CHANGE STEP

Social Return on Investment report of the Change Step service in partnership with Veterans' NHS Wales

December 2018

"If you want to go fast, go alone;
If you want to go far, go together."
(African proverb – quoted by one of the Veteran Therapists)

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Awarded 27 February 2019

Ben Carpenter
Acting Chief Executive Officer
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Executive summary

This report details the Social Return on Investment (SROI) forecast analysis conducted on the Change Step project in partnership with Veterans' NHS Wales. The results demonstrate that significant social value is created through the project's activities, with a **SROI result of £6.79:1 – meaning that for each £1 invested, £6.79 of value is created.**

Fundamental to the success of the service is the peer mentors who as veterans themselves could offer a level of understanding and empathy, but also the guidance to support them before their therapy, during and post therapy. This balance was seen as 'unique', and as veterans themselves provided the clients with immediate trust and reassurance.

The collaboration with Veterans' NHS Wales allows the peer mentor and veteran therapists to work together to ensure the best possible outcomes for veterans and families. Alongside their therapy, peer mentors are able to provide guidance and advice on issues such as finances, housing, employment, education, and mental and physical health concerns. Under the supervision of the therapists, they were also able to focus on particular areas that needed attention as well as gather a further understanding of their needs. By the time clients had reached therapy, many had already made some improvements in certain areas and already some positive changes had happened in their lives which included *improved relationships with family members*, *improved mental health and also feeling less isolated and alone in their situation*.

These outcomes also created significant value for other stakeholders. Family members expressed that the peer mentors support provided them with reassurance by gaining an understanding about what their loved ones were experiencing, as well as reducing their anxiety and stress levels as support was available. Identifying that their loved ones were making small but positive steps towards recovery ensured that the whole family benefited.

This collaboration will also have an impact on the Veterans' NHS Wales service, as well as other health and social care costs. Further data is needed to continue the discussion on potential cost reallocation here, however, by involving all stakeholders which included the veterans, family members, peer mentors and the veteran therapists, there was agreement that when considering 'what could have happened' without this support, many felt that they could have deteriorated, and for many they feared that could result in a worse situation which could include the breakdown of relationships, homelessness, hospitalisation or, as many suggested, life loss.

The Social Services and Well-being (Wales) Act 2014 puts a great focus on prevention and that the needs of the individual are central to their care. This model responds positively to these requirements and looks at the needs of every client and responds accordingly. We have a duty to listen to our stakeholders and they are best placed to tell us what changes in their lives as a result of a service.

This report does not place a price on everything; instead it values those things that are important so that we can be more accountable for our decisions, make better decisions, and create even more social value in the lives of people.

Acknowledgments

This report would not be possible without involving key stakeholders that can help us to understand what changes and establish the impact. We're extremely thankful to the veterans and family members who gave their time in order to help us understand what had changed in their lives as a result, as well as helping us to understand how to build on this impact in the future.

A huge thank you to the peer mentors who are clearly passionate about their work, and in many cases, had gone above and beyond to help the veterans. A big thank you also to the Veteran Therapists and the CAIS staff who all supported us with gathering the information together that has been contributed to this report.

Diolch yn fawr / Thank you

1.0 Introduction

This forecast report will analyse the value of the peer mentor service provided through Change Step funded by the Help the Heroes fund in Mid & South Wales, and in North Wales funded through the Betsi Cadwaladr University Health Board. The impact of this service on veterans will be considered, but also the value to family members, the peer mentors and the Health Board as they are working in partnership with Veterans' NHS Wales.

Through engagement with both individuals receiving the service, family members, peer mentors and the organisations and examining the information and data was available, appropriate estimations have been made supported by secondary evidence.

The report will initially set out the background of this support service, followed by a discussion of the Social Return on Investment (SROI) framework used to evaluate the service. The SROI results will then be discussed in detail to explain the 'story of change' and value for key stakeholders. The report will look at the social value created for activities from January 2018 and forecast until 31st December 2018.

1.1 Purpose and Scope

This is a Social Return on Investment (SROI) forecast to measure the social value of the Change Step Mid & South Wales peer mentor service in partnership with Veterans' NHS Wales. This report looks specifically at the outcomes and their value for veterans who are referred to the project who suffer from various mental health issues as well as social needs such as overcoming loneliness and isolation.

This report was prepared to review and ascertain the following.

- The views of the key beneficiaries involved in the project, that being the individuals referred.
- The outcomes experienced by all material stakeholders, but most importantly the individuals.
- To give a value to the service and to answer the question: 'does Change Step provide good value for money?'.
- To see what changes to the service can be introduced to provide more outcomes and further value to beneficiaries.
- To recognise the value of this peer mentor model working alongside the veteran therapists.

1.2 Audience

This report has been prepared for both internal and external audiences. These include:

- Funders – There are two main funders here which are Betsi Cadwaladr University Health Board in North Wales and Help for Heroes in Mid & South Wales. The funders will need to understand the value that is created from their investment, and how the project has had an impact on their service.
- Internal Management – By measuring the social value of this service and understanding what the outcomes are for individuals, decisions can be made based on this information to manage and plan services.
- Policy and Decision Makers – With new legislation in Wales there is an increasing need to understand what is most valuable to service users, and how services prevent people from needing statutory care. Although a higher level of rigour would be needed to have an

impact on policy and further data, this report will help to demonstrate the impact of services being co-produced.

- Individuals – To understand and communicate the value of the service to those who matter the most: the veterans receiving the service, as well as to family members.

2. Background and information

2.1 CAIS and Change Step

CAIS is a registered charity (Charity Number 1039386), and a company limited by guarantee registered in England and Wales (Company Number 2751104). This voluntary sector provider supports people with personal problems such as mental health illness, addictions, employment and housing. CAIS is established on the vision that they can change people's lives and their mission states;

"CAIS aims to empower positive changes in the lives of people affected by addiction, adverse mental health, unemployment, offending and other life challenges, though a range of services and support delivered by skilled and experienced staff and volunteers."[1]

Change Step was established in 2013 following the partnership established with Drug and Alcohol Charities Wales (DACW) as part of the personal service offered by CAIS Ltd. The main aim was to support veterans with mental health issues, substance misuse, and criminal justice and housing issues. This was based on the notion of having veterans supporting veterans.

'Delivered by veterans for veterans'

[1] http://www.cais.co.uk/mission-vision-values-aims/ (Accessed 12/10/2018)

Peer mentors were recruited who were themselves veterans and were able to offer one-to-one support for veterans and their families. As well as the moral support, there were opportunities for training and education, volunteering, community activities and much more.

The Faculty of Health and Social Care, University of Chester evaluated this service in April 2016.[2] Over 32 months, this project had supported 848 veterans across Wales with 21 peer mentors trained to support. Alongside Change Step, they also had the Listen In programme that supported families of veterans who themselves need emotional and practical support.

After an initial one-year voluntary Change Step project, the project was established on the needs identified for veterans to be supported by fellow veterans. The data gathered in the University of Chester evaluation, underpins the success of that programme,

"It is the common experiences of the veteran clients with their veteran peer mentors which bind individuals together. Shared experiences and a shared 'veteran identity' are the foundation for this project."

Following on from this, a partnership was established in North Wales between CAIS Ltd and Betsi Cadwaladr University Health Board. This service allowed Change Step peer mentors to work alongside Veterans' NHS Wales psychological therapists to support veterans with not only their psychological support needs but also social support and helping on matters such as housing, and signposting to other services within the community.

This pilot was evaluated by Social Value Cymru using the Social Return on Investment framework. The report demonstrated a positive SROI and provided some recommendation on increasing the social value for veterans, as well as some practical recommendations about the model. This

[2] Mottershead, R. Bray, B. Ellahi, Basma. Evaluation Report Change Step: A Peer Mentoring Support Programme for Veterans in Wales and Listen In: A Support Programme for Families of Veterans in Wales. April 2016. University of Chester

report aims to build on that report and see what the impact is of rolling the service out to other parts of Wales.

2.2 Veterans' NHS Wales

Each Local Health Board in Wales has an experienced Veteran Therapist who offers therapy, "to improve the mental health and wellbeing of veterans with a service related mental health problem." [3]

The second aim is to ensure a sustainable and effective way of offering services to veterans in Wales. There is a team of 6 full time Veterans therapists and 14 part time therapists across all the Health Boards, with an administration team also supporting the therapists.

In the Call to Mind: United Kingdom report, the Veterans' NHS was recognised as an example of good practice,

"In Wales, Veterans' NHS Wales (VNHSW) is a high-quality national service that is unique to Wales. Veterans with any service-related mental health problem are eligible for outpatient treatment from VNHSW." [4]

However, one of the concerns addressed in the Call to Mind report was the demand on the service and the possible impact of waiting times and the service being too stretched.

Between April 2017 and 31st March 2018, 577 referrals had been made to the service from across Wales demonstrating the demand for the service.

In the Care & Support Needs of Military Veterans North Wales Report by Public Health Wales, some gaps in current provisions were identified. This included having Change Step mentors working closer with Veterans' NHS Wales, and also working more as the 'glue' between all

[3] https://www.veteranswales.co.uk/about-us/aims-and-outcomes.html (Accessed 11/12/2018)
[4] http://www.fim-trust.org/wp-content/uploads/2017/07/Call-to-Mind-UK-Report.pdf (Accessed 12/10/2018)

services. Better partnership working was also identified in other reports to ensure the best possible service and reducing waiting times for services.

In February 2018, Cabinet Secretary for Health and Social Services, Vaughan Gething, responded to the response received following closing a veteran residential treatment facility in Newport which was ran by Combat Stress charity. He discussed how the Welsh Government had considered the need for such centre but decided that a community-based service would be more appropriate, following the NICE guidelines to ensure services are closer to home. He also discussed the Welsh Government annual funding to Veteran NHS Wales and how the service ensures all consideration for veterans and family members are considered,

"The service has also established an integrated care pathway, joining up statutory and non-statutory sectors, including Combat Stress, and acting as a single point of referral. This enables VNHSW to signpost veterans and their families to other support they may require, such as peer support, mentoring and substance misuse services."[5]

2.3 Veterans' NHS Wales and Change Step partnership

Following the pilot that ran in North Wales funded by Betsi Cadwaladr University Health Board, CAIS were successful in receiving funding of £178,230 from the Help for Heroes fund to pilot the same service in Mid & South Wales for 12 months across the following health boards;

- Abertawe Bro Morgannwg University Health Board
- Aneurin Bevan Local Health Board
- Cardiff & Vale University Health Board
- Cwm Taf Health Board

[5] https://gov.wales/about/cabinet/cabinetstatements/2018/provisionveteransmh/?lang=en 12/10/2018

- Hywel Dda Local Health Board

As well as this, further funding was given by BCUHB of £78,000 to continue the service in North Wales allowing the continuation of the employment of two peer mentors. A full diagram of the staffing structure along with the local Veteran Therapists can be seen in appendix 3. In total there are six full time peer mentors and three part time supported by a full time Project Manager and Change Step coordinator.

This service sees Change Step peer mentors working alongside Veterans' NHS Wales psychological therapists to support veterans with not only their psychological support needs but also social support and helping on matters such as housing, and signposting to other services within the community. The peer mentors will help to prepare patients for treatment, offer support during treatment and post treatment for a while to continue to ensure the benefits of the treatment. This service takes the benefits from the Change Step model and adapting it to fit around the Veterans' NHS Wales service.

The support given to the veterans by the peer mentor will vary but can include the following;

- Financial support – make sure they are in receipt of the correct benefits
- Grant application through Forces charities
- Support to education or employment
- Encouragement to take part in activities whilst working through their anxieties
- Therapy support
- Support to access services – such as medical appointments
- Housing support
- Signposting to other services
- Support for the whole family with communication and explaining what it is they are going through

- Using other support for mental health and sleeping problems such as apps available
- Problem solving skills
- Legal support – with matters such as family contact
- Support with medical matters such as hearing problems or encouraging fitness programmes
- Life skills – such as budgeting, cooking shopping etc.

When a referral is received, actions will be taken by both peer mentor and veteran therapist to assess eligibility. The veteran can then decide to opt in to the service. Some will decide not to opt in as they might not be eligible or may not feel they are ready to do this, whereas other might be eligible but will need some encouragement to return the forms. Following opting in, the peer mentor will then do a social assessment with the client, and the clinical assessment done with the veteran therapists. While they are then on the waiting list, the peer mentor is able to start supporting them with some of the key issues as mentioned above. A full table demonstrating each step of the process can be seen in Appendix 1.

2.4 Identifying the Need and Strategic Context

The Ministry of Defence defines a veteran as anyone who has served in HM Armed forces for at least a day. The eligibility for Veterans' NHS Wales supports this definition;

"Any veteran living in Wales who has served at least one day with the British Military as either a regular service member or as a reservist who has a 'service related psychological injury'"[6]

In 2014, the Royal British Legion (RBL) carried out an extensive household survey, and overall the survey suggests there are 1 in 10 of the total UK population are veterans. This report identifies

[6] http://veteranswales.co.uk/about-us/eligibility-and-access.html

some significant needs among the veteran community and considers the main differences between the working age ex-service community and the general population. These are;

- They are more likely to be unemployed, with 60% in work compared to 73% of the general population and much more likely to be economically inactive.
- They are more likely to report a long-term illness which includes physical and mental illnesses.
- They are more likely to have unpaid caring responsibilities.

The report also identified that many of the UK veterans are elderly, however, the problems identified by the younger age group is very different especially with concerns around debt. It also identified how many veterans already reported some personal problems before entering the military for example some had experienced Adverse Childhood Experiences (ACEs). Integrating into the community was also a concern identified;

"Moving slightly beyond this age group to 16-44-year olds, one in ten reports difficulty integrating into society, rising to 16% of those discharged from the military in the past five years."[7]

The survey also revealed the main health and well-being difficulties identified by veterans, and the difference in the relative prevalence of those difficulties based on age. Psychological difficulties and relationship and isolation difficulties were particularly high among 35-54-year olds as well as financial concerns, problems dealing with authorities and employment issues.

[7] A UK Houshold survey of ex-service community 2014. The Royal British Legion. Page 12.

Unfortunately, the RBL report doesn't identify the needs specifically in Wales, however, the local population needs assessment does identify some of the needs identified in local areas. The Cardiff & Vale PNA[8] revealed that the key needs and gaps, included;

- Mental health – diagnosis and care
- Social isolation
- Housing
- Financial advice
- Awareness
- Substance misuse and self-medication
- Early diagnosis & preventative treatment
- Transition support
- Improved access to services

The Population Needs Assessment for the Gwent region also reported similar needs identified as well as support needed for the wider family. They identified the need for preventative services to support the pressures on statutory services;

"To meet the unmet need among veterans and families, with more prevention, identification and early intervention needed within generalist / mainstream services to prevent pressure on crisis services."[9]

According to the North Wales Population Needs Assessment[10] there are approximately 51,000 veterans living in North Wales (data from 2014), which represents 9% of the population. The

[8] http://www.cvihsc.co.uk/wp-content/uploads/2017/02/Population-Needs-Assessment-1.pdf page 115-116 Accessed 12/10/2018
[9] http://www.newport.gov.uk/documents/Care-and-Support/Population-Needs-Assessment/Population-Needs-Assessment-Gwent-Region-Report-May-2017.pdf page Accessed 23 12/10/2018
[10] North Wales Population Needs Assessment. April2017

highest percentage is in Flint, and the smallest in Anglesey. These are based on estimates, as it is believed there are many 'hidden' service men and women that are not included in these figures, especially in local communities.

Although the majority of veterans are considered to be elderly, there is a need to identify the changes in the demographics of veterans, as is identified in the local Population Needs Assessment,

"This is important for care providers to consider, since the health needs of younger, more ethnically diverse veterans are likely to differ considerably from those in older age groups." (p.317.)

The Office of National Statistics (ONS) considers the socio-demographic characteristics of the UK Veteran population in the UK from the Annual Population Survey results. According to the 2016 survey, there are 146,000 veterans in Wales, which is 6% of the UK veteran population total. 11% of the total UK population reported having a long-term mental health illness between the age of 16-64, however, it is considered that some are under reported.

The Population Needs assessment is prepared in response to the Social Services and Well-being (Wales) Act 2014 and supports the Well-being Assessment as part of the Well-being of Future Generations Act (Wales) 2015. The fundamental principles of the Act are:

Voice and control – putting the individual and their needs at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being;

Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need;

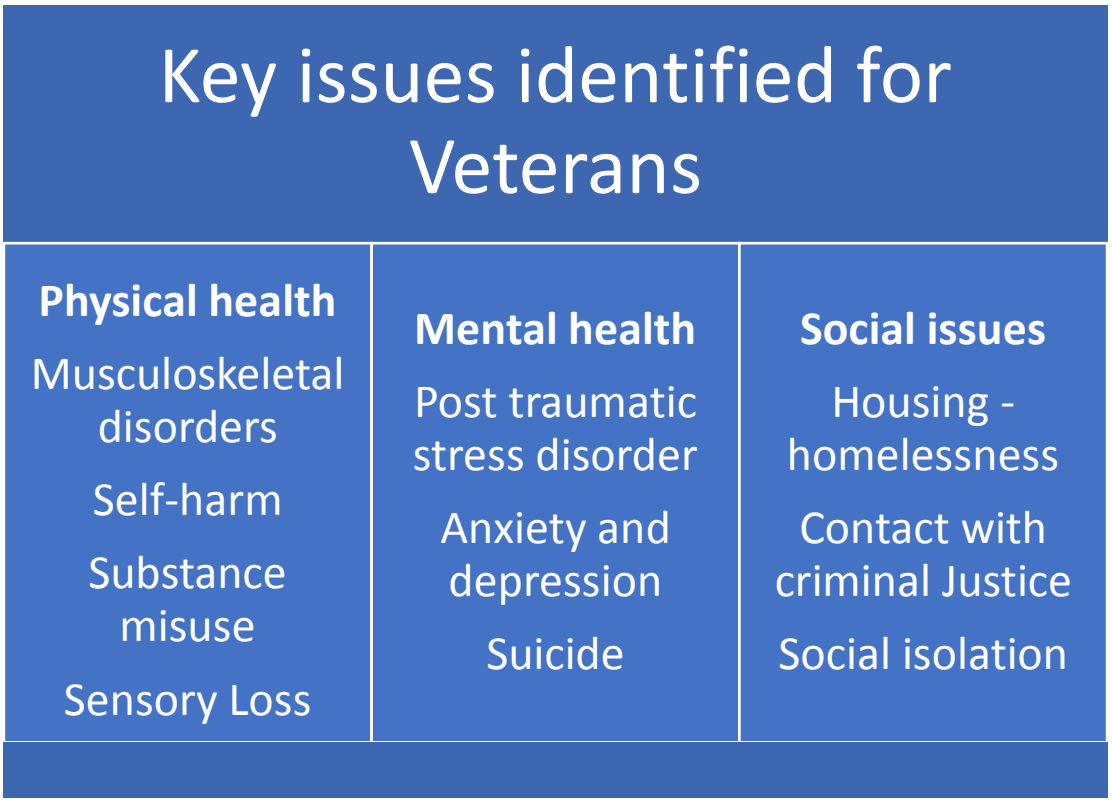
Well-being – supporting people to achieve their own well-being and measuring the success of care and support;

Co-production – encouraging individuals to become more involved in the design and delivery of services;

Multi-agency – strong partnership working between all agencies and organisations.

