



The Sage Gateshead

**Adult and Community Learning Fund
Forecast of Social Return on Investment of
Silver Lining
at The Sage Gateshead
(September 2011 to March 2012)**

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1.0 Executive Summary



This report is a forecast of a Social Return on Investment (SROI) of Silver Lining, a project that works in day centres and residential care homes. The aim of the project is to engage with residents and service users, focussing on people living with dementia, and staff through singing and ukulele playing. The project also utilises volunteers to help with the delivery and aims to work with staff at the settings in order to build-up their skills to provide the opportunity to deliver their own sessions.

Silver Lining is a project within the Silver Programme, which is part of The Sage Gateshead. The Sage Gateshead is an internationally recognised music venue based in the North East, which also delivers numerous community music and education projects. We know from our discussions with our participants and stakeholders that The Sage Gateshead's projects and activities can have a huge impact on their lives and actions, but we want to explore what it is that changes for the people we engage with and the value of our projects to them and society. To understand what changes we are using SROI, which provides a framework for evaluating what matters to our stakeholders and allows us to understand the value we create.

This following anecdote highlights exactly why investigating the social impact of the work of this project is essential and hugely important to our stakeholders.

During the consultation we spoke with a Silver Volunteer whose father also happens to live with dementia, LR explained how much of an impact that playing the ukulele and signing had had on her father when she would visit him. These experiences created wonderful memories of her father in his later years that will last for a lifetime. During a subsequent conversation later in the process LR was asked how we could attempt to value these experiences. It transpired that her father had departed very recently, but the day before he had died, LR played her ukulele and sang for her father. He responded by singing along to the music she was playing; LR said that “this meant an incredible amount to her.”

Dementia and dementia care have an increasing significance in our society; over 700,000 people in the UK have been diagnosed with dementia and those who are living with dementia can exist for seven to 12 years¹. With increasing numbers of people in the UK living with dementia² and an increase in life expectancy³, caring for people with dementia has been labelled a “national crisis”⁴, so much so, that the Government have recently pledged £66million for dementia research purposes⁵. The care that people with dementia receive has been under the spotlight lately, with the publication of the Dilnot Commission Government White Paper on Funding of Care and Support.

The number of people with dementia also has a large impact on society, both financially and culturally, costing the UK £23billion, predicted to grow to £27billion by 2018⁶.

During this analysis, we have learned and recommend the following:

- We have learned that care homes and day centres value this work and see it as strengthening what they offer. We recommend that they explore partnering with and financially supporting the work of Silver Lining.
- We recommend that families and carers are encouraged to see this project as an important aspect of the holistic provision that is given to those who are cared for.

¹ Department of Health, 2008. *National Dementia Strategy Consultation*. Crown.

² Department of Health, 2008. *National Dementia Strategy Consultation*. Crown.

³ Office for National Statistics, 2011. *Life expectancy at birth and at age 65 by local areas in the United Kingdom, 2004–06 to 2008–10*. Office for National Statistics.

⁴ BBC News, 2012. Dementia: PM promises push to tackle 'national crisis' *BBC News* [online] (last updated at 13:16 on 26 March) Available at <http://www.bbc.co.uk/news/health-17507678> [Accessed on 26 June 2012].

⁵ BBC News, 2012. Dementia: PM promises push to tackle 'national crisis' *BBC News* [online] (last updated at 13:16 on 26 March) Available at <http://www.bbc.co.uk/news/health-17507678> [Accessed on 26 June 2012].

⁶ Alzheimer's Society, 2012. *Dementia 2012: A National Challenge*. Alzheimer's Society.

- We've learnt that ukuleles are very accessible and a great way for beginners who wish to develop music abilities to do so.
- We have learnt that third age-fourth age⁷ interaction is very important as peer support and the value of shared experiences assists in reminiscence and shared dialogue between participants.
- Taking part in Silver Lining has led to the establishment and strengthening of friendship groups for Silver volunteers.
- Silver volunteers that participate in Silver Lining increase their understanding of dementia which can have a positive impact on decreasing levels of anxiety associated with dementia.
- Participating in Silver Lining can have a positive impact on self-confidence and increasing musical ability/ musical confidence.
- To ensure that care homes and day centres allow their staff time and space to be fully involved in Silver Lining activities.
- Participating in Silver Lining provides an opportunity for family members to have positive experiences with their relatives. These have been described as "priceless" moments.
- We have found that the Silver Lining model encourages additional participation in other activities for residents in care homes.
- We recommend that music is used as part of caring for people living with dementia. It can be used as part of reminiscence or to help calm someone if they are feeling agitated.
- We recommend that Occupational Therapists and Activity Coordinators be made aware of the importance of this work and the positive impact it can have on care homes and day centres and all involved with them.
- We recommend that Activity Coordinators consider the personal music preferences of individual residents. Thought should be given to this information when planning music activities for the wider residential community.

This analysis estimates that for every £1 invested in Adult and Community Learning Fund activities there is a social value created in the range of £1.49 to £2.04.

⁷ "The Third Age, spanning the post-employment years of 65 to 80 years, the Fourth Age Starting at about age 80 or 85 includes the last years of adulthood"; Barnes, S.F, 2011. *Fourth Age – The Final Years of Adulthood*. San Diego State University Interwork Institute.

Assurance Statement

To follow – this report has not yet been assured.

This report was submitted to the SROI Network assurance panel on xxxxxx

This report has been submitted to an independent assurance assessment carried out by The SROI Network. The report shows a good understanding of the SROI process and complies with the SROI principles.

This is a predictive SROI analysis based on evidence gathered from the period of the Adult and Community Learning Fund project, September 2011 to March 2012.

Acknowledgments

The Adult and Community Learning Fund project and support for this SROI evaluation was funded by the Skills Funding Agency and supported by NIACE and The SROI Network. The author, Shaun Hegarty, would like to thank Meg Middleton, Marie Kerwin, Katherine Leadbeter, Adam Kent, Julia Plastino, all of the Silver participants who volunteer their time, the staff at the care homes and day care centres where Silver Lining sessions took place and the residents of the care homes and day care centres.

2.0 About the evaluation

2.1. The Sage Gateshead: activities and objectives

The Sage Gateshead opened in December 2004. The company's Mission and driving ethos is 'to entertain, involve and inspire each and every person we meet through engagement with outstanding music'. The Sage Gateshead's work has developed and grown perhaps more than anyone ever imagined it would and the company has gained national and international renown both as one of the finest performance venues in the UK and for the scale and impact of its Learning and Participation work.⁸

The success of the original vision, to build a world-class centre for music performance and participation on the banks of the Tyne and through this to help regenerate and inspire the region is borne out by the incredible appetite for the work that The Sage Gateshead provides across the wider North East, the impact on the local economy, and the dramatic effect that an involvement in music has had on so many people from all walks of life and backgrounds.

Numbers

- Almost **3,000** performances have taken place
- Over **3.5 million** visitors to the building

National Role

- One of 10 national Arts Council **Bridge** Organisations giving the **strategic** lead for connecting young people age **0-24** years old to **cultural opportunity**
- In April 2012 we launched **Sing Up** Ltd, an independent non-profit distributing company jointly owned by Youth Music and The Sage Gateshead. The company was developed to take forward the impacts of Sing Up's five year government funded programme working with **96%** of **all primary schools** in England.

⁸ Brown, J., 2012. Striking a chord: The Sage's education projects are testament to the transformative power of music *The Independent* [online] 29 March Available at <http://www.independent.co.uk/news/education/schools/striking-a-chord-the-sages-education-projects-are-testament-to-the-transformative-power-of-music-7594947.html> [Accessed 1 April 2012].

Artistic Programme

- Over 50 visiting international orchestras have toured here
- Stage **SummerTyne** (the UK's leading Americana festival) and **Gateshead International Jazz Festival** (the biggest UK Jazz Festival under one roof)
- Home to **Northern Sinfonia**, one of the world's most exciting orchestras and **Folkworks**, England's leading folk music development agency.

Learning & Participation Programme

- Grown to **5 times** its original projections
- **70%** takes place outside the building in communities across the North East
- Provided approximately **2 million** people from age 0-96 with music making opportunities in over **1,000** places across the North East and nationally
- **CoMusica** celebrated **ten years** in 2011 and its delivery of over **12,000** musical workshops and over **2,000** performances, reaching over **35,000** young people
- Overall the biggest music training programme delivered by a single institution in the world (we believe)
- **Silvers Programme** (music making opportunities for people over 50) began with 40 participants and now reaches over **1,000** people

2.2. The Adult and Community Learning Fund project

Silver Lining is an enjoyable, accessible and confidence building music project supporting the health and well being of volunteers over the age of 50, care home residents and their carers. Professional musicians from The Sage Gateshead and volunteers teach carers new skills enabling them to enjoy well known songs with care home residents who live with dementia.

The project involves volunteers over the age 50 and aims to create sustainable relationships between them, care homes and carers. Volunteers and carers learn new skills enabling them to deliver music sessions in care settings, specifically, age appropriate songs known to the residents, connecting them to memories.

Our main aim for this project is to increase the mental and physical health and well being of residents who have dementia and teach new music skills to the volunteers and care staff.

We hope that the contribution of the volunteers will provide a social link with the outside world described and that these links and relationships will be sustained beyond the length of the funded programme.

In total, we worked with 652 participants across the different stakeholder groups.

At the outset, our objectives for the project were:

- To provide carers with new skills and enhance the daily routine for them and the people for whom they care.
- To offer carers the opportunity to work creatively, supported by volunteers and professional musicians.
- To see evidence of carers learning new skills that enabled them to relate to the people they care for as equally as possible.
- To provide an accessible, enjoyable, stimulating experience for people with Alzheimer's disease and dementia.

The Outcomes and Impacts we are looking to achieve were:

- Third Age volunteers leading Fourth Age residents in music sessions and the creation of sustainable relationships between volunteers and carers.
- An increase in the residents' response to accessible musical experience, including residents accessing their memories through music.
- To see volunteers, people with dementia, and their carers, express themselves and socialise through singing and evidence of better mental, physical health and well being of those involved.

Other intended outcomes and impacts intended were increased skills and confidence for volunteers and carers; carers developing unexplored talents and skills to enhance the experience of their working lives; creating a community of relationships between carers, care homes and volunteers; and volunteers providing a social link with the outside world.

The aim was to leave a legacy in residential homes after the life of the project. We hope that we will see a continuation of volunteer involvement in care homes and with care groups. We also hope to see carers from different residential settings to meet up and share best practice and progress at network days. We want to see the Silver Lining Songbook and CD being used regularly and the delivery model developed into learning packages that care homes could purchase.

Sessions took place in the following settings:

- Residential care homes:
 - Chrysalis at Tynedale, Hexham
 - Cranlea, Newcastle upon Tyne
 - Highcliffe Residential Home, Sunderland
 - Station Court Road, Ashington
 - Harton Grange Residential Home, South Tyneside

- Comfort House Residential Home, West Denton
- Linskill Park, North Tyneside
- Day centres:
 - Bradbury Centre Well Being Cafe, Wideopen, Newcastle upon Tyne
 - Bradbury Day Centre, Wideopen, Newcastle upon Tyne
 - Haven Day Centre

There are also the Silver Stars, which is a group of 10 Silver volunteers that play at a number of care homes, including a regular Alzheimer's society meeting.

Average breakdown of participants per session

| Location | Silvers | Residents/service users | % with dementia | Staff | Family members |
|---------------------------------|-----------|-------------------------|-----------------|-----------|----------------|
| Cranlea | 6 | 20 | 50 | 2 | 0 |
| Bradbury Centre Well Being Cafe | 6 | 13 | 100 | 3 | 15 |
| Station Court | 5 | 30 | Not known | 2 | 1 |
| Harton Grange | 7 | 16 | 75 | 4 | 0 |
| Chrysalis | 4 | 12 | 100 | 10 | 1 |
| Haven Day Centre | 4 | 16 | 100 | 2 | 0 |
| Linskill Park | 3 | 15 | Not known | 1 | 0 |
| Highcliffe | 5 | 20 | 75 | 3 | 1 |
| Bradbury Day Centre | 2 | 28 | 100 | 3 | 0 |
| Comfort House | 4 | 12 | 33 | 1 | 0 |
| Silver Stars | 10 | 30 | Not known | Not known | Not known |
| Total | 56 | 182 | N/A | 31 | 18 |

2.3. Social Return on Investment (SROI)

Participating in learning as adults makes changes: sometimes these create value and other times destroys it through unintended consequences. Capturing the value of these changes is much wider consideration than in pure financial terms: although the value of financial transactions often takes it priority in decision making processes. Consideration of the wider social, economic, and environmental value are becoming more prominent in the decision making for public sector commissioning due to the Best Value guidance⁹ and the Public Services (Social Value) Act 2012¹⁰

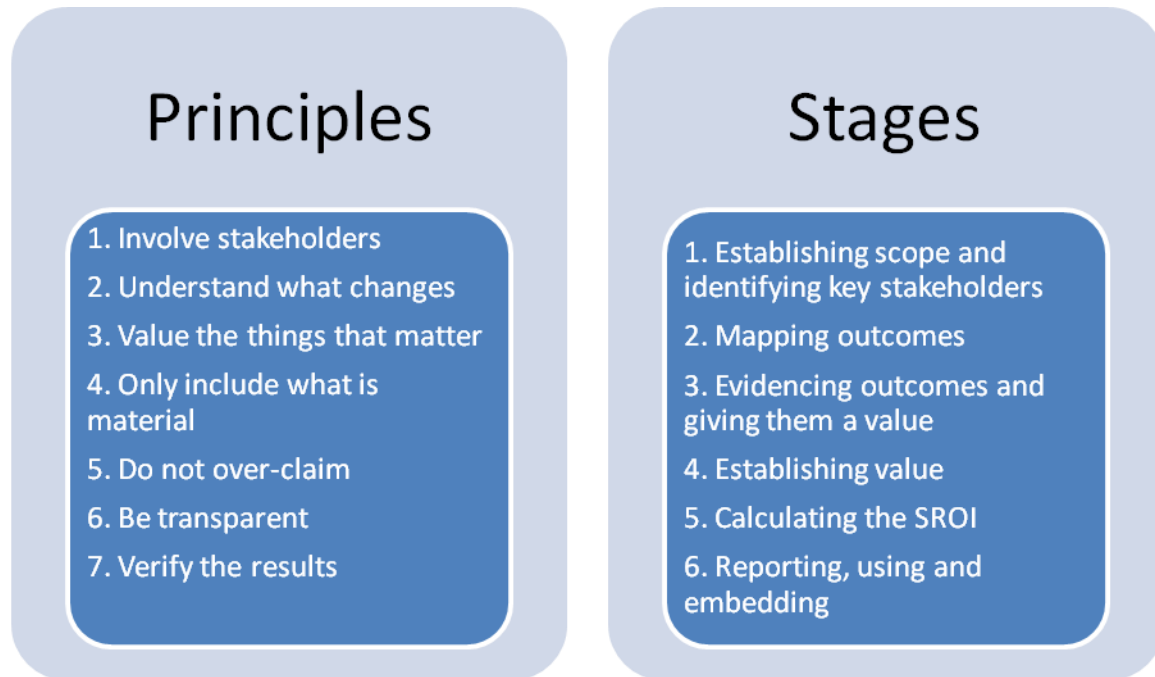
Social Return on Investment (SROI) is a framework for measuring and accounting for change and this much broader concept of value. It is used to show how activities create value, how organisations can manage the value and provide evidence of it.

