Peer Support in Accommodation Based Support Services

A Social Return on Investment

Full Report

June 2016

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This report has been assured by Social Value UK. The report shows a good understanding of, and is consistent with, the Social Value process and principles. Assurance here does not include verification of stakeholder engagement, data and calculations.

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1. Scope and Stakeholders

a) Who we are and what we do

Together was formed in 1879 and believes that people with mental health issues have the right and the abilities to lead independent, fulfilling lives as part of their communities. The people who use our services are at the heart of everything we do. They influence and shape the support they receive from us, and the way our services are run. These core beliefs underpin the vision, mission and values we aspire to:-

> ***Our vision*** is a world where each individual can play their part in breaking down the barriers that exist through ignorance and lack of understanding and live their life without prejudice.
>
> ***Our mission*** is to be first choice for service users looking for quality, personalised services. We are trusted for our expertise in service user involvement and leadership. We will value and encourage service users' contribution to every aspect of our work, working alongside them as they lead their journey towards greater wellbeing. We will demonstrate that service user involvement works to improve people's mental health whatever their life situation and no matter how severely they are affected.
>
> ***Our core values*** give us the principles that ensure we deliver our services in a way that is consistent with our philosophy. They are:
>
> 1. Individual-centred and holistic
> 2. Choice
> 3. Working alongside
> 4. Listening, learning and adapting
> 5. Valuing and involving
> 6. Quality
> 7. Future positive

A summary of our work during 2014-15 is below:-

- ✓ We supported more than 4,500 people each month in 2014-15
- ✓ Our criminal justice services helped 500 people a month tackle the difficult things in their lives and steer clear of crime
- ✓ Our community support services helped around 2,200 people a month work towards meaningful goals
- ✓ Our advocates helped more than 1,600 people a month to have their views and wishes heard
- ✓ We expanded our peer support to be available in 26 services
- ✓ Our accommodation services supported 260 people each month to live more independently

For more information about the work of Together please visit www.together-uk.org.

b) Peer support at Together

Peer support takes place when people with lived experience of mental distress support each other towards better wellbeing, as people of equal value and on a reciprocal basis, using their own lived experience as a tool of support. The importance of peer support at Together has been developed and become increasingly recognised since 2010. This work was led by the Service User Involvement Directorate in the first instance and is now strongly supported across departments and delivered within a range of operational services

There has been a rapid increase in the employment of Peer Support Co-ordinators to develop, co-ordinate and manage the provision of peer support within the past twelve months. This includes supporting teams of Peer Supporters, who are volunteers with lived experience of mental distress, to draw upon their lived experience to support people who use our services. This directly supports our strategic goal to ensure that peer support is available to service users across all our services by 2018-19. By March 2016 an average of 218 service users were receiving peer support per month across 26 Together services.

c) Purpose and scope of Social Return on Investment analysis

We selected three accommodation services in Hampshire where peer support has been developed and established since September 2013. All three services provide a range of support to people who experience mental distress, many of whom have multiple complex needs. Peer support is offered as an integrative part of the services, and complements, but is distinguishable from, the support that other members of staff provide to service users within these settings.
We undertook an evaluative SROI across the following services during 1 January 2015 – 31 December 2015:-

1. Kirtling House – a residential accommodation service that supports up to eight people at any one time and is registered with the Care Quality Commission
2. St Georges Lodge – an intensive supported accommodation service that supports up to 13 people at any one time
3. Cliddesden Road – a residential accommodation service that supports up to seven people at any one time and is registered with the Care Quality Commission

Peer support is offered to all people using the above services, although some service users choose not to access support from Peer Supporters. During 2015, a total of 17 service users accessed peer support from across the above services.

During 2015, a total of 12 Peer Supporters volunteered across Hampshire services. All Peer Supporters are recruited as volunteers, and receive extensive training and support. The peer support activities provided in the above services included:

- One-to-one peer support, in which a Peer Supporter offers individual support to a service user who they share lived experiences with. This involves drawing on their lived experience to support someone to manage their mental wellbeing, and work towards service user led goals

- Group peer support, in which a Peer Supporter offers support in a group setting, facilitating informal peer support amongst service users, and drawing on their own experiences to discuss ways of managing wellbeing as a group

Due to previous reports of the mutual benefits of peer support for Peer Supporters themselves as well as people receiving peer support (e.g. [1]) we consider both service users and Peer Supporters to be beneficiaries. We aimed to achieve a 100% response rate from beneficiaries due to the relatively small number of beneficiaries compared to the organisational total. A whole organisational SROI on peer support was not desirable due to the variety of services in which peer support takes place.

The purpose of undertaking the SROI was to identify and communicate the impact of peer support within accommodation services to a range of stakeholders, including commissioners. It also supports the identification and development of appropriate tools to monitor outcomes and inform strategic planning and business development of peer support across the organisation.

The main resource required to undertake the SROI was staff time across relevant departments. A small budget was made available through the Service User Involvement Directorate to support stakeholder events to both engage with relevant stakeholders and inform a wider group of stakeholders of the results and recommendations contained within this report. We identified a team of staff across departments to ensure that we had the relevant skills, knowledge and experience to undertake the analysis. The majority of the team had accessed SROI training within the proceeding twelve months but had not undertaken an analysis previously. The team were keen to learn through their experience of developing and delivering the project and agreed to keep an estimate of time invested to influence whether or not future SROIs should be undertaken. It was agreed that staff time should not be included as an input within the SROI itself. Staff time spent on the SROI is summarised in Appendix 1.

The SROI Project Team was comprised of the following people and led by the Deputy Director for Service User Involvement. Names removed for Report Assurance version

1. Administrative Assistant, Service User Involvement Directorate (SUID)
2. Self Management Development Manager, SUID
3. Peer Support Practice Manager, SUID
4. Peer Support Co-ordinator, Hampshire
5. Business Development Manager, Business Development
6. Bid Writer & Business Development Coordinator, Business Development
7. Finance Business Partner, Finance
8. Operations and Development Manager, Operations
9. Operations and Development Manager, Operations
10. Deputy Director, Service User Involvement Directorate

[1] Faulkner, A., & Basset, T., 2010, *A Helping Hand: Consultations with service users about peer support*

A detailed Project Plan was developed to guide the work and a sample version of this can be seen in Appendix 2. It was intended to be a working document that was updated on a regular basis to monitor progress and reflect revisions following agreement within the Project Team. The Project Plan also acts as a template for any future SROI projects that may be undertaken.

d) Sharing our findings

We are committed to sharing our findings with the following audiences in a variety of ways:-

- Peer Supporters and people who receive peer support – via relevant local meetings with executive summary and full report available on request
- Local staff in services – via relevant meetings with executive summary and full report available on request
- Service User Involvement Directorate and Peer Support Co-ordinators – via presentation at team meetings with executive summary and full report available on request
- Business Development Team – via specific meeting with full report to agree how findings can be incorporated into future relevant tenders
- Operational Development Managers – presentation at Operations Meeting with executive summary and full report available on request
- Peer Support Working Group – presentation at meeting with executive summary and full report available on request
- Corporate Management Team – presentation at Corporate Management Team with executive summary and full report available on request
- Board of Trustees – presentation at Broader Management Group with executive summary and full report available on request
- Local commissioners – executive summary to be shared within contract monitoring meetings and relevant events and full copy of report available on request
- General public – key findings will be made available on the Together website

e) Identifying and involving stakeholders

The Project Team were responsible for the identification of stakeholders and agreed who should be included and excluded. The rationale behind this is detailed in Tables 1 and 2, along with the agreed most appropriate way(s) to involve each stakeholder group.

Table 1

	Key Stakeholders	Reason for inclusion	Method of involvement
1	Service users that have accessed peer support	Need to understand the outcomes of peer support for service users.	Option to access one to one structured interview or attend a small focus group meeting at each service. .
2	Ex service users that have accessed peer support	Some people will no longer be living within the identified services, but have achieved outcomes as a result of peer	

		support.	
3	Peer Supporters	Need to understand the outcomes of peer support for Peer Supporters who are also identified as beneficiaries.	Peer Supporter Meeting(s) with option of one to one structured interview if can't attend meeting. Next meeting date has not been set yet.
4	Ex Peer Supporters	Peer Supporters who are no longer active will have achieved outcomes as a result of peer support.	
5	Hampshire based staff with a specific role / interest in peer support	Perspective of staff team(s) is crucial and they may identify outcomes for both Peer Supporters and those they support that would not otherwise be identified.	Specific staff team meeting for interested staff members, with option to share thoughts via emails / telephone if unable to attend the meeting.

Table 2

	Key stakeholders	**Reason for exclusion**
1	Ex members of staff	Not able to reach former employees and they would not tell us anything new / different.
2	Known primary and secondary care mental health professionals	Would not be in a position to clearly distinguish peer support from rest of service provision or tell us anything new / different
3	Other Local organisations	Would not be in a position to clearly distinguish peer support from rest of service provision or tell us anything new / different
4	Family / carers / friends	Limited family contact for many service users so difficult to engage. Attribution notoriously difficult to establish amongst this stakeholder group. Would not be in a position to clearly distinguish peer support from rest of service provision or tell us anything new / different
5	Commissioners	Strategically important but they would not be in a position to clearly distinguish peer support from rest of service provision or tell us anything new / different

f) Stakeholder involvement

The Peer Support Co-ordinator and Operational Development Managers responsible for accommodation services were crucial in communicating information about this stage of the SROI and encouraging participation from all included stakeholders. A series of posters (sample can be seen in Appendix 3) were developed and circulated to all staff, service users and Peer Supporters. The communication of information was supported via meetings and through one to one conversations where possible. Stakeholders were encouraged to take part in a variety of ways to ensure that we had sufficient numbers of people coming forward to support this stage of the analysis.

A consistent framework of questions were developed to guide focus group discussions and one to one conversations to ensure that we were asking for the provision of standard information and offered the opportunity to capture both positive and negative outcomes. This can be seen within an example of a transcript from one of the consultations in Appendix 4.

A total of 22 people took part in the series of initial stakeholder engagement exercises, including 1:1 interviews, focus groups and responding to open-ended questions via email, as detailed in Table 3 below:-

Table 3

Stakeholder engagement exercises	**Number of people involved**
Service user 1:1 interviews	2
Service user focus groups	2
Peer Supporter interviews	2
Peer Supporter focus groups	3
Staff 1:1 interviews	3
Staff focus groups	6
Staff email feedback to questions	4
Total	**22**

Whilst we were a little disappointed that the numbers of service users and Peer Supporters taking part were lower than the number of staff, we were satisfied with overall participation levels. Many stakeholders were identifying the same or very similar outcomes during the engagement stage, with staff by proxy reinforcing what we were hearing from service users and Peer Supporters. Data from previous case studies of Peer Supporters' and service users' experiences in Hampshire; and notes from a Hampshire Peer Support Review Day attended by service users, Peer Supporters and staff in Dec 2014, contributed to the stakeholder analysis, as shown in table 4. Through this, saturation point was reached and we were no longer hearing any new outcomes.