As reported in the Population Needs Assessment, many leave the service and will suffer no long-term illnesses, however, many will suffer from a physical and/or mental illness. Many physical, mental and social issues are reported and some of those are highlighted in figure 1;

Figure 1



In 2012, the Welsh Government published a ten year Together for Mental Health Delivery Plan with an aim to improve mental health services for those needing support and their families. Since this was first published the Well-being of Future Generations (Wales) 2015 Act also came in to force which aims to get public bodies to think more about;

- Think more about the long-term
- Work better with people and communities and each other
- Look to prevent problems and take a more joined-up approach

These priorities, as well as those identified under the Social Services and Well-being (Wales) Act 2014 promotes a way of working which has the individual at the heart of decision making, and these principles will be considered when evaluating the Change Step service.

3.0 Methodology – Social Return on Investment (SROI)

By explicitly asking those stakeholders with the greatest experience of an activity, SROI can quantify and ultimately monetise impacts so they can be compared to the costs of producing them. This does not mean that SROI can generate an "actual" value of changes, but by using monetisation of value from a range of sources it is able to provide an evaluation of projects that changes the way value is accounted for – one that takes into account economic, social and environmental impacts. Social Value UK (2014) states:

"SROI seeks to include the values of people that are often excluded from markets in the same terms as used in markets, that is money, in order to give people a voice in resource allocation decisions"

Based on seven principles, SROI explicitly uses the experiences of those that have experienced, or will experience, changes in their lives as the basis for evaluative or forecast analysis, respectively.

Taking a more holistic approach to impact measurement means that positive, negative, intended and unintended changes can be accounted for on a constructed Value Map – and ultimately when these are compared to the relative costs of their creation, the SROI is identified. The formula used to calculate the final SROI is illustrated below:

$$\text{SROI} = \frac{\text{Net present value of benefits}}{\text{Value of inputs}}$$

For example, a result of 4.50:1 indicates that for each £1 of value invested, £4.50 of social value is created

However, SROI is much more than a number. SROI is a story of change, incorporating social, environmental and economic costs and benefits, requiring both quantitative and qualitative evidence.

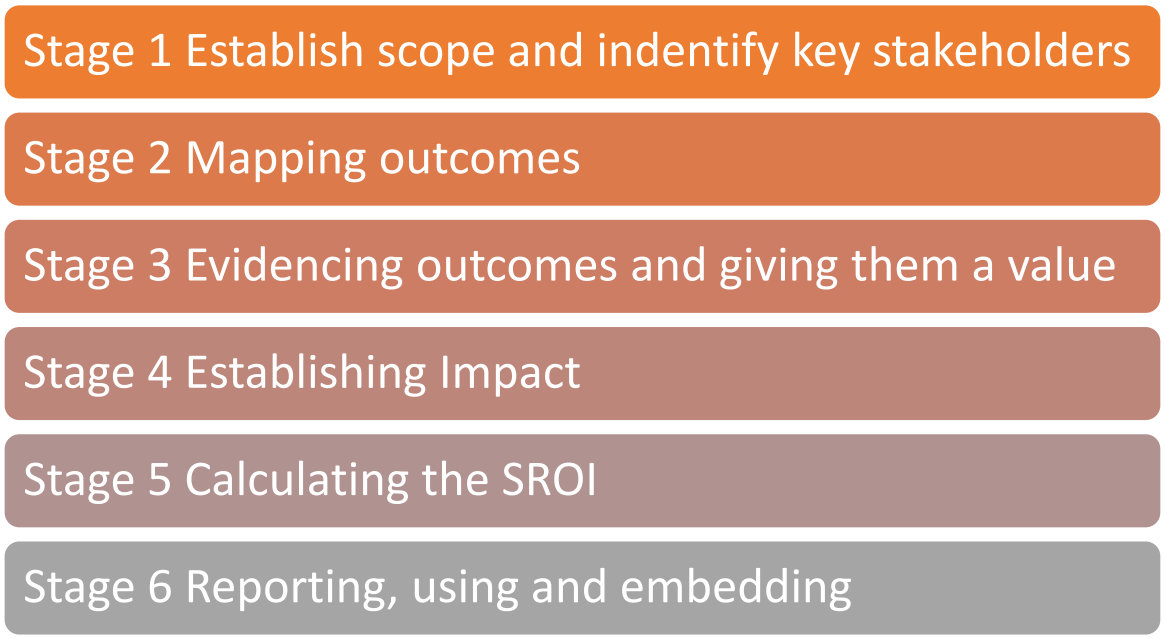
There are two types of SROI reports: evaluative and forecast. This report is a forecast SROI report as we are measuring results up to December 2018. At the time of analysis, the service had been running since January 2018 in Mid & South Wales, but data from the same time period will be considered in North Wales and existing data was used to support the analysis, but as there were still a few weeks until completion the analysis forecast the value created for the remaining individuals on the programme. SROI does not provide a rigid method of measuring social value, rather it is based on seven principles and these underpin how SROI should be applied. The use of principles is intended to provide consistency, yet also allows flexibility to recognise and incorporate varied experiences of different people, and these are highlighted in Figure 2.

Figure 2 – Social Return on Investment Principles [11]

These principles overarch everything that we do during the analysis, and also form a good framework for any organisation to adhere to. As well as the principles, there are six stages to conducting an SROI analysis, as seen in Figure 3.

[11] www.socialvalueuk.org Accessed 03/12/2018

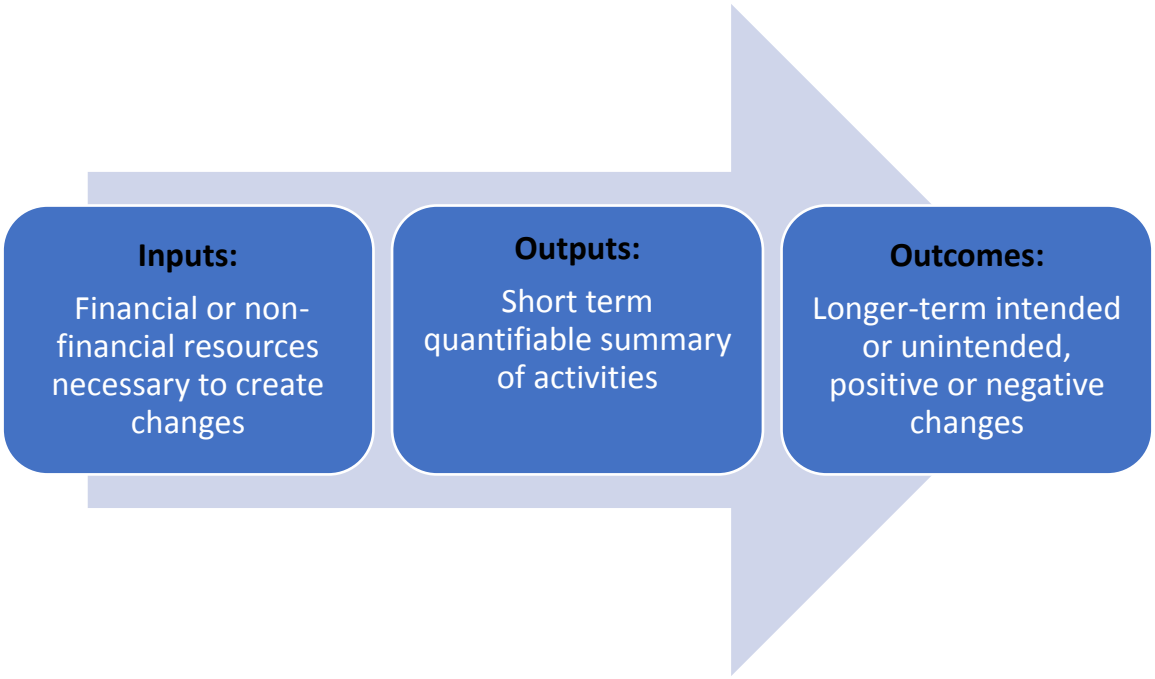
Figure 3 – Social Return on Investment Stages[12]



Whilst different analyses will apply varied techniques to capture data, adherence to these principles of good practice ensures that the *how* of social impact measurement remains central. As a result, for each material stakeholder, chains of change are created on the Value Map (Appendix 6) that articulates the transformation process from necessary inputs, through immediate outputs to ultimate measurable outcomes. Figure 4 highlights the fundamental elements of the Chain of Change, albeit a simplistic visualisation when accounting for complex changes.

[12] www.socialvalueuk.org Accessed 03/12/2018

Figure 4 – Chain of Change



Inputs can be financial or non-financial resources. For example, whilst a project may require necessary finances, it will also be dependent upon the time, expertise and other intangible resources of people to ensure its success.

Outputs are often the things that are measured as a result of activities, yet importantly these do not indicate the success or failure of activities. Take, for example, a course providing advice and skills to enable people to secure employment that only measures the output of the number of attendees of each course; this does not indicate the relative success or failure of the course on the important outcome of people securing employment. Regardless of the activity, only by measuring outcomes can we be confident that an intervention is working, and this is the explicit focus of SROI.

The key distinction of SROI allows identified material outcomes to be monetised, after which accepted accounting principles are applied that progress the analysis towards understanding the impacts of activities. In accordance with the principle not to over-claim, key questions must be

asked for each outcome to understand the value of a change that is a result of a particular intervention, those of:

- How long will the change last (duration)?
- How likely is it that this change could have occurred without the intervention (deadweight)?
- Who else contributed to their creation (attribution)?
- Have these activities displaced outcomes that would have occurred elsewhere (displacement)?
- And how does the value of the change that is as a result of the intervention reduce in future years (drop-off)?

In summary, SROI is able to articulate an understanding of holistic value created and destroyed as a result of activities. By understanding the value of outcomes, we are in a stronger position to manage them as we have a greater understanding of their relative importance and can target strategy and resources more effectively. Monetisation of outcomes is not an attempt to place a price on everything; rather, it is designed to not only allow for the meaningful measurement of impacts, but also, importantly, for their subsequent management. This is of particular relevance for third sector organisations, as adherence to a social mission places a moral duty on decision makers to maximise their social returns. Effectively, SROI can bridge the accountability gap that often occurs between those with decision-making powers, and those whom decisions are intended to target.

Limitations

This analysis also recognises there are limitations in the research as detailed below. Wherever possible, these limitations have been mitigated but are highlighted to demonstrate further opportunities to improve the data collection process and stakeholder engagement in any future analysis. The following limitations acknowledged as part of this analysis are:

- Selection bias – the researcher tried to speak to a representative sample from different areas, different age groups, different levels of support networks and different length of service. However, all of those engaged with did mainly experience a positive change and engaging with those who left the service without any change wasn't possible. The researcher ensured that all were given enough opportunities to explain any negative experiences as well as learning opportunities for Change Step as seen in the questions in appendices 5.
- Sample sizes – there was a good sample of the quantitative data compared with 75% of data showing a baseline and a distance travelled (the amount of change), which allowed us to look at certain characteristics that could provide insights into any possible changes needed. The data however is very subjective and having another indicator would allow more confidence in the results.
- Short term – as this is short term, there is a lack of real data yet to identify the true impact on Veterans' NHS Wales and more objective indicators to demonstrate change. The report will look more at the impact from qualitative information from veterans, peer mentors and veteran therapists.

4.0 Stakeholder Engagement & Scope of the Analysis

Including stakeholders is the fundamental requirement of SROI. Without the involvement of key stakeholders, there is no validity in the results – only through active engagement can we understand actual or forecast changes in their lives. Only then can SROI value those that matter most.

To understand what is important for an analysis, the concept of materiality is employed. This concept is also used in conventional accounting and means that SROI focuses on the most important stakeholders, and their most important outcomes, based on the concepts of relevance and significance (see Figure 5). The former identifies if an outcome is important to stakeholders, and the latter identifies the relative value of changes. Initially, for the evaluation of the Change Step service, a range of stakeholders was identified as either affecting, or being affected by the project – Table 1 highlights each stakeholder, identifying if they were considered material or not for inclusion within the SROI analysis.

Figure 5 – Materiality

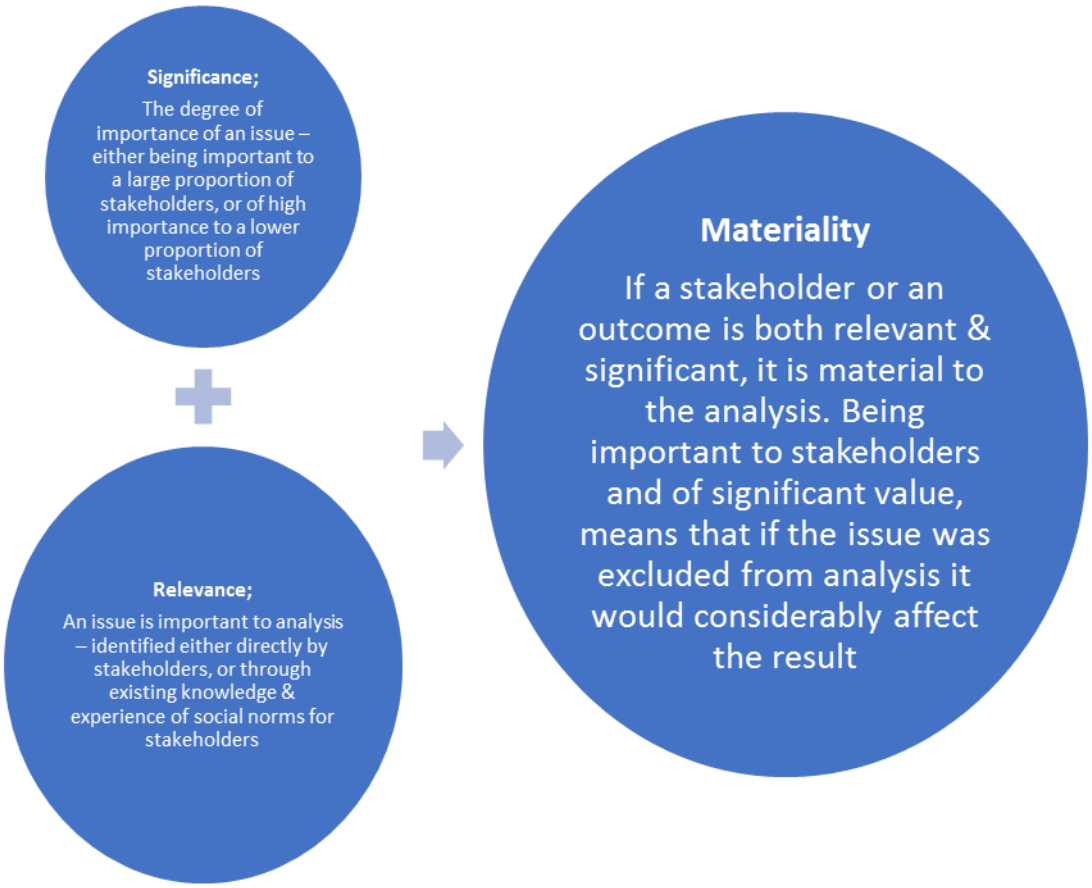


Table 1 – Stakeholder List & Materiality

Stakeholder	Material stakeholder?	Explanation
Veterans	**Yes**	As key beneficiaries of the service these are the most important stakeholders and some changes experienced will be both relevant and significant.
Family members	**Yes**	Family members are likely to experience some positive impact and changes experienced will be both relevant and significant.
Peer mentors	**No**	Peer mentors are vital to this process to create positive changes in the lives of the clients. However, when we value the outcomes the changes will not be significant as there are only a few and as we must consider the financial input as well as the likelihood of other employment. Their inputs are crucial for any change and will be discussed in this report.
CAIS Ltd	**Yes**	Provides material inputs of finance, skills and other resources to ensure the strategic direction of the project, so must therefore be included.
Veterans' NHS Wales	**Yes**	As a key referral agent, partnership working with them is essential towards the success of the service. Any impact on, and changes for, the

		individuals is likely to have an impact on their demand. However, there is a lack of real data yet to see impact on their opting in rates and impact on missing appointments that will be considered.
NHS	**Yes**	Although the changes to them will be relevant as without them this service wouldn't be possible, the amount of change is low and therefore consideration should be given to its materiality. Due to the nature of the service and the impact on the veterans' health and well-being, as well as the investment from the Health Board in North Wales, it was felt that including this in the value map was important to understand the impact, as well as for planning of future services.
Criminal Justice system	**No**	Some of the changes are likely to have an impact on the Criminal Justice Department; however, this was beyond the scope of this report.
Local Authorities	**No**	Some of the changes are likely to have an impact on the Local Authority; however, this was beyond the scope of this report.
Department of Work and Pensions	**No**	Some of the outcomes in the long term will be maintaining in employment or going back in to

		employment. However, this will not be measured in this report.
Other third sector organisations	**No**	The peer mentors will signpost clients to other relevant services, so some attribution rate will be considered to those organisations.