⁹ <http://www.communities.gov.uk/publications/localgovernment/bestvaluestatguidance>

¹⁰ <http://www.legislation.gov.uk/ukpga/2012/3/contents/enacted>

SROI is about value, rather than money. Money is simply a common unit and as such is a useful and widely accepted way of conveying value and is used to tell the story and show the priorities of what is important to the key stakeholders along with all the other evidence from the project. This enables a ratio of benefits to costs to be calculated.

SROI is a principles based methodology and follows a set process:



This report does not contain a detailed explanation of the principles or every step of the SROI process. Detailed guidance can be found on the SROI Network website at www.thesroinetwork.org.

2.4. Scope of the analysis

This forecast analysis focuses on activities which took place between September 2011 and March 2012. The period of analysis took place from September 2011 and March 2012. Our main objective for this analysis is to explore how successfully we can improve health and the opportunities for adult learning by providing shared activities for carers, volunteers and care home/day care centre residents in the form of singing and playing the ukulele. Improving skills and communication for all stakeholders and creating opportunities for skills development for carers and volunteers.

Adult and Community Learning Fund

The ACLF is financed by the Skills Funding Agency to support the review of Informal Adult and Community learning and the implementation of its outcomes. The fund supports the development of creative and innovative ways of attracting a wide range of adults into learning and capturing the evidence of the benefits of this learning for individuals and communities.

The Sage Gateshead

The Sage Gateshead has very successfully engaged with many people in the North East through a multitude of activities and projects, but we would like to explore the wider impact on society that our activities have. SROI is something that The Sage Gateshead has wanted to work with for some time, and Silver Lining presented a good opportunity to gain an insight into the principles behind the process so that the SROI process can be embedded into the work of the organisation. As an organisation, we would like to have a better understanding of what our stakeholders get from our work so we can tailor our work accordingly. Demonstrating the value of our work is becoming increasingly important in the current economic climate and SROI analysis can help us justify the work we do.

The Sage Gateshead is also part of the Newcastle Gateshead Cultural Venues group, a network of 10 building-based arts and cultural venues in the Newcastle Gateshead area, and we would like to share our experiences of SROI with the network.

Dementia in North East ¹¹

- The number of people estimated to have young onset dementia in 2009 was 688 at 2009 and is expected to reduce to 666 by 2030. These numbers are thought to be an underestimate.
- The number of people with late onset dementia was predicted to be 31,840 at 2010; the number actually diagnosed with dementia was 14,034.
- There is a predicted increase in the number of people with late onset dementia to 50,896 by 2030 or an increase of 19,056 in 20 years.
- At 44% the North East (NE) has the highest percentage of people diagnosed with dementia against the predicted numbers. There are still significant steps to take to increase the rate of diagnosis.

Silver Programme

The Silver Programme was set up in January 2005, with the aim of promoting wellbeing through musical activity and preventing the cycle of health decline among older people most at risk of social isolation and health issues.

¹¹ All figures taken from Northern Rock Foundation, 2011. *Dementia: A North East Perspective*. Northern Rock Foundation.

The initial objective was to involve participants in singing activities in a variety of settings delivered by experienced practitioners in partnership with a range of organisations across the health, social care and education sectors. This was in response to our understanding, developed through practical experience that enjoyable, sociable activities, which enable older people to develop new skills, help to prevent health decline and social isolation.

The first few sessions began at The Sage Gateshead with 40 participants. After this, numbers grew steadily, in the main through word of mouth. By November 2007, the programme involved over 350 people each week and sessions included singing groups in a variety of styles, music theory classes and a range of instrumental groups. In order to cater for growing demand, increase opportunities for those living further away that might not be able to travel we developed partnerships with other organisations to deliver Silver sessions in other venues. This also helped to increase capacity in the region through training and confidence building with other music leaders.

By September 2008, the programme had grown even further with 536 participants taking part at The Sage Gateshead and across the region. The Silver programme now has over 1,000 attendances a week.

At the core of the Silver Programme's ethos is a commitment to pastoral care; in a society where older people are often excluded and marginalised, the Silver Programme is planned and delivered to ensure that every individual participant feels valued within a supportive, empathetic environment.

Through conversations with our participants about family members who are in care we were able to identify that older people in their fourth age, were not able to access high quality music making activities and the skills and confidence of staff and carers within these settings needed to be supported.

The participants of The Silver Programme highlighted themselves as a large, powerful volunteering force and expressed a desire and urgency to form relationships with care settings and work within them.

Recent research has shown that older people who learn to play instruments tend to have a happier retirement.¹²

¹² Beckford, M. 2011. Making music key to happy retirement, research says *The Telegraph* [online] 24 November Available at < <http://www.telegraph.co.uk/health/elderhealth/8910445/Making-music-key-to-happy-retirement-research-says.html> > [Accessed on 3 July 2012].

2.5. Stakeholder analysis



Silver volunteers

The Silver volunteers are an integral part of the project with a strong material link to the activities by volunteering their time to play ukulele and sing at Silver Lining sessions. Silver Lining volunteers come from the hugely successful Silver programme at The Sage Gateshead, which hosts a wide-range of music activities in and out of the building for people over the age of 50. As one of the main groups of people involved in delivering the activities, we wanted to investigate why this group volunteers and what they ultimately intend to get from the sessions.

Residential care workers and day care staff/volunteers (not Silver volunteers)

This group comprises of staff employed by care homes and the day centres to assist and care for the residents and service users. Engaging with this group is one of the key objectives for the project.

Familial Carers/family members

We felt that family members and familial carers are stakeholders in the project activities as they will be present at day centres with their relative or person they care for and hopefully partaking in session. There is also likelihood that relatives will be present at residential homes and taking part in sessions.

Arts Practitioners (Professional musicians and Community Music Trainees)

The people employed by The Sage Gateshead to deliver the musical activities and training sessions had a clear material link. We included a Community Music Trainee in this group. This role is a nine-month trainee position, where those involved work on a variety of projects and programmes, gaining experience and knowledge. This position is paid for by The Sage Gateshead.

Care Home residents (including those with and without dementia)

As our main aim for the project was to increase the mental and physical health and well being of residents who have dementia, it was clear that it is essential to include this stakeholder group. As the main beneficiaries of the project, the material link is very strong. We anticipate that the changes that care home residents may experience are that they can use skills that they no longer presently use and are calmer.

As some of the settings included residents who did not have dementia it was important to consider that changes for those without dementia may be different than residents who do have dementia. Mainly, the perceived changes for those residents with and without dementia were shared, but we initially felt that the ways the two groups would change was significant enough for them to remain separate. An issue to this approach was that in many care homes, it was very difficult to make this distinction between those with and without dementia, so ultimately the two groups of stakeholders were merged together.

The aim of Silver Lining is to provide a shared musical activity between residents and carers in order to promote a sense of wellbeing and to tap into skills that people living with dementia retain. General observations about enhanced mood during and after sessions were part of the evidence that we collected, however we were not looking formally at individual needs. The aim of Silver Lining is to deliver a more purposeful group activity within a setting. Hopefully this will have benefits upon the community and the individuals who take part, staff and residents alike. If we track the benefit to residents then we also need to look at tracking the benefits for anyone else who takes part.

It is important to specify that the people delivering the music sessions are not music therapists. A music therapist could use client care plans to help inform them of any issues that were to be addressed in group or one-to-one sessions. Silver Lining does not attempt to replicate this work, the model of practice is non-medical and the focus is very much on informality, therefore care plans weren't considered as part of the referral process. Whilst we aim to offer a therapeutic milieu in which singing takes place this is very different to music therapy. The latter uses music to open up communication rather than encourage a musical activity. There is also an issue around confidentiality as (apart from the safe caring issues) we do not need to know personal care plans. Silver Lining sessions do have an element of reminiscence, so

it was possible to find out about peoples past and life stories which provided direction to musicians and volunteers

Day centre users with dementia

All service users who attend the day centres have dementia and attend Silver Lining activities (amongst other activities delivered in each setting).

Care home/day centre managers (including Occupational Therapists and Activity Coordinators)

We want to explore why care homes and day centres wanted Silver Lining in their setting. We know that there is an interest because of the initial contact, but it was important to explore this stakeholder group further.

Stakeholder groups that were considered but weren't included in the analysis:

Silver volunteers that are still employed

There was an assumption that all of the Silver volunteers were retired, but as the Silver programme is open to anyone over 50, it was important to establish if there were volunteers who were still working and what the difference would be for them. We asked Silver volunteers to provide this information and out of the completed questionnaires, we found that all volunteers happened to be retired, or at least not working.

The Sage Gateshead

As with SROI convention, although the organisation delivering the activities stands to gain from the activities and has a strong causal link, an organisation is made-up from its stakeholders; therefore to include The Sage Gateshead would have contradicted this convention.

Adult Community Learning Fund

The Adult and Community Learning fund were included after the initial stakeholder analysis as the funding organisation of the project. They were removed from the group of stakeholders as it was apparent that the funding organisation wouldn't experience a material and specific change as a result of the activities.

Silver volunteers and residential care workers involved in the pilot

After review, we decided that the change for the stakeholders previously involved in the pilot was not significantly different enough from the same stakeholder groups that weren't involved in the pilot, so the stakeholders were merged.

We considered whether it would be necessary to break each group down by gender, but based on the knowledge of the team delivering the project and the initial consultation results, we decided that the changes wouldn't be significantly different.

2.6. Stakeholder involvement

| Stakeholders | Number in group | How were they involved? | Number involved |
|--|--|---|---|
| Silver volunteers | Approximately 50 volunteers were involved | Completed surveys at the start of the activities. Surveys were also completed at the end of the activities. In-depth conversations. | 32 completed initial survey. 14 completed follow-up survey. One-to-one conversations with 4. Value game with five stakeholders. |
| Residential care workers and day care staff/volunteers (not Silver volunteers) | On average 31 staff were involved | This stakeholder group was difficult to involve in a formal way due to their hectic jobs. Most information and evidence was gathered anecdotally during and after sessions. | 4 involved in one-to-one conversations. |
| Familial Carers/family members | On average, 18 family members participated in Silver Lining | For familial carers and family anecdotal evidence was gathered in one-to-one conversations and via third parties. | 3 one-to-one conversations and various anecdotal evidence, obtained via Silver volunteers and project musicians. |
| Arts Practitioners (Professional musicians and Community Music Trainees) | 3 musicians and 1 community music trainee | A survey was produced. We also used regular meetings to speak with one of the project musicians. | 1 completed survey and monthly conversations with 1 project musician. 1 musician dropped-out early in the process because of workload issues. |
| Care Home residents (including those with and without dementia) | It was estimated that 155 residents would be involved (this figure includes those considered not to have | Stakeholder involvement for this group mainly focussed on feedback from care home managers, staff, Activities Coordinators and | 11 residents completed a simple evaluation form see appendix for |

| | | | |
|--|--|---|--|
| | dementia). | Occupational Therapists because of the communication issues associated with dementia. | more details). |
| Day centre users with dementia | On average 57 individuals participated | As with care home residents with dementia, direct stakeholder involvement was minimal and mainly focussed on anecdotal evidence from staff and those delivering sessions. | Short conversations with 2 service users. |
| Care home/day centre managers (including 1 Occupational Therapist and 3 Activity Coordinators) | 10 different settings. | Surveys were sent to each setting at the start of the process. Telephone and face-to-face conversations were used throughout the consultation process in order to establish any changes or to discuss information in further detail. Anecdotal evidence was also collected during Silver Lining sessions. | 3 surveys completed. 8 telephone and face-to-face conversations with individual representatives of various settings. |

We identified the care homes and day centres in a number of different ways. A pilot project from September 2010, which ran in some form until September 2011 took place in four settings:

- Comfort House residential home
- Chrysalis
- Harton Grange
- Bradbury Well-being Cafe

After the pilot concluded, all four settings still wanted to be involved in any future activities. We also felt that each setting was at a critical point in establishing its own music group, therefore it was important to continue with this work. Expressions of interest from the other settings came mainly from word of mouth emanating from the pilot project and they contacted the Silver Programme at The Sage Gateshead about hosting sessions. Past experience of the project delivery team suggested that the residents and users that get the most out of music sessions are based at settings that have a desire and specific interest for musical activity.

Four care home staff and five residents completed feedback forms from the pilot project between September 2010 and September 2011. We used feedback forms from these projects and forms that covered the whole of the Silver Programme as part of this analysis.

We also ensured that Silver Lining will take place in a variety of settings, so we selected two dementia care specialists, care homes (containing a mix of people with and without dementia) and day centres. We also hoped to involve the Chinese Elders to broaden the ethnicity of the participants.

The stakeholder analysis at the start of the SROI process allowed us to identify all key stakeholders involved with and affected by the project's activities. Completing this process enabled us to look past the obvious and think about the wider impact of the project. We held a meeting before the project activities took place with key project staff to assess the key stakeholders in the project and what will change for them. Ideally, we would have liked to create a focus group with representatives from each stakeholder group, but experience of the project delivery staff told us that it would be very difficult for certain groups, such as care home managers, care staff and residents to attend anything of this nature, due to time restrictions and availability issues.

2.7 Data collection

The Silver participants were involved through a number of different ways. Many of the volunteers were already playing in Silver Ukulele sessions or other Silver music programmes and confirmed that they became involved in the project from this experience. Word of mouth between friends also played its part in others becoming involved in Silver Lining. Initially, Silver volunteers took part in training sessions at the start of the project and we took this opportunity to ask the Silver volunteers to complete a questionnaire (appendix A) that focussed on what they would gain from participating in the project, but also included more general questions.

The questions included:

- What do you hope to gain by participating in Silver Lining?
- If you weren't volunteering for Silver Lining, what would you be doing with your time?
- What do you think the challenges of Silver Lining will be?

The completed questionnaires from 32 Silver volunteers gave us a strong indication of what this particular stakeholder group wanted to get out of the project and helped us identify their outcomes.

After the activities had concluded, we asked the same stakeholder group to complete a follow-up questionnaire (appendix B), which helped inform the initial consultation. The questions were informed by the first questionnaire results and conversations throughout the period of activities and included the following:

- As a result of taking part in a Silver Lining session, did you feel physically more active? If so, were you able to do anything after a session that you wouldn't normally do?

- How has taking part in Silver Lining affected your confidence?
- Has what you have learnt during this process about dementia influenced you in any way, if so, are you doing anything differently?
- From participating in Silver Lining, have you made any new friendships or relationships?
- How has volunteering for Silver Lining changed your life?

In hindsight, it would have been beneficial to ask more questions as part of the first questionnaire that tried to get information about how much the stakeholders valued their time on the project and about the amount of change that they would experience. Both surveys contained potentially leading questions, particularly the follow-up questionnaire. It would have been beneficial to the process to identify a selection of stakeholders at the start of the process and track their experiences throughout the process, assessing the amount of change using simple scales. Due to timing issues not as many responses were received from the volunteers as we would have hoped.

It is also important to note that from some of the responses to the surveys; it was difficult for the Silver volunteers to focus on what will change for them, rather than the participants in care homes and day centres that stood to benefit from their contribution.

