalable model of the award-winning dementia awareness programme *House of Memories*[1] for primary health care professionals in the North West region. Key design characteristics of the HENW-funded model include:

- Meeting Tier 2 dementia care training objectives as defined by the Dementia Core Skills Education and Training Framework[2], published by Skills for Health in October 2015;
- Facilitating cascaded training opportunities for the North West primary care workforce via an adaptable train the trainer model;
- Promoting dementia awareness via digitally curated museum collections and dementia care tools using the My House of Memories app[3].

The Pilot *House of Memories* Train the Trainer Programme commenced in November 2015, working in collaboration with four health and social service partners including the Countess of Chester NHS Foundation Trust[4]; Wirral University Teaching Hospital NHS Foundation Trust[5]; Christie NHS Foundation Trust[6], Manchester; and PSS Community Health[7] (person shaped support), Liverpool. The programme consists of a half-day (3 hours) facilitated workshop, which was delivered in the first instance on-site across all four partner organisations by NML. Participants in these introductory workshops were invited to volunteer to deliver a repeat session within their host partner organisation, with training, resources and in-person support provided by NML[8]. Delivery dates and participant numbers are listed in the following table:

Countess of Chester, 2nd November 2015 led by NML	21
PSS, Liverpool, 10th November 2015 led by NML	21
Wirral University Teaching Hospital Arrowe Park, 11th November 2015 led by NML	16
The Christie, Manchester, 20th November 2015 led by NML	24
Wirral University Teaching Hospital Arrowe Park, 28th January 2016 led by volunteer facilitator	5
Countess of Chester, 29th January 2016 led by volunteer facilitator	6
PSS, Liverpool, 5th February 2016 led by volunteer facilitator	7
The Christie, Manchester, 19th April 2016 led by volunteer facilitator	12
Total	**112**

Number of Pilot House of Memories Train the Trainer programme participants per workshop

The workshop is underpinned by a series of documentary style films focusing upon two main characters, their families and their different shared experiences of dementia. Although played by actors, the films and relevant stories have been closely informed by real-life testimonies collected during research and development stages. Through the films and facilitated discussion that follows during 'part 1', workshop participants are guided through a number of dementia care issues, challenges and problem solving techniques. These include the complexity of dementia symptoms and

[1] http://www.liverpoolmuseums.org.uk/learning/projects/house-of-memories/
[2] http://www.skillsforhealth.org.uk/news/latest-news/item/335-new-dementia-core-skills-education-and-training-framework
[3] App available for free download: http://www.liverpoolmuseums.org.uk/learning/projects/house-of-memories/my-house-of-memories-app.aspx
[4] http://www.coch.nhs.uk/
[5] http://www.wuth.nhs.uk/patients-and-visitors/hospitals/arrowe-park-hospital/
[6] http://www.christie.nhs.uk/
[7] http://www.psspeople.com/
[8] With NML staff in attendance for volunteer-led sessions as part of the pilot programme only.

importance of early diagnosis; the multiple, unique forms of dementia, their presentation and progression; impact upon families and carers; different standards of care practice in a range of settings including emergency hospital admittance, dementia friendly hospital ward and residential care home. The final film in this session shows an interview with an experienced specialist dementia nurse, which reinforces and validates many of the issues discussed.

During 'part 2', workshop participants are introduced to the My House of Memories app as a resource for connecting and communicating with people with dementia and enhancing person-centred dementia care practices within partner health services. Participants are guided through app contents, dementia friendly-features and functions using PowerPoint slides and accompanying film, and are then invited to try out the app themselves in conversation with one another using tablets provided by NML. To conclude the session, participants are invited to feedback their intuitive responses to the app, before viewing a final film that revisits characters with dementia shown in earlier films as they visit a museum. The emphasis throughout part 2 is on using museum resources including the app to connect with the individual behind the diagnosis and on living well with dementia.

Training resources for volunteer facilitators include a set of PowerPoint slides to use throughout the workshop, which complement the creative content using supporting, contextual information on the *House of Memories* programme; the Dementia Core Skills Education and Training Framework including Tier 2 outcomes; national dementia statistics and policy guidelines. Facilitators are provided with an accompanying manual providing step-by-step advice on delivering the workshop, including prompts for discussion and room to signpost to additional resources (e.g. local services and organisational policies, relevant to their individual settings).

2 Evaluation research methodology

Researchers at the Institute of Cultural Capital [9] were commissioned by NML to evaluate the programme in November 2015, building upon previous evaluation studies of regional *House of Memories* programmes[10], each demonstrating strong indicative outcomes in relation to professional development in dementia care practice; the subjective wellbeing and self-efficacy of participating dementia carers; and the social value and return on investment for local social and health care economies. The specific aims and objectives of the Pilot *House of Memories* Train the Trainer Programme evaluation were:

1. To evidence how the training programme meets tier 2 competencies for staff working in health care settings that have daily contact with people living with dementia and their carers;

2. To design and test the use of a standardised measure that maps learning outcomes of the Pilot *House of Memories* Train the Trainer Programme against the Dementia Core Skills Education and Training Framework;

3. Evidence the impact of the Pilot *House of Memories* Train the Trainer Programme on participants' own sense of wellbeing as health professionals working in the context of dementia care;

4. Develop the evidence-base on the wider impact and social value of the Pilot *House of Memories* Train the Trainer Programme across the whole health economy – both health and social care settings - with a particular emphasis upon the effectiveness and impact of the train the trainer model.

Specific research methods used throughout the evaluation include:

- Participant observation of workshops, including one delivered by NML and two by volunteer facilitators
- A standardised, quantitative measure of Tier 2 learning outcomes
- Qualitative research interviews with facilitators
- Social return on investment (SROI) analysis

Tier 2 Impact Measure

A standardised impact measure was designed according to three distinct but complementary scales, containing 25 items in total 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

[9] www.iccliverpool.ac.uk
[10] http://iccliverpool.ac.uk/?research=house-of-memories

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…*'.

The most significant scale was designed to match against Tier 2 outcomes specified within the Dementia Core Skills Education and Training Framework (each item within this scale is denoted by T2). Scales two and three were originally adapted from the Warwick-Edinburgh Mental Wellbeing Scale[11] (WEMWBS) to measure the impact upon the subjective wellbeing of participants, and from the National Dementia Strategy[12], in order to fully gauge the impact of the programme on participants' dementia care values, behaviours and skills within the context of national policy drivers. Both scales have been used in earlier *House of Memories* evaluation studies[13] and were incorporated within this study to enable a degree of consistency across NML's developing evidence base. The measure is described in full below, with items colour-coded according to relevant scale: **Tier 2 outcomes**; subjective wellbeing; and national dementia strategy.