4.1 Stakeholder engagement

Principle number 1 of Social Return on Investment framework is to Involve Stakeholders as seen in figure 2. Therefore, a great deal of time is given to establish who the stakeholders are, and how best to engage with them. Stakeholders are best placed to establish the following;

- Theory of change
- Identify outcomes
- Identify how much change has happened
- The relative importance of the outcomes
- What value is to be placed on the outcomes
- Deadweight, drop-off and attribution
- Verify results

Engaging with the veterans themselves and their family members was crucial to be able to achieve everything noted in the list above. However, due to the sensitivity of clients we needed to find the best way to engage to ensure they were comfortable. The support of the peer mentors was crucial for this to happen.

Initial interviews with Change Step Managers was conducted in May 2018 to understand the scope of the analysis, and to understand the purpose of the project. Then a meeting with the Project Manager and all the Peer Mentors was held in Port Talbot on the 16th July 2018. As veterans themselves, it was crucial to understand what the peer mentor role meant for them and to begin to get a level of understanding about veterans supporting veterans. Further one to one discussion with Peer Mentors would then be arranged.

All qualitative data were gathered through phone conversations with veterans who had been receiving support through the project. Some were already going through treatment, which meant they were still experiencing change, but were best placed to tell us what had already happened, and what they hope will happen by the end of their treatment. It was crucial that sufficient veterans were engaged with in order to reach saturation point, which gives confidence that all relevant outcomes are captured. It was also important that a similar sample was taken from all geographical areas to understand if there were similar outcomes, but also considering different characteristics also – such as age, whether they had family support or not, length of service etc. As there had been some stakeholder engagement for the previous social value North Wales report in the middle of 2017, this information was also fed into this report as it was recent, but further analysis of the quantitative data from CAIS were possible.

There are different ways of engaging with stakeholders and gathering qualitative data, and each different option offers different advantages and disadvantages. Due to the wide geographical area of the service, being able to hold phone interviews was less costly. As the nature of the changes were very sensitive, it was considered that having a phone conversation would ensure they would be more relaxed than having to go somewhere and hold a face to face interview. However, as some did have communication barriers, some were offered face to face interviews but all that engaged decided that a phone interviews was best.

Although a great deal of thought was given to the questions being asked to the veterans about their experiences, in order to adhere to the SROI principles and to understand what had changed, a loosely structured approach was taken that allowed them to tell us what

happened as a result of the support given by the peer mentor. The added flexibility of semi-structured probing questions, such as asking people what they now do differently because of the change they had experienced, how long they believe the change will last, and importantly if they had any negative experiences allowed them to tell their story from their own perspective. Each interview lasted approx. 30-40 minutes. Each veteran was extremely open and was eager to speak about their experiences. They were also able to provide an insight into what had changed for them, but also what they think might have happened without the service and the possible difference it would have. Questions were also asked around impact such as who else contributed to any changes? And would they have support from somewhere else if this service wasn't available. These will be discussed later in the impact section, but a copy of the questions and example of narrative is available in appendix 5.

The same approach was used with family members to understand if they had any outcomes from the service, but also, they were able to confirm some of the outcomes for the veterans. Table 2 provides a summary of the stakeholder engagement process. There are 18 veterans who were representative of the different subgroups identified below.

4.2 Potential Subgroups of Stakeholders

It's important to recognise that not all individuals are the same. Understanding if different characteristics have an impact on the data can help us to manage and inform decision making. Consideration is therefore given to the different characteristics below, which are age, geographical area, and whether they have family support or not. The diagrams below demonstrate the groups represented in this project.

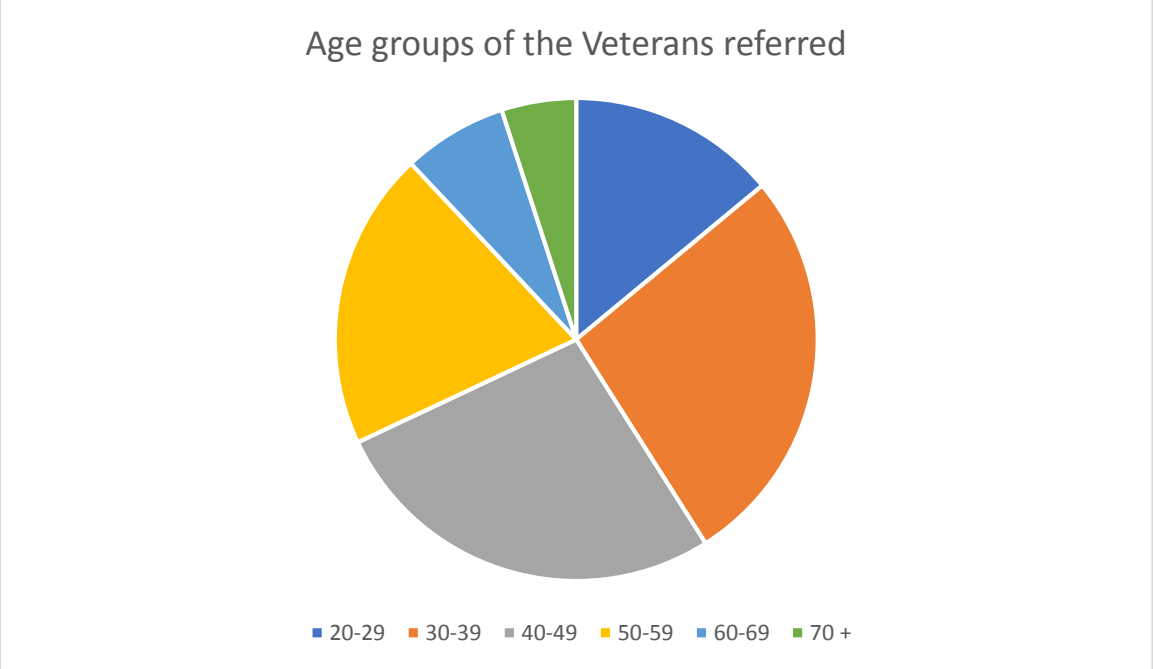
Age

By discussing with the Project Manager and the Peer Mentors, one characteristic that could influence a difference in the results is age. This could be because of where they served, but also a difference in their needs on the services they require. The reason they are referred could also vary because of their age, which is something that is identified in the research by the Royal British Legion.[13] It was identified that many of the issues for the aged veterans were similar to those of the UK's elderly as a whole such as isolation and mobility issues. For 16-34-year olds, there were many who reported employment problems, and problems with debt, which is what was heard during the Change Step qualitative research. For 35 – 54-year olds many also reported employment problems and problems with depression as seen in the surveys by the Royal British Legion,

"Problems with depression peak at 35-64, at 14%, and exhaustion and pain peaks at 45-54(13%)."[14]

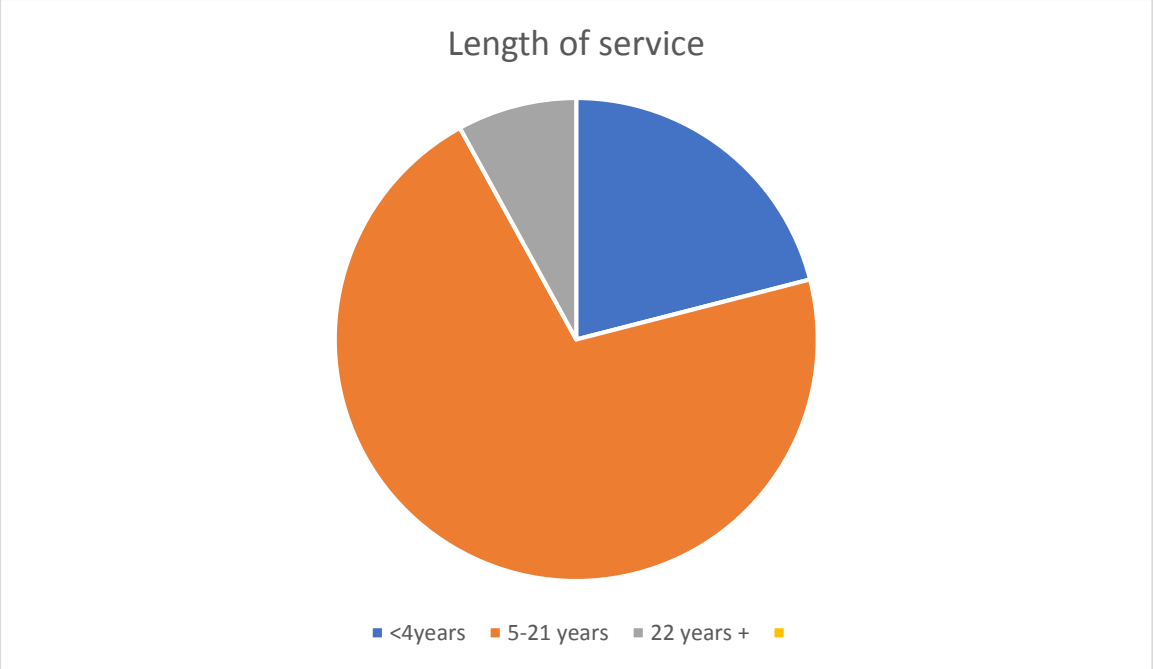
Consideration will also be given to age when looking at the results to see if there are difference in the outcomes, but also in the amount of distance travelled. The breakdown of ages for this project are as follows;

[13] A UK Household survey of ex-service community 2014. The Royal British Legion pages 7-15.
[14] A UK Household survey of ex-service community 2014. The Royal British Legion page 13



Length of Military Service

Having discussed this with the Peer Mentors and therapists, this could also be a characteristic that could influence the results, that is the outcomes as well as the amount of change. As well as the length it could be when they served and therefore how long ago did the trauma happen. Some Peer Mentors expressed their concerns having received referrals from veterans who had been isolated for many years, and therefore fallen through all the nets to receive support.



Family support

Another important characteristic is whether they have family support or not. Some veterans were extremely isolated and had no family support at all, with some having lost all contact with family members because of various reasons. Others did have family members in their lives but still felt lonely or isolated in their situation because others that hadn't served did not have the same level of understanding or empathy as to what they had experienced. It was apparent that some Peer Mentors involved family members in the support because;

a) They were given further information about the problems that perhaps the veteran did not want to initially reveal
b) They could give them advice on how to deal with different situations or where to get support
c) They could educate them on the condition

When referred to the project, veterans are asked about their relationship status. Not all veterans will fill this in, but from the data, 43% of veterans were in a relationship. Some veterans were also supported by parents or other family members; however, this information is not currently reported.

The Peer Mentors explained that in general, the veterans without any support at all would be the ones with more complex needs and therefore in general needed more support, or perhaps could become more dependent on the service. Consideration will therefore be given to the results based on this characteristic.

Table 2 – Engaging with stakeholders

Stakeholder group	Reason for inclusion	Number of samples	Population	Method of engagement
Veterans	As key beneficiaries of the service, these are the most important stakeholders and some changes experienced will be both relevant and significant.	18 114	198 198	**Step 1**; Qualitative interviews over the phone **Step 2**; Analysis of the Data through Life Compass and small sample of Clinical Measures
Family Members	Family members are likely to experience some positive impact and changes experienced will be both relevant and significant.	3 22	66 66	**Step 1**; Qualitative interviews over the phone **Step 2**; Family survey to confirm outcomes and amount of change

CAIS **Peer mentors**	Provides material inputs of finance, skills and other resources to ensure the strategic direction of the project, so must therefore be included.	1 1 group discussion with peer mentor 5 1:1 interview with PM	1 9 peer mentors	Initial conversation with Director of Therapeutic Services. Interviews and further conversations with peer mentors. Conversation with other staff with the data.
Veterans NHS	Veterans' NHS Wales – their partnership is essential here towards the success of this pilot. The service is likely to have an impact on them and those changes will be both relevant and significant.	3	20	Conversation with both Veteran therapists in North Wales. Also, discussions with the Manager and other staff members in the steering group meetings.

5.0 Project inputs

This section of the report describes the necessary inputs from multiple stakeholders. Some inputs are financial, whereas others are not – yet where possible inputs are monetised.

5.1.1 CAIS

The financial input is managed by the CAIS. A financial input of £250,151 was given to the charity by two separate grants;

- A grant of £71,921 was given for the North Wales project by Betsi Cadwaladr University Health Board
- A grant of £178,230 was given by Help for Heroes for the Mid & South Wales project which included Abertawe Bro Morgannwg University Health Board, Aneurin Bevan Local Health Board, Cardiff & Vale University Health Board, Cwm Taf Health Board, Hywel Dda Local Health Board.

The above grants pay for all costs related to employing the peer mentors (recruitment / training / salary / travel / phones / desk space / IT) plus direct supervision, admin, contract management, data & finance reporting and a Management Charge.

The learning from the original Change Step model was also crucial to ensure that these positives could be replicated here and provide the new peer mentors with a good basis as well as any training they needed. As well as this was the learning from the pilot up in North Wales where two peer mentors had worked alongside Veteran Therapists.

5.1.2 Peer mentors

The peer mentors are employed by CAIS and all related costs are paid by the organisation. The peer mentors are themselves veterans which was recognised by all clients as being a crucial element of the service. When engaging with stakeholders, the word 'understanding' was used often, and their own experience allowed this to take place. By listening to the clients and providing a friendly, non-judgmental support service, they give the clients reassurance that positive changes can happen. Their skills, experience and professionalism are crucial towards having a positive impact. Although they are often seen as a 'family friend', at times they must also be the leader and the disciplinarian and push them encouragingly to make positive changes.

Some of the work involved taking them out to crowded areas and to work through their anxiety. As veterans themselves, at times this has been challenging for them also, but by allowing the client to experience that with them they can demonstrate that they also can have positive changes.

Due to the nature of the work, at times it can be difficult to not become too emotionally involved, or to turn off the phone at 5p.m. as was discussed during an initial meeting with them. The level of understanding due to the veteran to veteran bond is important, but it can be difficult not to become too involved in situations. However, it was clear that boundaries were set by both Veterans' NHS Wales therapists and the CAIS management team, and the peer mentors did manage to have a good balance of friendliness and professionalism.

5.1.3. Veterans

This service is available for all veterans who fit the Veterans' NHS Wales eligibility criteria, that being they have a 'service-related psychological injury'. Although there are no financial

requirements from the clients, it's important to recognise the non-financial inputs needed to ensure any change.

Many of the clients referred to the importance of having the peer mentor being able to meet them in their home environment, especially for initial meetings. For many travelling was difficult because of cost, but also for many leaving the home was difficult and challenging because of their anxieties. In many areas, the peer mentors supported them with transportation to their appointments, which restricted the barriers of financial burden of attending appointments, but also allowed emotional support before and after appointments by allowing conversations to happen on the journey. However, for some there would be the need to invest some financial input to attend some of the appointments, but this isn't included in the value map as there is not enough evidence of this.

Referrals can either be made by GPs, other agencies, families or self –referral. Some clients were referred directly to Veterans' NHS Wales and then signposted to Change Step, and vice versa. For some, an almost fatal incident occurred before they were referred as many of the veterans, family members and the peer mentors referred to an attempted suicide attempt or serious injury and feeling incredibly low and unable to cope. Families also explained the feeling of helplessness when seeing their loved ones struggling and not really having an understanding as to what they were going through. One family described the event in detail before she was referred to this service, and the feeling of total despair and confusion as to where they can get support. She described leaving A & E after her husband had hurt himself, and given leaflets to read, but not knowing where to go and what to do. Therefore, for many having somebody there that helped the whole family was a huge relief and reassured them. Another family member described how alone they felt and didn't know where to turn and felt that with Change Step,

“Somebody was listening for the first time.”

Many explained a lack of understanding of what they were going through. Therefore, a willingness to engage with the service is needed as well as trust. This trust seemed to be established early on with the peer mentor due to the veteran supporting veteran, with the peer mentor able to reassure them about the therapy itself and that things can change.

Most of the activities with the peer mentors involved dealing with their anxieties when they go in to crowded areas. Many described being pushed to their limit and therefore the willingness to take part in these activities and put in to practice the tools given to them by both mentor and therapist is vital to recognise any change.

Some explained the exhaustion after sessions with both peer mentor and the Veteran Therapists. They explained this as being emotionally draining and that the sessions took them to areas they prefer not to go, however, with the understanding and trust that this will help them in the long term. Therefore, perseverance is also important to recognise here. If they were to leave the service before seeing any positive change, they might well be feeling worse as they had tried to get support and it did not work. This was not the case with anyone that took part in the qualitative interviews, but many did refer to times where they needed the peer mentor to encourage them to continue and to give them a gentle push to attend therapy sessions.

However, although many said that they might not have continued with therapy or would miss appointments, looking at data from 2017-18 compared to 2018-2019 using monthly summaries suggests that this was not the case, as the data currently available suggests that the opt in has remained similar at around 60-70%. Some of the veteran therapists felt that their therapy sessions were more productive as a result of the support, but no real data is available yet on the engagement rates. On discussing this with key staff members, this could be as the peer mentors

are dealing with some very hard to reach cases and those who are most difficult to engage with. This will not have an impact on the value created for those veterans who do go for treatment and will be measured in this report.

5.1.4 Family Members

Through the stakeholder engagement process, it was apparent that the peer mentors had an impact on the whole family. Again, no financial input is needed from family members, but their support and encouragement, as well as understanding is important and contributes towards seeing any sustainable changes.

5.1.5 Veterans' NHS Wales

This is a service that was already available, and this new partnership provided some opportunities but also some changes to their usual way or working.

Their skills and expertise are vital and the relationship with the peer mentor is crucial. Through the stakeholder engagement, many clients commented on how the therapy sessions and the sessions with the peer mentor complemented each other well, and therefore it was clear that there was good communication between them.

Some time was needed from the therapists, especially at the beginning to provide guidance and clinical supervision for the mentors, and also advice on relevant training opportunities they needed in addition to perhaps what was being offered by CAIS. The amount of time that the veteran therapists needed to spend with the peer mentor varied, one was officially one hour a month but there would also be phone calls weekly. Other arranged an hour per week. It is therefore appropriate to add an additional financial income to value the time of their input to the project. An hour of a therapists time according to the PSSRU Health and Social Care costs is

£53 and hour[15] based on a band 7 professional staff fee list. An average of 4 hours a month will be used, which therefore gives an average of 48 hours a year spent by each Veteran Therapists to support the peer mentor and to ensure important information is shared.

48 hours * 9 peer mentors = 432 hours * £53 an hour = **£22,896**

Table 3 provides a summary of all inputs involved in this pilot, and how much this cost per client that received support.