The Occupational Therapist at Linskill Park designed and carried out a report analysing the activities for residents in the care home. In order to obtain an understanding of what the residents were getting from the sessions; residents completed a survey (appendix F) with the assistance of the Occupational Therapist that used a simple scale so they could indicate how much they enjoyed the session or if they learnt something as a result of participating. A number of other alternatives were discussed including 'Measurement of health-related quality of life for people with dementia: development of a new instrument (DEMQOL) and an evaluation of current methodology', but, after discussions with one of the project musicians (who is a former social worker) this was felt to be too in-depth and clinical for our purposes.

A short questionnaire (appendix C and D) was also sent to all the settings where Silver Lining activities were taking place at the beginning of the period of activities. The questions related to what the setting would gain from the activities and how it would affect their residents/service users and staff. We felt it would be difficult to engage with residents/service users and staff in this way, so we used this approach to try to gain an understanding of all three distinct stakeholder groups. A number of telephone interviews then took place to speak with Managers, Occupational Therapists and Activity Coordinators. Calls were made to all settings, but we were unable to speak with everyone. Face-to-face conversations also took place throughout the delivery.

Project musicians were asked to complete a short survey at the beginning of the activities and data was also obtained throughout the analysis through one-to-one conversations with the project lead.

Data obtained for familial members was mostly completed anecdotally, with an in-depth recorded conversation with one family member and some other shorter interviews.

We also used existing research to help inform and supplement the data we gathered directly and indirectly from stakeholders.

3.0. Outcomes and evidence



3.1. Impact map

We used the impact map to explore the changes for each stakeholder group and record all the information as it was gathered. The impact map (appendix H) gives the full picture of this SROI analysis and this report aims to clarify and support this information.

3.2. Inputs and Outputs

The table below shows the story of the project in numbers; the inputs and outputs. In accordance with SROI conventions¹³, we have not included a value on the time any beneficiaries spent on the project. Without the project, it is unlikely that residents' time would have been spent on activity of this nature. The difference that valuing the

¹³ The SROI Network, 2009. *A Guide to Social Return on Investment*. Office of the Third Sector.

Silver volunteers' time in training at minimum wage is discussed on page 23. The time for any care workers or day centre staff is valued at £0, as their employer pays for their time working on the project.

| Stakeholders | Inputs | | | Outputs |
|--|---|---|------------|--|
| Who will we have an effect on? Who will have an effect on us? | What will they invest? | Numbers | Value £ | Summary of activity in numbers |
| Silver Volunteers | Time + training session time | 50 | £12,464.00 | 50 trained in delivering ukulele and singing sessions |
| Residential care workers and day care staff/volunteers (not Silver volunteers) | Time and commitment | 30 | £0.00 | 30 staff will participate (some will lead) in singing and ukulele sessions |
| Familial Carers/family members | Time | 35 | £0.00 | 5 participate in 10 singing and ukulele sessions each |
| Arts Practitioners (Professional musicians and Community Music Trainees) | Time | 3 musicians x £25ph (based on Musician's Union rate) x 3 hours per week average | £0.00 | 2 deliver and lead signing and ukulele sessions. Delivered in 10 separate locations. 1 Community Music Trainee (paid member of staff) delivers training for Silver volunteers. |
| Care Home residents (including those with and without dementia) | Time | 155 | £0.00 | 155 participate in, or are engaged with singing |
| Day centre users with dementia | Time | 60 | £0.00 | 60 service users participating or are engaged with singing in sessions. |
| Care home/day centre managers (including 1 Occupational Therapist and 3 Activity Coordinators) | Time, tea and coffee. Costs for tea and coffee: 5 cups per session x 10 sessions x 10 locations | 10 | £250.00 | 10 sessions delivered in each location. Five sessions where managers will actively participate in the sessions. |

| | | | | |
|-----------------------------------|---|---|-------------------|--|
| The Sage Gateshead | Overheads and room space for 3 training sessions | 1 | £204.99 | 3 training sessions delivered for Silver volunteers. |
| Adult and Community Learning Fund | More adults encouraged to take up learning; being able to see the benefits of this learning | 1 | £34,000.00 | |
| Total | | | £19,098.00 | |

For the Silver volunteers input, we used the national minimum wage (£6.08) and multiplied this figure by the number of volunteer hours spent delivering activities in the care settings (450). We did not include the value of their time spent in training as we deemed that during these activities the volunteers were direct beneficiaries of the project.

For residential care workers' input, it was discussed if their time spent on the project should be calculated using national minimum wage (£6.08), but as their employer is paying for their time spent on the project, it was decided that the value should be £0.

To calculate the input figures for care homes and day centres, we decided on the average price of a cup of tea (£0.50), multiplied by the average number of Silver volunteers plus the project musician (5), multiplied by the number of sessions (10) and number of locations (10).

The Sage Gateshead is included as training sessions took place at the venue for Silver volunteers and the figure was calculated using overhead costs for the building to cover the training sessions. For this stakeholder and the Adult and Community Learning Fund, we did not include their outcomes as either there was not a strong material link to the activities, or the outcomes of that stakeholder were achieved via other stakeholder groups.

3.3. Outcomes - showing the changes

Theory of change

As this analysis is a forecast of activities only covering six months, it is difficult to forecast significant changes for stakeholders over such a short period. It is also

tempting to project too far along the journey of change which loses the strong material link to the activities. The theory of change process enabled us to focus upon the changes that had strong causal links to our activities. The Theory of Change (appendix G) shows how the links for each outcome have progressed during the analysis, some of which have changed considerably and the final outcomes are expressed in the impact map.

“I felt energized by the session of singing and playing and interacting with the residents who participated. This enabled me to be more active for the rest of the day, sleep better and have more energy the next day” – BE, Silver volunteer

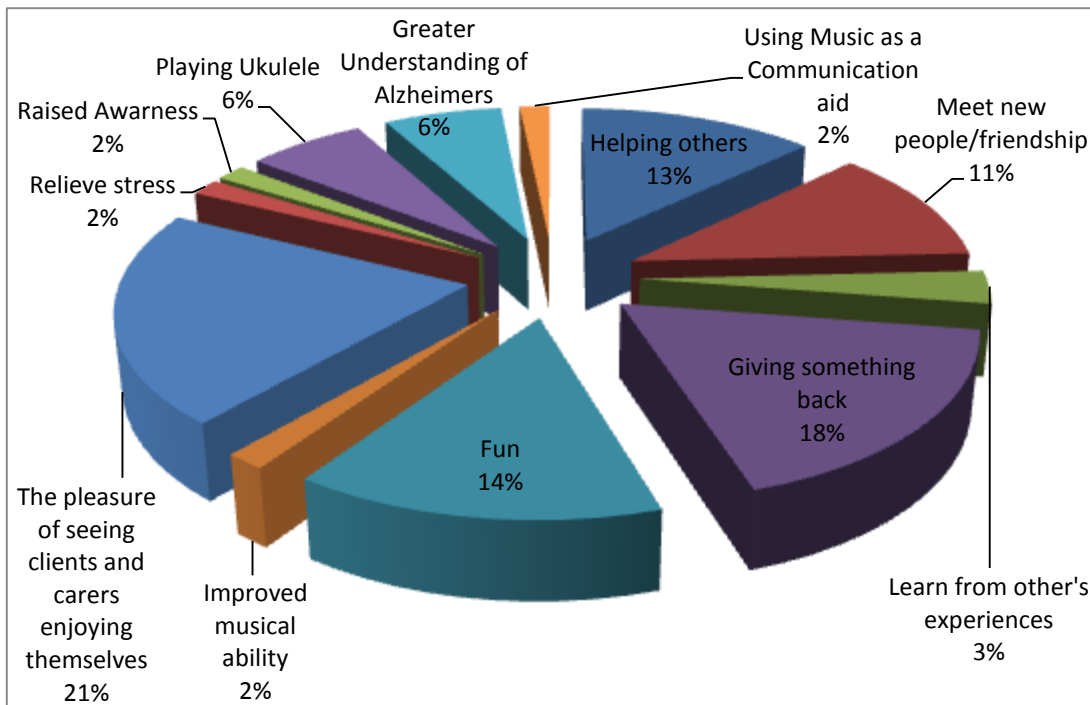
As this is a forecast of the project and not an evaluation, we have not been able to gather entirely reliable data for the outcomes. In an ideal world, the outcomes and quantity would continue to be refined as we looked back on the activities with the stakeholders and assess the change in comparison with the baseline data.

The extracts below are from the impact map which show the changes experienced by each group of stakeholders. All outcomes in red are negative. The amount of change listed in the ‘quantity’ column represents the amount of individuals that have experienced the change. We have added some notes below the tables to provide further clarification on the decisions we have made.

Silver volunteers

| Outputs | Outcomes | Quantity |
|---|---|--------------------------------|
| Summary of activity in numbers | How would we describe the change? | How much change will there be? |
| 50 trained in delivering ukulele and singing sessions | Increased physical and mental stamina as a result of partaking in sessions | 25 overall |
| | Increased confidence to lead sessions and/or songs during sessions | 8 |
| | Increased self-esteem by giving something back to society through volunteering | 30 |
| | Increased opportunities to make new friends and cement relationships | 30 |
| | Increased understanding of dementia leading to a change in approach when speaking to people with dementia | 11 |
| | Increased anxiety about facing the reality of dementia | 20 |

We asked the Silver volunteers what they hoped to gain by volunteering, and the results were very varied; some individuals expressing multiple aims.



Although the results above are interesting in its self, using the SROI principles we tried to look beyond the statements above, and explore where these changes would lead by speaking with a handful of volunteers in more depth. Ideally, we would like to have followed-up the results of every individual, but this was not feasible because of time constraints, so we felt it appropriate to use a proportion to represent the stakeholder group; this process was utilised for other outcomes too.

For example, many of the Silver stakeholders reported that they volunteered because they wanted to give something back to society. We attempted to explore if there was anything further along this journey of change that related to the activities. After one-on-one interviews with a selection of stakeholders, we found that the self-esteem associated with volunteering was material change for them. One volunteer confirmed that they had experienced similar feelings when they were employed and created a project designed to restore links between young people and their parents.

Some outcomes emerged from existing knowledge from the people delivering the project, such as the health benefits of music and singing. This is also influenced by existing research on the subject.

“Music itself is patterned and organised sounds, much more organised than typical speech. Remembering a conversation may be hard, but remembering a series of organised notes is much easier.”¹⁴

‘A’ worked in the NHS most of her adult life, initially as a nurse and in later years, as a receptionist at University Hospital, Durham, until she was made redundant last year. Most of A’s adult learning was work related, apart from some craft classes, until recently, when a chance remark by a friend at a keep fit class led to her joining the Silver Singers group in Stanley. A has always enjoyed singing but apart from church choirs has never had the opportunity to explore music in a wider sense. This was the start of a very enjoyable journey culminating in working on the Silver Lining Project.

“It all began at Silver’s Summer School, in 2010. Here, as well as singing, we were given instrumental ‘taster’ sessions. The ukulele proved an instant hit with a group of ‘Stanley Girls’ and the Sage were able to offer us Beginners sessions in Uke playing in a local school. Thanks to our tutor Meg, amidst much laughter and a *little* serious application, we became proficient enough to become part of the Silver Lining Project in our local area. With support from Meg, we have completed several sessions at a day centre for dementia clients and their carers. We’ve also supported a group in Hexham (and as a spin off we are in great demand at Christmas parties for the elderly and WI gatherings!)”

A has always enjoyed meeting people and wanted to learn to play a musical instrument (which she now can!) Through sharing music with others her self-confidence has grown. “The clients and carers make us very welcome.” Over time A has seen how they join in more easily. “They now request songs and repeats, repeatedly tell us how we bring back happy memories and share experiences from their past, like the lady who had been told at school she could not sing so just to mime the words! One memorable moment was when carers told us that they did not know one gentleman could communicate until he started singing!”

“Put simply, working with the Silver Lining Project has changed my life because I just enjoy it so much!”

With some of the outcomes, there is a risk of double counting, as when people completed surveys they may have interpreted questions about confidence, musical confidence, physical health and self-esteem in different ways. This was particularly true concerning the outcome related to improved health.

¹⁴ Broadhurst, R. with Roberts, R. eds., 2009. *Meet Me; Making Art Accessible to People with Dementia*. Museum of Modern Art.

Residential care workers and day care staff/volunteers (not Silver volunteers)

| Outputs | Outcomes | Quantity |
|--|---|--------------------------------|
| Summary of activity in numbers | How would we describe the change? | How much change will there be? |
| 30 staff will participate (some will lead) in singing and ukulele sessions | Learning new job related skills in session such as positive communications skills and use of reminiscence | 5 |
| | An increased number of people have confidence to learn and learning new skills in sessions | 8 |
| | Taking part in the activities leads to increased confidence and helps to develop musical ability | 4 |

We have been very conservative with our estimates with this particular stakeholder group as a lot of the evidence is based on anecdotal feedback. A lot of information on this outcome came from speaking to the managers and Activity Coordinators at the settings.

Familial carers and family members

| Outputs | Outcomes | Quantity |
|---|---|--------------------------------|
| Summary of activity in numbers | How would we describe the change? | How much change will there be? |
| 5 participate in 10 singing and ukulele sessions each | Involvement with sessions gives opportunities for peer learning and learning new skills in caring for family member | 5 |
| | Seeing person with dementia in a positive light - increased opportunities to have happy memories of their relative | 20 |
| | Participating in activities outside of caring setting helps carers forge a different identity than that of a carer | 7 |

We removed "less reliance on outside support" from the outcome chain as the causal link was not strong enough because of the short period of the activities.

Arts Practitioners (Professional musicians and Community Music Trainees)

| Outputs | Outcomes | Quantity |
|--|--|--------------------------------|
| Summary of activity in numbers | How would we describe the change? | How much change will there be? |
| 2 deliver and lead signing and ukulele | Increased career opportunity due to learning new repertoire and skills in relation to people with dementia | 3 |

| | | |
|--|--|---|
| sessions. Delivered in 10 separate locations. 1 Community Music Trainee (paid member of staff) attended dementia specific training and now leads Beginner Silver Ukulele sessions. | Increased understanding of dementia leading to a change in approach when speaking to people with dementia | 3 |
| | Increased anxiety due to dealing with unfamiliar stressful situations, in particular issues around staff and the homes/centres | 3 |

Although increased career opportunity initially seemed to not have a strong enough causal link to the activities, the evidence for this stakeholder group clearly indicated that this was the case.

Care Home residents (including those with and without dementia)

| Outputs | Outcomes | Quantity |
|---|--|--------------------------------|
| Summary of activity in numbers | How would we describe the change? | How much change will there be? |
| 155 participate in, or are engaged with singing | Time is occupied with structured group activity, leading to increased engagement | 30 |
| | Activity involving movement and exercise leads to improved physical health | 10 |
| | Involvement in musical activities leads to decreased agitation | 40 |
| | Involvement in sessions leads to increased confidence and becoming more involved with other activities in the home | 50 |

We would have preferred to establish the GP involvement for the health benefits for this stakeholder group, but it was difficult to obtain the information to confirm this change. Research shows the health benefits of singing for people with dementia, so it was important for this outcome to remain, although we have been conservative in the estimate. We had originally included an outcome of 'increased sense of community', but this was similar to and possibly an extension of other outcomes for the same stakeholder group. This outcome was removed as the causal link was not as strong as the related outcome.

When carrying out the stakeholder analysis, we considered whether partaking in activities would lead to increased agency for the care home residents. This notion emerged from existing research that found that "involvement in music gave people with dementia a degree of empowerment and control over their own lives"¹⁵. It was

¹⁵ Mental Health Foundation. 2011. *An Evidence Review of the Impact of Participatory Arts on Older People*. Mental Health Foundation. p. 32.

difficult, through our experiences, to get any evidence of this, nor was it possible to categorically confirm that it was solely down to partaking in Silver Lining sessions.