Table 4

Additional data sources	**Number of people involved**
Peer Supporter case studies	1
Service user case studies	3
Hampshire Peer Support Review Day, Dec 2014 (notes from group discussions)	Attended by 4 service users, 5 Peer Supporters, 6 staff
Total	**19**

Additionally, we reviewed other available peer support research to determine if the outcomes highlighted in our stakeholder engagement corroborated with findings in similar studies and whether any outcomes were missing. This ensured that we accounted for outcomes that might not have been experienced by those involved in the interviews and focus groups, but which might have been experienced by others accessing peer support at the time.

2. Identifying outcomes: Theory of change

a) Stakeholder engagement

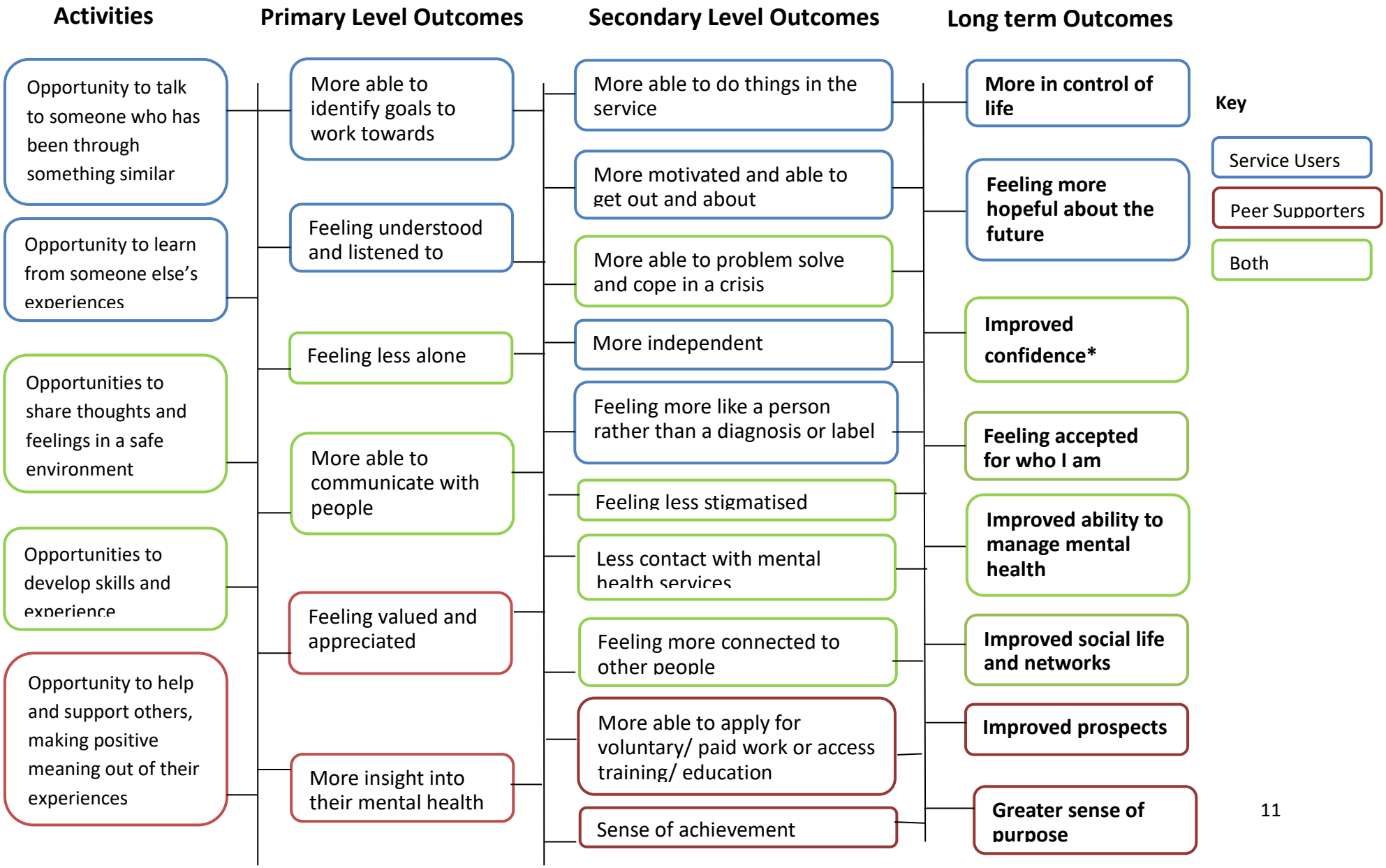
The purpose of the stakeholder engagement was to understand the ways in which peer support impacted people's lives and what people valued most from participating. The interviews and focus groups involved asking open questions about the difference peer support has made to people's lives and discussing these in detail to enable us to understand how peer support (the output) impacted on their lives (the outcome) and what were the most valued outcomes for them.

The data shared by stakeholders was recorded and written up shortly after each interview / focus group / email response. This data, alongside the additional data outlined in table 4, was then collated and analysed by three members of the Project Team, two of whom directly undertook the stakeholder engagement work themselves. A qualitative data analysis meeting took place that included developing a series of themes based on what stakeholders were telling us was important to them. We counted the number of times each of these themes occurred across all data sources, to distinguish what the most important outcomes were across stakeholder groups. The themes identified formed the theory of change and informed a final list of measurable outcomes that were then further explored through quantitative questionnaires for the SROI analysis.

The analysis of qualitative data from stakeholder involvement exercises confirmed our belief that there are two distinct groups of people who attribute outcomes to the provision of peer support; service users and Peer Supporters. Some of the same outcomes were identified by both stakeholder groups, whilst others were more specific to just one group.
We did not identify different outcomes amongst subgroups within the two stakeholder groups. We initially suspected differences between subgroups of current and ex Peer Supporters and service users. However, both current and ex Peer Supporters participated in stakeholder engagement exercises, in which differences in outcomes were not identified. We were only able to engage current service users in stakeholder exercises. However, some ex-service users contributed to the data outlined in Table 4, which when combined similarly did not suggest different outcomes between the subgroups.

A summary of the chain of events leading to identified outcomes for both service users and Peer Supporters is outlined in Figure 1. Many of the primary and secondary level outcomes interacted with each other to lead to the final set of identified outcomes for each group.

Figure 1


Activities
Primary Level Outcomes
Secondary Level Outcomes
Long term Outcomes
Opportunity to talk to someone who has been through something similar
Opportunity to learn from someone else's experiences
Opportunities to share thoughts and feelings in a safe environment
Opportunities to develop skills and experience
Opportunity to help and support others, making positive meaning out of their experiences
More able to identify goals to work towards
Feeling understood and listened to
Feeling less alone
More able to communicate with people
Feeling valued and appreciated
More insight into their mental health
More able to do things in the service
More motivated and able to get out and about
More able to problem solve and cope in a crisis
More independent
Feeling more like a person rather than a diagnosis or label
Feeling less stigmatised
Less contact with mental health services
Feeling more connected to other people
More able to apply for voluntary/ paid work or access training/ education
Sense of achievement
More in control of life
Feeling more hopeful about the future
Improved confidence*
Feeling accepted for who I am
Improved ability to manage mental health
Improved social life and networks
Improved prospects
Greater sense of purpose
Key
Service Users
Peer Supporters
Both

b) Outcomes for service users

Service users were able to describe their experiences of being supported by their peers in a powerful way that had a range of far reaching benefits. The relationships that they developed with their Peer Supporters is based on equality and mutuality which is a different kind of relationship to traditional support and enables people to flourish in a different way. People described feeling more independent, more understood, more motivated, less lonely and respected for who they are as a person, rather than being seen as a label or a diagnosis. Staff responses reinforced what service users were telling us about the difference that peer support made to their lives.

Improved ability to manage mental health

Peer Supporters and service users are matched based on shared lived experience and wellbeing goals set by service users when requesting one-to-one support. This involves Peer Supporters drawing on their own lived experience to help service users identify strategies to manage their mental health. Similarly, during group peer support, service users are encouraged by Peer Supporters to share experiences and ways of managing their mental health within the group. Through this, peer support can help service users develop their abilities to manage their own mental health.

> *"Like coping with the town when it's busy. I get anxiety and having [Peer Supporter] mellows me out. Makes me able to cope better"* (service user)

> *"I really valued the suggestions my Peer Supporter made to help me find my own ways of moving forward. I felt that, as they had been there themselves, their suggestions may actually work. Since then I've been able to do so much more than I thought I could." (service user - case study)*

> *"The Peer Supporter they were working with supported them to develop coping mechanisms. The service user is now able to recognise when they are struggling and get support where needed" (staff)*

This is consistent with external research, such as evidence of the use of peer support within self management programmes for people experiencing mental distress[2].

Feeling more in control of life

A central premise of Together's accommodation based services is to support people to regain independence and control in their life. Furthermore, Together's approach to peer support is service user led, in which service users have full choice and control of the peer

[2] Crepaz-Keay & Cyhlarova, 2012. A new self management intervention for people with severe psychiatric diagnoses. *The Journal of Mental Health Training, Education and Practice, 7*, pp 89-93.

support that they access. The benefits of service user leadership within mental health settings is widely acknowledged[3].
Through this approach, peer support has been described as helping service users feel more in control of their lives.

> *"[It's] given me back slowly my independence. Not needing to rely on the staff as much."* (service user)

> *"Before peer support became available in Hampshire there were some residents who had been using service for over 8 years, and struggling to move on. Now service users are actively talking and planning about move on and looking at options"* (staff)

Improved social life and networks

Many stakeholders spoke about service users improving their social lives and networks, partly as a result of peer support.

> "It has helped increase socialisation and helped with social anxiety – widening the amount of people they openly engage with" (staff)

The peer relationship was described by some stakeholders as a "bridge" that encourages service users to socialise with others, including giving and receiving support from their peers within less formal contexts.

> *"It's helped me with being able to open up in front of people that I don't really know" (service user)*

> *"I see it as a bridge back into the social scene, and Peer Supporters are like real people whereas staff are workers... It's harder for staff to cross this because we take them out to groups but we don't know anyone, and if we do that it's like a different dynamic." (*staff)

> *"Service users can live with other people who have had similar experiences but still feel quite alone. When [Peer Supporters] support you, it leads to increased conversations and increased social networks with others" (Peer Supporter)*

Feeling accepted for who I am

The peer relationship is based on mutuality and equality. This has been extensively referred to in wider literature on peer support in mental health settings[4] [5], and is a central element of Together's approach to peer support[6].

[3] Newton, A., Beales, A., Collins, D. A., & Basset, T., 2013, Service user leadership: training and development for service users to take the lead. *The Journal of Mental Health Training, Education and Practice, 8.* 134 -140
[4] Faulkner, A., & Basset, T., 2012. A long and honourable history. *The Journal of Mental Health Training, Education and Practice, 7,* 53-59

Stakeholders spoke about the unique relationship that Peer Supporters have with service users. Service users are able to open up and talk to someone with similar experiences without fear of judgement. This can decrease feelings of stigma and of "being the only one", which in turn helps service users feel more accepted.

> "*I used to think that I was the only one going through this, but now I know that [Peer Supporter] has been through it too, it makes me feel better about myself."* (service user –previous case study)
>
> *"The service user will talk to the Peer Supporter probably more so than they would staff. They will share things more because that person's been through the same thing." (Staff)*

Feeling more hopeful about the future

Peer support in Together takes a strength based approach, in which service users are supported to realise their strengths and potential. In particular, Peer Supporters are able to inspire hope as they are living examples that people can move towards greater wellbeing.