Table 3 – Total Monetised Inputs for Change Step

Stakeholder	Financial input	Non-financial input	Cost per individual
Veterans	N/A	Trust, willingness to engage, willingness to make changes	N/A
CAIS Ltd	£250,151	Strategic management, time, expertise	£1,263
Veterans' NHS Wales	£22,896	Veteran therapists time to work with the peer mentors and also adapt to a different way of working	
Totals	**£273,047**		**£1,379 per individual**

[15] Curtis, Lesley A. and Burns, Amanda (2017) Unit Costs of Health and Social Care 2017.page 154-55.

6.0 Outputs, Outcomes & Evidence

6.1 Outputs

The immediate outputs for the Change Step project, is the number of referrals made to the project and how many hours of support each person received from the Peer Mentors. From January 2018 until mid -November 2018 there were 180 referrals made to the project who were all contacted. From the 180 there were 5 early leavers (3%) and 38 cases (20%) that were closed due to non-engagement. As this is a forecast report and Change Step continues to accept referrals, a discussion was had with the Change Step Management to forecast another 10% looking at 198 cases referred in the 12-month period. Another 18 cases were considered to be realistic, with the likelihood of this being higher due to the time of year, but as to not over-claim 198 will be considered. Using the same percentages as above for early leavers, and cases closed due to non- engagement, this analysis will consider 153 veterans who fully engaged with the project.

6.1.1 Veterans

In total, 198 veterans had been referred to the service, but only 153 had been involved until the case came to a natural closure. This is based on forecasting another 10% until the end of December as discussed above. The table below brakes them down to different areas;

Table 4 – Referrals by area

Health Board area	Number of referrals
Abertawe Bro Morgannwg	15%
Aneurin Bevan	26%
Betsi Cadwaladr	37%
Cardiff & Vale	6%
Cwm Taf	8%
Hywel Dda	8%

The number of hours of support per client can vary from client to client based on their needs but can also vary based on geographical area. Travelling is a big factor to consider in some areas as travelling to their homes can take some time. One peer explained that some veterans will only need low level support, perhaps some signposting to specific services, but service that can help them to deal with some route problems. The minimum he could spend is 6 hours on a client. Other veterans might have much more needs and will mean;

- An initial meeting (2 hours)
- Phone calls twice a week at the beginning, then weekly and might then get longer
- 10-12 face to face meetings
- Administration time i.e. writing letter on their behalf, help to fill forms, referrals
- Attend therapy sessions with them
- Travelling time

In this case it could be 50+ hours per client. On the data referred by CAIS the average length of stay ranges from 19 weeks to 20 weeks, however, some had been for many months. This will vary depending on the waiting time for therapy also as they need the peer mentors support before, during and after treatment.

6.1.2. Family members

Although this service is for the veterans, family members have also been supported either directly or indirectly. There were examples of families been given information to read or having a one to one conversation with the peer mentor which helped them to understand and support their loved ones. CAIS does record the relationship status of the veterans, and this data demonstrated that 43% of veterans were in a relationship. This does not account the wider support network such as parents, siblings and children who may be impacted by the service. However, as to not over claim one family member is included here for those who continued with the service and therefore 66 family members are included as outputs.

6.1.3 Peer mentors

There are six full time peer mentors and three part time peer mentors who are all veterans themselves. They provide on average a minimum of 6 hours support per client for those who engage, but for many cases it can be 50+ hours of support.

6.1.4 Veterans' NHS Wales

The outputs for Veterans' NHS Wales are the number of clients that have been supported by the peer mentor alongside the therapy service. Some of the cases by the peer mentors did not work with Veterans' NHS Wales, as they were not appropriate referrals, but still had support from the

peer mentors. This was only for about 10% of cases, and therefore 90% of the cases were working with both peer mentor and therapists.

6.2 Outcomes and Indicators

As highlighted, it is only by measuring outcomes that we can be sure that activities are effective for those that matter most to this project. This section of the report highlights the outcomes experienced for each material stakeholder, and also examines those outcomes that represent end points in the chains of changes for each stakeholder (and are therefore included on the Value Map). Identifying specific outcomes is essential to understand what has changed as a result of activities, yet it is not always an easy task to identify the causal links between the various stakeholders and their outcomes. Appendix 7 illustrates the overall chains of change for those involved in Change Step, and highlights both those included in this discussion and those excluded from analysis.

6.2.1 CAIS and Peer Mentors

No material outcomes are included for CAIS. Although they may experience changes related to income and reputation, it is reasonable to state that these are not relevant to the project.

For the peer mentors, as veterans themselves this role offered them a job satisfaction that possibly another role could not. As veterans themselves, being able to support others with similar experiences as well as to have the comradeship that they can enjoy on a daily basis makes this role unique, and other work opportunities wouldn't be able to allow them to experience these same benefits.

The Peer Mentors who engaged with this analysis showed a great deal of passion towards what they were doing, and a true belief that they were supporting not only the veterans but also the

family members, and also supporting the role of the Veteran Therapist. One Peer Mentor saw his role as the "glue" that kept everything together. Another explained how their role allows them to support them with practical things, and gets to the root of the problem, allowing the veterans to start dealing with their own well-being,

"We get results."

There was a difference in the support that was being offered for family members. Change Step is support for the Veterans themselves, but some of the Peer Mentors recognised the benefits of offering support to family members, either directly or indirectly. For veterans with family support, they offered support by allowing them to understand more about their illness, about why they might have been reacting in a particular way. They also provided advice on what to do when a situation might occur, for example where they were concerned about their welfare, or how to support them after a therapy session. Some of the family members explained how this support had helped them to understand more about what their loved one was going through, and how they had all made changes to try and cope with the situation. One Peer Mentor explained how rewarding it was to hear from family members how relationships had changed,

"Thank you for bringing my daddy back."

This support was optional as the support is available for the veteran, but for the sustainability of any change where family members where involved, they saw that this involvement was of great importance. However, some Peer Mentors preferred not to deal directly with family members, but for those families also, any positive change recognised in the veteran had a positive impact on them.

For the Peer Mentors in North Wales, they have been able to have more time to develop the role and their personal development means they feel now more able to cope with the role and offer a great deal of support. This is also true for other Peer Mentors, but as with any role it does take time to see where support is available and to get to grips with what is expected and different challenges.

However, as rewarding as the role was for all Peer Mentors, many also expressed how they had increased stress levels at times and how emotional the role could be. To switch off at 5 o'clock was difficult with the vast amount of support that is needed and many of the veterans being extremely vulnerable. As veterans themselves, many felt a need to go the extra mile to ensure the well-being of the veteran and their families.

It was also apparent that in some areas, the work load was vast and how extra support was needed. Some did mention how referrals were passed forward even when they had no capacity for more cases, but as they were seeing the details of the case and perhaps the urgency, they felt obliged to make contact, and therefore taken on too much.

"It's a role that would be easy to walk away from."

"It can be thankless"

The above quote expresses the difficulty at times where the Peer Mentors are extremely stretched. This was also communicated by some of the Veteran Therapist where they saw Peer Mentors taking on cases which weren't involved with Veterans' NHS Wales.

It was also revealed how the role was very low paid and how some of the Peer Mentors struggled financially at times due to the low pay and also having big fuel bills. Although travel costs are paid, some expressed how at times they struggled waiting for these payments. The

lack of funding was also identified through lack of resources at times such as IT equipment, phones, office space etc. This lack of funding was also revealed through the Veteran Therapists who felt the role was under paid for such a valuable job. Some recommendations are given in section 11.

However, despite the challenges the role sometimes brought, they felt supported by the Change Step team as well as by the Veterans' NHS Wales staff and saw the role as being valuable in that they could see how veterans made positive changes in front of their eyes.

Consideration was given as to include the peer mentors as a material stakeholder. The mentors outlined that owing to the unique nature of the work providing the opportunity to support fellow veterans it provided some material changes that other employment couldn't offer. They identified and valued these key outcomes, those of; increased satisfaction from seeing fellow veterans making positive changes, Increased skills and gaining more knowledge about services within the community, an increased sense of purpose of helping others. However, there were also a negative outcome of increased stress levels at times due to the emotional strain of supporting very vulnerable individuals and witnessing the impact on loved ones.

The peer mentors' outcomes could be valued by looking at financial proxies from employment, for example looking at the HACT financial proxies related to employment. Owing to the low number of mentors, the value of the outcomes that the peer mentors identified as material to themselves equated to less than 1% of the total value created. As such it was at that stage that peer mentors were removed from the analysis as a material stakeholder.

6.2.2 Veterans

To understand the success of any project, then we must understand the outcomes experienced by the clients, in this project those are the veterans receiving the support from the peer mentor. Outcomes are those things that change and are sustainable.

A full Theory of Change can be seen in Appendix 7, and those that are highlighted in bold are those included in the value map. To ensure we are not over claiming, it is only those final three outcomes that are given a value. However, this section will look at each stage to understand the importance of every step in the client journey, and to recognise what are the indicators for these changes. Consideration will also be given to potential negative outcomes.

Table 5– materiality of outcomes

Outcome	Included / excluded	Materiality test	Indicator
Reassurance that help is available and they don't feel forgotten	Excluded	This was relevant to most stakeholders; however, this is an intermediate outcome that leads to the well-defined outcomes	
Reassurance from the veteran to veteran support	Excluded	This was relevant to most stakeholders; however, this is an intermediate outcome that leads to the well-defined outcomes	

Developing to tools that allows them to cope better	Excluded	This was relevant for many, but to avoid double counting this is not included in the value map, as this was an intermediate outcome	Veterans dealing with anxiety better when attending busy areas. Veterans identifying when they need support.
Improved lifestyle changes	Excluded	This was relevant for many, but to avoid double counting this is not included in the value map, as this was an intermediate outcome.	Veterans and family members reporting having better personal hygiene. Reporting sleeping better.
Improved physical health	Excluded	Not relevant to many of the veterans due to having physical health concerns	Veterans reporting feeling fitter. Veterans taking part in physical activity.
Veterans with improved mental health – reduced stress and anxiety and relief from the symptoms of PTSD	Included	This was relevant to all stakeholders during the qualitative stages, and the quantitative data demonstrated a lot of change	Veterans more involved within the community. Veterans doing things that they couldn't before such as go to the shops or attend social gatherings. Life cycle scale 1-10. Questionnaires . Reduced number of medical appointments.
Veterans felt less lonely and isolated	Included	This was relevant to all stakeholders during the	Veterans socialising more.

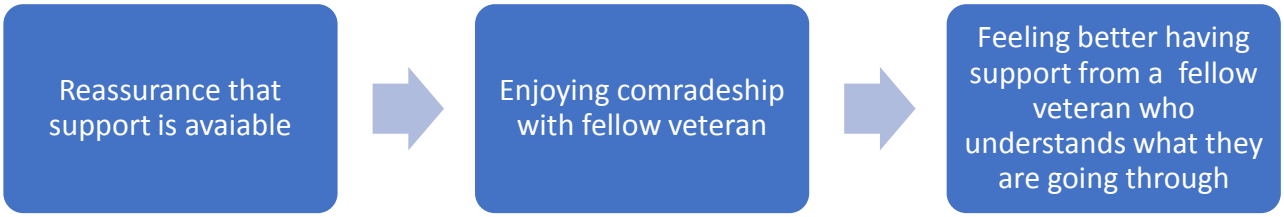
		qualitative stages, and the quantitative data demonstrated a lot of change	Accessing other community services. Life cycle scale 1-10 Questionnaires
Veterans had improved relationships with family members	Included	For many veterans with family members this was relevant and significant, with many identifying a lot of change here	Veterans spending more time with families such as day trips and holidays. Veterans taking more interest in children's education. Life cycle scale 1-10 Questionnaires

Outcome – Reassurance that help is available and they don't feel forgotten

During the qualitative interviews, many of the clients expressed how reassured they felt that there was a service who understood what they were going through, but also that they had not been forgotten. Some had experienced difficulties for a long time, some for many years. Some felt very frustrated with the situation that they had served with the army, but then forgotten by the system. This was not frustration just for what they were going through, but also for fellow veterans which they know also struggled, some of those being homeless.

Many clients said how reassured they were with how proactive the service was, with initial assessment in some cases happening within 48 hours. The waiting list for therapy in some areas are very long, some many months, but the support from Change Step during this time allowed them to feel that support was there and helped to maintain health without deteriorating during this time.

Outcome – Reassurance from the veteran to veteran support



This veteran to veteran support system was seen by all as being crucial towards the success of the model. For many veterans, they saw the world outside of the military as a threat and a lack of understanding to what they are used to. During the qualitative engagement, the veterans explained the importance of having a fellow veteran who understands what they are experiencing, and who used a language that they are familiar with. The peer mentors also explained how they would use language that only fellow veterans might understand, which immediately helped to establish reassurance and trust.

It is recognised in other models and studies as well the importance of the veteran to veteran support. In an evaluation about a similar model The Right Turn project in the South and South West of England funded by Forces in mind Trust, is a specialist support package for veterans and looks at a buddying system with fellow veterans and introduces some treatment as well as signposting to various different services. The importance of the veteran to veteran support was emphasised in the key messages of this analysis,

"Veterans are more likely both to access and respond well to veteran-specific services in the first instance; this removes many of the common barriers to their engagement in services." [16]

[16] Albertson, Dr Katherine. Best, Professor David. Pinkney, A. Murphy, T. Irving, Dr Jamie. Stevenson, J. The Right Turn Veteran – Specific Recovery Service Evaluation. June 2017. Sheffield Hallam University.

This same message was made clear through the veterans and their families, and many expressed that they would not have taken the step to attend therapy sessions without their support. Some also explained the aliens of dealing with some services and the lack of understanding and trust,

“In the military we don’t have to think about these things.”

The Veteran Therapists also identified having a veteran supporting the clients were beneficial and allowed them to receive information which otherwise might take longer for them to get and allowed them to focus on other areas of their therapy. The opt in figures however are not currently demonstrating this as it has remained at around 60-70%, further monitoring of this should be done in the future. There is not yet either data on the engagement rates and missed appointments by Veterans NHS Wales, however, having looked at the qualitative and quantitative data gathered, many discussed how they would not have been able to engage as well with their therapy without the peer mentor at their side.

“He’s very good, perfect for the job.”

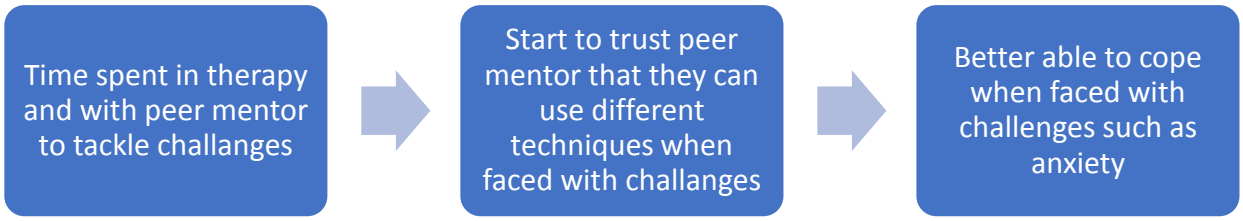
“I can reach out to him”

“I built a wall and wouldn’t let anybody in. I didn’t trust anyone. The peer mentor earned his trust. I will be eternally grateful.”

However, there were circumstances where being veteran to veteran wasn’t enough, and there were situations where the peer mentor and the veterans could not work together for various reasons such as they have served together, or a clash of personalities. There were examples of peer mentors working in different areas and peer mentors working together to ensure the veteran was supported. There were also examples of veterans not engaging at all. There were

39 clients whose cases were closed due to non-engagement, and the reasons for this could be that they were not ready for support. As seen in the theory of changes and in section 5 on inputs, for any change to happen the veterans needs to be able to also give their time, trust and willingness to engage, and therefore, for various reasons if that is not possible, then the positive change will not happen.

Outcome – Developing tools that allows them to cope better



This is where the relationship between the veteran therapist and the Change Step peer mentor is crucial. The peer mentors and veteran therapists will meet on a regular basis to discuss individual cases, where the veteran therapists can ask the peer mentor to work on certain low-level support, but the peer mentor can also feedback on any concerns. For example, many of the peer mentors will work with the veteran to take them to social situations such as supermarket or cafes to deal with their anxieties in crowded areas.

This could also give them extra support with certain areas such as sleeping routines. As well as the Life Compass cycle, some veterans had also completed a questionnaire, and was asked about improvement in their sleeping appointments by asking, '*working with the peer mentor improved my sleeping habits*' and all of those who completed the questionnaire answered either 'Somewhat agree' or 'Strongly agree'. On the Life Compass results sample, 66% reported a positive change here, with an average movement of 2.0 point on a scale of 1-10. It also includes helping the veteran with form filling, calling up services on their behalf, such as

housing, or dealing with court cases. By doing the work with the client, they can see where support is available and how to cope when dealing with different life challenges, hopefully allowing them to deal with things in the future or knowing where to go for support.