Day centre users with dementia

| Outputs | Outcomes | Quantity |
|---|--|--------------------------------|
| Summary of activity in numbers | How would we describe the change? | How much change will there be? |
| 60 service users participating or are engaged with singing in sessions. | Taking part in group activity with familial carers leads to improved communication and strengthens the bond between carer and person with dementia | 15 |
| | Time is occupied with structured group activity and learning new skills leading to an increased sense of community | 8 |

Care home/day centre managers (including Occupational Therapists and Activity Coordinators)

| Outputs | Outcomes | Quantity |
|---|--|--------------------------------|
| Summary of activity in numbers | How would we describe the change? | How much change will there be? |
| 10 sessions delivered in each location. Five sessions where managers will actively participate in the sessions. | Interesting new activities in home/centre, leads to Increased positive publicity. | 5 |
| | Participating in sessions with residents leads to improved communications and a happier working life | 10 |
| | Activity leads to less agitated residents and increased job satisfaction for staff | 8 |
| | Less reliance on outside performers, therefore reducing cost | 6 |

During the stakeholder analysis, it was perceived that a possible benefit to the care homes would be increased resident numbers from having an exciting activity such as Silver Lining as part of their overall offer. As the analysis progressed, it became apparent that this was an unrealistic claim; the period of the activities was so short that any increase could not be attributed solely to Silver Lining. It was also not possible to obtain resident numbers over this period to quantify this change. This outcome was altered to 'increased positive publicity' following conversations with managers at care homes.

We originally forecast that the project could have an impact on the medication levels of residents in a home, therefore potentially reducing the costs. This assumption was based on reports relating to reduction of medication correlating with dementia

training for staff¹⁶. As work progressed on this outcome, we realised that because of the relatively short duration of the project, this would be a claim that was difficult to prove. During conversations with homes, it became apparent that there was no noticeable change in medication levels and at Ashington Court, the manager confirmed that their general approach to their residents was to keep medication at a minimum level as standard.

A couple of members of the public came to hear the Linskill Park group play as part of national carers week enjoyed the session so much they have now joined the group. They currently have an application form to buy a flat in the housing scheme, as they need support and want to live in Linskill Park. They felt that being made welcome into the singing group and knowing that the carer in the couple can pursue his love of singing “tipped the balance”.

3.4. Negative and unexpected outcomes

Negative outcomes

For the Silver volunteers, increased anxiety about facing the reality of dementia was a negative that occurred occasionally. The Silver volunteers are by definition over 50 years old, so the reality of dementia is especially pertinent. Some Silver volunteers also have family members that have dementia and may also have friends with dementia, amplifying the anxiety of being around the syndrome.

This particular negative outcome also applied to the musicians working delivering the sessions in the care homes and day centres, but the anxiety focussed more on anxiety concerning working with the homes and centres. One musician involved in the project did drop out, but this was due to time issues rather than any anxiety.

A negative outcome that was considered during the analysis was that Silver volunteers not being involved in other volunteering opportunities. We asked the Silver volunteers what they would be doing if they weren't volunteering in Silver Lining, and a large number listed other volunteering opportunities that they would be taking part in. We decided to exclude this outcome, as the change of other organisations not having as many volunteers did not relate to the Silver volunteers, and the myriad of other organisations affected by a possible drop in volunteer numbers do not have a material link to our activities.

¹⁶ Davis, R., 2010. Dementia training puts care staff in residents' shoes' *The Guardian* [online] 2 November Available at <<http://www.guardian.co.uk/society/2010/nov/02/dementia-training-care-staff-antipsychotics>> [Accessed 10 October 2011].

Unexpected outcomes

The initial consultation with the Silver volunteers, failed to identify the importance of developing friendship groups whilst volunteering. This emerged after speaking with one volunteer in particular who stressed how meaningful this was to the process and that the Silver Stars who regularly perform together, now support each other during illness.

3.5. Indicators

Indicators are used to attempt to measure the amount of change experienced by each stakeholder group for each outcome. Where possible, we have attempted to 'triangulate' outcomes by using multiple indicators where too much reliance was placed on subjective, as opposed to objective indicators. Full details of the indicators are found in the impact map, but we will expand on some of the key indicators below.

Silver volunteers

Increased physical and mental stamina as a result of partaking in sessions

To gauge the Silver volunteers' level of fitness and mental stamina, a proportion of 14 stakeholders were asked about how they felt before the session began and how they felt afterwards. A simple scale of 1 – 10 was used to help us understand the amount of change. We also asked stakeholders if they had noticed if they had experienced any changes in colds or GP visits.

Existing research¹⁷ was also used to supplement the subjective findings, although it must be noted that the report that was used did not relate to the exact same set of stakeholders. One report that we used also used data from 1984 and was based on studies that took place in America¹⁸, which has a weak material link to our stakeholders.

We ensured that we did not double count the number of people experiencing the change when using multiple indicators. The above outcome is a good example where direct stakeholder feedback was used to calculate the change and we then supported this with additional indicators from existing research material.

¹⁷ White, M. and Salamon, E., 2010. *An interim evaluation of the 'Arts For Well-being' social prescribing scheme in County Durham*. Durham University. p.43.

¹⁸ Grimm, Jr., R., Spring, K. and Dietz, N. 2007, *The Health Benefits of volunteering*. Office of Research and Policy Development, Corporation for National and Community Service.

Increased confidence to lead sessions and/or songs during sessions

To assess this outcome we used information from the project lead about which volunteers were leading sessions and/or songs on their own where they hadn't done previously. Information was also gathered via a follow-up survey, asking participants to indicate if they had lead songs or activities.

Increased self-esteem by giving something back to society through volunteering

To measure this outcome, we used the information gathered during the initial consultation where participants indicated their reasons for volunteering.

Increased opportunities to make new friends and cement relationships

In a follow-up survey, we asked Silver volunteers specifically if they had gone on to join any further adult learning, clubs or activities. We also asked specifically about new friendships as a result of the activities. The Lubben scale was also considered but not used, further information can be found in section 4.2.

Increased understanding of dementia leading to a change in approach when speaking to people with dementia

We used anecdotal evidence to help measure this outcome picked-up during conversations. We also asked participants directly in a survey about how their understanding of dementia had changed since the start of the process.

Increased anxiety about facing the reality of dementia

Using a simple scale, we asked Silver volunteers to measure their anxiety levels about dementia before and after the sessions. We also intended to conduct a short telephone interview if any volunteers dropped-out, but fortunately this did not happen.

Residential care workers and day care staff/volunteers (not Silver volunteers)

Learning new job related skills in session such as positive communications skills and use of reminiscence

Most information relating to this outcome came directly from the care home and day centre managers during telephone interviews. We found it difficult to consult directly with staff members in order to obtain this information.

Taking part in the activities leads to increased confidence and helps to develop musical ability

The indicator for this particular outcome was taken from evidence of any care home and day centre staff that were taking part in musical activities where previously they weren't. This could be staff taking part in sessions that hadn't

previously, or on occasions where they had developed their musical ability outside of their place of work, such as initiating a musical ensemble of their own. We also included any occasions where staff may have led certain songs or parts of sessions.

One such example is Robert, a paid carer (Bradbury Centre) who has gained confidence to encourage colleagues to learn to play and has provided impromptu sessions with service users. On a personal level he has played with a local folk band and recently made a CD with the band. He believes that his contact with Silver Lining has given him the confidence to do this.

Familial Carers/family members

Involvement with sessions gives opportunities for peer learning and learning new skills in caring for family member

We collated evidence for this outcome by speaking with familial carers about different methods they have used to help care for and assist their relative with dementia.

Arts Practitioners (Professional musicians and community music trainees)

Increased career opportunity due to learning new repertoire and skills in relation to people with dementia

Evidence was collected by speaking directly to this stakeholder group by simply asking about any job offers or career development that related directly to their work on Silver Lining.

Care Home residents (including those with and without dementia)

Time is occupied with structured group activity, leading to increased engagement

An evaluation report completed by the Occupational Therapist at Linskill Park used a simple scale, featuring smiley faces so that residents were able to indicate if they felt that they had learnt a new skill after the sessions and their enjoyment of the sessions. Existing research also found that “Music also gave the opportunity for the subjects to be involved in social activities that supported and reinforced positive emotions towards relatives, friends and carers (for example, close physical contact when dancing).”¹⁹

Involvement in sessions leads to increased confidence and becoming more involved with other activities in the home

¹⁹ Mental Health Foundation. 2011. *An Evidence Review of the Impact of Participatory Arts on Older People*. Mental Health Foundation. p. 32.

We used part of an evaluation report completed by the Occupational Therapist at Linskill Park used a simple scale, and anecdotal evidence from project musicians and care home managers. Information about any residents taking part in more activities where they weren't previously from care home managers and Activity Coordinators was also included.

Day centre users with dementia

Taking part in group activity with familial carers leads to improved communication and strengthens the bond between carer and person with dementia

Time is occupied with structured group activity and learning new skills leading to an increased sense of community

Anecdotal evidence was used to establish the change for this particular stakeholder group.

Care home/day centre managers (including Occupational Therapists)

Interesting new activities in home/centre, leads to increased positive publicity.

We asked the staff at settings about positive publicity throughout the process. Ideally we would have used the actual evidence of this, such as newspaper articles, but unfortunately, despite some arrangements, no physical evidence was completed.

Participating in sessions with residents leads to improved communications and a happier working life

Activity leads to less agitated residents and increased job satisfaction for staff

We asked questions during telephone interviews to try and establish any changes for the staff.

Less reliance on outside performers, therefore reducing cost

Evidence was gathered through the people delivering the music sessions asking the managers directly about this outcome.

3.6 Duration of change

The following table shows the outcomes that last more than the lifetime of the project. The outcomes not listed below can be found in the impact map and are given a duration of one year, which signifies the duration of the project.

| Stakeholders | Outcome | Duration |
|--|--|----------|
| | How would we describe the change? | |
| Silver volunteers | Increased confidence to lead sessions and/or songs during sessions | 2 |
| | Increased self-esteem by giving something back to society through volunteering | 2 |
| | Increased opportunities to make new friends and cement relationships | 2 |
| | Increased understanding of dementia leading to a change in approach when speaking to people with dementia | 2 |
| Residential care workers and day care staff/volunteers (not Silver volunteers) | Learning new job related skills in session such as positive communications skills and use of reminiscence | 2 |
| | Taking part in the activities leads to increased confidence and helps to develop musical ability | 2 |
| Familial Carers/family members | Seeing person with dementia in a positive light - increased opportunities to have happy memories of their relative | 10 |
| Arts Practitioners (Professional musicians and Community Music Trainees) | Improved awareness of and ability to work with people with dementia | 2 |
| Day centre users with dementia | Time is occupied with structured group activity and learning new skills leading to an increased sense of community | 2 |

Establishing the duration of change is extremely difficult, because of the short length of the project. As a result of this, we don't have the longitudinal data for our stakeholders. This is something that The Sage Gateshead will want to review closely, as a bank of data of this nature would be beneficial. Existing research was used where possible to help make these decisions, such as information from the Adult Learning Survey which has found that adult learning has increased at every survey publication from 1997 – 2005, particularly in the age brackets of 50 – 59, 60 – 69 and 70+²⁰. Using this information has influenced the estimations.

Using the same survey, in total respondents were 78 per cent either 'fairly' or 'very likely' to take-up job related learning in the future²¹, which was used to help define the duration for care workers involved in the project.

²⁰ Snape, D., et al. 2005. *National Adult Learning Survey (NALS) 2005* Department for Education and Skills. p. 31

²¹ Snape, D., et al. 2005. *National Adult Learning Survey (NALS) 2005* Department for Education and Skills. p. 45

3.7. Valuing the changes



Generally speaking, the majority of financial proxies are prescribed by the organisation, rather than coming directly from the stakeholder, which would have been the preferred method.

The tables below extracted from the impact map, provides details on the financial proxies we used to give the outcomes a value. Links to the source(s) of information can be found on the impact map.

Silver volunteers

| Outcome | Financial Proxy | Value £ |
|--|---|----------------------------------|
| How would we describe the change? | What proxy did we use to value the change? | What is the value of the change? |
| Increased physical and mental stamina as a result of partaking in sessions | Value of improved health | £ 5,596.50 |
| Increased confidence to lead sessions and/or songs during sessions | Cost of attending a Silver course for a year (£3.00 per session x 33 weeks) + cost of a confidence building course (£249 exc. VAT) | £348.00 |
| Increased self-esteem by giving something back to society through volunteering | The equivalent job (sports and leisure assistant) based on volunteering during the sessions wage per hour $(740 / 50) = 14.8 \times 6.61$ | £114.0097.83 |
| Increased opportunities to make new friends and cement relationships | The value of better social relationships for an individual | £658.00 |

| | | |
|---|---|----------|
| Increased understanding of dementia leading to a change in approach when speaking to people with dementia | Dementia awareness course | £65.00 |
| Increased anxiety about facing the reality of dementia | Average cost of a psychotherapy session for 5 week period | -£350.00 |

The increase in opportunities for friendship for the Silver participants was an outcome that we found difficult to value. Participants found it difficult to place a financial proxy to this outcome, so initially we looked at using the value of the cost of participating in a full year's worth of Silver activities, which could provide a similar friendship outcome, but it does not quite give an appropriate value to the particularly strong relationships that Silver Lining can help form. As a member of this group stated concerning playing in their group: "we care about each other now".

Another outcome for Silver volunteers that proved difficult to value was the value of improved health. One possible financial proxy we explored was using the value of improved health to people involved in adult learning. The stated value was £148²², but this felt a little low as it is likely that for our stakeholder group the value of improved health is likely to be more important due to their age.

To try to get a better understanding of this value, we asked five Silver volunteers to play the value game to gain some understanding of how they value improved health. This involved using a number of other items that had clearly defined market values and asking them to rank all of the items in order of how much they personally valued them (appendix J). The results showed that improved health is valued very highly and there was a degree of consistency amongst the people questioned all rating improved health higher than a new car. Of course, this approach is not the most scientific as it all depends on an individual's particular circumstance. To attempt to counter this subjectivity, we also used an objective proxy found via research. As there is such a large discrepancy between the value of a new car and our original value of £148, we used a different research document that quoted 'keep your body and mind active' at £693²³. Using this value and the value of a new car we reached a value that provides an indication of the value of improved health. Using this proxy meant that the impact value was relatively high, so results of surveys were double checked to ensure that no double counting took place, as this would have meant that one outcome was disproportionate to the others around it.

²² Fujiwara, D., 2012. *Valuing the Impact of Adult Learning An analysis of the effect of adult learning on different domains in life*. NIACE. p. 11.