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 in my professional setting
T2.1 After the House of Memories workshop I feel more knowledgeable on **dementia identification, assessment and diagnosis** as a health care professional
After the House of Memories workshop I have been **feeling good** about my own potential as a dementia carer
After the House of Memories workshop I have been feeling **cheerful** in my role as a health professional
After the House of Memories workshop I feel more **confident** in my dementia care capabilities
T2.2 After the House of Memories workshop I feel **more aware** of dementia and its implications
T2.3 After the House of Memories workshop I feel able to **communicate, behave and interact** more effectively as a health professional providing dementia care
T2.4 After the House of Memories workshop I feel more able to **reduce and prevent risk** in dementia care in my professional health environment
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
T2.5 After the House of Memories workshop I am more understanding of the principles of **person-centred dementia care**
T2.6 After the House of Memories workshop I feel more informed on **pharmacological intervention** in dementia care
T2.7 After the House of Memories workshop I am more conscious of the role of **families and carers** as partners in dementia care
T2.8 After the House of Memories workshop I am more mindful of the **health and wellbeing** of all those affected by dementia

[11] For more information please see: http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx
[12] For more information please see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168221/dh_094052.pdf
[13] See for example Evaluation of House of Memories Midlands Model 2014: http://www.liverpoolmuseums.org.uk/learning/documents/house-of-memories-midlands-evaluation-2014.pdf

T2.9 After the House of Memories workshop I have a greater understanding of supporting people to **live well with dementia and promoting independence**
T2.10 After the House of Memories workshop I am more aware of **end of life** dementia care
After the House of Memories workshop I feel more able to help reduce the **stigma** associated with dementia
T2.11 After the House of Memories workshop I am more mindful of **equality, diversity and inclusion** in dementia care
After the House of Memories workshop I feel that there is **peer support** available to me as a health professional with dementia care responsibilities
After the House of Memories workshop I have a clear understanding of my role in **improving standards** in dementia care in acute health settings
After the House of Memories workshop I am committed to my own ongoing **training and development** as a health professional with dementia care responsibilities
T2.12 After the House of Memories workshop I am more open to **research and evidence-based practice** in dementia care
T2.13 After the House of Memories workshop I am more aware of **law, ethics and safeguarding** in dementia care
After the House of Memories workshop I am committed to ongoing improvements in dementia care within my surrounding health **care environment**

Respondents were also asked to identify the workshop attended and given space to provide any additional [qualitative] comments and reflections. The measure was administered online in survey form using Bristol Online Surveys and shared with all Pilot *House of Memories* Train the Trainer participants (across the four venues) via email, on three separate occasions to maximise responses after completion of the programme, including original sessions facilitated by NML and second workshops facilitated by volunteer facilitators. 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 32 responses (completed impact measures) were received, giving a response rate of 29%, which were subsequently analysed using the statistical software package SPSS. This is a reliable, representative sample for evaluation research of this scale, especially given the demanding professional constraints of programme participants.

Countess of Chester, 2nd November 2015 led by NML	10
PSS, Liverpool, 10th November 2015 led by NML	5
Wirral University Teaching Hospital Arrowe Park, 11th November 2015 led by NML	3
The Christie, Manchester, 20th November 2015 led by NML	4
Wirral University Teaching Hospital Arrowe Park, 28th January 2016 led by volunteer facilitator	0
Countess of Chester, 29th January 2016 led by volunteer facilitator	0
PSS, Liverpool, 5th February 2016 led by volunteer facilitator	4
The Christie, Manchester, 19th April 2016 led by volunteer facilitator	6
Total	**32**

Tier 2 Impact Measure responses per workshop

NML also provided data collected via in-house evaluation forms circulated at the end of each initial workshop, including quantitative data on perceptions of Tier 2 outcomes and qualitative feedback. NML also shared feedback forms from all volunteer facilitators, including quantitative and qualitative feedback on operational elements of delivering the workshop.

Research interviews with facilitators

Semi-structured research interviews were conducted with NML's lead facilitator and volunteer facilitators from PSS Liverpool, the Christie in Manchester and Wirral University Teaching Hospital. Interview questions were designed to capture responses to the train the trainer elements of the programme, including impact upon individual incentive, capacity and efficacy to lead on cascaded training opportunities; recognition of Tier 2 learning objectives and outcomes within the programme; responses to and engagement with training materials including the *My House of Memories* app (see appendices 2 and 3 for research instruments used). Interviews were recorded and fully transcribed, enabling the use of verbatim quotations in the final evaluation report.

Social return on investment (SROI) analysis

The final objective of the evaluation was to explore the social value created by the Pilot House of Memories Train the Trainer programme for NHS staff and health professionals, assessing the professional impacts and personal outcomes that have occurred as a direct result of the training.

The Public Value (Social Value) Act 2012[14] requires public authorities to consider how services they procure or commission might improve the economic, social and environmental wellbeing of communities. This evaluation seeks to assess the economic impact of this learning using SROI as the most appropriate method of analysis, which involves assessing the social and economic impact of the training programme on those who have received the training. 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 (or destroyed), which is typically expressed as: 'for every £1 invested, £x of social value is created'.

SROI is a framework for assessing the social value through the perspective of key stakeholders – the individuals or organisations which experience change as a result of the project. It is a story of change which is expressed in 'value' created. SROI measures the value of social benefits created by an organisation, 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 value created.

Whilst SROI is a ratio of monetised social value, it also represents the story of change and it is important that qualitative statements are included within the report 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. 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; and being transparent in the results.

SROI analysis has been used in this instance to consider and define the social value and associated return on investment of the Pilot *House of Memories* Train the Trainer Programme, using outcomes identified by earlier data collection activities. Applying an SROI analysis will enable NML, HENW and partners to articulate how the outcomes of the programme translate into an economic value to funding bodies and policy decision makers within the wider health and social care economy as the programme is taken forward. This is especially pertinent given the potential added social value of the Pilot *House of Memories* Train the Trainer Programme as a cascaded training model and any cost benefit derived from this.