> *"Some [service users] have said to me it was nice to see someone who's had lived experience and got further in their recovery, so it gave them some sort of hope that they could get there one day"* (Peer Supporter)
>
> *"Somebody who has come through it, they'll admire that person. "Well, you've done it, so I can do it!" It gives them hope and empowers them to move on." (staff)*

This has been described in terms of continuing to persevere towards greater wellbeing by some service users, despite experiencing times of distress:

> *"There have been days when I have felt like giving up, but mostly I feel very glad that I am fighting each day to gain back the life I deserve."* (service user[7])

Improved Confidence*

All stakeholder groups explicitly referred to an improvement in service users' confidence due to peer support.

> *"[My Peer Supporter] challenges me to break out of my comfort zone and try new ways of dealing with stuff…..It helps with my confidence, dealing with certain things*" (service user)

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[5] Repper, J., & Carter, T., 2012, Using personal experiences to support others with similar difficulties: A review of the literature. *Together: for Mental Wellbeing.* http://www.together-uk.org/peer-support/

[6] Together's Peer Support Charter, 2015, *Together: for Mental Wellbeing*. http://www.together-uk.org/peer-support/

[7] Externally published case study of a Together service user. http://www.nationalvoices.org.uk/blogs/peer-support-case-study-supporting-people-support-each-other

Improved confidence was described as occurring through a sense of acceptance and of seeing Peer Supporters' confidence, whereby shared lived experience plays a central role:

> *"He had similar background to me and had been involved in similar things to what I am going through……he's quite confident in where he's at in life and that rubs off on me"* (service user)

> *"Service users are more able to be themselves because they are more confident. If they see others who have been through what they have then it makes it acceptable" (Peer Supporters)*

*Increased confidence appeared to be heavily linked to the other outcomes described above. In particular, improved ability to manage mental health, feeling more accepted, and feeling more hopeful about the future were often described as contributing to increased confidence and vise versa. Therefore, this outcome was omitted from the final SROI calculation as described in p26. However, as it was consistently described as an important outcome by all stakeholders, we felt it was important and useful to collect quantitative data on improved confidence within later questionnaires.

It should be noted that the responses and identified outcomes from one service user did not reflect the outcomes that others had experienced. Additional supporting information from the service led us to believe that current and very recent events meant that information provided from this service user could not be clearly attributed to peer support, and instead the opportunity had been used to express frustrations about support being offered within the wider services that were already being addressed.

It was discovered that previous and later feedback from this person had been positive and reinforced outcomes that had been identified by other stakeholders. Following a lengthy discussion within the data analysis meeting, we decided not to include the identified negative outcome of 'lack of control' as this was not identified by any other person and would have misinformed stakeholder engagement if it had been included. Please see p.28 for further details.

c) Outcomes for Peer Supporters

Peer Supporters spoke passionately about the difference that peer support had made to how they viewed themselves, placing more value on their lived experience of distress than they may have done otherwise and being able to use their experiences of difficult times to provide hope and inspiration to others. Peer Supporters not only learnt more about themselves but were able to describe ways in which they felt their future was positively influenced as a result of their volunteering role. Staff feedback reinforced the benefits that Peer Supporters identified.

Improved ability to manage mental health

Peer Supporters described how they had increased insight into their mental health through their experiences as Peer Supporters, leading to improved ability to manage their mental health. Some stakeholders also identified this as leading to decreased use of medical services.

> *"Peer Supporters often reflect on the ways of managing and coping, including what they have learned from those they support…Some Peer Supporters are using medical services less as they have developed new coping strategies" (Staff)*

> *"The relapses in my mental health have become less frequent and are less severe. It's a win win situation as it benefits everyone involved"* (Peer Supporter)

Improved ability to manage mental health was also described by some Peer Supporters as being linked to their ability to use their experiences positively to support others.

> *"I don't have all that doom and gloom feeling because you can think at least I can use this in a nice way at some point" (Peer Supporter)*

Improved social life and networks

Peer Supporters are encouraged to informally support each other, and many form strong friendships with each other outside of their roles.

> *"I really liked having a team. Meeting other people with similar experiences, I really enjoyed that. And going out for the few meals we had together, that was really cool"* (Peer Supporter)

Furthermore, some Peer Supporters described using the skills they had developed to help them support their friends

> *"I think that it's made me support my friends better because I've had training on how to do it. Obviously it's a bit of a different relationship but it's given me a few more tips and tricks"* (Peer Supporter)

This is also supported by feedback during an earlier Peer Support Review day in 2014, in which a group of Peer Supporters identified "rebuilding social skills" when asked to list what they enjoyed about being a Peer Supporter.

Feeling accepted for who I am

Prior to commencing their roles, Peer Supporters complete a comprehensive training programme. This takes an experiential approach, placing value on lived experience, and encourages peer support to take place within the group through sharing experiences of mental distress. Peer Supporters continue to do this with each other during group meetings

and supervisions, and when supporting service users within their roles. The value placed on sharing lived experience was described by Peer Supporters as helping them feel less stigmatised and more accepted for who they are.

> *"Peer Support training helped us challenge stigma because of the shared experience of mental distress" (Peer Supporter)*

> *"I think I can talk much more openly about mental health now …I was quite private about it all beforehand and then going through this and seeing a lot of people who could be open about it helped me be open about it in a positive way." (Peer Supporter)*

Greater sense of purpose

Peer Supporters have described the enormous impact that their role has had on their sense of purpose.

> *"I went from feeling I had done nothing with my life to feeling like I could help and that everything made more sense.." (Peer Supporter)*

In particular this has been described by many Peer Supporters as being due to their ability to reframe the meaning and value that they place on their experiences of mental distress, from something that was previously experienced as mostly negative, to something that they could use positively to support others.

> *"I began to feel like it all had a meaning and a purpose. By the end of the training I began to see that my experiences were valuable and that I could use them to help others" (Peer Supporter)*

> *"It was a really good way to use what is seen as a negative experience, because I obviously have lived experience, it seemed like a good way to turn it into something worthwhile." (Peer Supporter)*

Improved prospects

Several Peer Supporters from Hampshire had gone on to gain paid employment, education and/ or other voluntary opportunities. Other Peer Supporters were currently seeking employment. This was partly attributed to the skills and confidence developed through their roles as Peer Supporters.

> *"If I hadn't have found peer support there's no way I would have ended up in this job" (*Peer Supporter)

> *"Being a peer supporter has acted as a stepping stone into work. I have applied for 5 jobs and I haven't got a paid job yet, but I will."* (Peer Supporter)

Improved confidence*

Peer Supporters described experiencing an increase in confidence. This was further supported by data from the Hampshire Peer Support Review day in 2014, in which "confidence" was included by Peer Supporters when listing what they enjoyed about peer support. Many staff also commented on seeing Peer Supporters' confidence grow.

> *"Peer Supporters have an increase in confidence, because they know they are able to achieve things. It also helps that the staff team here are very positive about peer support" (staff)*

> *"Since I have been delivering peer support my confidence, self esteem and general aura has improved no end" (Peer Supporter)*

Similar to an increase in confidence amongst service users, this was often strongly linked to the other outcomes described above. Improved ability to manage mental health, feeling more accepted, greater sense of purpose, increased social networks and improved prospects often contributed towards increased confidence and vise versa. Therefore, as with service users' outcomes, "improved confidence" was omitted from the final SROI calculations.

3. Measuring Outcomes

a) Indicators and data sources

Once initial analysis of qualitative data had taken place and outcomes were identified, we provided a summary of this work to identified members of the Project Team, along with suggested outcome indicators and a draft questionnaire format with the aim of collecting quantitative data from all Peer Supporters and service users.

This was further refined to ensure that we were measuring and valuing the things that matter to stakeholders. Time was spent ensuring that we were expressing outcome indicators in terms that were measurable and checking that the theory of change had been captured sufficiently and correctly.

A summary of outcomes, indicators and financial proxies can be seen in Table 5 below:

Table 5

Service user outcomes	**Outcome indicators**	**Financial proxies**
Improved confidence	Supporting others through difficult times.	• The value of high confidence for an individual living in the UK • The value of resilience & self-esteem • The value of positive function-ing
Improved ability to manage mental health	Use of GP, Emergency Services and Mental Health Services.	• Average cost of service provi-sion for adults suffering from depression and/or anxiety dis-orders per person per year • Cost of using GP / emergency / MH services
More in control of my life	Day to day independence	• The value of feeling in control of life for an individual living in the UK
Improved social life and support networks	Social activities	• The value of being a member of a social group • The value of supportive rela-tionships
Feeling accepted for who I am	Sense of belonging	• The value trust & belonging
Feeling more hopeful about the future	Using their experiences of distress to support others in the future	• The value of vitality • The value of positive function-ing
Peer Supporter outcomes	**Outcome indicators**	**Financial proxies**
Improved	Supporting others through	• The value of high confidence

confidence	difficult times.	for an individual living in the UK • The value of resilience & self-esteem • The value of positive function-ing
Improved ability to manage mental health	Use of GP, Emergency Services and Mental Health Services.	• Average cost of service provi-sion for adults suffering from depression and/or anxiety dis-orders per person per year • Cost of using GP / emergency / MH services
Improved social life and support networks	Social activities	• The value of being a member of a social group • The value of supportive rela-tionships
Feeling accepted for who I am	Sense of belonging	• The value of trust & belonging
Greater sense of purpose in life	Improved wellbeing	• The value of a satisfying life • The value of emotional wellbe-ing
Improved prospects	Starting education/training, volunteering, applying for job, part-time work, full-time work	• The value of vitality • Cost of JSA/Housing Benefit (Note that displacement applies to gaining employment)

The financial proxies were selected by several members of the Project Team after careful consideration of financial proxy data available, and felt to be to be the most appropriate measures.

Out of the 15 financial proxies in the SROI, 8 were calculated using wellbeing valuations from secondary sources. We decided not to directly involve Peer Supporters and service users in determining these wellbeing valuations. This was partly because there is existing published research about wellbeing valuations for adults living in the UK which we could apply to our SROI, as indicated above. The stakeholder groups in this SROI all have lived experience of mental distress, which may mean that they value the outcomes more than the average person living in the UK, since they face particular challenges in their lives. However, we also recognised that developing financial proxies specifically for this SROI would be challenging, particularly because the outcome areas were largely about how people felt and not necessarily outcomes that would be reflected in financial terms like household expenditure. One option would have been to ask Peer Supporters and service users directly about how much they value the outcomes, but we recognised that the data from this may not be reliable since these would be challenging questions for stakeholders to answer and our sample size would be much smaller than those used in the existing available research. Therefore, we were confident that this method of valuation was the most suitable option.

b) Data collection

Previous to undertaking the SROI, we did not have established and agreed ways of measuring outcomes of peer support, and data sources available referred mostly to quantity

of provision only. A set of questions used during a peer support review day that was undertaken during 2014 provided anecdotal changes that service users and Peer Supporters had experienced as a result of peer support. However, we did not feel that this data source was sufficient for our needs and we therefore needed to create a more robust and systematic way of identifying and measuring outcomes in the form of questionnaires.