²³ Dolan, P. And Fujiwara. D, 2012. BIS Research Paper Number 85. *Valuing Adult Learning: Comparing Wellbeing Valuation to Contingent Valuation*. Department for Business Innovation & Skills. p. 21

Residential care workers and day care staff/volunteers (not Silver volunteers)

| Outcome | Financial Proxy | Value £ |
|---|--|----------------------------------|
| How would we describe the change? | What proxy did we use to value the change? | What is the value of the change? |
| Learning new job related skills in session such as positive communications skills and use of reminiscence | Cost of a dementia-centred training session for carers | £100.00 |
| An increased number of people have confidence to learn and learning new skills in sessions | Average adult education cost (based on the average cost of an adult education course at Gateshead College) | £384.00 |
| Taking part in the activities leads to increased confidence and helps to develop musical ability | Average cost of a music lesson per term (11 lessons, £6 per lesson.) | £66.00 |

Familial Carers/family members

| Outcome | Financial Proxy | Value £ |
|---|--|----------------------------------|
| How would we describe the change? | What proxy did we use to value the change? | What is the value of the change? |
| Involvement with sessions gives opportunities for peer learning and learning new skills in caring for family member | Cost of a dementia-centred training session for family carers | £160.00 |
| Seeing person with dementia in a positive light - increased opportunities to have happy memories of their relative | The average of the following: 1) The family spend per week (£58) multiplied by 10 for the number of weeks of the project. 2) Cost of two people taking a holiday to Isle of Man with a dementia-care specialist provider (£575 per individual) | £865.00 |
| Participating in activities outside of caring setting helps carers forge a different identity than that of a carer | Average cost of going out and socialising per week of one person retired households not mainly dependent (£25.90) x number of session (10) | £259.00 |

Without doubt, the most challenging financial proxy to establish was valuing 'Seeing person with dementia in a positive light - increased opportunities to have happy memories of their relative' for the family members/carers. However demanding this valuation may have been, it was felt that it was also one of the most important outcomes of the whole project. Originally, we used a financial proxy of a trip to Beamish Museum, an open-air 'living museum' in the North East, for a carer and someone with dementia. Although this proxy was appropriate as it was relevant to the stakeholder and is also associated with reminiscence, we found that the value its

self (£30.50) was incredibly low when discussed with stakeholders and disproportionate to the importance of the outcome.

After a lot of research, advice and further consultation with the stakeholder, we settled on using an average between the cost of a holiday to the Isle of Man for two people with a dementia-specialist holiday company (£575 per person) and the average family spend (£58) multiplied by 10 to represent the number of sessions at each location. This gave a value of £865 which seemed a more appropriate value and was relative to other values in the analysis.

Arts Practitioners (Professional musicians and Community Music Trainees)

| Outcome | Financial Proxy | Value £ |
|--|---|----------------------------------|
| How would we describe the change? | What proxy did we use to value the change? | What is the value of the change? |
| Increased career opportunity due to learning new repertoire and skills in relation to people with dementia | A greater likelihood of finding a job and/or staying in a job | £224.00 |
| Improved awareness of and ability to work with people with dementia | The cost of a full day's training in dementia awareness | £72.00 |
| Increased anxiety due to dealing with unfamiliar stressful situations, in particular issues around staff and the homes/centres | Average cost of psychotherapy sessions. | -£200.00 |

As a direct result of participating in the project, individuals have received job offers to carry on with the work started on Silver Lining and the Trainee involved in the initial training sessions has been offered further training sessions within the organisation.

Although the value of awareness of dementia is relatively low, Silver Lining presents an opportunity for musicians to gain experience of working with people with dementia which would not be possible otherwise.

Care Home residents (including those with and without dementia)

| Outcome | Financial Proxy | Value £ |
|--|--|----------------------------------|
| How would we describe the change? | What proxy did we use to value the change? | What is the value of the change? |
| Time is occupied with structured group activity, leading to increased engagement | The cost of a hairdresser in a care home per person (£10 x 10) | £100.00 |
| Activity involving movement and exercise leads to improved physical health | Physiotherapy costs: £79.50 for a GP-suggested referral and £88.99 for a GP referral | £79.50 |

| | | |
|--|---|---------|
| Involvement in musical activities leads to decreased agitation | Cost of additional carer support in a person's home from a private care provider for one hour (£13.50 x 10) | £135.00 |
| Involvement in sessions leads to increased confidence and becoming more involved with other activities in the home | Cost of attending an external activity every month for a year (e.g. Joe Longthorne concert at Sunderland Empire for residents at Highcliffe and transport costs (2.9 miles x 2 x 0.4) | £207.84 |

One proxy that seems disconnected to the outcome is 'Time is occupied with structured group activity, leading to an increased engagement' for residents with dementia. Residents were reporting to project workers that they would rather attend a Silver Lining session than their regular haircut appointment. This is something that is very important to people in care settings, so we used the cost of the haircut as the proxy value.

Another problematic outcome was 'involvement in sessions leads to increased confidence and becoming more involved with other activities in the home' for the Care Home residents (not with dementia). The present value is low in relative terms, but it proved difficult to find a higher material value. We spoke to a care home to establish whether residents paid any extra for activities that took place outside of the care home surroundings. The care home informed us that the residents would pay for their tickets for a special event or concert and the home would pay for their transportation. The example used in this analysis is the ticket price (£15) for local-singer, Joe Longthorne, which came from the care home as a past example. Ideally, we would have like to have established a benchmark of how many external events with an associated cost that residents attended and then see if there was an increase in this amount as a result of the project, but based on the information we had, we were unable to establish this.

For this particular financial proxy, we also explored supplementing the present value with the value of an adult education course. It was felt that it was unlikely that any residents would join a formal, external adult education course and that if they did, the local University of the Third Age provide relevant courses at little or no cost.

The financial proxy of improved physical health for this stakeholder is the value of one physiotherapy session. Although 10 sessions took place in the majority of sessions, other than where previously stated, it would be over-claiming to suggest that 10 Silver Lining sessions equated to 10 physiotherapy sessions.

Day centre users with dementia

| Outcome | Financial Proxy | Value £ |
|--|--|----------------------------------|
| How would we describe the change? | What proxy did we use to value the change? | What is the value of the change? |
| Taking part in group activity with familial carers leads to improved communication and strengthens the bond between carer and person with dementia | Cost of one-to-one time of respite care costs. Average cost per person, per hour (£18.13 x 10) | £181.30 |
| Time is occupied with structured group activity and learning new skills leading to an increased sense of community | Average family spend on recreation per week for the age group 65 - 74 (£55.90) x number of sessions (10) | £559 |

Care home/day centre managers (including Occupational Therapists and Activity Coordinators)

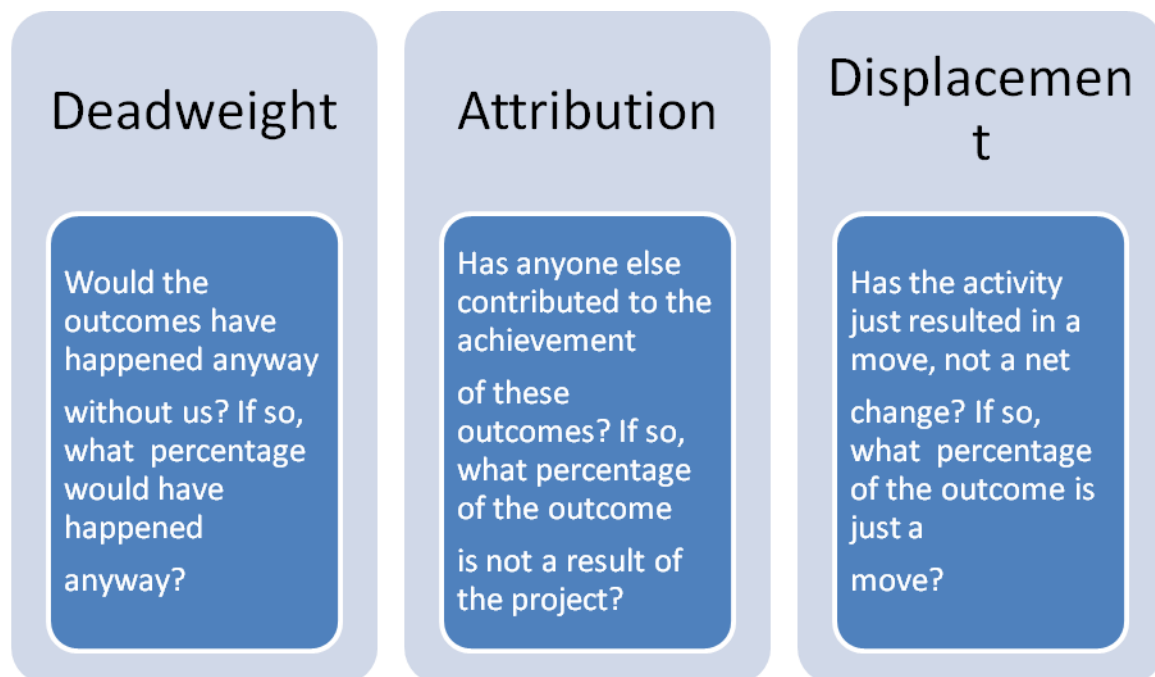
| Outcome | Financial Proxy | Value £ |
|--|--|----------------------------------|
| How would we describe the change? | What proxy did we use to value the change? | What is the value of the change? |
| Interesting new activities in home/centre, leads to Increased positive publicity. | The cost of a full page article in a local newspaper (Chronicle Extra) | £639.25 |
| Participating in sessions with residents leads to improved communications and a happier working life | Average cost of sick pay Average number of days lost through sickness absence per employee per annum: 10.2 Average percentage of working time lost: 4.5% Average cost of sickness absence per employee per year: £542.00 | £542.00 |
| Activity leads to less agitated residents and increased job satisfaction for staff | Relaxation session for staff per session (£40 per session x 10) | £400.00 |
| Less reliance on outside performers, therefore reducing cost | The cost of an outside entertainer (£62.50 x 10 sessions) | £625.00 |

One particular area of sensitivity is the financial proxy used for the value of a care home/day centre obtaining positive press as a result of the activities held at the home. The proxy used to represent the value of this outcome was the cost of a full page article in one of the free newspapers in the region. Although the figure is high in comparison to other outcomes, it was felt that this was appropriate and guidance was obtained from appropriate members of The Sage Gateshead, including the Head of Fundraising.

4.0. Impact

4.1. Deadweight, Attribution, and Displacement

The outcomes identified in this analysis have been examined to ensure that the contributions of others have been sufficiently recognised: this avoids over claiming the benefit of adult learning and ensures that all partners' contributions are recognised.



Where possible, stakeholders were consulted about the amount of impact that Silver Lining had, but as this was a relatively short project, it was not always possible to do this. Where this was possible, Silver volunteers were asked to consider, using a scale, their levels of health and anxiety concerning dementia before the project and afterwards.

Drop off has been considered for all outcomes where we felt that the change could last for more than a year. Any outcomes where the duration is listed as one year in the impact map have a value of 0 per cent drop off.

Deadweight

One area of deadweight that is necessary to consider relates to the Silver volunteers. The Silver volunteers are already actively engaged in musical activities at The Sage Gateshead and other venues as part of the general Silver programme; therefore any changes that are directly related to music making (such as increased confidence to lead sessions) are allocated a high figure for deadweight. Existing research also showed that 25 per cent of adults in UK volunteered over the last 12

months, so this information was used to help estimate deadweight for relevant outcomes.

Attribution

All Silver volunteers take part in other musical projects within the Silver programme at The Sage Gateshead; therefore any outcomes relating to musical skills for this stakeholder have a relatively high attribution amount.

The anxiety related to and knowledge of dementia respectively for various stakeholder groups have high attribution figures as dementia has featured heavily in the media over the last 12 months and it is also important to acknowledge that existing research shows that approximately 5 per cent of people over the age of 65 and 20 per cent of people over the age of 80 in the UK have dementia²⁴.

We acknowledged that engagement of staff in care settings where pilot activities had already taken place would most likely be higher than the new settings, so the attribution figure for staff developing musical ability reflects this.

Displacement

We have made the assumption that Silver Lining does not displace any other activities²⁵, but it is possible that this is the case. To check the sensitivity of this, we have reviewed the impact map by comparing the existing assumption against assumptions of 25% and 50%.

| Assumed % of displacement | Total present value | Net present value | SROI ratio |
|---------------------------|---------------------|-------------------|------------|
| 0% | £95,213.18 | £48,294.19 | 2.03 : 1 |
| 25% | £71,409.89 | £24,490.90 | 1.52 : 1 |
| 50% | £47,606.60 | £687.60 | 1.01 : 1 |

It is highly unlikely that all of the outcomes have displaced 25% or 50% of activities, but even still, this information demonstrates that even with the considerable change, there is still a positive social return on investment.

Further details concerning impact can be found in stage four of the impact map (appendix H) and a more detailed breakdown in appendix I.

²⁴ Department of Health, 2008. *National Dementia Strategy Consultation*. Crown.

²⁵ Row 38 of the impact map takes into account the displacement of other outside performers that may have been employed otherwise as a cost saving to the care homes/day centres.

4.2. Audit Trail

In completing an SROI analysis of this project we have encountered a number of obstacles and challenges. It has proved difficult to engage with some stakeholder groups in the in-depth way required to obtain meaningful information. In particular, it was very difficult to obtain direct evidence from the people with dementia in care homes and day centres, and we had to rely on observations from others. As the Linskill Park report (appendix F) demonstrates, it was difficult to get detailed and insightful responses. The Occupational Therapist who authored the report acknowledged that this particular system was used due to the mixed abilities of the participants in the session. Based on the information provided, it is not possible to know absolutely how many of the residents had dementia and how many didn't. A number of clinical evaluation tools were explored, such as The Lubben scale but using existing research²⁶ and through discussions with the project lead, Meg Middleton, who has care worker experience. It was felt that the tools and methods proposed were not suitable for this particular analysis, nor would using selections from the surveys be appropriate for residents and day centre users.

It was also difficult to engage with Care home and day centre staff (excluding the managers) due to their busy roles caring for the residents and clients. Because of their busy roles, it also meant that they might not be able to attend the workshops and sessions on a regular basis.

Time of the project delivery staff and people involved in the SROI analysis was another issue that limited the amount and depth of consultation that could be carried out.

It is important to note that when asking relatives about their family members with dementia, it can be a very sensitive matter. It was difficult to probe too far as there is a risk of upsetting people during consultation. Due to the age of a lot of participants in the project, it is also important to recognise that death can cause a number of issues during the assessment. An example of this would be discussing valuing certain outcomes with recently bereaved family members whose relatives lived with dementia.

With regards to sensitive questions, it is also important to recognise the impact of the primary and secondary grieving process of people who have relatives with dementia. When a person is living with dementia, a relative can experience a complex grieving process and that "the dementia family caregiver has not only lost the closeness to the individual who suffers from dementia, but that they feel at least in some way that

²⁶ White, M. and Salamon, E., 2010. *An interim evaluation of the 'Arts For Well-being' social prescribing scheme in County Durham*. Durham University. p.43.

their loved one is not available to be close to anymore and are indeed in a position to experience grief for a living individual.”²⁷

Consulting with familial carers and family members proved difficult as the setting where the majority of this stakeholder group attended, Bradbury Well Being Cafe unfortunately closed in December 2011, due to building and restructure issues. This has made the situation very sensitive as the provision is no longer available and we therefore lost contact with this important stakeholder group.

Alongside the closing of the Bradbury Well Being Cafe, other settings have experienced staff turnover, and this has caused issues with consultation particularly where managers and/or activities coordinators have left during or after the project.

We attempted to include the Chinese Elders in the project, but unfortunately this wasn't possible as they were unable to attend a number of meetings prior to activities taking place.

²⁷ Ross, A.C., 2008. *An assessment of anticipatory grief as experienced by family caregivers of individuals with dementia*. Auburn University.