[14] https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources

3 SUMMARY OF FINDINGS

3.1 Dementia Core Skills Education and Training Framework: Tier 2 outcomes

Survey responses (summarised in figure 1) indicate positive results against Tier 2 outcomes, with particular strengths in dementia awareness (97% agree/strongly agree); communication, behaviour and interaction (97% agree/strongly agree); understanding of the principles of person-centred dementia care (62.5% strongly agree); understanding of the role of families and carers (90% agree/strongly agree); health and wellbeing (97% agree/strongly agree); and living well with dementia (100% agree/strongly agree). These findings resonate with evaluation outcomes of other *House of Memories* models, including enhanced compassion and professional empathy, which are integral elements of person-centred dementia care strategies and practices (Brooker,2007).

Tier 2 outcomes	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
T2.1 After the House of Memories workshop I feel more knowledgeable on dementia identification, assessment and diagnosis **as a health care professional**	15.6	56.3	15.6	9.4	3.1
T2.2 After the House of Memories workshop I feel more aware **of dementia and its implications**	56.3	40.6	3.1	-	-
T2.3 After the House of Memories workshop I feel able to communicate, behave and interact **more effectively as a health professional providing dementia care**	40.6	56.3	-	-	3.1
T2.4 After the House of Memories workshop I feel more able to reduce and prevent risk **in dementia care in my professional health environment**	15.6	59.4	15.6	9.4	-
T2.5 After the House of Memories workshop I am more understanding of the principles of person-centred dementia care	62.5	34.4	3.1	-	-
T2.6 After the House of Memories workshop I feel more informed on pharmacological intervention **in dementia care**	9.4	37.5	37.5	12.5	3.1
T2.7 After the House of Memories workshop I am more conscious of the role of families and carers **as partners in dementia care**	56.3	34.4	6.3	-	3.1
T2.8 After the House of Memories workshop I am more mindful of the health and wellbeing **of all those affected by dementia**	37.5	59.4	3.1	-	-
T2.9 After the House of Memories workshop I have a greater understanding of supporting people to live well with dementia and promoting independence	43.8	56.2	-	-	-
T2.10 After the House of Memories workshop I am more aware of end of life **dementia care**	9.4	50	25	15.6	-
T2.11 After the House of Memories workshop I am more mindful of equality, diversity and inclusion **in dementia care**	21.9	65.6	9.4	3.1	-
T2.12 After the House of Memories workshop I am more open to research and evidence-based practice **in dementia care**	31.3	65.6	3.1	-	-
T2.13 After the House of Memories workshop I am more aware of law, ethics and safeguarding **in dementia care**	12.5	40.6	37.5	9.4	-

Figure 1: Summary table of Tier 2 Impact Measure outcomes [% - n=32]

Weaker or more varied outcomes include pharmacological intervention; reduction and prevention of risk; and law, ethics and safeguarding in dementia care. Responses are consistent with feedback collected from NML at the end of each session, summarised in figure 2. House of Memories is an incredibly emotive experience. As such, it is important to validate feedback given during or immediately after that experience in order to rationalise emotional or instinctively loyal reactions. Both sets of data evidence the sustained, positive impact of Pilot *House of Memories* Train the Trainer Programme.

Tier 2 outcomes	VW/W	Neutral	NW/NAA[15]
Dementia awareness	91.25	8.75	0
Dementia identification, assessment and diagnosis	65.39	21.79	12.82
Dementia risk, reduction and prevention	49.35	25.97	24.68
Person-centred dementia care	95.07	2.47	2.46
Communication, interaction and behaviour	95	5	0
Health and wellbeing	85.89	8.97	5.13
Pharmacological intervention in dementia care	29.87	27.27	42.85
Living well with dementia and promoting independence	84.41	10.39	5.2
Families and carers as partners in dementia care	96.28	3.7	0
Equality, diversity and inclusion in dementia care	73.08	10.26	16.67
Law, ethics and safeguarding in dementia care	34.63	28	37.33
End of life	8	32	60
Research and evidence-based practice in dementia care	42.11	31.58	26.32
Average percentage	**65.4**	**16.6**	**18**

Figure 2: Tier 2 dementia care outcomes upon immediate completion of initial training sessions x 4 [% data provided by National Museums Liverpool – n=81]

Summaries of individual Tier 2 Impact Measure outcomes are included as appendix 1. Tier 2 outcomes were also discussed with interviewees, including their perceptions of the extent to which outcomes had been consistently met and any identifiable strengths and weaknesses. It was widely acknowledged that the programme would not meet all 13 defined outcomes with regards to the weighting of attributed content. The consensus was that the strengths of the programme represent the priorities of the Dementia Core Skills Education and Training Framework:

> "We have delivered consistently across the 4 sites but a lot of objectives to meet, so hard to meet all to same standards… they are weighted differently according to the strengths of House of Memories… tried to cover all but some more robustly… it is strong on person centred care, awareness, living well… less weighting to end of life care, law/ethics although these are touched upon in [dementia specialist nurse] film… Some are alluded to so there is a variation… The overall aim of Tier 2 is person centred care so this can be confidently taken forward." (NML facilitator)

Specific Tier 2 strengths relating to person-centred care, such as communication, behaviour and interaction were directly attributed to the quality of training materials including the My House of Memories app:

> "We work with a lot of volunteer befrienders and the first thing we're asked is how do you start to make conversation, and I just thought the app was fantastic… if I can spread the word to my volunteers… I wanted to be involved with making as many people aware of it as possible… I love the way people with dementia have designed it themselves… older people are not scared by it in the way that they are with other new technologies." (volunteer facilitator 3)

> "Very intense…brought the individual to the fore… every individual with dementia [has] their own history, thoughts, memories… [this is] vital to give proper care and meaning to their lives. Excellent training tool". (survey respondent)

[15] NML's evaluation forms asked participants to identify the extent to which the workshop met Tier 2 outcomes, by selecting 'very well', 'well', 'neutral', 'not very well' or 'not at all' (abbreviated and merged in table).

All interviewees commented on the flexibility of the programme being its key strength, including the extent to which it can be adapted appropriately by different facilitators for different professional environments, whilst staying true to its core Tier 2 objectives. This was evidenced acutely during observation of sessions delivered by two volunteer facilitators. During the session at the Christie, the facilitator initiated a conversation on the merits of pharmacological intervention with participants following a film depicting the experiences of a person with dementia being admitted to emergency care and subsequently sedated. Participants in this session were mostly hospital ward staff, making this interpretation relevant to their professional circumstances. In comparison, the volunteer facilitator at PSS was more inclined to focus upon the person-centred care elements of the programme, including the role of families and carers, as this session was attended by volunteer befrienders working in communities.