Two questionnaires were developed; one for service users and one for Peer Supporters. We did not have any baseline data available as there hadn't been any previous data collection in relation to these specific outcomes before people started accessing peer support. Instead, the questionnaires asked people to look back at their experiences since receiving peer support. We recognised that this may not always be accurate as it relies on people remembering how they felt previously. However, the longest time since someone had started using peer support was approximately two years which was not so far in the past that it would be unlikely for people to remember. Furthermore, when we piloted the questionnaire with stakeholders, they did not identify reflecting on their experiences since being involved in peer support as a challenge.

Questionnaires were piloted with three Peer Supporters and two service users, in addition to being reviewed by the Peer Support Coordinator who was previously a Peer Supporter herself. This also provided opportunity for stakeholders to review the identified outcomes, in which people confirmed that the outcomes were correct based on their experiences. Minor alterations were made before they were finalised and circulated accordingly. The final service user questionnaire and Peer Supporter questionnaire can be seen in Appendices 5 and 6 respectively.

All 12 Peer Supporters and 17 service users who had been involved in peer support within the three identified services during a one year time frame (January – December 2015) were invited to complete the questionnaires. The Peer Support Co-Ordinator, Peer Support Practice Manager and local staff provided encouragement and motivation for their completion to ensure that a high response rate was achieved. Support to complete questionnaires was made available on request, and people could choose who they would like to support them. It was recognised that this could influence the information gathered, although efforts were made to reassure respondents that it was important to tell us what they felt was true and not what we wanted to hear. Alternative support to complete questionnaires was provided by other staff where requested.

c) Inputs

We assessed the costs of peer support provision across the identified sites by drawing on financial data available from 1 April 2014 - 31 March 2015, rather than the period of activity being analysed. This was based on the availability of financial information within the financial year. The Project Team agreed that this would be the best way forward as financial input during this period would have had minimal variation. Financial input is a combination of staffing costs and other overhead costs. Staffing costs are mainly attributed to Peer Support Co-Ordinator time spent specifically on the services being analysed, but also inclusive of other staff who spend time supporting the provision of peer support across the services.

We also included volunteer time provided by Peer Supporters across the three services in Hampshire. This included 365 hours of direct support to service users, plus an estimated 144 hours of time provided by Peer Supporters for meetings and supervisions between 1 January and 31 December 2015. We used this timeframe, rather than 1 April 2014 -31 March 2015, as it directly corresponded to the peer support activity and outcomes experienced by service users within the context of this SROI. We used the hourly rate of Recovery Workers in Hampshire, which is £9.38, as the financial proxy for volunteer time, because these roles were the closest equivalent staff level to Peer Supporters in Together.

Financial input into peer support across the identified accommodation services from 1 April 2014 – 31 March 2015, plus Peer Supporters volunteer time from 1 January – 31 December 2015, was a total of £35,767.18. A detailed breakdown of investment can be found in Appendix 7. It should be noted that it was not possible to include several small items of expenditure due to incomplete financial data provided. However, the Project Team felt that this would have been minimal and not have had a material impact.

d) Outputs

During 1st January – 31st December 2015, a total of 17 service users received a total of 365 hours supported from 12 Peer Supporters. This support was provided across the three services, and includes a combination of one to one, group and drop-in based peer support.

This data was taken from quarterly data returns collated by the Peer Support Co-Ordinator. Unfortunately, our systems at the time meant that we were unable to distinguish how many people were supported in which kind of setting.
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e) Values Years 1 – 5 and Drop-Off

We were unable to see retrospectively how long the impact of peer support has lasted because many of the people in the sample were still participating in peer support, or had only recently stopped. Instead, the questionnaires asked people to estimate how long they thought the impact of peer support would last. Almost half of respondents said “don’t know”, possibly because it is difficult to picture where they might be in the future and if they will still be feeling the same way as a result of peer support. For those that answered: 17% of Peer Supporters thought it would last for up to 2 years and 83% thought it would last for 5 or more years, whilst 33% of service users thought it would last up to 2 years and 67% thought it would last for 5 or more years. To avoid overestimating the impact of Peer Support, we have calculated values over a 5 year period only and included a drop off of 60% per year, as well as a larger drop-off after year 2, based on the questionnaire responses. This is a cautious estimate to avoid over-stating the impact of peer support, since we don’t know at this stage how long the effects of peer support will last.

4. Impact

Details of all SROI calculations that were made to inform the impact of peer support can be seen in Appendix 8 and in the Impact Map in Appendix 9.

a) Sample Size

High sample sizes were achieved relative to the number of service users and Peer Supporters involved in peer support during the identified time frame. A total of 22 people completed questionnaires, which included 12 services users (71% of all service users who had used peer support), and 10 Peer Supporters (83% of all Peer Supporters). The sample included people currently participating in peer support and those that had moved on. Of the 12 service users, half were currently using peer support, and of the 10 Peer Supporters, six were currently involved in delivering support. Service users had accessed a range of different peer support, including some who had accessed more than one form of peer support; six had received one to one peer support, seven had attended group sessions and seven had accessed one-off or drop-in peer support.

b) Outcome Incidence

All data was taken from the questionnaires completed by service users and Peer Supporters, reflecting whether or not they felt that they had achieved each of the outcomes. The achievement of outcomes was high, particularly for Peer Supporters, as seen in Table 6 below:-

Table 6

Service Users	Peer Supporters
• 92% had improved confidence • 73% felt more able to manage their mental health • 67% felt more in control • 83% had an improved social life and support network • 83% felt more accepted • 92% felt more hopeful about the future	• 100% had improved confidence • 90% felt more able to manage their mental health • 90% had an improved social life and support network • 100% felt more accepted • 90% felt they had a greater sense of purpose • 100% felt they had improved future prospects

c) Deadweight

The questionnaires asked people to rate if they would have achieved the outcome without peer support. The higher the score, the more likely they would have achieved it without peer support, indicating a higher deadweight. Whilst we don't know what the outcomes would

have been for each person if they didn't participate in peer support due to the evaluative approach to the SROI, this approach values each person's insight into their own personal circumstances.

A summary of deadweight proportions can be seen in Table 7 below:-

Table 7

Service users	
Managing mental health	0.3438
More in control of life	0.3125
Improved social life and support network	0.375
More accepted	0.35
More hopeful about future	0.3864
Peer Supporters	
Managing mental health	0.3333
Improved social life and support network	0.3611
More accepted	0.275
Greater sense of purpose	0.1944
Future prospects	0.225

d) Attribution

All data is taken from the questionnaires which ask people to rate how much of the outcome was due to peer support, rather than any other kinds of support or activities. A higher score indicates that more of the outcome can be attributed to peer support, rather than other activities. People may have been accessing a wide range of support and activities, and there is no exact way to measure the direct impact of peer support. However, this approach values people's own judgement about how much peer support made a difference.

A summary of attribution proportions can be seen in Table 8 below:-

Table 8

Service users	
Managing mental health	0.5313
More in control of life	0.5625
Improved social life and support network	0.525
More accepted	0.55
More hopeful about future	0.5682
Peer Supporters	
Managing mental health	0.5833
Improved social life and support network	0.5278
More accepted	0.675
Greater sense of purpose	0.6944
Future prospects	0.75

An example of attribution is demonstrated in the comment below taken during stakeholder engagement:

> *"I really don't know where I would be if I hadn't have done peer support. I really think it made a big difference to my recovery because I went into peer support just as I was doing everything else like medication and therapy and stuff. So I think it was definitely a big part of me getting much better."*

e) Displacement

Displacement applies to only two of the outcomes: Peer Supporters gaining part-time employment and Peer Supporters gaining full-time employment. A displacement value of 100% has been used, assuming that there would be no overall budget saving to the government because the jobs that people have gained are likely to be jobs that someone else could have taken leading to similar savings.

f) Financial proxies

The financial proxies used have been taken from a range of sources, including unit costs from the Department of Health and wellbeing valuations from the Centre for Mental Health and HACT. For some outcomes we were able to find directly linked financial proxies. For example, the budget savings from reduced GP visits was measured by the unit cost of using a GP. Where there wasn't a directly linked financial proxy available, we made the following assumptions:

- The outcome of "feeling accepted for who I am" has been estimated with a financial proxy for the value of feeling trust and belonging.
- The outcomes of "feeling more hopeful about the future" and "improved prospects" have been estimated by a financial proxy for the value of feeling vitality.
- The outcome of "having a greater sense of purpose in life" has been measured using a financial proxy for the value of emotional wellbeing. These are closely linked and all those experiencing a greater sense of purpose also said that they felt improved emotional wellbeing.
- The budget saving from a reduction in visits to mental health professionals has been estimated by the hourly cost of Community Mental Health Teams (assuming that one visit equates to one hour).
- The budget saving from a reduction in the use of emergency services has been estimated by the unit cost of A&E attendance.

5. Social return calculations

a) Social Return on Investment ratio

The findings indicate an overall Social Return on Investment ratio of **4.94**, reflecting a total value of **£176,570.97** from a financial input of **£35,767.18**. Please refer to the Impact map in Appendix 9 for a full analysis of all data.

b) Sensitivity analysis and comparison

Our sensitivity analysis focussed on outcomes and the drop-off calculations, both of which had a large impact on the overall financial impact. We didn't include a sensitivity analysis of the deadweight and attribution since each of these had a smaller impact on the overall financial impact and the values came directly from the questionnaires completed by Peer Supporters and service users, so we were confident that they accurately reflected their experiences. The financial proxies were scrutinised and, where limited financial data was available, we made informed assumptions (see section f, page 19).

Our initial stakeholder involvement highlighted a number of positive outcomes from peer support. We recognised that if we included all of the outcomes highlighted, then there would be a risk of us over-stating the impact of peer support because many of the outcomes were inter-linked. During the sensitivity analysis of the data, the outcomes of improved confidence for Peer Supporters and service users, which had the largest impact on the financial impact, were taken out of the calculation. This was done in order to avoid duplication since improved confidence is likely to be part of the journey towards the other outcomes e.g. managing mental health, improved social life, hopeful about the future etc.

We then scrutinised the drop-off calculations, which also had a large impact on the overall financial impact. Although we did ask service users and Peers Supporters directly about the drop-off in the questionnaires, we recognised that this was a difficult question to answer and required making estimates about the future. Indeed, many people were unable to answer this question and left it blank. Therefore the sample providing a drop-off percentage was lower than for deadweight and attribution. During the sensitivity analysis, we increased the value of the drop-off each year by 60% to ensure that we were not overestimating the impact over the 5 year period.

The increased drop-off and removal of increased confidence for service users and Peer Supporters had a significant effect on the calculations, reducing the calculated total value from £853,289.73 to £182,005.16 and the SROI ratio from 27.53 to 5.87. This comparison reinforced our belief that inclusion of increased confidence would not have provided an accurate social return on investment, and that we were correct to remove this within our final calculations.