5.0. Social Return Calculation



The social return is expressed as a ratio of present value divided by value of inputs. This expressed as a formula is shown as:

$$\frac{\text{total value}}{\text{total input}} = SROI$$

The impact, which is the total value of each change, is calculated as the financial proxy multiplied by the quantity of the outcome minus any deadweight, attribution and/or displacement. This calculation has been carried out for each row of the impact map. The total impact is the total of all the impact calculations for each outcome.

$$\frac{\underline{\pounds 95,213}}{\underline{\pounds 46,919}} = 2.03 : 1$$

This report estimates that for every £1 invested in this project, there is a social value of £1.93 returned.

If the amount of investment in the project is removed before making the calculation, we can see the net value of investment:

$$\frac{(\underline{\pounds 95,213} - \underline{\pounds 46,919})}{\underline{\pounds 48,919}} = 1.03 : 1$$

5.1. The future value of change

The following table shows the outcomes where the duration was deemed to last more than the life expectancy of the project.

| Stakeholders | Outcome | Duration (years) |
|--|--|------------------|
| Volunteers (Silver programme participants) | Increased confidence to lead sessions and/or songs during sessions | 2 |
| | Increased self-esteem by giving something back to society through volunteering | 2 |
| | Increased opportunities to make new friends and cement relationships | 2 |
| | Increased understanding of dementia leading to a change in approach when speaking to people with dementia | 2 |
| Residential care workers and day care staff/volunteers (not Silver volunteers) | Learning new job related skills in session such as positive communications skills and use of reminiscence | 2 |
| | Taking part in the activities leads to increased confidence and helps to develop musical ability | 2 |
| Familial Carers/family members | Seeing person with dementia in a positive light - increased opportunities to have happy memories of their relative | 10 |
| Arts Practitioners (Professional musicians and Community Music Trainees) | Improved awareness of and ability to work with people with dementia | 2 |
| Day centre users with dementia | Time is occupied with structured group activity and learning new skills leading to an increased sense of community | 2 |

In accordance with SROI convention²⁸, we have used the HMRC Social Time Preference rate to estimate the rate of projected future value of 3.5%²⁹, but it should be noted that this figure is from a report dating from 2003. If the future value figure is 0% the total present value is 2.12 : 1.

²⁸ The SROI Network, 2009. *A Guide to Social Return on Investment*. Office of the Third Sector. p. 67

²⁹ *The Green Book Appraisal and Evaluation in Central Government*. 2003. HMRC

Seeing person with dementia in a positive light - increased opportunities to have happy memories of their relative

The figure that stands out the most for predicting the duration of impact is the assumption that family members and carers having increased opportunities to have happy memories of their relative with dementia. When we asked stakeholders how long this outcome would last, it was very difficult to pin down an exact figure, and it seems reasonable that this could remain with them for the remainder of their lives. As we weren't able to obtain the ages of the family members and carers associated with the project, we were unable to use any life expectancy data to associate an informed figure to the duration of this change. Ultimately, we felt that attempting to research the duration of the average memory, but this is a topic that would require a great deal of expertise and time to fully investigate. We selected 10 years to reflect that stakeholders referenced that this could last a great deal of time.

6.0. Verifying the results

6.1. Sensitivity analysis

As this particular SROI analysis is a forecast, we have made a number of assumptions during the process. These assumptions where possible have been based upon previous and existing knowledge of the people delivering the project as well as information provided by the stakeholders during the analysis. In order to assess the robustness of the analysis, we have chosen to review a number of areas to see what impact alternative data and assumptions will have on the overall calculation.

Involvement in sessions leads to increased confidence and becoming more involved with other activities in the home

It was not possible to involve all stakeholders involved with the project, so decisions were made about speaking to and including a proportion of each stakeholder where possible. The information and evidence gathered from these representative proportions was used to make educated assumptions for the larger group of relevant stakeholders. To highlight the sensitive nature of assumptions about the amount of change experienced, we can look at the relatively high quantity for the amount of care home residents being involved in more activities in the care home after participating in Silver Lining. At present the value is 50, but it would be prudent to review the impact after reducing the quantity by 50%.

| Element | Current | Alternative | Comments |
|------------------------|---------|-------------|--|
| Quantity | 50 | 25 | Quantity is particularly high and difficult to confirm. |
| Duration | 1 | 1 | It is difficult to confirm that this outcome will last beyond the life of the project. |
| Financial proxy | £207.84 | £119.88 | We initially considered the cost of a songbook as a financial proxy, but after speaking with the stakeholders, we obtained a more appropriate proxy. |
| Deadweight | 40% | 40% | This figure is already high. |
| Displacement | 0% | 0% | No change |
| Attribution | 25% | 50% | Other activities within a care home could contribute to this change. |

| | | | |
|----------------------------|------------|------------|--|
| Drop off | 0% | 0% | Not applicable as the duration is only one year. |
| Outcome Value | £4,676.40 | £8.99.10 | |
| Total present value | £95,213.19 | £91,563.62 | |
| Net present value | £48,294.19 | £44,644.63 | |
| SROI ratio | 2.03 | 1.95 | -3.94% |

As the data in the table above demonstrates, halving the quantity of this particular outcome has very little impact, due to the relative low value of the financial proxy.

Increased physical and mental stamina as a result of partaking in sessions

The value of this outcome accounts for a third of the total impact for Silver Lining, so it is essential to examine what considerable changes would make the total value and ratio.

| Element | Current | Alternative | Comments |
|----------------------------|------------|-------------|---|
| Quantity | 25 | 13 | Reduced by 50% |
| Duration | 1 | 1 | It is difficult to confirm that this outcome will last beyond the life of the project. |
| Financial proxy | £5,596.50 | £1,262.44 | Using an alternative financial proxy (£1,831.88) of the same value as a European holiday ³⁰ (the second highest value within the value game) instead of a new car. |
| Deadweight | 70% | 70% | No change |
| Displacement | 0% | 0% | No change |
| Attribution | 40% | 40% | No change |
| Drop off | 0% | 0% | Not applicable as the duration is only one year. |
| Outcome Value | £25,184.25 | £2,954.11 | |
| Total present value | £95,213.18 | £73,734.79 | |

³⁰ Sunshine.co.uk, 2011. [True Cost of Holidays in 2011 Revealed](http://blog.sunshine.co.uk/true-cost-holidays-2011-revealed/) *Sunshine.co.uk* [online] (last updated 17 January) Available at <http://blog.sunshine.co.uk/true-cost-holidays-2011-revealed/> [Accessed on 20 June 2012].

| | | | |
|--------------------------|---------|------------|------|
| Net present value | £48,294 | £26,815.80 | |
| SROI ratio | 2.03 | 1.53 | -25% |

Even with the large reduction of the financial proxy and other factors, the social return on investment calculation is still positive and suggests that for every £1 invested, the project returns a social value of £1.53.

Changes that have a positive impact

Not all changes to the sensitivity analysis are necessarily negative; we have also been conservative with some of our choices. It is also wise to investigate the impact of applying alternative proxies to negative outcomes as well as positive.

Increased anxiety due to dealing with unfamiliar stressful situations, in particular issues around staff and the homes/centres:

| | Proxy Value | Outcome Value | TPV | NPV | SROI ratio |
|------------------------------------|-------------|---------------|------------|------------|------------|
| Existing financial proxy | -£200 | -£540 | £95,213.18 | £48,294.19 | 2.03 : 1 |
| Alternative financial proxy | -£70 | -£189 | £95,917.53 | £48,998.54 | 2.04 : 1 |

6.2. Confidence range

Due to short duration of the forecast, it is not possible to accurately state that the SROI ratio is 2.03; therefore in the sensitivity analysis, we have reviewed the outcomes that have a large impact on the analysis.

Based on the calculations in the sensitivity analysis above, we have considered the best case and worse case scenarios:

| Scenario | Total present value | Net present value | SROI ratio |
|-------------------|---------------------|-------------------|------------|
| Worst case | £70,085.22 | £23,166.23 | 1.49 |
| Best case | £95,917.53 | £48,998.54 | 2.04 |

In the case of a forecast analysis, it is appropriate to use a range to represent the Social Return on Investment, as not all of the data can be proved and some

information is based on assumptions. The range for this particular analysis is 1.49 to 2.04.

We were unable to canvass the entire stakeholder group, so proportional figures were used to assess the amount of change for some outcomes. Because this method is based on assuming that the stakeholder group that we consulted experience the same changes, data were possible was checked against a sample size calculator which provides a confidence interval/margin of error.

6.3. Assurance

This report will be submitted for external verification by the SROI Network Assurance Panel.

7.0. Recommendations



- As a result of this SROI analysis, it has become apparent that The Sage Gateshead could stand to benefit greatly by implementing at least certain aspects of the SROI process into many different projects and programmes we currently deliver. A detailed stakeholder analysis at the beginning of any new project would prove invaluable to gain a comprehensive understanding for the reasons for delivering our activities and who stands to be affected.
- Robust monitoring tools, templates and systems would greatly benefit the work of the organisation. This would allow for important monitoring data to be captured at the start of or early in the project, creating baseline measurements of participants which can then be used to measure data captured during the project and afterwards.
- As a result of this analysis, it has become apparent that more consideration is needed to gathering data via questionnaires. Using some of the principles of SROI, it would be hugely beneficial to ask questions initially to attempt to obtain financial proxies, indicators and measuring the level of impact.

- Since the SROI analysis began on this project, The Sage Gateshead has invested in a new position of Information Coordinator. The role is designed to coordinate and manage information throughout the Learning and Participation directorate in support of strategic plans and priorities. The role is also responsible for coordinating the collation of documentation and data, and developing systems to capture this information in an improved way.
- Evidence supplied from care homes concerning medical records of the residents would enable benchmarks to be established to help better understand where changes occur to the health of residents. It is acknowledged though, that this is a sensitive area.
- Ensure that care workers are involved in discussions concerning residents and day centre users' needs and requirements and ensure that there is a channel to pass this information on to management. Particularly with regards to changes in ability to do things that they previously weren't able to.
- From our consultation with Silver volunteers we have highlighted a need to provide additional support to those volunteers who are carrying on their relationship with care settings now that the ACLF funding has come to a close. The volunteers also highlighted that they believe care settings should be contracted when entering into a relationship with the Silver Lining project to ensure appropriate buy in from staff within the settings.
- Use a confidence range when consulting with proportions of stakeholders to establish the accuracy of information obtained, which will allow for informed analysis of data.
- Using this report will help explore how we can broaden our work of Silver Lining to other geographical areas and locations.
- As this is a forecast analysis, it is advised that if these findings are turned into an evaluation report, the following areas would have to be considered:
 - More engagement with the stakeholders, especially the Silver volunteers, care workers and staff at the settings.
 - Incorporate clinical evaluation methods into the analysis to further investigate the change for people with dementia, which would require the appropriate amount of time and expertise.
 - As this was a relatively short project, a more concerted approach to establishing benchmarks when assessing levels of change should be considered. This should also include more stakeholder input on the level of impact of the activities.

- Evidence exists that indicates that singing can be part of a combined set of activities having an effect upon slowing down the symptoms, but as a maximum of ten sessions too place it was difficult to evidence any change of this nature. This effect may be seen if we were able to encourage staff to continue with the activity longer term and track residents as part of a more formal care programme.

8.0. Response from key stakeholders to draft report

A Silver Lining Steering Group, made up of Silver Lining volunteers, met to review the draft recommendations, executive summary and the Silver volunteer outcomes from this report. A consensus was reached and amendments to the recommendations have been included in this report.

One of the arts practitioners who delivered sessions reviewed the draft recommendations, executive summary and the outcomes, advised on the wording of the recommendations and suggested others.

Unfortunately, due to time constraints, it was not possible for all stakeholder groups to review the report, mainly due to time issues.

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Appendices

Appendix A: Silver volunteer initial questionnaire



3rd Age
supporting
4th Age



1. Are you employed?

Yes No

2. How much free time do you have to give volunteering?

1-5 hours 5-10hours 10-15hours More than
15hours

3. If you volunteer for any other projects, or organisations, please provide details:

4. What do you hope to gain by participating in ***Silver Lining?***

5. What interested you in the project?

6. If you weren't volunteering for **Silver Lining**, what would you be doing with your time?

7. When you work on **Silver Lining**, what skills do you think you will be using that you wouldn't normally use?

8. Have you participated in any adult learning before? If so, please list the courses you have studied.

9. What attracted you to take part in adult learning?

10. How do you think **Silver Lining** will help develop your own skills?

11. Have you volunteered for the **Silver** programme before?

Yes No (if 'No', please go to question 16)

12. How did you get involved in **Silver Lining**?

13. What do you think the challenges of **Silver Lining** will be?

14. Do you think there will be any negative effects of **Silver Lining**, if so what will they be?

Appendix B: Silver volunteer follow-up questionnaire



3rd Age
 supporting
 4th Age



15. Your name (optional) _____

16. Contact details (optional) _____

17. Approximately, how much time did you give for Silver Lining between September 2011 and March 2012?

1-5 hours 5-10hours 10-15hours More than
 15hours

18. As a result of taking part in a Silver Lining session, did you feel physically more active? If so, were you able to do anything after a session that you wouldn't normally do?

19. Thinking about your participation on Silver Lining sessions, generally, on a scale of 1-10 (1=not active; 10=very active), how active did you feel:

| | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|----|
| Before: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| After: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

20. Whilst you have participated in the project, have you:

- Visited a GP less?
- Have you had fewer colds?

21. Is there anything else related to your physical and mental health relating to Silver Lining that you would like to tell us about?

22. How has taking part in Silver Lining affected your confidence?

23. On a scale of 1-10 (1=low; 10=high), how much has your confidence improved following your participation in Silver Lining?

1 2 3 4 5 6 7 8 9 10

24. Can you think of another activity you take part in that has increased your confidence in the same way as Silver Lining?

25. During your time on Silver Lining or afterwards, did or have you lead any songs or sessions yourself? If so, please confirm approximately how many songs/sessions and any further details.

26. Do you feel that Silver Lining has improved your musical ability in anyway; if so please can you give some further details.

27. If you feel that your musical ability has improved, what will you do now that you didn't do before?

28. If you think about before you took part in Silver Lining, how much and in what ways has your understanding of dementia and the issues relating to dementia changed?

29. Has what you have learnt during this process about dementia influenced you in any way, if so, are you doing anything differently?

30. On a scale of 1-10 (1=low; 10=high), how much has your anxiety concerning dementia changed following your participation in Silver Lining?

| | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|----|
| Before: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| After: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

31. At any point in the project, did the level of anxiety you felt about dementia, lead to you feeling like you could not continue, and if you did continue why was this?

32. As a result of volunteering in Silver Lining, have you gone on to join any other clubs, groups or activities (including any other Silver activities), and if so please give further details?

33. From participating in Silver Lining, have you made any new friendships or relationships?

34. How has volunteering for Silver Lining changed your life?

Thank you for completing this questionnaire; the information you provide is very important to us and helps us understand what our Silver volunteers gain from volunteering in this project. If you would like to discuss any of the above questions in more detail, please contact Shaun Hegarty on 0191 443 5030 or shaun.hegarty@thesagegateshead.org

Appendix C: Care home/day centre questionnaire (for those involved in the pilot)



3rd Age
supporting
4th Age



1. Why do you think **Silver Lining** will be beneficial to your care home/day care centre

2. What interested you in the project?

3. What do you feel your residents get out of the experience?

4. What impact did this project have on relationships between care workers and residents?

5. Had any of your staff attended any similar sessions before they worked on Silver Lining, and if so, what were they and what were the effects?