Different, responsive interpretations of the materials by facilitators and participants therefore, based on their individual areas of experience and expertise, will affect the ways in which different Tier 2 outcomes are emphasised or not:

> "The adaptability and effectiveness of the model is at the heart of it… the most important thing was that it needed to be flexible because each different setting has different needs… each organisation has its own culture so no two places are going to be the same… There's a scaffold there to build upon… but they have to make it their own and relevant to their staff… every single one of them did that and that was the most positive thing for me… at the same time as still having a structure around the Tier 2 outcomes… It was fascinating to see how people spent more time on elements that they know were specific to their area based on their expertise, so at the Christie that might be end of life care… That flexibility is a positive." (NML facilitator)

> "Like anything if it's not your own training, you do feel a little bit apprehensive, but the way it was set out I thought it was excellent… I was able to relate what was in the training to instances in our own organisation, which really helped the people participating." (volunteer facilitator 1)

> "I struggled with the Tier 2 part… I think I would have liked to have made more of a point in the beginning about what those objectives were… I don't think that all the Tier 2 objectives are met but I know that's really difficult… I tried to talk a little bit about end of life, which wasn't on the video… there was a little bit about sedation but nothing really on medication… the carer's perspectives and what people actually experience are quite strong… and the person-centred stuff above the medical model comes over really well… At the end of the day that's what dementia care is." (volunteer facilitator 2)

3.2 Subjective wellbeing

A key challenge and point of interest in delivering *House of Memories* – as a museums-led initiative – in primary health settings is the extent to which this would be embraced by health professionals in their own professional environments. Alongside Tier 2 outcomes, the subjective wellbeing scale gives further insights on participants' responses to and feelings on the programme. Although the sample size is not significant enough to undertake reliable correlation analysis, a relationship between the two scales can be inferred. 100% of respondents agree/strongly agree that they are interested in new approaches to dementia care following the programme, with 94% agreeing/strongly agreeing that they have been feeling optimistic about dementia care in their professional settings.

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	12	37.5	37.5	37.5
	Strongly agree	20	62.5	62.5	100.0
	Total	32	100.0	100.0	

After the House of Memories workshop I have been feeling optimistic about dementia care in my professional setting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undecided	2	6.3	6.3	6.3
	Agree	19	59.4	59.4	65.6
	Strongly agree	11	34.4	34.4	100.0
	Total	32	100.0	100.0	

Personal efficacy is also integral to the ways in which creative, alternative approaches to training, development and professional practice are embraced and adopted. 97% of respondents agree/strongly agree that they had been feeling good about their own potential as a dementia carer since completing the programme; 84% agree/strongly agree that they have been feeling cheerful in their role as a health professional; and 97% agree/strongly agree that are feeling more confident in their dementia care capabilities.

After the House of Memories workshop I have been feeling good about my own potential as a dementia carer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undecided	1	3.1	3.1	3.1
	Agree	20	62.5	62.5	65.6
	Strongly agree	11	34.4	34.4	100.0
	Total	32	100.0	100.0	

After the House of Memories workshop I have been feeling cheerful in my role as a health professional

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	2	6.3	6.3	6.3
	Undecided	3	9.4	9.4	15.6
	Agree	19	59.4	59.4	75.0
	Strongly agree	8	25.0	25.0	100.0
	Total	32	100.0	100.0	

After the House of Memories workshop I feel more confident in my dementia care capabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undecided	1	3.1	3.1	3.1
	Agree	19	59.4	59.4	62.5
	Strongly agree	12	37.5	37.5	100.0
	Total	32	100.0	100.0	

Interviewees were able to attribute wellbeing outcomes to the quality and resonance of the creative content of the Pilot *House of Memories* Train the Trainer Programme, with particular reference to the character-based documentary films and the My House of Memories app. This was strongly evidenced throughout observation of all sessions, including the extent to which instinctive, personal connections were made and discussed in response to the films, and high levels of enthusiastic, conversational engagement with the app. It is important to note that the programme was developed in collaboration with partner health services so that it could be as responsive as possible. Creative processes such as film making allow for a more intuitive process, dependent on the professional skills of creative teams:

> "We put a lot of work into the films to make sure they responded directly to what partners wanted… the number one thing you need is for people to recognise something, that it's true to them and their

experience… there's always an emotional connection with the stories… and they do just elicit lively discussion… one of the beauties of using film is that you can literally zoom in and distil stories to the essence of what you want and still get the personal message over… quality is key in terms of script, performances and film production… you have to get that right." (NML facilitator)

"The whole concept of the films, with regards to making staff aware of how people with dementia and their carers felt… although we know they were actors they did it so well and based on real-life cases… if you see something visually it's more powerful." (volunteer facilitator 1)

"Excellent afternoon, videos valuable and provide a lot of thought about future practice… also ways to improve education, knowledge of dementia in ward environment". (survey respondent)

"I found the videos very powerful… discussions follow well and the reality hits home… I thoroughly enjoyed the afternoon and cannot wait to use this [app] in the very near future". (survey respondent)

"The training's visual aids had a great impact on me, emotional and thought provoking. I think the app is fantastic". (survey respondent)

"Once people started using the app, it was really quite exciting because you could see that people were getting engaged… and they were using the app in the way that it's supposed to be used, as a communication tool and an engagement tool with each other… It balanced out perfectly the emotional challenge of the films by bringing a bit of light relief… We just had to keep reminding people to think about how it could work in their care contexts… but it really worked and you could see people getting it." (NML facilitator)

Interviewees also discussed confidence as a key outcome in relation to their experiences of delivering the programme and in using the relevant resources:

"It's confidence in delivery that's key, re what you bring out in your staff who are attending… it took a bit of time to get going because you get used to using your own training materials… as I got into it I developed my own confidence… as the session went on I felt more able to bring in my experience and the staff's experience and engaging them more." (volunteer facilitator 2)

"I found the app session bit difficult because I'm not used to facilitating activities like that… but I could see that the staff were enjoying using it and they became a lot more lively! They were talking about their own memories, they seemed confident in using it." (volunteer facilitator 2)

3.3 National dementia strategy

The evaluation has also considered the programme's contribution to other strategic dementia care policy developments and objectives via the national dementia strategy. The Prime Minister's Challenge on Dementia 2020 (Implementation Plan[16], March 2016) references House of Memories in its objective to ensure that people with dementia receive "meaningful care" (pp. 32). The document also references Health Education England commissions under the 'Training well' strategy, including work with NHS Trusts to fulfil requirements of the Dementia Core Skills Education and Training Framework (pp. 45).