Other notable outcomes from the questionnaires which were omitted from the SROI calculation in order to avoid duplications can be seen in Table 9 below:-

Table 9

Service Users	Peer Supporters
Of those feeling more confident: • 36% became involved in SU forums / meetings • 18% became involved in organising activities Of those feeling more in control: • 63% received less one-to-one support • 25% were ready to move-on • 25% were now living in their own accommodation Of those with improved social and support networks: • 70% were meeting friends / family more • 80% were attending social clubs more • 60% were attending social activities more Of those feeling more accepted: • 70% felt a greater sense of belonging Of those feeling more hopeful about the future: • 73% felt motivated to help others	Of those with improved social and support networks: • 78% were meeting with friends and family more • 22% were attending social clubs more • 56% were attending social activities more Of those feeling more accepted: • 100% also felt a greater sense of belonging Of those feeling a greater sense of purpose: • 100% also felt an improved wellbeing Of those with improved future prospects: • 60% were in education / training • 40% were volunteering • 40% were applying for jobs

6. Audit trail

a) Excluded stakeholders

Once we had identified all relevant stakeholders, we decided not to include some for the reasons identified in table 10 below:

Table 10

	Key stakeholders	Reason for exclusion
1	Ex members of staff	Not able to reach former employees and they would not tell us anything new / different.
2	Known primary and secondary care mental health professionals	Would not be in a position to clearly distinguish peer support from rest of service provision or tell us anything new / different
3	Other Local organisations	Would not be in a position to clearly distinguish peer support from rest of service provision or tell us anything new / different
4	Family / carers / friends	Limited family contact for many service users so difficult to engage. Attribution notoriously difficult to establish amongst this group. Would not be in a position to clearly distinguish peer support from rest of service provision or tell us anything new / different
5	Commissioners	Strategically important but they would not be in a position to clearly distinguish peer support from rest of service provision or tell us anything new / different

b) Excluded outcomes

As identified on page 14, we did not include information from one service user in establishing outcomes. This meant that the following negative outcome was not included within the analysis.

- Lack of control

We are confident that this was the most appropriate course of action under the circumstances as the outcomes identified were not specifically relating to peer support, but expressed dissatisfaction with the wider provision of support within the service that was being addressed appropriately.

c) Excluded financial proxies

Following initial identification of financial proxies, we agreed not to exclude any that had been identified as they were all relevant and appropriate following sensitivity testing.

d) Decisions log

The Project Team were keen to ensure that key decisions that were made whilst undertaking the SROI analysis were recorded to ensure openness and transparency. This document was intended to be a live document that was completed by members of the Project Team following key meetings and can be seen in Appendix 10.

e) Verifying with stakeholders

Groups of stakeholders were consulted both nationally and locally about the overall claims made within the SROI. However, we did not provide details to stakeholders about the SROI ratio at this stage, as we felt it was important to seek SROI report assurance before communicating claims about the SROI ratio outside of the immediate Project Team.

Locally, a summary of the questionnaire results and theory of change was provided to three service users, one previous Peer Supporter, and three staff. This was done by the Peer Support Coordinator through one-to-one conversations. Local stakeholders fed back that these results were consistent with their own experiences of peer support, although some staff were surprised that outcome incidences were higher for Peer Supporters than for service users.

Findings from the SROI were also shared and discussed during a national Together Peer Support Review event. This was attended by four Peer Supporters, two service users, six Peer Support Coordinators, and a range of staff from across the organisation. The group provided feedback that the claims made about the identified outcomes were consistent with their own experiences, in which several Peer Supporters shared their own anecdotal examples of achieving these outcomes within a range of Together services. Although this was not limited to stakeholders from Hampshire, all who attended had experience of peer support within Together.

Together has an organisation-wide model of peer support. Whilst designed to be adaptable to different service contexts, this follows a set of service user led principles and practices which all local areas are supported to be consistent with when providing peer support services. Therefore, verifying with stakeholders at both a local and national level enabled us to check the claims within the particular context of accommodation based services in Hampshire, whilst also providing support for Together's model of peer support more generally. Outcomes related to peer support across a wide range of Together services will be explored further in the future, as described on p. 31.

7. Conclusion

This is the first time that Together has undertaken a Social Return on Investment and its purpose has been three fold. We wanted to more fully understand the outcomes of peer support and find a way to measure them, whilst being able to express the value of these outcomes within financial terms and influence future strategic plans regarding peer support.

Undertaking this work has proven challenging at times and has taken longer than anticipated as we took a cross organisational approach to ensure we had sufficient skills, knowledge and experience to successfully complete the work.

However, the findings from the SROI have proven positive and will support strategic developments to build on the provision of peer support within Together services. The findings clearly demonstrate that peer support is not only valued by those who benefit from it, but supports people to achieve their outcomes and lead more independent and fulfilling lives. In addition to this, we are now in a position to communicate the value of peer support in financial terms to strengthen our proposition of peer support across service types with commissioners and funders.

It is important that we utilise the data that has been captured and implement the recommendations detailed within this report to inform the further development of peer support in Together.

8. Recommendations

1. SROI findings to be assured by Social Value UK.

2. SROI report to be shared in an appropriate and accessible way with all stakeholders. A specific internal and external communications plan to be developed in conjunction with Communications Team.

3. Consideration should be given to undertaking an SROI across other service types as outcomes and values may be different in different support settings. Any future SROIs should be inclusive of proportion of Peer Support Practice Manager staffing costs of approximately £1285 per service.

4. Work with Quality Team and Operations to ensure that outcome measurement tool that has been developed can be adapted as required and rolled out to all peer support services to capture peer support outcomes on a regular basis in line with organisational reporting. Data collection processes and systems to be improved as required.

5. Increase the number of people who are able to benefit from peer support by:-

    - identifying and addressing reasons why some people choose not to access it
    - using more group based, telephone and online based peer support,
    - enabling service users to communicate positive experiences and outcomes with other service users

6. Undertake a cost benefit analysis to provide further understanding about organisational and individual costs and benefits of our model of peer support.

7. Feedback on peer support sessions to be sought from service users and Peer Supporters on a regular basis to evidence soft outcomes on the benefits of this particular kind of support.

8. Consideration should be given to comparing individual outcomes across two similar services, one which includes peer support and one that doesn't.

9. SROI findings should be utilised to support further inclusion of peer support across all Your Way and Progression Together services.

10. Recruitment of Peer Supporters should incorporate SROI findings to encourage more people to volunteer their time.

Appendix 1 Staff Time and Costs

Please see below for estimated amount of time it has taken to undertaken SROI across the Project Team and the associated staffing costs.

Name **Removed for report assurance**	**Position**	**No Hours**	**Cost**
	Administrative Assistant	19	£255.74
	Self Management Development Manager	45	£683.23
	Peer Support Practice Manager	52.5	£898.52
	Peer Support Co-Ordinator	30	£381.84
	Business Development Manager	10	£220.21
	Bid Writer & Business Development Coordinator	25	£425.55
	Finance Business Partner	25	£684.12
	Operations and Development Manager	1	£23.65
	Operations and Development Manager	1	£23.49
	Deputy Director	75	£1,704.77
	Quality Manager	1	30.94
Total		**284.5**	**£5,301.11**

Appendix 2

SROI Project Plan – Hampshire

	Tasks	Identified Lead (and others)	Resource implications / time required	Timeframe	Additional information / Progress notes
Planning the SROI					
1	Identify timescales required to inform re-tendering	Angela		Early Sept	St Georges tender out wc 24.09.15 with expected submission end Nov at latest. Recovery services tender may now be delayed by 6-12 months
2	Reflect on lessons learnt from SROI at Reading Your Way to inform Hamps plan	Angela		Wc 18.08.15	Lessons learnt and shared with Reading SROI Project Team
3	Analyse Reading Impact Map to further understand process	Angela (and Martin)		Wc 14.09.15	Completed
4	Agree date and time for Project Team Meeting	Angela		Wc 14.09.15	Mon 5th October, 11am – 2pm at Old STreet
5	Develop Project Plan	Angela		Wc 21.09.15	Shared with Hamps SROI Project Team
6	Amend Project Plan following Project Team Meeting	Angela		Wc 05.10.15	Completed
7	Maintain project plan throughout course of the analysis	Angela		Ongoing	
Stage 1 – Establishing scope and identifying stakeholders					
1	Undertake initial scoping	Angela		Wc 05.10.15	Agreed

2	Identify stakeholders and decide on inclusion / exclusion	Angela		Wc 05.10.15	Agreed
3	Identify most appropriate methods to include stakeholders	All		Wc 05.10.15	Agreed
4	Develop stakeholder involvement materials and framework	All		Wc 28.09.15	Completed
5	Identify dates / venues for stakeholder engagement	Ellen (PMs / Jess / Martin / Brett)		Wc 05.10.15	Completed
6	Share information about SROI and need for stakeholder engagement with all stakeholders	Ellen (PMs)		Wc 12.10.15	Completed
7	Undertake Stage 1 stakeholder engagement to identify qualitative data	Jess (Martin and Brett)		Wc 19.10.15 – we 13.11.5	Completed
8	Record stakeholder engagement data	Brett (Jess)		Wc 19.10.15 – we 13.11.15	Completed
Stage 2 – Mapping Outcomes					
1	Start impact map	Angela		Wc 12.10.15	Started
2	Identify additional data sources	Ellen (Jess)		Wc 05.10.15 and 12.10.15	Needs to be listed for analysis against agreed outcomes e.g. case studies, peer support records
3	Identify inputs	All		Wc 05.10.15	Needs to be established in January Project Team Meeting
4	Gather Peer Support petty cash returns and project petty cash returns that include peer support transactions and send to Chris for analysis	Ellen (Jess)		Wc 05.10.15 and 12.10.15	Small amounts outstanding, mostly completed
5	Identify names of key staff who spend time of	Ellen (Angela)		Wc 05.10.15	Completed

	peer support in Hampshire and the number of hours they spend on peer support and share with Chris			and 12.10.15	
6	Check in SROI materials if / how we financially value the input of volunteers for decision on inclusion / exclusion and advise accordingly	Martin		Wc 05.10.15 and 12.10.15	Completed – not to be included as volunteers are also beneficiaries
7	Value inputs	Chris (Jess / Derek)		Wc 19.10.15	Small amounts outstanding, mostly completed
8	Clarify outputs and advise accordingly	Ellen (Jess)		Wc 05.10.15 and 12.10.15	Needs to be established in January Project Team Meeting
9	Analyse data from stakeholder analysis to identify outcomes	Jess (Martin and Angela)		Wc 19.11.15	Completed
10	Analyse data from additional data sources to identify outcomes	Jess (Martin and Angela)		Wc 19.11.15	To be included in outcomes analysis
11	Describe outcomes, identify outcomes indicators and develop quantitative questionnaire for use with peer supporters and service users	Jess (Martin and Angela)		Wc 19.11.15	Completed
12	Share identified outcomes and relevant qualitative data with Business Development Team / Elveta to include in St Georges tender	Jess		Wc 30.11.15	Case study from Holly included and commissioners advised of SROI being undertaken.
13	Share outcomes, outcomes indicators and quantitative questionnaire for use with peer supporters and service users with Project Team	Jess		Wc 30.11.15	During January Project Team Meeting
14	Check outcomes and questionnaire formats with small group of service users and peer supporters	Ellen		Wc 11.01.16	Small group(s) or with individuals who took part in stakeholder engagement
15	Advise Jess on changes required to quantitative questionnaire	Ellen		Wc 18.01.16	Via email
16	Finalise questionnaires to measure outcomes	Jess (Martin / Angela /		Wc 18.01.16	Via email