6. How do you feel the following benefited from this project

a. Residents

b. Care workers

c. Your care home

7. What were the challenges of ***Silver Lining***?

8. Were there any negative effects of ***Silver Lining***, if so what were they?

9. Why did you think the continuation of Silver Lining will be beneficial to your care home/day centre?

10. Have any of your staff expressed an interest in this project or learning new skills before?

11. Do you have other adult learning opportunities available at your premises?

Appendix D: Care home/day centre questionnaire (for those not involved in the pilot)



3rd Age
supporting
4th Age



1. Why do you think **Silver Lining** will be beneficial to your care home/day care centre

2. What interested you in the project?

3. What do you feel your residents will get out of the experience?

4. How do you think this project will affect relationships between care workers and residents?

5. Have your staff attended any similar sessions in the past, and if so, what were they and what were the effects?

What do the following stand benefit from this project

a. Residents

b. Care workers

c. Your care home

6. What do you think the challenges of ***Silver Lining*** will be?

7. Do you think there will be any negative effects of ***Silver Lining***, if so what will they be?

8. Do you see this as a short term project, or would you like singing activities to be available regularly?

9. Have any of your staff expressed an interest in this project or learning new skills before?

10. Do you have other adult learning opportunities available at your premises?

Appendix E: Project musician questionnaire



3rd Age
supporting
4th Age



1. What do you hope to gain by participating in ***Silver Lining***?

2. What interested you in the project?

3. Based on your existing knowledge, what do you think care home residents and day centre users will get out of the project?

4. How do you think **Silver Lining** will help develop your own skills?

5. Have you worked for the **Silver** programme (or with participants of the same age) before?

Yes No (if 'No', go to question 8)

6. What benefits did you get out of working on the **Silver** programme (or with participants of the same age)?

7. What were the challenges you faced preparing material or during the activities?

8. How did you get involved in ***Silver Lining?***






9. What do you think the challenges of ***Silver Lining*** will be?

10. Do you think there will be any negative effects of ***Silver Lining***, if so what will they be?

11. Based on your experience, what do participants get out of singing/music activities?

Appendix F: Care home resident questionnaire (Created by Linskill Park)

The Sage Gateshead Ukulele Session

| | Strongly Agree  | Agree  | Neutral  | Disagree  | Strongly Disagree  |
|---|---|--|--|---|--|
| Did you enjoy the session? | | | | | |
| Were the instructions easy to follow? | | | | | |
| Did the sessions flow well week by week? | | | | | |
| Do you feel that you have learnt a new skill? | | | | | |
| Did you feel that your mood was better after the session? | | | | | |
| Did you like the choice of songs? | | | | | |
| Would you come again if the sessions were repeated? | | | | | |

Thank you for your time.

Appendix G: Theory of Change

| <i>Stakeholders</i> | <i>Inputs</i> | | <i>Outputs</i> | <i>The Outcomes</i> |
|--|---|--|---|--|
| <i>Who changed as a result of the activities</i> | <i>The investment in the activities</i> | | <i>The activities</i> | <i>What changes as a result of these activities</i> |
| Volunteers (Silver programme participants) | Time + training session time £6.08ph (based on minimum wage) 6.08 x 2,500 | £15,200 (needs breaking down for other stakeholder groups) | 80 trained in delivering ukulele and singing sessions | <p>Being involved in activity which involves physical movement and breathing techniques → improved health</p> <p>Learning new practical skills which are immediately put into practice → increased confidence and sense of purpose → take on further volunteer opportunities and other activities → lead sessions</p> <p>Involved in Silver Lining → not being involved in other activities/volunteer opportunities</p> <p>Taking part in sessions in homes/day care centres → seeing dementia firsthand → finding the situation to be stressful</p> |
| Residential care workers and day care staff/volunteers (not Silver volunteers) | Time £6.08 (national minimum wage) x 50 carers x 20 hours | £6,080 | 50 people will participate (some will lead) in singing and ukulele sessions | <p>Participating in sessions with residents → improved communications with residents → happier working life</p> <p>Learning new job related skills in session such as positive communications skills and use of reminiscence → more creative in developing sessions → better at doing their job → taking on increased responsibilities in the work place</p> <p>Learning new skills in session → increased desire to learn → gain new skills not care related</p> <p>Taking part in the activities → increased confidence Developing musical ability</p> |

| <i>Stakeholders</i> | <i>Inputs</i> | | <i>Outputs</i> | <i>The Outcomes</i> |
|--|---|------|---|--|
| <i>Who changed as a result of the activities</i> | <i>The investment in the activities</i> | | <i>The activities</i> | <i>What changes as a result of these activities</i> |
| Care Home residents (not with dementia) | Time | 0 | 100 residents participate in singing sessions | Learning new practical skills which are immediately put into practice → increased confidence and sense of purpose → become more involved with other activities in the home → better place to live |
| Familial Carers/friends (family members, home carers) | Time | ? | 5 participate in 10 signing and ukulele sessions each | Involvement with other carers → peer learning → increased confidence → using new skills in caring for family member → less reliance on outside support |
| | | | | Involvement with other carers → peer learning → increased confidence → take part in activities outside of caring setting → forging a different identity than that of a carer |
| Arts Practitioners (Professional musicians and Community Music Trainees) | Time 4 musicians x £25ph (based on Musician's Union rate) x 3 hours per week average | £300 | 4 deliver and lead signing and ukulele sessions. Delivered in 10 separate locations | Increased awareness of issues around dementia → develop group work techniques which include movement as well as music → developing suitable material → increased career opportunity |
| | | | | Taking part in sessions in homes/day care centres → seeing dementia firsthand → finding the situation to be stressful |
| Care Home residents with dementia | Time | 0 | 90 participate in, or are engaged with singing. | Time is occupied with structured group activity learning new skills → sense of community → Improved mental health |
| | | | | Activity involves movement → exercise → improved physical health → less GP involvement |
| | | | | Involvement in musical activities → residents are less agitated → less intrusive staff intervention required |
| Day centre users with dementia | Time | 0 | 60 | Take part in group activity with familial carers → improved communication → strengthen bond between care and person with dementia → more continuity → less anxiety |

| <i>Stakeholders</i> | <i>Inputs</i> | | <i>Outputs</i> | <i>The Outcomes</i> |
|--|---|---|---|--|
| <i>Who changed as a result of the activities</i> | <i>The investment in the activities</i> | | <i>The activities</i> | <i>What changes as a result of these activities</i> |
| | | | | Time is occupied with structured group activity learning new skills → sense of community → Improved mental health |
| Care home/day centre managers | Time, tea and coffee | ? | 10 sessions delivered in each location. 5 of which will actively participate in the sessions. | <p>Enhanced atmosphere → Happier home → Increased resident numbers</p> <p>Activity leads to less agitated residents → lower staff ratio required for personal care → better allocation of staffing resources</p> <p>Improved communication between staff, residents and carers → Better working relationships → Home becomes a better place to work</p> <p>Quality of care improves → meeting and exceeding care standards → positive inspection results → increased number of referrals to home</p> |

Appendix H: Impact Map

| Social Return on Investment - The Impact Map | | | | | | | | | |
|--|--|---|---------|---|------------|---|---|---|--|
| SROI Network | | | | | | | | | |
| Stage 1 | | | Stage 2 | | | Stage 3 | | | |
| Stakeholders | Intended/unintended changes | Inputs | | | Outputs | The Outcomes (what changes) | | | |
| Who will we have an effect on? Who will have an effect on us? | What do we think will change for them? | What will they invest? | Numbers | Target number to be involved in consultation / evaluation | Value £ | Summary of activity in numbers | Description How would we describe the change? | Indicator How would we measure it? (Changes in behaviour for stakeholder - could require more than one indicator for complex outcomes) | Source Where did we get the information from? |
| Silver volunteers | Better mental health; better physical health; improved sense of well being; skill development; knowledge development; the opportunity to use skills that otherwise they would have lost through retirement | Time + training session time (training session time deducted from input total as they are direct beneficiaries) | 50 | 32. 14 completed follow-up survey | £12,464.00 | 50 trained in delivering ukulele and singing sessions | Increased physical and mental stamina as a result of partaking in sessions | Volunteers report increased physical activity. Volunteers reporting they have experienced less colds Volunteers reporting they are visiting GP less | Questionnaire Questionnaire Questionnaire |
| | | | | | | | Increased confidence to lead sessions and/or songs during sessions | Number of volunteers leading (or assisting with leading) sessions by the end of the project and post project. | Questionnaires |
| | | | | | | | Increased self-esteem by giving something back to society through volunteering | More volunteers reporting that they feel they are giving something back (subjective) | Interviews and questionnaires. |
| | | | | | | | Increased opportunities to make new friends and cement relationships | How many other activities/clubs they have joined since taking part in the sessions and anecdotal evidence from stakeholders | Interviews and questionnaires. |
| | | | | | | | Increased understanding of dementia leading to a change in approach when speaking to people with dementia | Volunteers confirming what they do differently after participating | Interviews and questionnaires. |
| | | | | | | | Increased anxiety about facing the reality of dementia | Fewer and or different volunteers involved in activities by the end of the project. | Questionnaires |

| | | | | | | | | | |
|--|--|---------------------|---|----|-------|---|--|---|---|
| Residential care workers and day care staff/volunteers (not Silver volunteers) | Better mental health; better physical health; improved sense of well being; Gain the confidence to choose to gain further skills; stronger relationship with the people they care for | Time and commitment | 30 | 15 | £0.00 | 30 staff will participate (some will lead) in singing and ukulele sessions | Learning new job related skills in session such as positive communications skills and use of reminiscence | Increase in the number of care workers and day centre staff taking on increased responsibilities. | Anecdotal evidence |
| | | | | | | | An increased number of people have confidence to learn and learning new skills not work related | Increase in the number of activities they take part in during the project. | Subjective reports from stakeholders |
| | | | | | | | Taking part in the activities leads to increased confidence and helps to develop musical ability | Staff taking part in music sessions and leading where possible. | Subjective reports from stakeholders |
| Familial Carers/family members | stronger relationships with family members with dementia; improved relationship with care home; opportunity to participate more with the care home/day care centre; giving them an identity separate from carer (musician) | Time | 35 | 5 | £0.00 | 5 participate in 10 singing and ukulele sessions each | Involvement with other carers gives opportunities for peer learning and learning new skills in caring for family member | An increase in family members and familial carers reporting new techniques to be able to care for their relative | Interviews and anecdotal evidence |
| | | | | | | | Seeing person with dementia in a positive light - increased opportunities to have happy memories of their relative | The number of family members reporting positive impressions with person with dementia during the sessions | Direct information from family members and staff during and after the project activities. |
| | | | | | | | Participating in activities outside of caring setting helps carers forge a different identity than that of a carer | Number of familial carers reporting that they are able to socialise more and partake in more activities. | Ask about what they do now that they couldn't do before. Do they socialise more, get out the house more? (Subjective) |
| Arts Practitioners (Professional musicians and Community Music Trainees) | gaining skills, knowledge and experience; improved sense of well being | Time | 3 musicians x £25ph (based on Musician's Union rate) x 3 hours per week average | 4 | £0.00 | 2 deliver and lead signing and ukulele sessions. Delivered in 10 separate locations. 1 Community Music Trainee (paid member of staff) attended dementia specific training and now leads Beginner Silver Ukulele sessions. | Increased career opportunity due to learning new repertoire and skills in relation to people with dementia | Number of musicians reporting increased job offers and practitioner opportunities as a result of the project. | Interviews |
| | | | | | | | Improved awareness of and ability to work with people with dementia | Number of musicians report an increased understanding of dementia issues and enhanced ability to work with people with dementia | Interviews |
| | | | | | | | Increased anxiety due to dealing with unfamiliar stressful situations, in particular issues around staff and the homes/centres | Fewer and or different practitioners involved by the end of the project. | Interviews |

| | | | | | | | | | |
|---|---|--|-----|----|-------------------|---|--|--|--|
| Care Home residents (including those with and without dementia) | Better mental health; better physical health; improved sense of well being; being able to use the skills they have retained; provide opportunity for choice; a sense of community | Time | 155 | 10 | £0.00 | 155 participate in, or are engaged with singing | Time is occupied with structured group activity, leading to increased engagement | Carers and residents report a better quality of life for residents during the life of the project. | Linskill Park survey and anecdotal evidence collected by project musician. |
| | | | | | | | Activity involving movement and exercise leads to improved physical health | Fewer residents visit a GP during the course of the project. | Ask care home/day centre about evidence on GP involvement. Not sure if they will be able to divulge everything, but they might be able to supply anecdotal evidence. |
| | | | | | | | Involvement in sessions leads to increased confidence and becoming more involved with other activities in the home | The number of residents that have more to talk about and feel that their life is more interesting during and after the project. | Interviews and anecdotal evidence |
| | | | | | | | Involvement in musical activities leads to decreased agitation | An increase in the number of residents and users able to carry out tasks that they couldn't do prior to the project. | Ask the residents what they do now on their own that they didn't before. The Care staff be the best people to ask. Ask the staff about their levels of stress. |
| Day centre users with dementia | Better mental health; better physical health; improved sense of well being; being able to use the skills they have retained; provide opportunity for choice; sense of community | Time | 60 | 5 | £0.00 | 60 service users participating or are engaged with singing in sessions. | Taking part in group activity with familial carers leads to improved communication and strengthens the bond between carer and person with dementia | The number of day centre users and their carers having less need for outside support during the course of the project. | Reports by family members |
| | | | | | | | Time is occupied with structured group activity and learning new skills leading to an increased sense of community | Residents becoming more involved in other activities and participating in Silver Lining where they were initially resistive | Interviews and anecdotal evidence |
| Adult and Community Learning Fund | More adults encouraged to take up learning; being able to see the benefits of this learning | Funding for the project | 1 | | £34,000.00 | | Not a strong material link; outcomes achieved via participants | | |
| The Sage Gateshead | Increase in work in and improved relationships between care homes and day centres. | Overheads and room space for 3 training sessions | 1 | 1 | £204.99 | 3 training sessions delivered for Silver volunteers. | Not a strong material link; outcomes achieved via other stakeholders | | |
| Care home/day centre managers (including Occupational Therapists) | improving the connection between the care home and the family, residents and carers; great participation from family members and staff; meeting care standard outcomes | Time, tea and coffee. Costs for tea and coffee 5 cups per session x 10 sessions x 10 locations | 10 | 10 | £250.00 | 10 sessions delivered in each location. Five sessions where managers will actively participate in the sessions. | Interesting new activities in home/centre, leads to increased positive publicity. | Number of homes that increase their exposure in local press articles, or self publicised leaflets and fliers produced during the life of the project | Positive local press |
| | | | | | | | Participating in sessions with residents leads to improved communications and a happier working life | Reduced sickness rates compared to the national average. | Interviews and anecdotal evidence |
| | | | | | | | Activity leads to less agitated residents and increased job satisfaction for staff | Increased numbers of residents and users able to carry out tasks that they couldn't do prior to the project. | Ask what the residents what they do now on their own that they didn't before. The Care worker could help confirm this. Ask the staff about their levels of stress. |
| | | | | | | | Less reliance on outside performers, therefore reducing cost | Fewer bookings compared to before Silver Lining started | Interviews of the care staff/managers. |
| Total | | | | | £46,918.99 | | | | |