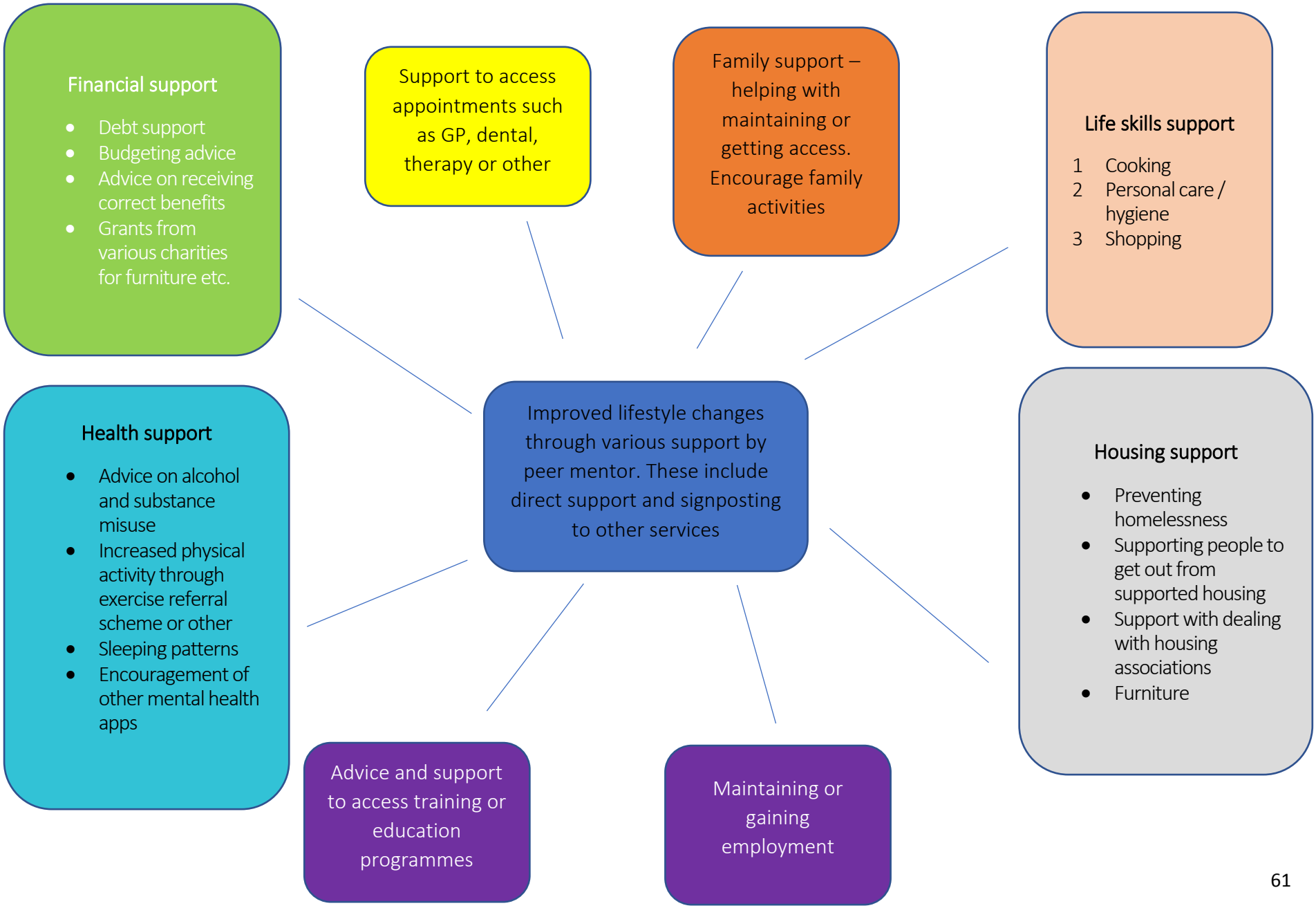
Outcome – Improved lifestyle changes

This outcome is included in the Theory of Change; however, this can be broken down to different areas of the support offered by the peer mentor. Although physical health is included below, they are part of the lifestyle changes included here. Housing for example was stressed by the peer mentor to be a big area where they had offered support. Many of the veterans reported living in sheltered accommodation, and many were struggling to get support for housing. The peer mentors had in many cases supported them by filling applications and attending meetings with the veteran. There were also examples where they had prevented homelessness for some veterans. Time spent with peer mentor on activities. These different areas of support, either directly or by signposting, should be broken down, and therefore the diagram demonstrates what are the lifestyle changes in the Theory of Change in appendix 7. These are all important intermediate outcomes, which leads to our final three outcomes in our value map.

Outcome – Improved physical health

Some of the veterans reported having a positive change in their physical health since they had been supported by Change Step. From the quantitative data, 49% reported a positive change in their physical health, with an average movement of 1.6 on a scale of 1-10. Some of the veterans reported that they are now attending the gym or running, something that they used to do a lot in the past. Others reporting taking part in activities as families and how their confidence had

increased now to take more part in these activities. However, for many they were living with physical injuries which meant that no change was identified with their physical health.


Financial support
Debt support
Budgeting advice
Advice on receiving correct benefits
Grants from various charities for furniture etc.
Support to access appointments such as GP, dental, therapy or other
Family support – helping with maintaining or getting access. Encourage family activities
Life skills support
1 Cooking
2 Personal care / hygiene
3 Shopping
Health support
Advice on alcohol and substance misuse
Increased physical activity through exercise referral scheme or other
Sleeping patterns
Encouragement of other mental health apps
Improved lifestyle changes through various support by peer mentor. These include direct support and signposting to other services
Housing support
Preventing homelessness
Supporting people to get out from supported housing
Support with dealing with housing associations
Furniture
Advice and support to access training or education programmes
Maintaining or gaining employment

Outcome – Veterans with improved mental health – reduced stress and anxiety and relief from the symptoms of PTSD

It is well documented that one of the main challenges facing veterans is the trauma following their experiences in the military. In Wales funding is given to Veterans' NHS Wales to support the veterans in Wales, as Vaughan Gething, Cabinet Secretary for Health and Social Services discussed in February 2018,

"While the vast majority of mental health problems can be assessed, treated and managed within general secondary mental health services, Veterans' NHS Wales (VNHSW) provides additional support and care specifically for veterans, delivered by the NHS with Welsh Government funding of £685,000 annually, including an additional £100,000 investment announced in November 2017. This was the first national evidence-based service for veterans in the UK."[17]

However, some documents claim that the mental health crisis among veterans isn't as high as some media sources claim, with the Royal British Legion dealing with some myth busting in their report. They recognise that the mental health problems among veterans is similar to those among the whole UK population, and that suicide among veterans was also the same rate as for the whole population but did tend to be higher for young early service leavers. In the Veterans' Transition Review by Lord Ashcroft[18], he also discussed the perceptions that veterans' leave the army with severe mental illnesses, however, he discussed that many of the problems might a combination of other factors such as childhood experiences, as was revealed by one of the veterans' during the qualitative analysis for this report.

[17] https://gov.wales/about/cabinet/cabinetstatements/2018/provisionveteransmh/?lang=en 19/11/2018
[18] Ashcroft, Lord. The Veterans' Transition Review. February 2014.

However, the purpose of this report is not to establish what was is the cause of their mental health concern, but to look at the impact of the Change Step service in changing their mental health and other outcomes. As 90% of their clients are also working with Veterans' NHS Wales, the majority of the clients do have mental health concerns, whether that is as a result of trauma caused in their time in the military, or problems reintegrating back in to local communities.

As the majority are also having therapy, or waiting to have therapy, a level of understanding is needed as to how much change is caused through the peer mentor. Many of the interviews with veterans and family members started with a very revealing and powerful statements such as this one below,

"Without the Peer mentor, I'd be dead."

Many of the clients discussed feeling suicidal in the past, and that Change Step had helped them to make positive steps.

Many of the clients felt they couldn't continue with their therapy without the peer mentor support. For some this was the practical concerns of getting to therapy, but for others it was the emotional side of therapy. The Veteran Therapists also discussed this,

"We know that psychological therapy can be demanding, and that life's other problems do not cease when therapy begins. This is when a Peer Mentor can be most valuable. The right peer mentor can facilitate engagement with Veterans' NHS Wales; helping to keep the veteran motivated and sustain the momentum to see this course of psychological therapy through. They help veterans to go the distance – by supporting them emotionally as a *peer,* and being a listening ear, or practically and logistically; by bringing the client to the therapy sessions. This car journey is more than a car journey; this is the vehicle for engagement and change."

The veterans discussed how they now are able to cope better in situations that previously offered high levels of anxiety. They explained how they are now able to go out to busy areas, and some felt ready to look for work. The majority of the veterans have Post Traumatic Stress Disorder, some from their military experiences but some also living with other traumas during their lives also. Many explained the lack of knowledge and lack of understanding as to what they were living with, and how the service helped them to realise they needed to address the problem, but also leaning how they are not alone, and also how it has an impact on others. Some had some guilt level when they started to realise what the impact of the illness had on the whole family.

The results demonstrate that 79% of veterans had made improvements in their mental health. There was an average distance travelled of 27%, that meaning that on a scale of 1-10 there was an average movement of 2.7 points between the first assessment and the last. Many of the veterans were still being supported and many were confident that with time they would continue to see positive change here.

Outcome – Veterans felt less lonely and isolated

For many of the veterans, they felt isolated and alone. Some were extremely isolated and lived alone and didn't have much social interaction at all, whereas others did have relationships, but felt alone in what they were experiencing,

“I built a wall and wouldn’t let anybody in. I didn’t trust anyone. The Peer mentor earned his trust. I will be eternally grateful.”

The veterans explained how good it felt to be able to pick up the phone and call their peer mentor and felt there was a possible change here very early since receiving the service. There were a variety of different challenges that the veterans experienced, many around financial difficulties and housing and they were unable to understand what was happening,

“We don’t have to worry about these things in the army.”

“I also no longer feel alone with my PTSD and know that help is only a phone call away.”

“I now leave the house, I talk to people and participate in several social groups, all instigated and supported by the peer mentor.”

The data showed that 77% of clients were more involved in social interactions now and that there was a positive change here, with a distance travelled of 27%, that meaning there was an average movement of 2.7 point on the scale of 1-10.

Outcomes – Veterans had improved relationships with family members

As seen above, 43% of veterans were in a relationship, but also others were also supported by other family members such as a parent. In order not to over-claim, we have only considered one family member for those in relationships, however, there were cases where the children had identified positive changes, as well as parents and siblings.

Some of the family members explained how it had a positive impact on their family life, with some going on holidays for the first time in years, and others spending more time together and communicating better.

Any negative changes?

All clients who took part in interviews were asked about any negative changes or were there anything that the service could improve or learn from. All clients were keen to stress how positive the whole experience was, but some did reveal some changes that needs to be managed.

Dependency

In previous evaluation of the North Wales service, dependency was identified as something that needs to be managed. It is possible that many third sector services can create dependency on a service unintentionally, and there will always be some clients that will depend on support networks. For some clients, it was seen as a temporary support before during and for a limited time after therapy, with the reassurance that they had a contact number afterwards if anything thing else was needed in the future. However, some depended on their weekly or fortnightly visits, and was something that they looked forward to.

In the qualitative interviews, there was a clear difference in those with family support, and those who did not have family support. There were some who were still very isolated, and who expressed the need to spend more time with the peer mentor.

Peer mentor or friend?

One of the advantages of this model as was discussed above is the veteran to veteran support and the comradeship that was offered which allowed trust to be established and allowed the veteran to open up and receive support. Some peer mentors seemed to have found the right balance here of establishing a relationship, going up and beyond in many cases, but allowing the professional side and boundaries to be in place. There were a few comments however, that is cause for concern with one peer mentor who was leaving the service had promised a client a personal number afterwards, and another client discussing a peer mentor as a friend for life, whereas in reality, without Change Step that support might not be there. This was rare, and most of the clients understood that the peer mentors had other clients that needed support.

Managing clients

When discussing the outcomes for peer mentors, it was discussed how some of the caseloads were extensive. Not only does this cause stress for the peer mentors, but also some clients discussed how at times they had called their peer mentors only to be told they were extremely busy. Although the veteran understood this to be the case, because of the vulnerability of some clients, it could offer some risk. Ensuring that veterans are aware of other sources of support could also help with this, such as helplines. However, it was apparent that many had information about support when needed, for example in the evening and on weekends.

Some clients experiencing no change

There were 5 early leavers and 33 clients that left without any change due to non-engagement. Some of the peer mentors explained how some would only need some support and would be able to progress on their own. Some veterans were referred but were not ready to engage and

face some of the problems. This recognises the importance of the inputs from the veterans themselves to ensure any positive changes.

Negative results

In the data, on average 3-5% of veterans had negative results for different outcomes, demonstrating that they felt worse on the last assessment than on the first assessment. It is recommended that further investigation is done in the future as to what possible reasons that might be for this and look at options to increase the values. Due to the nature of the group, it could be that factors in their lives had changed and was beyond the control of the project. As there was only a sample of quantitative data, to reduce the risk of over-claiming, 10% of clients are reported to have deterioration in their results with the outcomes of;

Mental health deteriorated

Feeling more isolated

Deterioration in relationships (only for those with family support)

These are also reflected in the value map. The average distance travelled for those with negative results was moving down the scale 1 point, therefore 10% distance travelled.

When individuals engage with services, if there are no positive changes, then quite often it could result in feeling much worse as they have tried to access support but did not identify any changes. The timing of the assessment could also be an issue, and where they are with their therapy. It is recognised that through therapy things can deteriorated as they are opening up about their trauma and could take a few sessions to start feeling better.

Results based on different characteristics

As noted in chapter 4, analysing the results based on different characteristics can give us some insights and differences in results, and segments that might need different levels of support. It was apparent through the qualitative engagement that for those with family support, there were differences in the outcomes but also the value placed on some outcomes.

The results were analysed looking at difference between **age categories.**

Table 6 – Results by age category

Outcome – Improved mental health

Age category	% with positive change	% with no change	% with negative change	Distance travelled for those with positive change
20-29	90%	5%	5%	27%
30-39	79%	18%	3%	21%
40-49	75%	21%	4%	24%
50-59	77%	18%	5%	24%
60+	78%	22%	0	33%

The results were also analysed looking at different ages and differences in the **length of service.**

Table 7 & 8 - results by length of service

Outcome – Veterans with improved mental health

Length of service	% with positive change	% with no change	% with negative change	Distance travelled for those with positive change
< 4 years	88%	12%	0%	25%
5-21 years	77%	17%	6%	25%
22 + years	66%	34%		32%

Outcome - Veterans felt less lonely and isolated

Length of service	% with positive change	% with no change	% with negative change	Distance travelled for those with positive change
< 4 years	88%	6%	6%	29%
5-21 years	77%	17%	6%	27%
22 + years	66%	17%	17%	20%

Insights from characteristics

Looking at different characteristics allows consideration for areas that might need greater focus, or how service can be adapted to suit different needs. Based on the data available, there is not any significant differences that stands out based on the above data. The amount with positive change is fairly consistent, however, looking at the results for the difference in the length of service, there is a 22% difference in the amount of positive change for both outcomes, with those serving less than 4 years having an 88% positive change, and those serving over 22 years only with 66% positive change. There is also 17% of those having served over 22 years with a negative change but this only represent one person as the sample of those having served that long is very low. It is recommended that data is collected on a regular basis, so managers can see if there are any insights based on these characteristics or any others such as geographical area.

In the value map therefore, the only different characteristic will be family support based on having experiences some positive change in relationships, and also a different level of attribution is needed such as those with family support reported having some family contribution towards positive changes.

6.2.3 Family Members

Although Change Step is a service for veterans, the service is likely to have an impact on family members as well, either directly through having their own support through the peer mentor, or indirectly by experiencing any changes through the outcomes experienced by the veteran.

Each Peer Mentor had a different perspective on involving family members. Some felt that estranged family members were not helpful and saw that some family members added to the

veteran's stress levels as there was a lack of understanding to what they were experiencing. However, others saw that involving family members from the beginning could contribute towards creating positive change, but also helping to sustain any positive outcomes afterwards. Some also explained how involving family members helped them to have a clearer picture about the problems they were experiencing, as they perhaps included information that the veteran would not disclose.

It was apparent that many of the family members who engaged with this analysis, and through the feedback from Peer Mentors and veterans themselves that some family members had been suffering from high levels of stress and feelings of hopelessness as they saw their loved one's suffering. One mother explained how the Peer Mentor had supported her son and how he had also supported her,

"I don't think I would have gone through it."

Another wife also explained how she had concerns that he husband would be dead without the support they received, and how he had attempted suicide in the past before having support from Change Step. She explained how alone she felt in the situation and the feeling of despair as not knowing where to go and who to turn to.

As can be seen in the Theory of Change for family members on below, there was an immediate sense of relief when a Peer Mentor became involved and allowing them to have some understanding as to what was happening, and that support was available. This allowed family members to feel less isolated and lonely. 95% of family members who completed the family survey said they had experienced a positive change with the outcome of reducing isolation, and there was a 65% average distance travelled here. When asked to rank the outcome, this was the most valuable change with an average score of 8/10. However, as not all family members

completed the survey, to be cautious and following the principle of not over claiming, we will only include a positive change for 60% of family members.

"I don't feel isolated and that I have a support network that I can call on / rely on. My family is now getting on better."

Many of the family members explained how their loved ones did not engage and had become very distant and had become very difficult to live with. Having the support had allowed them to see some change in their loved ones and some explained how they would now accompany them on social outings which they couldn't do in the past. For some this meant small steps such as shopping trips, but for others there were big changes such as family holidays. However, in the family survey, only 36% reported seeing a positive change in their family relationships. This could be as they did not see this as a concern previously, or perhaps they are still experiencing changes and therefore they are still hoping for more change here. For those that did experience this change, there was a distance travelled of 65%.