		Ellen)			
17	Support service users and peer supporters to complete questionnaires to enable measurement of outcomes	Jess (Ellen / Brett)		Wc 25.01.16 and 01.02.16	One to one basis, not just circulating questionnaires with everybody if that can be avoided
18	Consolidate data from questionnaires and share with Project Team	Jess (Brett)		Wc 08.02.16	Project Team Meeting to take place
19	Ensure Impact Map contains all required data and report is up to date	Angela (all to support report writing)		Wc 08.02.16	To be updated following quantitative questionnaire returns
Stage 3 – evidencing outcomes and giving them a value					
1	Identify outcome indicators	Phil and Suzy		Wc 16.11.15	Completed
2	Identify data sources	Phil and Suzy		Wc 16.11.15	Completed
3	Identify how much change there was	Phil and Suzy		Wc 15.02.16	Following data from questionnaires
4	Identify how long the change lasts	Phil and Suzy		Wc 15.02.16	Following data from questionnaires
5	Ensure Impact Map contains all required data and report is up to date	Angela (all to support report writing)		Wc 08.02.16	To be updated again following findings from questionnaires
6	Impact Map to be passed to Business Development Team	Jess (Martin and Angela)		Wc 08.02.16	
7	Identify appropriate financial proxy for each outcome	Phil / Suzy		Wc 11.01.16 and 18.01.16	Range of proxies identified, decision of which to use to be made
8	Identify the value of change	Phil / Suzy		Wc 11.01.16 and 18.01.16	Completed
9	Identify the information source	Phil / Suzy		Wc 11.01.16 and 18.01.16	Completed

Stage 4 – Establishing impact					
1	Establish deadweight	Phil / Suzy		Wc 08.02.16 and 15.02.16	
2	Establish displacement	Phil / Suzy		Wc 08.02.16 and 15.02.16	
3	Establish attribution	Phil / Suzy		Wc 08.02.16 and 15.02.16	
4	Establish drop-off	Phil / Suzy		Wc 08.02.16 and 15.02.16	
5	Calculate the impact	Phil / Suzy		Wc 08.02.16 and 15.02.16	
6	Project Team Meeting to review progress to date and identify additional actions required	All		Wc 22.02.15	Project Team Meeting – date tbc
7	Agree action plan	All		Wc 22.02.16	Project Team Meeting – date tbc
8	Ensure report includes all required data	Angela (all to support report writing)		Wc 29.02.16	
Stage 5 – Calculating the SROI					
1	Project into the future	Phil / Suzy		Wc 08.02.16 and 15.02.16	
2	Calculate the net present value	Phil / Suzy		Wc 08.02.16 and 15.02.16	

3	Calculate the ratio	Phil / Suzy		Wc 08.02.16 and 15.02.16	
4	Undertake sensitivity analysis	Phil / Suzy		Wc 08.02.16 and 15.02.16	
5	Establish payback period	Phil / Suzy		Wc 08.02.16 and 15.02.16	
Stage 6 – Reporting, using and embedding					
1	Report the results to all stakeholders, PSWG and BMG	Jess		29.02.16 onwards	An event that all are invited to as well as commissioners?
2	Use the results – in Hampshire Recovery Services and within relevant future tenders	Suzy / Phil		29.02.16 onwards	Include in Hampshire Recovery Services
3	Assurance	Angela (Jess)		Oct 15	Need to check costs of doing this with SROI network
4	Develop specific peer support outcomes tools	PSWG		March 2015	Sarah TT crucial to this, to be informed of progress and provide guidance along the way
5	Roll out peer support outcome measurement tools with	Jess (via PSCs)		01.04.15 onwards	

Appendix 3

What difference do you think Peer Support makes?!

Peer Support has been available to people living in names of services removed since xxxx.

If you've provided Peer Support, we'd love to find out more about your experiences of this … the good and the bad!

You can take part either by having a one to one chat with name removed or name removed.

Or, you could come along to a small group meeting with others who have provided peer support. This will be taking place on :-

Date, time and venue

Please telephone name removed on XXX no later than xxxxx to confirm how you'd like to take part and we hope to hear from you soon!!

Appendix 4 – Stakeholder engagement interviews and focus group questions

Focus Group format for use with SERVICE USERS who have accessed peer support.

Introduction

- Thank you for choosing to take part
- We're really interested to hear about what difference peer support has made in your life so that we can understand this better at name removed and help ensure more people can access peer support in future.
- The meeting will last approx. 2 hours and will be recorded so that we don't miss anything that you share with us. Please be reassured though that your name won't be identified to the recording and the information you provide will remain anonymous.
- We really appreciate your honesty so please feel free to share both positive and negative experiences
- It would be great to hear from everybody during the meeting and please take part in in a way that feels comfortable for you
- Let me know if you'd like to take a break at any point and if you want me to repeat any questions
- Group agreement – how can we all agree to work together to get the most of today's meeting?
- Ask everybody to introduce themselves to everybody else in the group

1. **How many people are currently accessing peer support?**

   Count show of hands

2. **How do you / did you provide peer support?**

   - Group peer support
   - Drop-in peer support
   - One to one peer support

   Count show of hands for each form of peer support.

3. **How did you choose your peer supporter? What was important to you when you made this choice?**

4. **Working in pairs, think about what difference do you think peer support has made to your life? Write one item on each post-it note and place on the wall when complete.**

Go through all the comments on the post-it notes and facilitate a group discussion to get as much information as possible about all of the differences that providing peer support has made.

Example prompts include:-

- What has it led to?
- What difference has that made to you?
- Has it made an emotional difference or a practical difference?
- What's changed for you as a result of being a peer supporter?

Examples of what some people have said before include:-

- Getting out and about more
- Being able to get on better with others
- Improved mental and physical health
- Seeing my psychiatrist less frequently
- Feeling more in control of my own life

5. **For those of you who are no longer accessing peer support, when did this stop and why?**
6. **What do you think is the best way for us to capture the changes that you've spoken about in future? How frequently should we do this?**
7. **We'd like to know how do you think we could improve the way in which we have these conversations with people in the future? Please can you write your thoughts on the post-it notes provided and place on the 'Evaluation Tree' before you leave.**

<u>Conclusion</u>

- Thank you for your time with this, we really appreciate it.
- The information you have provided will help us have a better understanding of peer support and we will be combining your thoughts with those of everybody else who is taking part in this exercise
- We will be designing a questionnaire to check that we have understood what you've told us correctly and it would be appreciated if you could take the time to complete this. It will be ready before Christmas.
- If you'd like to have a look at this questionnaire and advise us on it before we start using it properly, let me know and Ellen will be in touch sooner to arrange with you

Semi-structured interview for use with PEER SUPPORTERS who have provided peer support.

Introduction

- Thank you for choosing to take part
- We're really interested to hear about what difference peer support has made in your life so that we can understand this better at name removed and help ensure more people can access peer support in future.
- The interview should take approx. 45 mins, and will be recorded so that we don't miss anything that you share with us. Please be reassured though that your name won't be identified to the recording and the information you provide will remain anonymous.
- We really appreciate your honesty so please feel free to share both positive and negative experiences
- Let me know if you'd like to take a break at any point and if you want me to repeat any questions

1. **When did you first become a peer supporter?**
2. **Are you still providing peer support?**

   YES NO
3. **If you are no longer providing peer support, when did this stop and why?**
4. **Why did you want to become a peer supporter?**
5. **How do you / did you provide peer support?**

   - Group peer support
   - Drop-in peer support
   - One to one peer support

6. **What difference do you think being a peer supporter has made to your life?** Need to get as much information as possible about all of the differences that providing peer support has made.

   Example prompts include:-

   - What has it led to?
   - What difference has that made to you?

- Has it made an emotional difference or a practical difference?
- What's changed for you as a result of being a peer supporter?

Examples of what some people have said before include:-

- Being able to turn some negative experiences into something positive
- Feeling valued and having a purpose
- Improved mental and physical health
- Seeing my psychiatrist less frequently
- Feeling more in control of my own life
- Moving into employment and / or education

7. **What do you think is the best way for us to capture the changes that you've spoken about in future? How frequently should we do this?**

8. **How do you think we could improve the way in which we have these conversations with people in the future?**

<u>Conclusion</u>

- Thank you for your time with this, we really appreciate it.
- The information you have provided will help us have a better understanding of peer support and we will be combining your thoughts with those of everybody else who is taking part in this exercise
- We will be designing a questionnaire to check that we have understood what you've told us correctly and it would be appreciated if you could take the time to complete this. It will be ready before Christmas.
- If you'd like to have a look at this questionnaire and advise us on it before we start using it properly, let me know and Ellen will be in touch sooner to arrange with you

Focus Group format for staff

Introduction

- Thank you for choosing to take part
- We're really interested to hear about what difference you think peer support has made to the lives of those you support so that we can understand this better at Together and help ensure more people can access peer support in future.
- The meeting will last approx. 2 hours and will be recorded so that we don't miss anything that you share with us. Please be reassured though that your name won't be identified to the recording and the information you provide will remain anonymous.
- We really appreciate your honesty so please feel free to share both positive and negative experiences
- It would be great to hear from everybody during the meeting and please take part in a way that feels comfortable for you
- Let me know if you'd like to take a break at any point and if you want me to repeat any questions
- Group agreement – how can we all agree to work together to get the most of today's meeting?
- Ask everybody to introduce themselves to everybody else in the group

1. **How is peer support provided within the service / are you work in?**

2. **Ask the group to work in two teams. One team to discuss what difference they think peer support has made to service users and one team to discuss what difference they think peer support has made to peer supporters. Each team to write one item on each post-it note and place on the wall when complete.**

   Go through each teams comments one at a time and facilitate a group discussion to get as much information as possible about all of the differences that staff think that providing peer support has made to service users and peer supporters

   Example prompts include:-

   - Why do you think this?
   - Has it made an emotional difference or a practical difference?
   - What changes have you seen in people lives?

   Examples of what some people have said about service users before include:-

- Getting out and about more
- Being able to get on better with others
- Improved mental and physical health
- Seeing my psychiatrist less frequently
- Feeling more in control of my own life

Examples of what some people have said about peer supporters before include:-

- Being able to turn some negative experiences into something positive
- Feeling valued and having a purpose
- Improved mental and physical health
- Seeing my psychiatrist less frequently
- Feeling more in control of my own life
- Moving into employment and / or education

3. **Has peer support had any impact on the service overall?**

    - Has peer support had any impact on the staff team?

    - Has peer support had any impact on staff's understanding of service users' experiences?

4. **What do you think is the best way for us to capture the changes that you've spoken about in future? How frequently should we do this?**

5. **We'd like to know how do you think we could improve the way in which we have these conversations with people in the future? Please can you write your thoughts on the post-it notes provided and place on the 'Evaluation Tree' before you leave.**

<u>Conclusion</u>

- Thank you for your time with this, we really appreciate it.
- The information you have provided will help us have a better understanding of peer support and we will be combining your thoughts with those of everybody else who is taking part in this exercise
- We will share the overall findings from this exercise with you in the New Year

Appendix 5 – Service User Questionnaire

We are currently trying to find out more about the impact of peer support on the lives of both Peer Supporters and service users in Together. We have already spoken to some service users, peer supporters and staff already who have developed the content of this questionnaire. By completing this questionnaire, you will help us understand even more the difference that peer support makes so that we can help more people benefit from this in future.