Outcomes within this scale include feelings of compassion towards dementia (94% agree/strongly agree); openness to creative activities in dementia care (94% agree/strongly agree); ability to reduce the stigma associated with dementia (84% agree/strongly agree); feeling that there is peer support available in providing dementia care (81% agree/strongly agree); understanding of own role in improving dementia care standards (88% agree/strongly agree); commitment to ongoing dementia care training and development as a health professional (97% agree/strongly agree); and commitment to improvements in surrounding health care environment (91% agree/strongly agree).

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.1	3.1	3.1
	Disagree	1	3.1	3.1	6.3
	Agree	14	43.8	43.8	50.0
	Strongly agree	16	50.0	50.0	100.0
	Total	32	100.0	100.0	

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.1	3.1	3.1
	Undecided	1	3.1	3.1	6.3
	Agree	12	37.5	37.5	43.8
	Strongly agree	18	56.3	56.3	100.0
	Total	32	100.0	100.0	

16 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/507981/PM_Dementia-main_acc.pdf

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	2	6.3	6.3	6.3
	Undecided	3	9.4	9.4	15.6
	Agree	16	50.0	50.0	65.6
	Strongly agree	11	34.4	34.4	100.0
	Total	32	100.0	100.0	

After the House of Memories workshop I feel that there is peer support available to me as a health professional with dementia care responsibilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	3.1	3.1	3.1
	Undecided	5	15.6	15.6	18.8
	Agree	15	46.9	46.9	65.6
	Strongly agree	11	34.4	34.4	100.0
	Total	32	100.0	100.0	

After the House of Memories workshop I have a clear understanding of my role in improving standards in dementia care in [acute] health settings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.1	3.1	3.1
	Undecided	3	9.4	9.4	12.5
	Agree	20	62.5	62.5	75.0
	Strongly agree	8	25.0	25.0	100.0
	Total	32	100.0	100.0	

After the House of Memories workshop I am committed to my own ongoing training and development as a health professional with dementia care responsibilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.1	3.1	3.1
	Agree	17	53.1	53.1	56.3
	Strongly agree	14	43.8	43.8	100.0
	Total	32	100.0	100.0	

After the House of Memories workshop I am committed to ongoing improvements in dementia care within my surrounding health care environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	3.1	3.1	3.1
	Undecided	2	6.3	6.3	9.4
	Agree	15	46.9	46.9	56.3
	Strongly agree	14	43.8	43.8	100.0
	Total	32	100.0	100.0	

Outcomes relating to professional development and care standards were reinforced by the lead NML facilitator, who referenced the professional development value of the programme in and of itself for volunteer facilitators and the sense of empowerment felt in recognising their own capacity to effect change in their partner organisation:

> "For the volunteers it was an opportunity for them in terms of their personal professional development… their managers in two cases saw it as an opportunity for the people they put forward to deliver the training… the initial train the trainer sessions helped them see the value of it… that there is a need within their services and it would be good to roll this out… and people are already saying to us that they want to continue to roll it out with more sessions… they're motivated by seeing the need for it and through a recognition that they can create change." (NML facilitator)

3.4 Train the Trainer model: Learning outcomes and recommendations from pilot programme

There are a number of generic learning outcomes from the pilot programme to help shape and develop its operational and strategic effectiveness moving forward. These have been grouped as follows:

- Access and participation
- Practical, operational issues
- Content and participant expectations
- Cultural value
- House of Memories reputation and trust
- Collaborative value

Access and participation

Interviewees expressed high levels of appreciation for the fact that NML had committed to physically delivering the programme within participating services, alongside tailoring content to be relevant to programme partners. This has enabled higher levels of access and participation than would conventionally be possible, especially for hospital staff. There is a reciprocal benefit for NML in being able to offer the programme to an extended audience. The condensed half-day model has also been beneficial in this context. There is a logistical value therefore to delivering *House of Memories* in primary health care settings in parallel with the range of positive professional outcomes expressed by participants:

> "[we] established need in the first place, identified through relationships with partner organisations… key benefit is in being able to go out to their space, to their venues… freeing time for people in primary health settings to attend training delivered off-site is tricky… for the museum it provides a good opportunity to reach people who obviously are unable to visit the museum in person if they're hospitalised." (NML facilitator)

> "The half-day model makes it more realistic for staff to get off the wards." (volunteer facilitator 2)

> "The main thing that stood out was that they came to our organisation… they made if fit for purpose… they set it within our work with people with dementia and their families and carers and they made it really personal… When delivering it myself I could make it fit even more for my service." (volunteer facilitator 3)

> "I found it useful to look at how acute settings are still getting basic dementia care so wrong and how important it is for them to receive training in order to deal with people who are in crisis and have a dementia". (survey respondent)

Practical and operational issues

A number of practical, operational issues were raised, which may be worthy of further consideration. Although the training manual advises facilitators to signpost participants to relevant (local and national) policy documents, it was not always practical to do so when workshops were taking place. It was felt that some kind of 'further reading' handout for participants to take away would be useful. Other operational issues concerned adequate room availability in host health services and the disproportionate amount of time spent by the NML team in trying to navigate hospital systems (e.g. to book catering). One facilitator expressed a preference for more preparation time before the workshop, including receipt of training materials in advance. In the interests of clarity, materials were made available online to facilitators beforehand; this could be addressed by providing more guidance on personal planning time including access to resources.

> "The only thing I did struggle with was with regards to the references to look at policy documents, the prime Minister's Challenge etc, there wasn't enough time… it would be good to have a sheet that says these are the documents supporting the training to give out." (volunteer facilitator 1)

> "Practical challenges… one session in a tiny room in clinical skills area… Amount of organisation that had to be done through the museum but hospitals have own baffling third party systems (e.g. catering)… People on call, so have to get up and leave which could be quite disruptive." (NML facilitator)

> "Because it was a pilot I didn't get the PowerPoint presentation beforehand so I didn't get the chance to practice and familiarise myself with it… the [NML] people there with me on the day were fantastic though." (volunteer facilitator 3)

Content and participant expectations

Despite consistent messages on the programme's flexible strengths, some respondents were expecting the programme to be a little more tailored in some capacity. This could simply be a case of needing to manage participants' expectations of the programme, providing more detailed information in advance on its content and focus:

> "There was a lot of content on care homes and only a little bit on acute trusts with regards to poor practice… I think having more on acute trusts might be of benefit… The carer in a nursing home was absolutely fabulous in the way she communicated, but putting that into an acute setting where there's more noise, more patients obviously… I found it easy to follow and adaptable though." (volunteer facilitator 1)

> "It would be nice to have more of a community element… it's written very much from a clinical side around diagnosis and so on… but there could be more on people living with dementia in communities." (volunteer facilitator 3)

> "I found the practical session less nursing and medical based. I would rather know more about medications and end of life care as I don't feel this was covered in the session." (survey respondent)

> "A lot of the museum content is aimed at the white older community… there's not much for different migrant communities whose long-term memories are not about Liverpool… We've got one of the oldest Chinese communities in Europe in Liverpool… If there were more community elements to it I think people would identify [with it] more." (volunteer facilitator 3)

Cultural value

In explicating the value of a museums-led dementia care training programme delivered within primary health care settings, the programme has a lot to contribute to current debates on the impact and value of subsidised arts and culture, especially as it has been commissioned by the health sector. Evidence that points to the impact of 'uniquely cultural' elements of the programme is especially important:

> "The videos are surprisingly universal, and people will always see things that we haven't seen… There was always the possibility that people would take it and completely run away with it, and never mention the app or museums, but they didn't… they all carried that central message of the effectiveness and value of museums in dementia care". (NML facilitator)

> "The session that [NML] delivered was really inspiring in terms of dementia awareness, he was quite passionate about it which you need to be when delivering training, and I think the videos really made people think… it offered a more realistic perspective than just standing there delivering more didactic teaching methods… it engaged the staff and got them to think about their own practice and views on dementia." (volunteer facilitator 2)

> "As a pilot we're learning so much from it… the model has been well tested at every stage… HENW have taken a risk in commissioning a creative model… people approach us at the end of every session and say they've never had training that's touched them in this way, where it's made an emotional connection as well as a cerebral connection… it's hearts and minds and a different way of learning." (NML facilitator)

> "I think it depends on how familiar the trainer is with museums as to how strongly their value comes across… I certainly think that the partnership and connection with museums and how cultural issues can help with the training is understood… I know that staff on two of my wards are really confident in their dementia care and they're the two that have been on House of Memories". (volunteer facilitator 2)

It is important to remember however that creative approaches in primary health settings will not be to everyone's taste and can be interpreted very differently, as one survey respondent associated the app with 'distant technological approaches':

> "Whilst the House of Memories train the trainer sessions were useful I felt they functioned as more of a 'plug' for NML House of Memories mobile App. While this app could be a useful tool in the care and treatment of individuals with dementia; its use is ultimately limited and required supportive interventions from a person to enable its effective use. I felt the training skipped over effective person centred and humanist support strategies in favour of a more distant technological approach to support. I would have liked less 'go and play and experiment with the app' and more professional role plays, strategy discussions and work on functional behaviour analysis." (survey respondent)

House of Memories reputation and trust

The positive reputation of *House of Memories* and the subsequent trust placed in NML has been a key driver in the success of the programme. This was often referenced during workshops, especially by participants who had themselves already participated in the original full-day model at the Museum of Liverpool. Volunteer facilitators also felt inspired to deliver the programme on the grounds of its established professional credibility:

> "I've been to House of Memories at the Museum of Liverpool and really liked it… I sent my staff on to that training and recognised that when they came back they had become a lot more confident… so was inspired to become a trainer myself through knowledge of the programme and wanted to be more involved… it's such a great piece of work that the museums are doing." (volunteer facilitator 2)

Collaborative value

The programme's success is also underpinned by the quality of the collaborative network behind it. HEE has shown progressive leadership in the commissioning of a museums-led Tier 2 programme. Matched with the quality and professional calibre of House of Memories, this has encouraged effective partnership working with health service partners. Due attention should be paid therefore to the selection of future collaborators and roll-out of the programme, in order to manage any risk to its ongoing impact and effectiveness.

> "I was inspired by the fact that it was a HEE sponsored tier 2 programme… and keen to get involved with NML and the other trusts". (volunteer facilitator 1)

> "I'm really pleased that we've had the opportunity to be in this partnership… for it to continue on a cascaded basis, it's about recognising the right people to do that, with the right skills and the right position… and about delivering to the right audience." (volunteer facilitator 2)

> "Very good idea to combine museums facilities with the health care setting. I went to the House of Memories workshop in Liverpool last year and it was nice to get a refresher in my workplace. It is nice to know other institutions out there care about our patients' experiences in the hospital." (survey respondent)

Given the high value placed on the creative dimensions of the Pilot *House of Memories* Train the Trainer Programme, it seems fitting to include a touching contribution from one survey respondent, who had been inspired by the training to reflect on their early career as a creative therapist and shared a poem they had written some years ago:

ELDERLY HOPE

You see vegetables
I see seeds of growth

You see ends
I see beginnings

You see receptacles to fill
I see vessels to empty and replenish

You see old
I see new

You see death
I see life

Let me show you

> *"I think the work you are doing is wonderful. We all have our own creativity and our own resources. Thank you for reminding me - and inspiring me."*

3.5 Social value analysis: Social return on investment (SROI) for the pilot programme

The final aim of the evaluation was to explore the social value created by the Pilot House of Memories Train the Trainer programme for NHS staff and health professionals, assessing the professional impacts and personal outcomes that have occurred as a direct result of the training. There are several overarching principles to undertaking an SROI analysis which include: involving stakeholders in the research; understanding the impact and changes that have occurred; valuing what matters; not over claiming; and being transparent in the results. SROI analysis involves four distinct stages: scoping; engagement activities; results and feedback.

Scoping

A scoping exercise was undertaken with the aim of identifying and clarifying what the SROI evaluation would involve and what the analysis would measure and how. This stage of the research set out the purpose, background, resources, activities and timescales for the evaluation. Key stakeholders were identified for inclusion in the research, resulting in interviews with the lead NML facilitator and volunteer facilitators from partner health services (referenced in previous sections of the report), and inclusion of data collected in survey form from stakeholders who had attended training sessions at the Countess of Chester Hospital; PSS, Liverpool; Wirral University Teaching Hospital; and the Christie, Manchester. The forecast SROI looks at the potential impact of the training for the forthcoming twelve months.