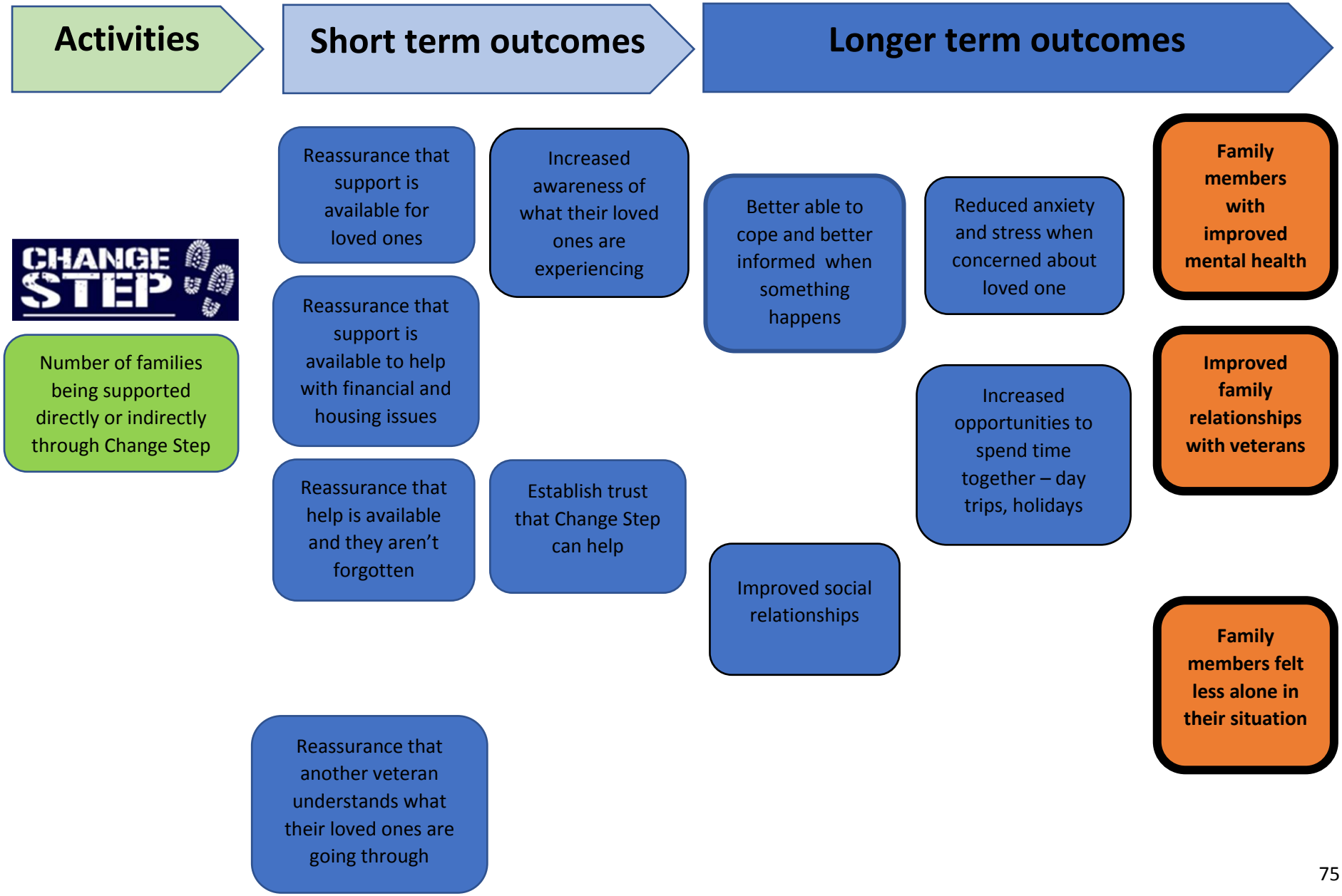
As discussed above, many had also suffered with their own mental health as a result for caring for their loved ones. Many reported feeling stressed and anxious because of the situation they were in, with some losing their jobs or being afraid of losing jobs because of the time commitment towards caring for their loved one. One family member explained how low her partner was and how concerned she was that he would not be alive today without the support. She explained how proactive the Peer Mentor was and how it was only a couple of days from referral to having the initial meeting. She felt that somebody was "listening" for the first time and how she's seen the difference in her partner. He is now more active and is hoping to find work in the near future which will support them financially.

"Everything is better. I didn't know what to do."

In the family survey, 95% reported feeling less anxious and depressed and there was a distance travelled of 59% here. This was the second most valuable change with a score of 7.5 / 10 and therefore was only seen as a little less valuable than the outcome of feeling less isolated. However, as above, as not all family members completed the survey, to be cautious and following the principle of not over claiming, we will only include a positive change for 60% of family members.

A full theory of change can be seen on below and the family members outcomes are on the Value Map in Appendix 6.

Theory of Change – Family members



6.2.4 Veteran Therapists

As the Veterans' NHS Wales service was already established, working alongside the peer mentors who were employed by a third sector organisation was a big change. For the veteran therapists, initially this meant working in a different way and meant some time commitment to ensure the peer mentors were well equipped as well as needing to give some supervision time.

During the qualitative interviews with some of the therapists, it was apparent that they could see the benefit of this new model of working. They explained that having the peer mentor had been useful and had helped them to work more productively with the clients. They all spent time either weekly or every fortnight with the peer mentor to discuss cases and was able to discuss any concerns and areas that needed to focus on, ensuring in the end the best possible outcomes for the veteran. Many were very complimentary about the peer mentors they were working with,

"He's been a great source of support."

Many saw the peer mentor as part of their team, and many felt that the communication between them and the Change Step Management was good.

However, they all recognised that this was a new model, and as with anything new it takes time to establish. Some felt that this was now reaching that point but were concerned that it would now come to an end and were thinking about how many referrals they could still work with. They did also raised concerns that initially they understood this to be a Veterans NHS Wales only peer mentor support, but that many peer mentors were being asked to deal with some crisis cases, which meant less time for their patients. Some expressed that some clear job description roles would support this and ensure greater focus.

The therapists explained how the partnership had helped them to work more effectively and productively, and although the model was still “finding its place”, but they could see the value of the partnership.

In terms of change, it was discussed if the service had an impact on their time, and also on the number of therapy sessions. One of the therapists felt that in time when the model had fully established that it would have an impact on their time,

“absolutely yes when it’s running well.”

However, there is a lack of data yet to identify the true impact of opting in rates and engagement rates. We can through engaging with veterans, family members, peer mentors and therapists conclude that when the model is working well, the veteran is more likely to engage, and that through partnership between peer mentor and the veteran therapists is can become more focused. Many of the veterans explained that they would not have been able to engage, and there was a small sample of veterans who completed a questionnaire and answered the question,

‘Working with my peer mentor kept me motivated to attend VNHSW therapy’

100 % had responded saying that they somewhat agree or strongly agree, with the majority saying strongly agree.

6.2.5 The state

What needs to be considered is the possible impact on clients without the peer mentors support. The therapy itself would still be available, but as referred to above, the peer mentor can prevent matters from deteriorating during that time, and therefore potential cost reallocation to the NHS could be considered on GP appointments, A& E visits, mental health

community team and others. In the Population Needs Assessment, it is recognised that GP followed by A&E is the most common health service used. Also, 135 hospital admissions in 2014-15 was as a result of PTSD, however, currently it is unknown how many are ex-military.[19] This was a benefit that was agreed by all stakeholders.

Based on our stakeholder engagement and secondary research, a conservative estimate is given for potential cost reallocation to the Health Board as a result of the peer mentor support while in treatment. The costs and the value will be discussed later in this report. Although the change is of low significance, based on the objective of the partnership and the high relevance to all stakeholder it is included in the value map.

Other state agencies outcomes

As was demonstrated in our stakeholder mapping above, the positive changes in the veteran's lives and their families is likely to have an impact on other services also but was beyond the scope of this report. Potential cost reallocation for Social Services, other Heath care departments, and the Criminal Justice system should also be monitored moving forwards to understand the impact of this service.

7.0 Valuing Outcomes

The difference between using SROI and other frameworks is that it places a monetary value on outcomes. By using monetisation, it allows us to not only give the story of what's changed in people's lives, but also allows us to put a value on those changes so we can compare costs and outcomes. This is not about putting a price on everything, but it allows us to demonstrate what

[19] North Wales Population Needs Assessment. April2017 https://www.northwalescollaborative.wales/wp-content/uploads/2017/05/NW-Population-Assessment-Full-Report-1-April-2017.pdf (Accessed 11/11/2018)

impact the service has on other stakeholders, and the possible savings an intervention can create. It also goes beyond measuring and allows organisations to manage their activities to ensure the best possible impact is created for those that matter to them the most: the veterans.

7.1 Veterans

There are a range of approaches to monetise outcomes including using financial proxies – that is using a market-based alternative as an approximation of a stakeholder's value. However, some would argue that these do not represent the value that the particular stakeholder with experience of the change would attribute to it. Therefore, where possible, this analysis has applied the first SROI principle to involve stakeholders as much as possible. During the qualitative interviews, following an understanding of the changes and the outcomes gained, clients were asked to rank and rate their outcomes. Therefore, they were asked to put their outcomes in order of importance, and then to rate their importance out of 10. This is where we stopped with their involvement in valuing their outcomes and when it comes to placing a monetary value of their outcomes it was decided to use other techniques other than the value game. The value game identifies their material outcomes, and asks them to prioritise, and subsequently value them against a list of goods or services available on the market to purchase. As many of the clients were still in treatment and had faced difficulties financially, it was decided that at this time, this technique wouldn't be appropriate.

From the sample of veterans that took part in the qualitative interviews, they all prioritised their outcomes differently. For those with family members in their lives, this was an important outcome for them, and therefore we had two segments of veterans, those with family support and those without. Although all veterans expressed feeling of loneliness and isolation, for those who were without support networks, having the peer mentor in their lives weighted this of

higher value. Many wanted to rate their outcomes all at 10, but through some gentle conversation we prioritised the outcomes. The weighting of the values is summarised below;

Table 9 – Weighting of the outcomes

Stakeholder group	Outcomes	Average Weighting
Veterans with family support	Improved mental health	9.5
	Reduced loneliness and isolation	8.5
	Improved family relationships	8
Veterans without family support	Reduced loneliness and isolation	9.5
	Improved mental health	9

The valuations for the outcomes identified to the individuals were taken from HACT'S Social Value Calculator (version 4)[20] that identifies a range of well-being valuations. However, the data from the Life Compass baseline and review provided a distance travelled on how much change had been experienced, therefore a proportion of the wellbeing valuations were used accordingly.

For the outcome of *veterans with improved mental health* the well-being valuation from HACT social value calculator -Relief from depression and anxiety (adult) was used which has a value of £36,766 per individual. Following the principle of not over-claiming, we only took the amount of

[20] Community investment and homelessness values from the Social Value Bank, HACT and Simetrica (www.hact.org.uk / www.simetrica.co.uk). *Source:* www.socialvaluebank.org. *License:* Creative Commons Attribution-NonCommercial-NoDerivatives license(http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en_GB)

value that represents the amount of change. For those with a positive change, there was a distance travelled of 27%, and therefore that percentage of the value was used in the value map, which gave a value of £9,926.

This value is our anchor value, and from here the weighting of the outcomes was then used, so for the Improved mental health there was a value of £9,926 with a weighting of 9.5, therefore for the other two outcomes, the same value was used but only taking the weighting as soon in the table above.

For veterans without family support, the same valuation was used for improved mental health, but as this only had a weighting of 9, for reduced mental health this was given a higher value to represent the weighting of 9.5.

Consideration was given to the recommendations provided in the guide published by HACT[21] on how the values should be applied. Each outcome is related to a specific question from larger national survey dataset, and where possible the relevant question should be applied. For the outcome of *relief from depression and anxiety*, the related question is *'Do you suffer from depression or anxiety'* with a binary answer of yes or no. For this analysis, the main reason for the referral was concerns with mental health, and therefore the scale expanded on this question to understand how much change had happened.

The guide recommends that users follow the following key principles;

- Report the actual number of people that the activity works with
- Do not overclaim

[21] Trotter, L. Vibe, J. Leach, M. Fujiwara, D. (2014) Measuring the Social Impact of Community Investment: A Guide to using the Wellbeing Valuation Approach. HACT.

- Clearly explain any judgments or assumptions.

This corresponds with the social value principles and therefore great care was taken to incorporate these at every stage, but especially when applying the financial values. As demonstrated above, only the appropriate amount of value was taken based on the percentage of change (27%).

For the negative outcome, the same financial proxy was used. For those that reported a negative change, the average change in score was -1, and therefore 10% of this value was used for the anchor outcome of *mental health deteriorated,* which is a value of -£3,676. The same weighting was then use for all outcomes.

Consideration was given to using another value for the outcome with the lowest weighting and using this as an anchor. So, for example, HACT wellbeing valuation for being able to rely on family has a value of £6,784[22] and taking the distance travelled for changes in family relationships would give us £1,560. From this we could then use the weighting to identify that the value for improved mental health of £1,852 (weighting 9.5). It was felt that this undervalued the support and the amount of change for this particular group. Many said that the support had 'saved them' and therefore it felt that the highest value should be used.

Due to this being a short-term pilot, using already existing well-being valuations allowed us to establish the Social Return on Investment for this project. However, in the longer term, it is suggested that the value game should be used with individuals to ensure that stakeholders are involved at each stage and to ensure that stakeholders are involved at each stage (Principle1). However, as discussed above, the value game didn't seem appropriate for many of the veterans in this situation.

7.2 Family members

It was considered that the same valuation is used for family members as to the veterans for reduced anxiety and stress. Families expressed their stress and anxieties of living with their loved ones and dealing with their PTSD. However, it was decided to use the lowest value here as an anchor here of HACT rely on family for £6,784. Although this service isn't there to support family members, it is apparent that families feel supported also. Seeing the positive change in their loved ones means that they also feel less stress and anxiety as to how they can support

[22] Community investment and homelessness values from the Social Value Bank, HACT and Simetrica (www.hact.org.uk / www.simetrica.co.uk). *Source:* www.socialvaluebank.org. *License:* Creative Commons Attribution-NonCommercial-NoDerivatives license(http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en_GB)

them. Only one family member is included here for all of those who reported having families. It is plausible that many other family members were benefited either directly or indirectly, however, to ensure that we adhere to the principle of not over-claiming, we have only included the one member.

For the outcome for Family Members, the anchor value used if that of *Can Rely on Family*. Again, again consideration was given to the recommendations provided in the guide published by HACT[23]. The relevant question here asks, '*How much can you rely on your family if you have a serious problem?*' With a scale of from *not at all* to *A lot*. In the survey used for this analysis, the question asked them more about how much change there were in their family relationships, following on from the understanding gained through the qualitative work. The guide advices on how to use the value if unable to use the survey question based on 'unknown result'. However, as we are able to demonstrate how participants have changed therefore this value was used here, but again to avoid overclaiming, only the percentage of change was used, therefore 65% distance travelled giving a value of £4,410 per person. For any future questionnaires for family members, it is recommended that this survey question is incorporated.

7. 3 Health and Social Care costs

It has been indicated, that as a result of the changes created for the veterans, there are subsequent outcomes for other agencies. To put a value on the reduced potential demand on the NHS, the published Unit Costs Health and Social Care 2017, by PSSRU[24] was used.

[23] Trotter, L. Vibe, J. Leach, M. Fujiwara, D. (2014) Measuring the Social Impact of Community Investment: A Guide to using the Wellbeing Valuation Approach. HACT.
[24]Curtis, L. Burns, A. (2017) Unit Costs of Health and Social Care 2017. PSSRU.

Having engaged with the veterans, family members, peer mentors and the therapists it is plausible to report that less time per client can be spent in therapy because of this new partnership. There were differences in the ways that the therapists and peer mentor worked, especially in regard to exposure work, such as taking them to a busy supermarket and helping them to manage their anxieties. Therapists did report being able to work more productively and how having regular contact and meetings with the peer mentor allowed the work to be more focused. However, as discussed this is subjective change currently, and more time will be needed to ensure the data is available to demonstrate this in the longer term.

Although, it is only at the later stages of this pilot that these can start to be visible, the positive changes seen in the clients before therapy, as well as the increased amount of exposure work done with the peer mentor means that less therapy sessions can be used in the long run. Looking at the Health and Social Care costs, an hour of therapy costs £53. [25] From the 153 veterans who engaged with the service, 79% of clients reported a positive change in their mental health when in treatment with the peer mentor, therefore this percentage is also used here with 2 therapy sessions less per client included. However, on average, 10% of the cases by the peer mentors did not engage with Veterans' NHS Wales, and therefore only 79% of 137 is taken (90% of cases), therefore considering reduced number of therapy sessions for 108 veterans. Note that this value is only included for the current year and not for any additional years of value.

As was discussed above also, other potential savings could also be included, but especially looking at GP visits, A&E visits and hospitalisation.

[25] Curtis, Lesley A. and Burns, Amanda (2017) Unit Costs of Health and Social Care 2017.page 154-55.

An average GP appointment cost £38[26]. In the Population Needs assessment in North Wales, it was reported that is the most common used health service for veterans. The reason for this will vary from needing medication, to isolation or other concerns. Having support from the peer mentors will not eliminate the need to visit the GP in every case but having support from the peer mentor will reduce the demand as they are able to deal with the root cause of many concerns such as stress due to financial or housing matters, social isolation, or barriers to other services. Again, only looking at the 79% that has reported an improvement in mental health scores, a reduction of 1 GP appointment per two months (6 appointments less per year) is taken which means a reduction of 720 appointments per year. Some of the client presented evidence for this by reporting how often they engaged with this service at the beginning and how much during their last assessment. One client attended 12 times in the last three months when asked at the beginning of the intervention, which was reduced to 6 times during a review meeting. Another common health service used is A&E. This could be for drug and alcohol abuse, self-harming, or in some cases suicide attempts. An A&E attendance costs £138[27] and there is the possibility that some clients would need to access A&E if their health were to deteriorate, or if an incident happened, as had happened in the past for some clients. Again, so as to not over-claim, we will only look at a small sample here and will look at 10% of clients. One client reported attending A&E 6-7 times in the last 2 months on their baseline data, which was then reduced to none in the last assessment.

Due to the severe needs of some of the veterans, it is highly possible that many could have deteriorated without the support of the peer mentors. Some had referred to being hospitalised

[26] Curtis, Lesley A. and Burns, Amanda (2017) Unit Costs of Health and Social Care 2017.page 162
[27] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf

previously, and the peer mentors discussed case studies where intervention was seen as crucial. Based on the peer mentors experience, if hospitalised, many will need to stay in hospital for 4-6 weeks. This is backed up by the Europe figures for hospital stays with the UK average for a mental health disorder being at 37.7 days average stay.[28] As to not over claim, out of 153 clients being supported, a value is included in the value map for 4 clients needing to be hospitalised for 4 weeks @ a costs of £443 per day[29] for low secure bed. A medium secure bed would be £545 but again we will take the lowest amount here to adhere to the principle of not over claiming.

This is a forecast report and these figures can be used for discussion, but further monitoring is needed on these moving forwards to understand the impact. However, based on the input of all stakeholders and secondary research, then the impact of having symptoms deteriorate on the clients as well as health and social care agencies must be considered.