It should take 10-15 minutes to complete and your responses will remain anonymous and confidential.

Once you have completed the questionnaire, please either hand it to details removed or send it directly by post to:

Details removed

If you have any questions, please feel free to contact details removed

Are you still being supported by a Peer Supporter at name removed?

☐ Yes ☐ No

If no, how long ago did you receive support from a Peer Supporter?

_____

1) Since receiving Peer Support... I feel more confident

☐ Yes

☐ No (If no, move to section 2)

For some people this has led to them being more active in the service. Please tick which of the following (if any) you have become involved in:

☐ service user meetings

☐ Organising activities

If you had not received Peer Support, how likely is it that you would still feel more confident now?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without Peer Support	**25%** Small chance	**50%** 50/50 chance	**75%** High chance	**100%** It definitely would h happened without P Support

You might feel more confident for other reasons too, such as through other kinds of support or activities. How much would you say feeling more confident is due to peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	**25%** A little is because of peer support	**50%** About half is because of peer support	**75%** A lot is because of peer support	**100%** All of it is because of peer support

2) Since receiving Peer Support... I am more able to manage my own mental health

☐ Yes

☐ No (If no, move to section 3 below)

For some people this has meant that they now use health services less. Please estimate how often you use(d) the following services:

	Before Peer Support	**Now**
GP	___ times per month	___ times per month
Emergency services	___ times per month	___ times per month
Mental Health Professionals	___ times per month	___ times per month

If you had not received Peer Support, how likely is it that you would still feel more able to manage you mental health now?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without Peer Support	**25%** Small chance	**50%** 50/50 chance	**75%** High chance	**100%** It definitely would h happened without P Support

You might feel more able to manage your own mental health for other reasons too, such as through other kinds of support or activities. How much would you say feeling more able to manage your mental health is due to peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	**25%** A little is because of peer support	**50%** About half is because of peer support	**75%** A lot is because of peer support	**100%** All of it is because of peer support

3) Since receiving Peer Support... I feel more in control of my life

☐ Yes

☐ No (If no, move to section 4 below)

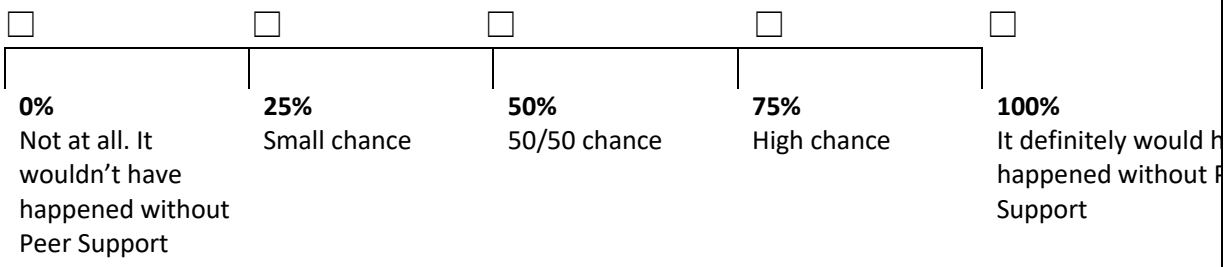
For some people this has enabled them to become more independent in their day to day life. Do any of the following apply to you since receiving Peer Support?

☐ I need less one-to-one support from staff

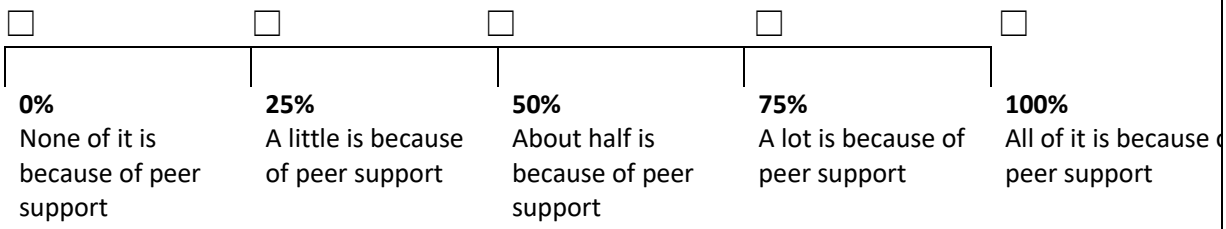
☐ I feel more ready to move in to my own accommodation

☐ I now live in my own accommodation

If you had not received Peer Support, how likely is it that you would still feel more in control of your life now?



You might feel more in control of your life for other reasons too, such as through other kinds of support or activities. How much would you say feeling more in control of your life is due to peer support?



4) Since receiving Peer Support... I have an improved social life and support network

☐ Yes

☐ No (If no, move to section 5 below)

For some people Peer Support led to doing more social activities. Which of the following (if any) do you do more of since receiving Peer Support?

☐ Meeting up with friends / family

☐ Attending social clubs / groups

☐ Attending social activities / outings

If you had not received Peer Support, how likely is it that you would still have an improved social life and social networks now?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without Peer Support	**25%** Small chance	**50%** 50/50 chance	**75%** High chance	**100%** It definitely would h happened without P Support

You might have an improved social life and support network for other reasons too, such as through other kinds of support or activities. How much would you say having an improved social life and support network is due to peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	**25%** A little is because of peer support	**50%** About half is because of peer support	**75%** A lot is because of peer support	**100%** All of it is because peer support

5) Since receiving Peer Support... I feel more accepted for who I am

☐ Yes

☐ No (If no, move to section 6 below)

For some people this has led to a greater sense of belonging. Do you feel this way?

☐ Yes

☐ No

If you had not received Peer Support, how likely is it that you would still feel more accepted now?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without Peer Support	**25%** Small chance	**50%** 50/50 chance	**75%** High chance	**100%** It definitely would h happened without P Support

You might feel more accepted for who you are for other reasons too, such as through other kinds of support or activities. How much would you say feeling more accepted for who you are is due to peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	**25%** A little is because of peer support	**50%** About half is because of peer support	**75%** A lot is because of peer support	**100%** All of it is because peer support

6) Since receiving Peer Support... I feel more hopeful about the future

☐ Yes

☐ No

For some people this has motivated them to use their experiences of distress to support others in the future. Do you feel this way?

☐ Yes

☐ No

If you had not received Peer Support, how likely is it that you would still feel more hopeful about the future now?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without Peer Support	**25%** Small chance	**50%** 50/50 chance	**75%** High chance	**100%** It definitely would h happened without P Support

You might feel more hopeful about the future for other reasons too, such as through other kinds of support or activities. How much would you say feeling more hopeful about the future is due to peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	**25%** A little is because of peer support	**50%** About half is because of peer support	**75%** A lot is because of peer support	**100%** All of it is because peer support

7) Overall, how long do you think the changes you have experienced in the above areas will last for after receiving peer support?

☐ Up to 3 months
☐ 6 months
☐ 1 Year
☐ 2 Years
☐ 5 or more years
☐ I don't know

8) In what way(s) have you used peer support? (tick all that apply)

☐ Regular 1:1 peer support
☐ Group peer support
☐ "One off" or occasional "drop-in" peer support

9) Are you still being supported by a Peer Supporter at name removed?

☐ Yes ☐ No

If no, how long ago did you receive support from a Peer Supporter?

_____

Appendix 6 – Peer Supporter Questionnaire

We are currently trying to find out more about the impact of peer support on the lives of both Peer Supporters and service users in name removed. We have already spoken to some service users, peer supporters and staff already who have developed the content of this questionnaire. By completing this questionnaire, you will help us understand even more the difference that peer support makes so that we can help more people benefit from this in future.

It should take 10-15 minutes to complete and your responses will remain anonymous and confidential.

Once you have completed the questionnaire, please either hand it to Ellen Coombes, Peer Support Coordinator, or send it directly by post to:

Details removed

If you have any questions, please feel free to contact detailed removed

1) Since becoming a Peer Supporter... I feel more confident

☐ Yes

☐ No (If no, move to section 2 below)

For some people this has led to them being able to help others through difficult times. How many people (if any) do you feel that you have helped since becoming a Peer Supporter?

_____

If you had not become a Peer Supporter, how likely is it that you would still feel more confident now?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without being a Peer Supporter	25% Small chance	50% 50/50 chance	75% High chance	100% It definitely would happened without Peer Supporter

You might feel more confident for other reasons as well too, such as through other kinds of support or activities. How much would you say feeling more confident is due to your involvement with peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	25% A little is because of peer support	50% About half is because of peer support	75% A lot is because of peer support	100% It was all because of peer support

2) Since becoming a Peer Supporter... I am more able to manage my own mental health

☐ Yes

☐ No (If no, move to section 3 below)

For some people this has meant that they now use health services less. Please estimate how often you use(d) the following services:

	Before Peer Support	**Now**
GP	___ times per month	___ times per month
Emergency services	___ times per month	___ times per month
Mental Health Professionals	___ times per month	___ times per month

If you had not become a Peer Supporter, how likely is it that you would feel more able to manage your mental health now?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without being a Peer Supporter	**25%** Small chance	**50%** 50/50 chance	**75%** High chance	**100%** It definitely would h happened without b Peer Supporter

You might feel more able to manage your own mental health for other reasons too, such as through other kinds of support or activities. How much would you say feeling more able to manage your own mental health is due to your involvement with peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	**25%** A little is because of peer support	**50%** About half is because of peer support	**75%** A lot is because of peer support	**100%** It was all because of peer support

3) Since becoming a Peer Supporter... I have an improved social life and support network

☐ Yes

☐ No (If no, move to section 4 below)

For some people, Peer Support has led to doing more social activities. Which of the following (if any) do you do more of since becoming a Peer Supporter?

☐ Meeting up with friends / family

☐ Attending social clubs / groups

☐ Attending social activities / outings

If you had not become a Peer Supporter, how likely is it that you would have an improved social life and support network now?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without being a Peer Supporter	**25%** Small chance	**50%** 50/50 chance	**75%** High chance	**100%** It definitely would h happened without b Peer Supporter

You might have an improved social life and support network for other reasons as too, such as through other kinds of support or activities. How much would you say having an improved social life and support network is due to your involvement with peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	**25%** A little is because of peer support	**50%** About half is because of peer support	**75%** A lot is because of peer support	**100%** It was all because of peer support

4) Since becoming a Peer Supporter... I feel more accepted for who I am

☐ Yes

☐ No (If no, move to section 5 below)

For some people this has led to a greater sense of belonging. Do you feel this way?

☐ Yes

☐ No

If you had not become a Peer Supporter, how likely is it that you would feel more accepted now?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without being a Peer Supporter	**25%** Small chance	**50%** 50/50 chance	**75%** High chance	**100%** It definitely would h happened without b Peer Supporter

You might feel more accepted for who you are for other reasons as too, such as through other kinds of support or activities. How much would you say feeling more accepted for who you are is due to your involvement with peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	**25%** A little is because of peer support	**50%** About half is because of peer support	**75%** A lot is because of peer support	**100%** It was all because of peer support

5) Since becoming a Peer Supporter... I have a greater sense of purpose in life

☐ Yes

☐ No (If no, move to section 6 below)

For some people this has led to improved wellbeing e.g. feeling more valued, feeling appreciated and having a sense of achievement. Do you feel that your wellbeing has improved since becoming a Peer Supporter?