SROI analysis

This section of the report outlines findings from the evaluation, which feed directly into the impact map used to calculate the final financial ratio, expressed as: £1:£X. Expressed as a ratio of return, the SROI is derived from dividing the impact value by the value of the investment. However, before the calculation is made, the impact value is adjusted to reflect the present value of the projected outcome values. This is to reflect the present day value of benefits projected into the future. In this social value account, outcomes are projected for a one-year period following the training and so the effect of discounting for this is limited.

Costs

Health Education England North West has funded the Pilot House of Memories Train the Trainer programme to deliver eight training sessions, involving over 100 health service staff and potentially affecting 500 service users, based on each staff member having contact with at least five people with dementia in a single year within their relevant health services (e.g. hospital wards).

Impact tables

For the SROI calculation, the investment costs are balanced against the amount of value created. This returns a ratio, which when all other factors are taken into account, represents a return amount for every one pound input into the Pilot House of Memories Train the Trainer programme, in wider, societal value. As a result of attending the Pilot House of Memories Train the Trainer programme, participants reported a number of changes, which broadly covered both personal and professional development. These included: greater understanding and confidence in dealing with dementia; person-centred dementia care; living well with dementia and promoting independence; equality, diversity and inclusion in dementia care; capacity to develop techniques presented within individual sessions and apply them in own work settings; and enhanced understanding of the benefits of a holistic approach to dementia care.

Three main complementary themes were distilled from the data:

- **Dementia awareness:** Greater knowledge of dementia; less frightened of dementia; interested in new approaches to dementia care
- **Improved care standards:** Increased confidence; more personalised care for people with dementia; understanding role of carers and families
- **Living well with dementia** and associated health and wellbeing of the person with dementia

The impact map

The impact map is a Microsoft Excel document[17] which lists the key changes (as reported above) that have occurred as a direct result of the Pilot House of Memories Train the Trainer programme. 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 Train the Trainer 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 identified, the actual SROI calculations, and a sensitivity analysis which ensures robustness in the calculation.

Financial proxies and sources

As it is not possible to place a direct cost on the value of some changes, such as increased awareness and potential to reduce stigma associated with dementia, a financial proxy is used which instead determines what the value of that change could be in monetary terms. Financial proxies have been sourced from the Global Value Exchange[18]. 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. 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, the increased confidence gained in caring for someone with dementia was valued at the cost of a confidence-building course (£329 per person, seee table 1). For the greater understanding and application of reminiscence therapy gained, this was valued at £89.00 per individual – sourced from a clinical trial using such therapies. 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 people living with dementia, this was costed at £149 – the price of a one-day communication course.

Inputs

Inputs consider what stakeholders have invested into the Pilot House of Memories Train the Trainer programme (funding received by NML from Health Education North West), involving 112 NHS staff and health professionals. This financial information was used to assess the net social value that has been created.

[17] Available upon request
[18] A financial proxy website where indicator values are shared: www.globalvalueexchange.org

Total Input Value	**£19,800**
Net Present Social Value	**£357,521**
Social Return £ per £	**£19.06**

Pilot House of Memories Train the Trainer Programme: £19.06

The SROI ratio is calculated by dividing the Total Present Value of impact by the investment made, and balancing this with calculations which consider the percentage of other factors which may have also contributed to the reported outcomes and impacts, including whether the changes would have occurred anyway (deadweight); whether other organisations also contributed (attribution); and whether the changes dropped off over time (drop off). For this report, all the above were set at 50% to account for the influence of their professional knowledge, other training they may have already attended and continuing professional development.

Social Return on Investment ratio range £1: £19.06

Outcomes	Proxy value	Description
More confident in dealing with dementia	£298.90	Cost of a confidence training course
Greater understanding/awareness of dementia	£176.99	Cost of a dementia awareness course
More able to reduce stigma associated with dementia	£276	Cost of attendance at the Mental Health: Forward Thinking – Delivering the Strategy Conference
Greater personal qualities such as empathy, sympathy, compassion	£154.38	Compassion-focused workshop
Improved relationships with those being cared for	£780.00	Improved well-being, job satisfaction
Able to communicate more effectively as a health care professional	£149	One-day communication course
Greater understanding and application or reminiscence therapy	£89.00	Cost of reminiscence therapy (as part of a clinical trial)
Greater role to play in improving standards of care in dementia	£309.09	Value of improved learning and operations for an organisation
Tell others about the training	£9,000.00	Cost of a House of Memories social marketing campaign using Facebook and Twitter for one year - £750pm X 12
More interested in dementia as a subject	£1050	L3 Award in Awareness of Dementia training at Open University

Table 1: SROI financial proxies and values

Quantity

For each outcome and subsequent indicator(s) identified, 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 112– the total number of individuals who have received Pilot House of Memories Train the Trainer training). This number is arrived at by extrapolating the number of participants reporting this outcome in the research.

Limitations of SROI method

The process of conducting an SROI analysis relies heavily on qualitative data gathered from as many stakeholders as possible. The number of engagement activities and methods for the evaluation in this case were limited by time and resources. For example, those attending the training were all in paid employment within participating high-demand health services and were therefore limited in their capacity to engage in the research.

The nature of the SROI evaluation in attempting to quantify the unquantifiable (for example, the value of improved confidence or increased knowledge and awareness) means that it is 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. Where research participants 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 evaluation were relatively small, this still constitutes a good representation of key stakeholders. The findings from this report support earlier research conducted by the authors into previous House of Memories training packages and further add confidence in the combined results. For this SROI evaluation, only one primary stakeholder group was involved in the research – those who had actually received the training. Based on these results, it is anticipated that much greater social value would be generated by including both people living with dementia as well as their family and friends.

What does this SROI value mean?

In return for an investment of £19,800 to train 112 healthcare professionals in dementia awareness and care (approximately £170 per attendee), a total of **£357,599** of social value was created, returning an SROI ratio of £19.06: £1, when discounting for other attributable factors and the chances that changes would have occurred anyway. However, the full potential impact of this training is yet to be considered and realised: with every subsequent training session delivered through this model, more social value will be gained. Even if every individual who receives training only reaches out to five patients at any one time, there is a further, undemonstrated impact to be realised by the patient and their family.

This SROI ratio 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 the Pilot House of Memories Train the Trainer are with regards to dementia awareness, standards of care and personal and professional development of health sector participants.

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 to participants in the study. The ratio presented offers an insight into the impacts which may be gained as a result of the training model, and is not a financial representation of what has actually been spent by stakeholders.