[28] http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Average_length_of_stay_for_hospital_in-patients,_by_disease_injury,_2015_(days)_HLTH17.png

[29] Curtis, Lesley A. and Burns, Amanda (2017) Unit Costs of Health and Social Care 2017. Page 43

Table 10 – Examples of Outcome Valuations

Outcome	**Weighting**	**Identified value**	**Value of average distance travelled**	**Quantity of stakeholders experiencing outcome**
Veteran with family support; Improved mental health	9.5	Used HACT well-being valuation, Relief from depression and anxiety valued at £36,766 for unknown area. Took 27% of this value based on the distance travelled, therefore £9,926 per veteran.	The Life Compass has a scale of 0-10 and therefore each movement represents 10%. The average movement was 2.7 and therefore a distance travelled of 27% was used. Although this was a small sample, it was in line with the comments about positive change, but also represents that they are still in treatment and therefore it would be expected that this would increase over time.	From the data in second review, 79% had experienced change here, so 52 individuals.
Veteran with family support; Improved family relationship	8	Using the value for Improved mental health as an anchor value, this value is worked out through the weighting. As the value for improved mental health is a weighting of 9.5, this one is worked out from that amount	The Life Compass has a scale of 0-10 and therefore each movement represents 10%. The average movement was 2.3 and therefore a distance travelled of 23% was used. Although this was a small sample, it was in line with the comments about positive change, but also represents	From the data in second review, 72% had experienced change here, so 48 individuals.

		with a weighting of 8. Therefore, a value of £8,358 per veteran.	that they are still in treatment and therefore it would be expected that this would increase over time.	
Veteran without family support; reduced loneliness and isolation	9.5	Using the value for Improved mental health as an anchor value, this value is worked out through the weighting. As the value for improved mental health is a weighting of 9.0, this one is worked out from that amount with a weighting of 9.5	The Life Compass has a scale of 0-10 and therefore each movement represents 10%. The average movement was 2.7 and therefore a distance travelled of 27% was used. Although this was a small sample, it was in line with the comments about positive change, but also represents that they are still in treatment and therefore it would be expected that this would increase over time.	From the data in second review, 77% had experienced change here, so 67 individuals.
Veteran without family support; improved mental health	9	Used HACT well-being valuation, Relief from depression and anxiety valued at £36,766 for unknown area. Took 27% of this value based on the distance travelled, therefore £9,926 per veteran.	The Life Compass has a scale of 0-10 and therefore each movement represents 10%. The average movement was 2.7 and therefore a distance travelled of 27% was used. Although this was a small sample, it was in line with the comments about positive change, but also represents that they are still in treatment and	From the data in second review, 79% had experienced change here, so 67 individuals.

			therefore it would be expected that this would increase over time.	
Family member; Reduced anxiety	7.5	Used HACT Can rely on family well-being value is used as the anchor value for improved family relationships which has a weighting of 7. This value is then taken proportionally to represent weighting of 8.	Taking the lowest point for our questionnaire scale asking individuals to rate against measures (very poor =0%, poor= 25%, ok = 50%, good = 75%, very good = 100%) The average movement was 3 point – which equals 61%.	95% demonstrated positive change in the results. However, as we only had a sample, 60% of family members were included to avoid over-claiming, therefore 39 family members.
NHS; Reduced number of A&E visits		£138 per visit from PSSRU Health and Social Care Costs 2017.	Looking at the clients with positive change in mental health here.	Considered 10% of individuals that had positive change in improving their mental health, and therefore also based this on 15 clients.

8.0 Establishing Impact

In order to assess the overall value of the outcomes of this project we need to establish how much is specifically a result of the project. SROI applies accepted accounting principles to discount the value accordingly, by asking:

- What would have happened anyway (deadweight)?
- What is the contribution of others (attribution)?
- Have the activities displaced value from elsewhere (displacement)?
- If an outcome is projected to last more than 1 year, what is the rate at which value created by a project reduces over future years (drop-off)?

Applying these four measures creates an understanding of the total net value of the outcomes and helps to abide by the principle not to over-claim.

8.1 Deadweight

Deadweight allows us to consider what would happen if the service was not available. There is always a possibility that the individuals would have received the same outcomes through another activity or by having support elsewhere.

During the qualitative interviews, all clients were asked if they were aware of other such services available that could offer similar results. Based on these answers as well as some research and conversations with those working in this area, a reasonable judgement was made.

Many of the clients had tried some form of support previously, but some had also been isolated for a long time, some for many years. The partnership between the Veteran Therapist and the Peer Mentor seemed to be important, with many unsure whether they would have continued

with therapy without the Peer Mentor's support. For some this was because of the practical aspect of getting to appointment, for others it was because of the difficulty with trust or with opening up about what happened.

"He's been my backbone."

"I couldn't do it without him."

Some of the Veteran Therapist also explained the benefits of the client being able to off load with the Peer Mentor afterwards, such as on the journey home. Therapy can be extremely difficult and being able to have time with the peer mentor was seen as beneficial by all.

Through the interviews with individuals and other stakeholders, and the results of the second review, a reasonable estimate is given in Table 11 below. As well as this, Table 12 demonstrates some of the other organisations working with veterans and considers any reasons for including deadweight or attribution rates.

To have a consistent approach, the different levels of deadweight and attribution will be considered using the rates below;

Low = 30%

Medium = 60%

High = 90%

The deadweight rates have been decided using three steps as follow;

1) During the qualitative interviews, the veterans were asked what they thought could have happened without the support and were they aware of other support. The veterans and family members were also asked in a survey, asking *'Thinking about the things that have*

changed for you as a result of the peer mentors, could you estimate the chance that these things could have happened anyway?' Many of the veterans and family members explained that there is no chance that things could have improved without the peer mentors support, on average the results demonstrated that they felt there was a 20% chance that things could have changed.

2) Following this, consideration was given to what other services are available and could these organisations and services have offered the same amount of change. Table 12 below summarizes the results.

3) The last step was looking at some secondary research to look at the need for such services in the area, and if veterans in the area do need this level of support. According to the Office of National Statistics[30], there are 146,000 of veterans in Wales with 11% (16,060 veteran) reporting to have a long-term mental health illness in those who are 16-64 years old. In the North Wales Population Need Assessment 2014, it was also reported that 16% had relationship or isolation difficulties. It is also widely reported that some veterans suffer from PTSD after their time in the military. In one report discusses the rates of PTSD in veterans,

"The majority of soldiers were exposed to some kind of traumatic, combat-related situations, such as being attacked or ambushed (92 percent), seeing dead bodies (94.5 percent), being shot at (95 percent), and/or knowing someone who was seriously injured or killed (86.5 percent)."[31]

[30] https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2016
[31] https://www.verywellmind.com/rates-of-ptsd-in-veterans-2797430

Table 11 – Deadweight Value for veterans

Outcome	Deadweight	Justification
Veterans with improved mental health – reduced stress and anxiety and relief from PTSD symptoms	60%	The services that the individuals are now, or will be, engaging with are already available within the community, so some deadweight percentage must be considered. However, barriers that had restricted them in the past meant it wasn't possible for them to use those services, so this project helped to break down those barriers to ensure positive change was created. This outcome is given a medium level of deadweight, as many could have accessed Veterans NHS Wales and seen positive change here perhaps without the Change Step model, however, their contribution and partnership was evidenced also.
Veterans felt less alone and isolated	30%	There is a chance that this outcome could have happened anyway through another activity or another organisation, so a 30% deadweight is given.
Veterans with improved relationships with family members	30%	It is possible that other organisations could have given the same advice, that would have had a similar impact, or family and friends could have helped. However, barriers that had restricted them in the past meant it wasn't possible, so this project helped to break down those barriers to ensure positive change was created.

For family members, they were asked about what is the chance that this could have happened anyway. Some explained about how bad things had been and that they had no one to turn to and couldn't see a way out.

“My uncle is ex-army and suffering from mixed dementia. His most vivid memories are of the time he spent in the army and for him to be able to relate his time serving to people who could relate to what he was saying put a smile on his face that I have not seen in a long time.”

Only one that completed the survey said that there is ‘a lot of chance that things could have changes anyway’ and some said there was ‘quite a lot of chance’. The majority said there was a low chance of anything changing without Change Step. The table 12 summarises other services available for veterans and families. Based on this information and the input from families and other stakeholders the same rates will be used as for the veterans.

Table 12 Deadweight and Attribution

Organisation	Services	Deadweight	Attribution
British Legion	Finance Care Homes	Many of the veterans had some support from the British Legion, especially financial support. However, many didn't feel it offered the same tailor-made support of Change Step.	Some attribution should be included as many had been referred here for support or had support during the same time. This could be grants for the home or debt advice.
Veterans NHS Wales	Provide therapy for veterans with a service related mental health concern	As partners in the service, they are working together with Change Step to ensure positive changes for veterans. For the outcome of improved mental health, consideration must be given that this service would still be available, and therefore the veterans could still experience positive changes here. However, there was also some evidence of people not willing or not confident to engage without the peer mentors support.	As their financial input is already included, not attribution % needs to be considered here.

SSAFA	SSAFA provides lifelong support for veterans and their families. Volunteers and advisors in local areas. Transitioning support Financial support to buy household goods. Debt advice PTSD and mental illness support Mentoring Housing advice Mobility support Help for homeless veterans Criminal justice	Many of the veterans said they had support from SSAFA at some point in their life. Some of the veterans felt although they had experienced some change, that it didn't offer the same all rounded support as Change Step towards sustainable change. It is possible however, that some might have had the same level of change through this charity.	Some of the veterans were or had support from SSAFA during the same period, this might have been with financial support for example. Some attribution should therefore be included.
Poppy Factory	Employment charity for veterans with physical and / or mental conditions	Many were referred here through their Change Step Peer Mentor. There is a chance that many could have been referred here elsewhere or self-referred, however, for many they had other issues that needed to be addressed before attending.	Some of the veterans, especially in the Cardiff area had support from the Poppy Factory, and many were referred through their Peer Mentor. Some explained outcomes such as feeling more positive about the future in relation to getting

			employment. Some attribution should therefore be included.
Combat Stress	Mental health support through; Treatment centres Help in community Helpline	Some veterans had experience of working with them in the past, but the changes weren't sustainable in some cases. Some felt the combination of Veterans' NHS Wales and working with the Peer Mentor was more beneficial.	This only seems to be available in the big cities.
Other local charities	Drop in Financial / Debt Advice Group activities Equine therapy	Many other local charities were available in different areas but were not veteran specific support. Some had support, but for many they needed the reassurance from their Peer Mentor to access these services.	Some attribution should be given to the other local charities where Peer Mentors could sign post – for example to give professional advice on debt, or for other alternative therapies that helped to improve mental health.

8.2 Attribution

Attribution allows us to recognise the contribution of others towards achieving these outcomes. There is always a possibility that others will contribute towards any changes in people's lives, such as family members or other organisations. Attribution allows us to see how much of the change happens because of the support by this project.

Individuals were asked specifically about how many of the changes were down to this project:

Question. Other people & organisations in your life may have also helped to create the changes you have identified such as your family or other organisations / charities – o using the boxes below could you shade the percentage of the change that is a result of the peer mentors?

Some said that the changes were a 100% down to Change Step, however, in order not to over-claim consideration must always be given to the contribution of others. There is a difference here also for those who have got family support and those who haven't. For those with family and support, although the support was still incredibly important, involving the family members was really important as they could support them. A higher attribution is therefore given for those with family support.

Veterans with family support = Medium rate of 60%

Veterans without family support = Lower attribution rate of 30%

With this service, consideration is needed as to how much should be attributed to the therapy itself and how much to the peer mentors, especially for the outcome of improved psychological / mental health. As many of the clients are still either going through therapy or awaiting therapy then some professional judgment is needed as well as the input from stakeholders. Many of the clients did not believe that they would have attended therapy or continued with the therapy if it was not for this service. The reality of this might be different, and as this is the first year, further data is needed to look at difference of those attending therapy or opting in to Veterans' NHS Wales.

The therapists that engaged with us expressed that they saw the service complimenting the therapy well.

“I also no longer feel alone with my PTSD and know that any help I require is only a phone call away. Talking to my peers who also use Change Step we feel that the services provided to us are second to none. There is no facility via the NHS nor Combat Stress that provide these services to Veterans of H.M. Forces.” Veteran

Family members were also asked specifically about the contribution of others. Again, there were variances in the answers which suggests different segments of family members, however, as the family members are all considered together for this report, an average of 68% was reported of the value being possible through the family. That is 68% of the changes were a result of the support from the peer mentor. Therefore, a low level of attribution is given of 30%. The justification for this could also be seen in Table 12 when looking at the contribution of other services.

8.3 Displacement

We need to consider if the outcomes displace other outcomes elsewhere. For example, if we deal with criminal activity in one street, have we just moved the problem elsewhere? This model is currently new to the area and provides a link to all other services, and therefore does not displace anything.

8.4 Drop-off

Clients were all asked about duration and whether they were hopeful that the positive changes would last. As many clients were still going through therapy then they expressed their hopes for the future. Many changes were already identified within the year they are receiving the service, and they hoped the tools they were getting from both therapy and the peer mentor support would be lasting. Some also had gone back to work or education, and some were planning that in the near future. Further data is needed to understand how long the changes will last, so to

avoid over-claiming only 1 year of value after leaving service will be counted in this report. As this is a year after practice then a drop off rate is given 20%.

8.5 Duration

During the qualitative assessments, all veterans and family members were asked about the duration of any changes. The sustainability of any changes was also discussed with the peer mentors and veteran therapists. For the well-defined positive outcomes of improved mental health, reduced loneliness and improvements in relationships, the veterans and family members felt some small improvements was seen immediately, with continuous improvements over 6-12 months when receiving service. It was felt by many that these changes were sustainable, and through the Change Step programme and therapy, they had the tools to manage their recovery in the future. Some of the veterans that engaged with the analysis had completed their support programme and therapy for some months and were still maintaining positive changes. To avoid over -claiming, the value map includes value whilst on project and for 1 year after project.

For the negative changes, there were on average 3-5% with negative results, but to avoid over-claiming, 10% were included in the value map. Further investigation is needed here, but due to the severe levels of need and chaotic lifestyles of many, the reasons for the deterioration could be reasons beyond the control of the project. There was also a number of veterans who didn't engage with the project after some initial meetings. Only one year of negative results is included as any continued change beyond that would not be the result of Change Step.

Risk of over-claiming

Adhering to the principle of not over-claiming throughout, great care was taken to not over-claim at each stage of the analysis. Many assumptions have been made, but judgements based on stakeholder engagement and secondary information.

- A good representative sample was taken for the qualitative and quantitative data collection. However, it was difficult to engage with people who left the service early therefore in the quantitative data the amount of client that did not engage were not included.
- There was representative from all different subgroups selected for the qualitative stages. It is recognized that there is risk that the veterans were not representative of the group, however, having spoke to veterans, family members, peer mentors and therapists, informed assumptions were made.
- Only 3-4% of clients demonstrated a negative change in some outcomes, to ensure we don't over-claim, 10% of clients were included in the value map as having negative changes.
- Great care was taken to understand the right levels of deadweight and attribution. As well as engaging with stakeholder, some research was made on other services available as well as local trends.
- All clients that engaged with the analysis felt that the service provided life changing outcomes. However, only one year of value was taken after project to reduce the risk of over claiming.
- It was considered that another group of veterans could be engaged with to use as a proxy that did not engage with the peer mentors. This could be group of veterans

receiving therapy from Veterans' NHS Wales, but nor working with Change Step, and could compare the change in outcomes. However, as these would be NHS patients only and not clients of Change Step, it was beyond the scope of this analysis. In the future this is something that Veterans' NHS' Wales could consider. However, by involving the therapists we were able to use their professional judgments about the difference of working alongside peer therapists.

- Many of the veterans and family members talked about how the service had 'saved their lives' and that the risk of suicide was very high. Due to the severity of the situation, the well-being valuation from HACT was used, but only the appropriate amount of change was used.

9.0 SROI results

This section of the report presents the overall results of the SROI analysis of the Change Step model in partnership with Veterans' NHS Wales. Underpinning these results are the seven SROI principles which have carefully been applied to each area of this analysis. The results demonstrate the positive contribution that the Change Step service makes through the dedication of staff to create a positive change in the lives of those with social, emotional and practical needs.

By giving veterans support before therapy, during and after on health matters but mainly on social issues such as housing and legal cases, financial and debt advice, family support and other to increase the value and support their path to recovery and to become part of civilian society again. This led to positive changes in their lives in the short time that we did this analysis but forecasting that this will continue to improve over time.

Table 13 displays the present value created for each of the included stakeholders who experience material changes. The present value calculations take account of the 3.5% discount rate as suggested by the Treasury's Green Book.

Table 13 - Total Present Value Created by Stakeholder

Stakeholder	Value created as a result of Change Step	Proportion of total value created
Veterans	£1,501,265	80%
Family members	£339,240	18%
NHS	£43,040	2%

Table 14 - Present Value Created per Individual Involved

Stakeholder	Average value for each individual involved
Veterans	£9,812
Family Members	£5,654

The above results in table 14 indicate a positive return for veterans and family members who were referred to Change Step and experienced positive outcomes. This is based on current data but also forecasting results based on secondary research. The overall results in table 15 highlight the total value created, the total present value (discounted at 3.5%), the net present value, and ultimately the SROI ratio.

Considering the results for each stakeholder, the value to the NHS is only 2% of the results, which isn't significant when considering the materiality test. However, as the objective of this partnership is not only to ensure the best possible outcomes for the veterans, but also to ensure greater working practises which releases pressure off statutory services, and therefore this stakeholder is included in the value map.

Table 15 – SROI Headline Results

Total value created	£
Total present value	£1,854,760
Investment value	£273,047

Net present value (present value minus investment)	£1,581,713
Social Return on Investment	£6:79:1

The result of £6:79:1 indicates that for each £1 of value invested in Change Step a total of £6:79 of value is created.

10.0 Sensitivity Analysis

The results demonstrate highly significant value created by the Change Step and Veterans NHS and is based on application of the principles of the SROI framework. Although there are inherent assumptions within this analysis, consistent application of the principle not to over-claim leads to the potential under-valuing of some material outcomes based on issues such as duration of impact.

Conducting sensitivity analysis is designed to assess any assumptions that were included in the analysis. Testing one variable at a time such as quantity, duration, deadweight or drop-off allows for any issues that have a significant impact on the result to be identified. If any issue is deemed to have a material impact, this assumption should be both carefully considered and managed going forward. To test the assumptions within this analysis, a range of issues were altered substantially to appreciate their impact. A summary of the results is presented in table 16.

Although some of the sensitivity tests indicate changes to the result, owing to the scale of the amendments made and the verification of assumptions and data with stakeholders, the results still indicate that if a single variable were significantly altered, the overall results remain highly positive. The most significant impact of the sensitivity analysis is based on the change to the outcome for veterans feeling less alone and isolated. This could be because of the relatively high value given to this outcome. Again, the sensitivity test uses a relatively large change, and although there is a great deal of confidence in the figure employed, it nevertheless indicates the importance for CAIS to carefully manage this issue in the future.