| | | | | | | | | | | | | | | |
|----|----|--|----------|---|-----|----|-----|-----|------------|------------|-----------|-----------|-----------|---------|
| 5 | 2 | Cost of a dementia-centred training session for carers | £100.00 | http://www.dementiauk.org/what-we-do/learning-partnerships-and-training/open-courses-2011/courses-by-quest-trainers/ | 40% | 0% | 20% | 50% | £240.00 | £240.00 | £120.00 | £0.00 | £0.00 | £0.00 |
| 8 | 1 | Average adult education cost (based on the average cost of an adult education course at Gateshead College) | £384.00 | http://www.gateshead.ac.uk/pdf/guide2011/ | 20% | 0% | 10% | 0% | £2,211.84 | £2,211.84 | £0.00 | £0.00 | £0.00 | £0.00 |
| 4 | 2 | Average cost of a music lesson. per term (11 lessons, £6 per lesson.) | £66.00 | http://www.thesagegateshead.org/and_pjoin/adulprograme.aspx | 0% | 0% | 40% | 60% | £158.40 | £158.40 | £63.36 | £0.00 | £0.00 | £0.00 |
| 5 | 1 | Cost of a dementia-centred training session for family carers | £160.00 | http://www.special.co.uk/course/family/familyandfriends.html | 50% | 0% | 40% | 0% | £240.00 | £240.00 | £0.00 | £0.00 | £0.00 | £0.00 |
| 20 | 10 | The average of the following: 1) The family spend per week (£58) multiplied by 10 for the number of sessions. 2) Cost of two people taking a holiday to Isle of Man with a dementia-care specialist provider (£575 per individual) | £865.00 | http://dementiaadventure.wordpress.com/adventure-holidays-&ONS-Family-Spend-2011 | 10% | 0% | 30% | 50% | £10,899.00 | £10,899.00 | £5,449.50 | £2,724.75 | £1,362.38 | £681.19 |
| 7 | 1 | Average cost of going out and socialising per week of one person retired households not mainly dependent (£25.90) x number of session (10) | £259.00 | http://www.ons.gov.uk/ons/publications/references/tables.html?editon=cm%3A77.229759 | 10% | 0% | 10% | 0% | £1,468.53 | £1,468.53 | £0.00 | £0.00 | £0.00 | £0.00 |
| 3 | 1 | A greater likelihood of finding a job and/or staying in a job | £224.00 | Valuing the Impact of Adult Learning | 50% | 0% | 30% | 0% | £235.20 | £235.20 | £0.00 | £0.00 | £0.00 | £0.00 |
| 3 | 2 | The cost of a full day's training in dementia awareness | £72.00 | http://www.mentumpeople.co.uk/205.htm | 10% | 0% | 5% | 25% | £184.68 | £184.68 | £138.51 | £0.00 | £0.00 | £0.00 |
| 3 | 1 | Average cost of psychotherapy sessions. | -£200.00 | http://www.wikiwois.org/index.php?title=The_annual_cost_of_a_one_hour_counselling_session_per_week | 0% | 0% | 10% | 0% | -£540.00 | -£540.00 | £0.00 | £0.00 | £0.00 | £0.00 |

| | | | | | | | | | | | | | | | |
|---|----|---|--|---------|---|-----|----|-----|-----|-------------------|-------------------|-------------------|------------------|------------------|----------------|
| | 30 | 1 | The cost of a hairdresser in a care home per person (£10 x 10) | £100.00 | Approximate cost | 30% | 0% | 50% | 0% | £1,050.00 | £1,050.00 | £0.00 | £0.00 | £0.00 | £0.00 |
| | 10 | 1 | Physiotherapy costs: £79.50 for a GP-suggested referral | £79.50 | http://www.physiotherapyjournal.com/article/S0031-9406(2006)29009L2/abstract | 15% | 0% | 30% | 0% | £473.03 | £473.03 | £0.00 | £0.00 | £0.00 | £0.00 |
| http://www.guardian.co.uk/society/2010/nov/02/dementia-training-care-staff-anti-psychotics | 50 | 1 | Cost of attending an external activity every month for a year (e.g. Joe Longhorne concert at Sunderland Empire for residents at Highcliffe and transport costs (2.9 miles x 2 x 0.4) | £207.84 | Highcliffe care home | 40% | 0% | 25% | 0% | £4,676.40 | £4,676.40 | £0.00 | £0.00 | £0.00 | £0.00 |
| http://www.hta.ac.uk/project/1121.asp?PId=1121&PTypeWebsite=HTA%2DST&SipDis=100370000 | 40 | 1 | Cost of additional carer support in a person's home from a private care provider for one hour (£13.50 x 10) | £135.00 | http://www.athomewithhelennmccardiacare.co.uk/contact-us.html | 40% | 0% | 10% | 0% | £2,916.00 | £2,916.00 | £0.00 | £0.00 | £0.00 | £0.00 |
| http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2675801/?tool=pubmed | 15 | 1 | Cost of one-to-one time of respite care costs. Average cost per person, per hour (£18.13 x 10) | £181.30 | http://www.hta.ac.uk/fullmonmon1115.pdf | 20% | 0% | 10% | 0% | £1,958.04 | £1,958.04 | £0.00 | £0.00 | £0.00 | £0.00 |
| http://www.hta.ac.uk/project/1121.asp?PId=1121&PTypeWebsite=HTA%2DST&SipDis=100370000 | 8 | 2 | Average family spend on recreation per week for the age group 65 - 74 (£55.90) x number of sessions (10) | £559.00 | ONS Household expenditure by gross income, 65 - 74 (2011) | 20% | 0% | 50% | 50% | £1,788.80 | £1,788.80 | £894.40 | £0.00 | £0.00 | £0.00 |
| | | | | | | | | | | £0.00 | £0.00 | £0.00 | £0.00 | £0.00 | £0.00 |
| | | | | | | | | | | £0.00 | £0.00 | £0.00 | £0.00 | £0.00 | £0.00 |
| | 5 | 1 | The cost of a full page article in a local newspaper (Chronicle Extra): approximate quarter page | £639.25 | http://www.trinity-mirror-north-east.co.uk/downloads/ratecard/rate-card-29.pdf | 50% | 0% | 10% | 0% | £1,438.31 | £1,438.31 | £0.00 | £0.00 | £0.00 | £0.00 |
| | 10 | 1 | Average cost of sick pay Average number of days lost through sickness absence per employee per annum: 10.2 Average percentage of working time lost: 4.5% Average cost of sickness absence per employee per year: £542.00 | £542.00 | http://www.costofabsence.com/ | 10% | 0% | 20% | 0% | £3,902.40 | £3,902.40 | £0.00 | £0.00 | £0.00 | £0.00 |
| http://www.biomedcentral.com/1472-6963/10/122 | 8 | 1 | Relaxation session for staff per session (£40 per session x 10) | £400.00 | http://www.relxah.co.uk/workshops/relaxation-in-care-workshops | 30% | 0% | 20% | 0% | £1,792.00 | £1,792.00 | £0.00 | £0.00 | £0.00 | £0.00 |
| | 6 | 1 | The cost of an outside entertainer (£62.50 x 10 sessions) | £625.00 | Meg has asked care home/day centre managers for costings (£50 - £75 per session) | 0% | 0% | 30% | 0% | £2,625.00 | £2,625.00 | £0.00 | £0.00 | £0.00 | £0.00 |
| | | | | | | | | | | £75,874.24 | £75,874.24 | £18,946.11 | £2,724.75 | £1,362.38 | £681.19 |

| | | | | | |
|--|------------|------------|-----------|-----------|------------|
| Present value of each year (after discounting) | £73,308.44 | £17,686.40 | £2,457.57 | £1,187.23 | £573.54 |
| Total Present Value (PV) | | | | | £95,213.18 |
| Net Present Value (PV minus the investment) | | | | | £48,294.15 |
| Social Return £ per £ | | | | | 2.03 |

Appendix I: Tables of deadweight, displacement, attribution, drop off

Volunteers (Silver programme participants)

| Outcomes | Deadweight | Displacement | Attribution | Drop off | Comments |
|--|------------|--------------|-------------|----------|--|
| Increased physical and mental stamina as a result of partaking in sessions | 70% | 0% | 40% | 0% | All of the Silver Lining participants already take part in other Silver activities, which conceivably have the same potential health benefits. |
| Increased confidence to lead sessions and/or songs during sessions | 30% | 0% | 5% | 60% | The Silver programme doesn't have any other opportunities of this nature where volunteers are able to lead songs and/or sessions. It is still possible that the confidence to do this could come from another source though. |
| Increased self-esteem by giving something back to society through volunteering | 25% | 0% | 30% | 30% | In 2009-10, 40% of adults volunteered formally at least once in the last 12 months, with 25% having volunteered formally at least once a month. |
| Increased opportunities to make new friends and cement relationships | 25% | 0% | 50% | 10% | Other volunteering opportunities and other Silver activities could also contribute to this outcome. |

| | | | | | |
|---|-----|----|-----|-----|---|
| Increased understanding of dementia leading to a change in approach when speaking to people with dementia | 10% | 0% | 50% | 10% | Due to the age of this stakeholder group (over 50), it is reasonable to assume that there will already some understanding of dementia and issues relating to dementia. Increased anxiety about facing the reality of dementia |
| Increased anxiety about facing the reality of dementia | 25% | 0% | 60% | 0% | In recent times, dementia has featured a lot in news reports. |

Residential care workers and day care staff/volunteers (not Silver volunteers)

| Outcomes | Deadweight | Displacement | Attribution | Drop off | Comments |
|---|------------|--------------|-------------|----------|---|
| Learning new job related skills in session such as positive communications skills and use of reminiscence | 40% | 0% | 20% | 50% | Any staff working in care homes should have the opportunity to obtain an NVQ in care-related topics. |
| An increased number of people have confidence to learn and learning new skills in sessions | 20% | 0% | 10% | 0% | From speaking with care home managers, there are very few opportunities for employees to obtain new skills as part of their role. |

| | | | | | |
|--|----|----|-----|-----|---|
| Taking part in the activities leads to increased confidence and helps to develop musical ability | 0% | 0% | 40% | 60% | Without the support of the arts practitioners, we felt that drop off could be fairly high. Attribution is considered at 40% because of the staff who worked at care homes that took part in pilot projects would be more inclined to be involved musically. |
|--|----|----|-----|-----|---|

Familial Carers/family members

| Outcomes | Deadweight | Displacement | Attribution | Drop off | Comments |
|---|------------|--------------|-------------|----------|--|
| Involvement with sessions gives opportunities for peer learning and learning new skills in caring for family member | 50% | 0% | 40% | 0% | We felt that health professionals, care staff and support networks could also contribute to this change. |
| Seeing person with dementia in a positive light - increased opportunities to have happy memories of their relative | 10% | 0% | 30% | 50% | Although there are other activities that can enable reminiscence, Silver Lining is designed to relax participants, creating greater reminiscence opportunities for participants. |
| Participating in activities outside of caring setting helps carers forge a different identity than that of a carer | 10% | 0% | 10% | 0% | We felt that day-to-day, familial carers are immersed in the task of caring for their relative; therefore it would be unlikely that this opportunity would be present anywhere else. |

Arts Practitioners (Professional musicians and Community Music Trainees)

| Outcomes | Deadweight | Displacement | Attribution | Drop off | Comments |
|--|------------|--------------|-------------|----------|---|
| Increased career opportunity due to learning new repertoire and skills in relation to people with dementia | 50% | 0% | 30% | 0% | One of the project musicians confirmed that if the opportunity to participate in Silver Lining wasn't available, she feels that she would have remained in her previous profession until retirement. |
| Improved awareness of and ability to work with people with dementia | 10% | 0% | 5% | 25% | Exposure to dementia can also occur if a relative has dementia or due to prevalent stories in the mass media. However, actively participating in Silver Lining certainly provides more opportunity to work with people with dementia for project musicians. |
| Increased anxiety due to dealing with unfamiliar stressful situations, in particular issues around staff and the homes/centres | 0% | 0% | 10% | 0% | It is possible that other opportunities could lead to this outcome, for example if a relative is living with dementia. |

Care Home residents (including those with and without dementia)

| Outcomes | Deadweight | Displacement | Attribution | Drop off | Comments |
|--|------------|--------------|-------------|----------|---|
| Time is occupied with structured group activity, leading to increased engagement | 30% | 0% | 50% | 0% | There is a great deal of awareness of dementia in care homes. New initiatives and training has lead to staff having an increased awareness of dementia care. |
| Activity involving movement and exercise leads to improved physical health | 15% | 0% | 30% | 0% | Based on existing knowledge gathered by the project team, there are few activities that involve physical movement in care settings. Any medication that service users are taking can also impact on this outcome. |
| Involvement in musical activities leads to decreased agitation | 40% | 0% | 10% | 0% | Work with Occupational Therapists and Activities Coordinators can affect this outcome. |
| Involvement in sessions leads to increased confidence and becoming more involved with other activities in the home | 40% | 0% | 25% | 0% | There are other activities in care homes that could also account for this change. Activity Coordinators are tasked with ensuring that residents become involved in more activities. |

Day centre users with dementia

| Outcomes | Deadweight | Displacement | Attribution | Drop off | Comments |
|--|------------|--------------|-------------|----------|---|
| Taking part in group activity with familial carers leads to improved communication | 20% | 0% | 10% | 0% | The deadweight is low for this outcome, as we felt that Silver Lining clearly encouraged carers to participate; something |

| | | | | | |
|--|-----|----|-----|-----|--|
| and strengthens the bond between carer and person with dementia | | | | | which is not necessarily afforded in other activities. |
| Time is occupied with structured group activity and learning new skills leading to an increased sense of community | 20% | 0% | 50% | 50% | From conversations with service users, we learnt that they felt it was important to get out of the house; day centres have other activities that could contribute to the change. |

Care home/day centre managers (including Occupational Therapists)

| Outcomes | Deadweight | Displacement | Attribution | Drop off | Comments |
|--|------------|--------------|-------------|----------|--|
| Interesting new activities in home/centre, leads to Increased positive publicity. | 50% | 0% | 10% | 0% | We acknowledged here that not many homes actively seek positive publicity, which is why there are low amounts, but a high deadweight value. |
| Participating in sessions with residents leads to improved communications and a happier working life | 10% | 0% | 20% | 0% | The staff involvement in Silver Lining was a project objective and the staff reaction was clear to those involved; it was not believed that other activities have the same impact. |

| | | | | | |
|--|-----|----|-----|----|--|
| Activity leads to less agitated residents and increased job satisfaction for staff | 30% | 0% | 20% | 0% | Other CPD opportunities exist in settings, but based on our conversations, adult learning is not common-place. |
| Less reliance on outside performers, therefore reducing cost | 0% | 0% | 30% | 0% | In the current economic climate, cost cutting is a pertinent topic, so it is reasonable to assume other factors could contribute to this change. |

Appendix J: Value game table

| Item (rank 1 - 8) | Value |
|--|------------|
| A new car | 10,445.00 |
| A two-week holiday to Europe | £ 1,831.88 |
| Improved health (physical and mental) | ? |
| The cost of a newspaper, Monday – Friday (average of The Guardian and The Sun) | £546.00 |
| A brand new outfit | £150.00 |
| Energy bills paid for a year | £528.00 |
| A new mobile phone | £200.00 |
| Improved social relationships | ? |