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

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APPENDIX 1 – INDIVIDUAL TIER 2 IMPACT MEASURE OUTCOMES

T2.1 After the House of Memories workshop I feel more knowledgeable on dementia identification, assessment and diagnosis as a health care professional

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.1	3.1	3.1
	Disagree	3	9.4	9.4	12.5
	Undecided	5	15.6	15.6	28.1
	Agree	18	56.3	56.3	84.4
	Strongly agree	5	15.6	15.6	100.0
	Total	32	100.0	100.0	

T2.2 After the House of Memories workshop I feel more aware of dementia and its implications

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undecided	1	3.1	3.1	3.1
	Agree	13	40.6	40.6	43.8
	Strongly agree	18	56.3	56.3	100.0
	Total	32	100.0	100.0	

T2.3 After the House of Memories workshop I feel able to communicate, behave and interact more effectively as a health professional providing dementia care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.1	3.1	3.1
	Agree	18	56.3	56.3	59.4
	Strongly agree	13	40.6	40.6	100.0
	Total	32	100.0	100.0	

T2.4 After the House of Memories workshop I feel more able to reduce and prevent risk in dementia care in my professional health environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	3	9.4	9.4	9.4
	Undecided	5	15.6	15.6	25.0
	Agree	19	59.4	59.4	84.4
	Strongly agree	5	15.6	15.6	100.0
	Total	32	100.0	100.0	

T2.5 After the House of Memories workshop I am more understanding of the principles of person-centred dementia care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undecided	1	3.1	3.1	3.1
	Agree	11	34.4	34.4	37.5
	Strongly agree	20	62.5	62.5	100.0
	Total	32	100.0	100.0	

T2.6 After the House of Memories workshop I feel more informed on pharmacological intervention in dementia care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.1	3.1	3.1
	Disagree	4	12.5	12.5	15.6
	Undecided	12	37.5	37.5	53.1
	Agree	12	37.5	37.5	90.6
	Strongly agree	3	9.4	9.4	100.0
	Total	32	100.0	100.0	

T2.7 After the House of Memories workshop I am more conscious of the role of families and carers as partners in dementia care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.1	3.1	3.1
	Undecided	2	6.3	6.3	9.4
	Agree	11	34.4	34.4	43.8
	Strongly agree	18	56.3	56.3	100.0
	Total	32	100.0	100.0	

T2.8 After the House of Memories workshop I am more mindful of the health and wellbeing of all those affected by dementia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undecided	1	3.1	3.1	3.1
	Agree	19	59.4	59.4	62.5
	Strongly agree	12	37.5	37.5	100.0
	Total	32	100.0	100.0	

T2.9 After the House of Memories workshop I have a greater understanding of supporting people to live well with dementia and promoting independence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	18	56.3	56.3	56.3
	Strongly agree	14	43.8	43.8	100.0
	Total	32	100.0	100.0	

T2.10 After the House of Memories workshop I am more aware of end of life dementia care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	5	15.6	15.6	15.6
	Undecided	8	25.0	25.0	40.6
	Agree	16	50.0	50.0	90.6
	Strongly agree	3	9.4	9.4	100.0
	Total	32	100.0	100.0	

T2.11 After the House of Memories workshop I am more mindful of equality, diversity and inclusion in dementia care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	3.1	3.1	3.1
	Undecided	3	9.4	9.4	12.5
	Agree	21	65.6	65.6	78.1
	Strongly agree	7	21.9	21.9	100.0
	Total	32	100.0	100.0	

T2.12 After the House of Memories workshop I am more open to research and evidence-based practice in dementia care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undecided	1	3.1	3.1	3.1
	Agree	21	65.6	65.6	68.8
	Strongly agree	10	31.3	31.3	100.0
	Total	32	100.0	100.0	

T2.13 After the House of Memories workshop I am more aware of law, ethics and safeguarding in dementia care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	3	9.4	9.4	9.4
	Undecided	12	37.5	37.5	46.9
	Agree	13	40.6	40.6	87.5
	Strongly agree	4	12.5	12.5	100.0
	Total	32	100.0	100.0	

APPENDIX 2 - RESEARCH INTERVIEW QUESTIONS: LEAD FACILITATOR (NML)

Based on your experience of delivering the initial training sessions in November 2015:

What would you say at the main benefits of delivering House of Memories in primary care settings?

What do you think are the main challenges of delivering House of Memories in primary care settings?

Thinking about the core Tier 2 objectives of the programme:

Do you think the programme has consistently met all Tier 2 objectives? If not, can you point to any particular strengths and weaknesses?

How do you think participants responded to the creative/cultural elements of the programme, including:

- Documentary-style character based films
- My House of Memories app
- Reminiscence objects
- The concept and value of museums in dementia care

Based on your experience of training the trainers to run subsequent sessions in January, February and April 2016:

What were the main incentives and motivations for trainers to take part?

How would you rate the adaptability and effectiveness of House of Memories materials in training the trainer, for example films, app, slides and accompanying facilitation guidelines?

Following on from your reflections on meeting Tier 2 objectives in the initial training sessions, what are your observations of this element of the programme in the roll out process?

Do you think the value of museums in dementia care has been successfully understood and communicated by trainers as health professionals?

Have you noticed any differences in adaptability and delivery of the programme within and across participating health services?

Are there any other comments you would like to make about your experiences of facilitating the programme?

APPENDIX 3 - RESEARCH INTERVIEW QUESTIONS: VOLUNTEER FACILITATORS IN PARTNER ORGANISATIONS

Based on your **experience of participating in the initial training sessions** in November 2015, facilitated by NML:

What would you say are the main benefits of participating in House of Memories in primary care settings?

What inspired you to volunteer to become a House of Memories trainer?

Based on your **experience of delivering the training**:

What do you think are the main benefits and challenges of delivering House of Memories in primary care settings?

How would you rate the adaptability and effectiveness of House of Memories materials in delivering the training, for example films, app, slides and accompanying facilitation guidelines?

How confident did you feel in using the museums-based content and creative tools (designed and developed by NML) when delivering the training?

How do you think participants in your session responded to the creative/cultural elements of the programme, including:

- Documentary-style character based films
- My House of Memories app
- Reminiscence objects
- The concept and value of museums in dementia care

Thinking about the core **Tier 2 objectives** of the programme:

How conscious were you as a trainer of the advanced Tier 2 elements of the programme?

Do you think the programme has consistently met all Tier 2 objectives? If not, can you point to any particular strengths and weaknesses?

Do you think the **value of museums in dementia care** has been successfully communicated through the programme to participating health professionals?

Are there any **other comments** you would like to make about your experiences of participating in the programme and delivering the training?