☐ Yes

☐ No

If you had not become a Peer Supporter, how likely is it that you would feel a greater sense of purpose in life now?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without being a Peer Supporter	**25%** Small chance	**50%** 50/50 chance	**75%** High chance	**100%** It definitely would h happened without b Peer Supporter

You might have a greater sense of purpose in life for other reasons too, such as through other kinds of support or activities. How much would you say having a greater purpose in life is due to your involvement with peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	**25%** A little is because of peer support	**50%** About half is because of peer support	**75%** A lot is because of peer support	**100%** It was all because of peer support

6) Since becoming a Peer Supporter... I feel that my prospects or opportunities for the future have improved

☐ Yes
☐ No

Which of the following have you started since becoming a Peer Supporter?

☐ Education / training course
☐ Other volunteering
☐ Applying for jobs
☐ Part-time work
☐ Full-time work

If you had not become a Peer Supporter, how likely is it that your prospects would have improved?

☐	☐	☐	☐	☐
0% Not at all. It wouldn't have happened without being a Peer Supporter	**25%** Small chance	**50%** 50/50 chance	**75%** High chance	**100%** It definitely would h happened without b Peer Supporter

You might feel that your prospects and opportunities have improved because of other reasons too, such as through other kinds of support or activities. How much would you say that an improvement in your prospects and opportunities is due to your involvement with peer support?

☐	☐	☐	☐	☐
0% None of it is because of peer support	**25%** A little is because of peer support	**50%** About half is because of peer support	**75%** A lot is because of peer support	**100%** It was all because of peer support

7) Overall, how long do you think the changes you have experienced in the above areas will last once you have moved on from being a Peer Supporter?

☐ Up to 3 months
☐ 6 months
☐ 1 Year
☐ 2 Years
☐ 5 or more years
☐ I don't know

8) Are you still a Peer Supporter with Together?

☐ Yes ☐ No

If no, how long ago were you a Peer Supporter? _____

Appendix 7 – Financial Inputs

Total Peer Support Related Staff Costs	£
Basic Pay	£11,232.23
Relief Pay	£0.00
Agency Pay & Accruals	£207.68
Staff Overtime	£0.00
NI	£1,015.19
Pensions	£83.26
Total Salary Costs	**£12,538.35**
PSC Travel Costs	£5,623.57
PSC Training Costs	£2,571.32
Volunteer Expenses	£143.00
Recruitment Costs & DBS	£26.41
Office Equipment	£0.00
Activities / Events	£0.00
Materials & Equipment	£0.00
Landlines and charges	£159.37
Laptop and email costs including equipment purchase	£202.50
Advertising	£0.00
Subscriptions , Journals etc	£0.00
Stationery	£88.39
Printing	£9.61
Postage	£9.50
Catering Costs	£586.72
Consultancy	£0.00
Allocation of Housing Associations Charges & Property Repairs and Eqpt re-placement	£2,976.25
Allocation of Utility costs	£854.58
Allocation of Other Housing costs - Cleaning , Service Contracts, Windows , Gar-den etc	£372.44
ODM Costs	£760.00
Organisational Overheads – 1	
(Include Insurance / Audit / Bank Charges / Skills Development apportionment)	£749.17
Organisation Overheads - 2	
(Include 12% Infrastructure/department overheads)	£3,320.54
Cost of Peer Supporter's time, estimated by hourly wage of a Recovery Worker in Together's Hampshire Service (£9.38) multiplied by hours spent delivering peer support (365 hours) and receiving support/supervision (144 hours)	£4,775.46
Total Costs	**£35,767.18**

Appendix 10

Hampshire SROI Decisions Log

This document is intended to be a live document that will be updated on a regular basis to enable transparency about key decisions made by the SROI Project Team and its members. Please ensure that any key decisions that you make about the work that you undertake is recorded so that they can be shared with the whole project team in advance of each Project Team Meeting. A final copy of the Decisions Log will be included as an appendix within the final SROI Report.

	Decision required	Decision made	Rationale	Who by	When
1	Who is best to communicate about SROI with identified stakeholders?	Ellen, Danni and Elveta	Line management / peer support co-ordination responsibility	Project Team	05.10.15
2	What written materials will be required to explain about SROI?	Simple, easy to understand poster	Visual aid to support verbal communication	Project Team	05.10.15
3	How do we calculate the cost of staff time in peer support?	All with a role to provide number of hours per week they spend on peer support in identified services	Consistency across all posts and aids financial calculation to be identified and made easily	Project Team	05.10.15
4	What time period will we use to identify financial inputs?	April 2014 – March 2015	Too difficult to analyse this across financial years and no significant variations in costs	Project Team	05.10.15
5	What time period will we undertake the SROI?	Primarily in the proceeding 12 months from when we engage stakeholders e.g. Nov 2014 – Oct 2015		Project Team	05.10.15
6	Which service users do we want to engage with?	Only those who have accessed peer support	Those who haven't wouldn't be able to provide relevant data	Project Team	05.10.15
7	Which staff do we want to engage?	All Hampshire based staff who have an interest / role in peer support	Inclusive approach and possible within timescales	Project Team	05.10.15
8	What's the best way to engage staff?	To hold a group meeting (possibly two)	Enables specific purpose rather than becoming part of a staff team meeting and having insufficient time	Project Team	05.10.15
9	How do we encourage those who may	Provide contact details for Martin	People may feel obliged to speak	Project Team	05.10.15

	want to share negative experiences?		positively to Jess due to her previous role, Martin would appear more independent		
10	Who is best placed to lead stakeholder engagement?	Jess	Very familiar with all stakeholders but no longer the PSC for the area	Project Team	05.10.15
11	What response rate are we aiming for with stakeholder engagement?	100%	We think this is achievable for majority of stakeholders and want to ensure as large a response as possible	Project Team	05.10.15
12	What services do we want to focus on?	St Georges, Cliddesden and Kirtling	Other services (Normandy Road, Swiss Cottage and Wavelley House) have had limited experience with peer support to date	Project Team	05.10.15
13	Do we involve commissioners as stakeholders?	No	They won't be able to provide additional views but we need to keep them informed about what we're doing and share the results	Project Team	05.10.15
14	Do we involve mental health professionals as stakeholders?	No	The won't be able to offer additional information and Together staff are better informed and understand what peer support is	Project Team	05.10.15
15	Do we need people to sign consent forms for taking part?	Yes	Important for use in one to one interviews and focus group discussions. Not for questionnaires as this is provided when people complete them	Project Team	05.10.15
16	Do we need separate guidance for one to one interviews and focus groups?	Yes	Consistency in questions is important but way of achieving them will be different in a focus group	Project Team	05.10.15
17	Do we need to collect personal details e.g. name / demographic details?	No	We want to ensure transcriptions of interviews / focus groups are anonymous. Projects hold	Project Team	05.10.15

			demographic information if required		
18	Do we want to know how people chose their peer supporter?	Yes	It will be important to understand the choice that people have and what is important for them	Project Team	05.10.15
19	Do we want to use a checklist of intended / unintended outcomes?	Yes	This is important to help facilitator guide conversations if required, but not to be used as a checklist in itself	Project Team	05.10.15
20	Do we want to ask people about how we can improve how we collect data in future?	Yes	Important to ask this question and for it to be included in guidance	Project Team	05.10.15
21	Do we want to use prompts in interviews?	Yes	To support conversations and drill down to as much details as possible	Project Team	05.10.15
22	Do we need to collect quantitative data from the same people we collect qualitative data from?	No	Qualitative data helps develop outcome measurement tool and this can then be completed by any of the peer supporters and people they support	Project Team	05.10.15
23	What service overheads do we want to include / exclude?	Not sure	We need to identify these and then decide whether or not they are material and should be included.	Project Team	05.10.15
24	Who can best identify financial inputs?	Ellen, Danni, Elveta, Chris	Ellen and Jess to share petty cash returns for 2014-15 with Chris and identify which projects have incurred petty cash expenses for peer support and ensure they are shared with Chris. Staff names with roles / input into peer support need to be identified and given to Chris	Project Team	05.10.15
25	Can we develop the quantitative questionnaire yet?	No	We have a very rough draft but this needs to be progressed following stakeholder engagement and analysis	Project Team	05.10.15

			of date. Whole project need to sign this off before it is piloted with small group of service users and peer supporters		
26	Do we involve staff who are new? e.g high turnover of staff at Cliddesden Road	Yes, but only those who understand peer support and have seen it in action	Still need to include this perspective but appreciate it is much more difficult at this service	Project Team	05.10.15
27	How do we analyse the data provided by stakeholders and identify the most important outcomes for inclusion?	Transcripts of interviews and focus groups analysed by 3 people and number of occasions an outcome is referred to counted.		Angela, Jess, Martin	19.11.15
28	Do we include data provided by service user who has had a recent very negative experience of Hampshire service?	Relevant elements of data provided.	Service user has always been very positive of peer support but recently been told he will need to move on. This has had negative impact on his perceptions of everything at Together, including peer support. Minimal pieces of information relevant to peer support outcomes	Angela, Jess	19.11.15
29	Do we include average PM costs or real costs of project management during the financial time period?	Average PM costs	Higher than average costs due to staffing difficulties and use of agency provision. This is not usually the case and would provide false indication of inputs.	Angela, Jess, Ellen	19.11.15
30	How do we measure attribution and deadweight	Inclusion of questions within the questionnaire that ask people to rate how much the outcome is due to peer support compared to other activies and support (attribution); and how likely they would have achieved the outcome without peer support (deadweight)	Self measurement values peoples' own judgement and insight into their own circumstances	Project team	16.12.15
31	How do we ensure people are able to	Provide offer of support from someone	Although support from someone	Project team	06.01.16

	understand the questions	from SUID, a project staff member, or from Ellen, which people can choose from	completely independent would have been ideal, this was not possible due to financial and time restraints. Offering a range of people to support service users complete questionnaire meant they could choose if they required support. This is especially important to explain attribution and deadweight questions		
32	How do we measure drop-off	Provide a question in the questionnaire that asks people to estimate how long they expect the outcome to last	Unable to get an actual measurement of this as the peer support service is too new	Angela, Martin, Jess, Suzy, with advice from NEF	05.02.16
33	How do we account for drop off when many people answered “don’t know”	To avoid overestimating the impact of Peer Support, we have calculated values over a 5 year period only and included a drop off of 40% per year, as well as a larger drop-off after year 2, based on the questionnaire responses.	Unable to see retrospectively how long the impact of peer support has lasted because many of the people in the sample were still participating in peer support, or had only recently stopped. Many of the people responded to the above mentioned question with “don’t know”	Suzy, Phil, Angel, Jess	14.03.16
34	Do we include outcomes of “improved confidence” within the SROI calculations?	No. During a sensitivity analysis of the data, the outcomes of improved confidence for Peer Supporters and Service users were taken out of the calculation.	This was done in order to avoid duplication since improved confidence is likely to be part of journey towards the other outcomes e.g. managing mental health, improved social life, hopeful about the future etc.	Suzy, Phil, Angel, Jess	14.03.16