As seen in section 8, different steps were taken to support the assumptions for the deadweight and attribution percentages. If all of the veterans' outcomes were to have a 90% deadweight percentage, the results still demonstrated a positive result of £2.23 for every £1 invested. From the sensitivity analysis table on the following page, the social value evaluation can be estimated to be between £5.66 and up to £7.41 for every £1 invested. The lowest ratio was £5.66 by reducing the quantity of veterans who experienced the outcome of 'veterans feeling less lonely and isolated' by 50%. The highest ratio was £7.41 by not including a financial value for the veteran therapist's time. The assumptions used in the value map estimate the social value is £6.79.

Verification

- All veterans were asked to confirm their well-defined outcomes at the end of every phone conversation, but were also asked about family outcomes where relevant. Family members were also asked not only about their own outcomes but outcomes for the veterans also to verify what was heard.
- Peer mentors and therapists were also asked about possible outcomes for veterans and family members to provide greater confidence in the results, and also to minimize the risk of any perceived change not being reality.
- The theory of change was presented to staff members to provide any feedback. Although the theory of change wasn't presented to any veterans due to a lack of opportunity to arrange any focus group, the inputs and outcomes were discussed with veterans and peer mentors, as well as the relative importance of any outcomes.

Table 16 – Sensitivity Analysis Summary

Stakeholder	Outcomes	Sensitivity testing	SROI Ratio	Difference	Variance
Veterans with family support	Improved family relationships	Removal of outcome from value map	£6.06	-£0.73	11%
	Veterans with improved mental health, reduced stress and anxiety.	Increase deadweight from 60% to 90%	£6.39	-£0.40	6%
	Veterans with improved mental health, reduced stress and anxiety.	Change financial proxy to £4,000	£6.47	-£0.32	5%
	Veterans felt less lonely and isolated	Change duration from 2 years to 1 year	£6.44	-£0.35	5%
Veterans without family support	Veterans with improved mental health, reduced stress and anxiety.	Increase attribution from 30% to 60%	£6.26	-£0.53	8%

	Veterans felt less lonely and isolated	Change quantity experiencing change by 50%	£5.66	-£1.13	17%
	Veterans with improved mental health, reduced stress and anxiety.	Increase drop-off from 20% to 50%	£6.59	-£0.20	3%
Family members	Improved family relationships	Removal of outcome from Value Map.	£6.47	-£0.32	5%
	Improved mental health, less stress and anxiety	Change financial proxy to	£6.62	-£0.17	3%
	Family members felt less alone in their situation	Reduce duration from 2 years to 1 years	£6.54	-£0.25	4%
Veterans' NHS Wales		Remove financial value of the therapists time	£7.41	+£0.62	9%
	Reduced number of therapy sessions per client	Removal of outcome from value map.	£6.78	£0.01	0.1%

11. Learning / Recommendations

The model

Having engaged with veterans, family members, peer mentors and Veteran Therapists as well as Change Step Management I think there is agreement that there is a making of a great working model which ensure the needs of the veteran is central to its decision making. As well as this, it responds positively to the principles of the Social Service and Well-being (Wales) Act 2014 in that it;

- Has the individuals needs at the center of planning
- It is preventative in that it prevents the veteran's health from deteriorating to a point where they need to be hospitalized in some cases, and also, as explained by family members and veterans', it prevents suicide in some cases.
- It encourages people to make sustainable changes to ensure their own wellbeing
- It is also a good example of successful collaboration between the public sector and the third sector.

It is not surprising therefore that the first recommendation is that this model is continued to be funded and should have sustainable funding. As this model only receives short term funding it does restrain it from being fully developed due to staff turnaround, uncertainty about when to end receiving referrals and not being able to fully function as with any short-term project finding its feet.

It is also worth noting that sufficient funding should also be provided so that salaries are fairly represented for the work that they are doing, and sufficient resources are available to ensure

the peer mentors can fulfil the role to its full potential. The SROI is high, but it's worth noting that the inputs are fairly low, and therefore there should be consideration towards this.

Some of the key suggestion points for developments with the model are;

Using local knowledge – in many cases the relationship between the Veteran Therapists and the peer mentor was a successful one, and this is key to having successful outcomes for the veteran. As with any partnerships there were areas for adjustments but over time this was successful in many areas. However, in other areas this did not work as well. Many of the VT that engaged with us felt that they should have been more involved in recruiting the peer mentors as this offered the advantage of them recruiting someone that they could work closely with but could also ensure that local knowledge was introduced in the recruitment process.

Clear job descriptions – some of the Veteran Therapists and Peer Mentors 's felt that the project at times was too flexible with peer mentors being asked to take on clients that weren't working with VNHS Wales but that the VT still needed to offer supervision. It also meant that less time was available per client which meant change wasn't offered as efficiently perhaps.

Sufficient resources – there were lack of resources available for some peer mentors, and examples where the veteran therapists needed to find office space, IT equipment etc.

Third sector – some VT questioned whether these peer mentors should be employed by NHS and not by a third sector organisation as it allowed them to become part of the NHS culture. However, having discussed with the veterans and family members, having a third sector organisation that is not constrained to tight guidelines offers a lot of advantages, and allows

trust to be established quicker without the badge of the state. As discussed above, with time this model can be developed, and the culture incorporated into their way of working, but allows the flexibility of what support they could offer which was a big benefit to this model.

PM's role

The veterans and family members as well as Veteran Therapists were very complimentary of some of the Peer Mentors. There had been some Peer mentors that had left employment for various reasons. Some of the key characteristics identified as essential was having empathy, the right combination of friendly but authoritive, thinking outside the box and being flexible. They also needed to have great respect to the role of the Veteran Therapists and establish a good working relationship.

Dependency and case load management

As with any service that offers one to one support, there is the risk of creating dependency. During the qualitative interviews, some clients did hint at needing to see the peer mentor more often or expressed that should any issues arise during the week that then they need to consult their options with the peer mentor. It is important to work with the client to ensure the positive changes introduced are sustainable.

However, the peer mentors are very aware of this risk and expressed how there is always a focus on helping first, then doing it with them, then encouragement to do something on their own. This allows them to help them with the first steps, but then provides them with the confidence that this is something they can do themselves. The very nature of veterans supporting veterans allows them to believe that these positive changes is possible.

Measuring and managing social value

As this is a new service and partnership and as discussed it takes time for systems and partnerships to develop. CAIS are good at using different indicators to capture change, using the Life Compass as well as the Clinical measures already being used by Veterans' NHS Wales. There are other areas that should be monitored to understand the value of this service such as changes in the use of services such as GP visits, A&E visits, use of Criminal Justice system and others. This was introduced to an agree here but having a more structured framework for collecting data could be better. Any change in income could also be measured as there were many case studies of the peer mentors supporting with benefit application, as well as veterans returning to work.

There were many different forms of paperwork and many of the peer mentors and Veteran Therapists commented on how excessive the paperwork was. The management are currently looking at all the data collection processes, and it would be beneficial to combine these as much as possible.

It is recommended that outcomes continue to be monitored on a regular basis to understand any changes, but also that other areas of services are also monitored. Unfortunately, the data wasn't updated on a regular basis and this needs to be managed moving forwards. Some support to the peer mentors could be beneficial here by providing administrative support or having a monthly data update so it becomes part of the normal routine.

It's only by truly embedding social value measurement into decision making that the real benefits of measuring can be used to make improvement, ultimately improving more people's lives. This report looks at impact questions[32] 1-9, however, to answer impact question 10 which is 'which changes matter and are important enough for us to manage', the

[32] http://www.socialvalueuk.org/ten-impact-questions/

management needs to analyse the data and look at where there are opportunities to maximise the value. Building on the social value in North Wales, some data revealed segments of clients here, and where possibly there is an opportunity to tailor the support. To an extent this was happening naturally, for example for those with family support some peer mentors would involve them in the process. It could be that some with support might need less support.

12. Conclusion and key messages

This report has demonstrated that the Change Step peer mentors in partnership with Veterans NHS Wales will create over £1,840,000 of value and for each £1 invested, £6.79 of value is created;

What that means in practical terms is that people's lives have been positively changed.

By having the peer mentor, who are themselves veterans, to work alongside the veterans and their families in some cases it provided that immediate reassurance that support was available. The clients expressed their reassurance of working with a service that was unique with a peer mentor that understands what they were going through, as in many cases, they didn't have the realisation themselves of what they were going through.

Key finding includes;

- For every £ invested there £6.79 of social value created
- 79% of veterans who engaged with the service reported improved mental health, with reduced stress and anxiety levels and for many relied from their PTSD symptoms.
- 77% of veterans reported feeling less alone and isolated
- For those with family support, 72 % reported seeing an improvement in their relationships
- The model of having a veteran supporting veteran in the community and working alongside the Veteran Therapists within the NHS ensured that the needs of the veterans was central to all planning and adheres to the needs identified within the new legislative framework in Wales.

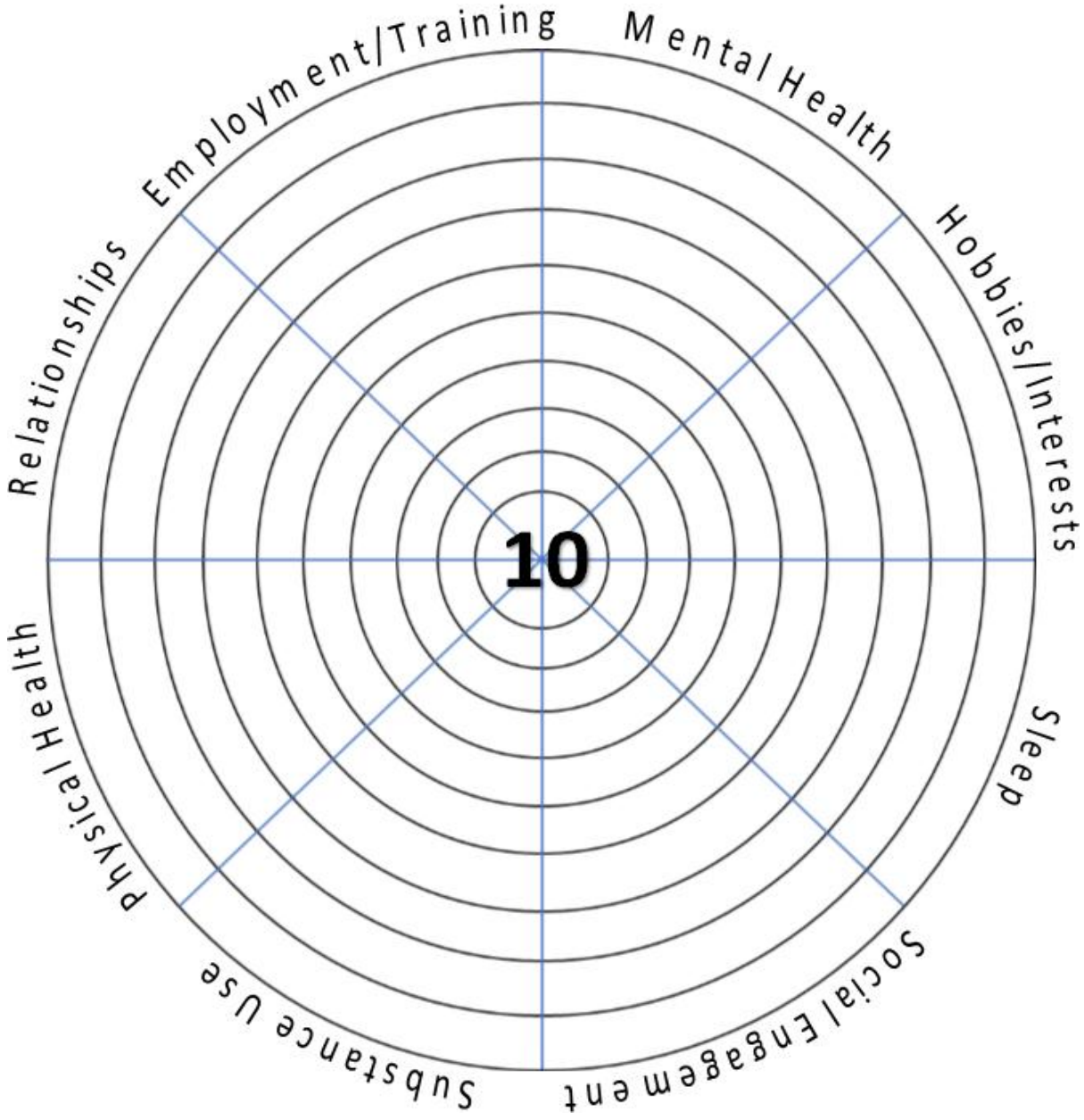
Appendices

Appendix 1 – Stages from Referral to Discharge and the intervention by the PM.

	Referral	Actions by PM or VT
	Opt in returned	Social and clinical assessment dates booked by admin
	No Opt in returned Did not attend assessment	Contact from PM Contact from PM
	Social Assessment with PM	PM • Completion of psychometric measures (not trauma) • Completion of MDS (not mental health) • Social and welfare signposting e g RBL, SAAFA, DWP etc
	Clinical Assessment with VT	VT • Prescription of suitable mental health app relating to diagnosis • Identification of PM waiting list support activities
	Waiting list	PM • social support and engagement • guided self-help using apps,
	Treatment	VT • formulation driven evidence based out patient psychological therapy PM • Delivering treatment support elements including: • behavioural activation • exposure tasks • sleep interventions • between session task support • problem solving skills • guided self-help using apps • other skills development as identified by VT • Pre / post sessions social support
	Discharge	PM

		• Time limited post discharge support • Signposting to other support agencies

Appendix 2 Change Step Low Level Intervention Life Compass



Date Completed:

Based on Todd Lundgren's Bull's Eye Worksheet

Action Plan

1. Which 3 areas are most important to me at this time?

1.

2.

3.

2. Which area is the biggest priority?

3. What kinds of things can I do over the next week which would lead me a bit closer to the bullseye in this area?

4. Is there anything that could get in the way of doing these things, and if so, how can I overcome them?

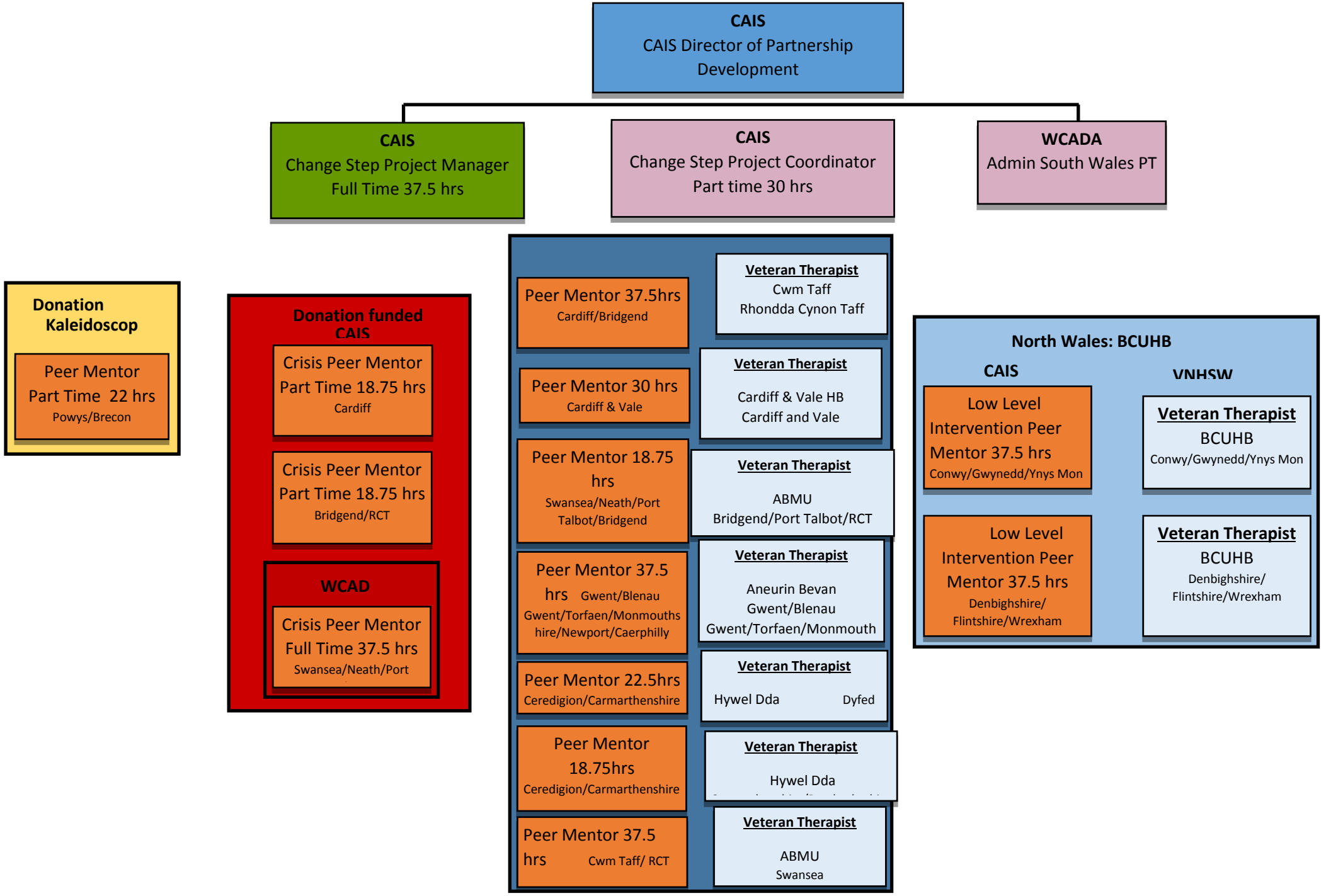
5. Are there any actions in other areas that would be important for me to undertake over the next week?

Review Date: _____

What happened?

Complete Life Compass sheet again

Appendix 3 – staffing structure



Appendix 4 – Family survey

Quick questionnaire about the support either you or your family member/s has received from the Veteran NHS / Change Step peer mentors.

Through the conversations we have had with some of you, you have told us about the things that changed for you by having the peer mentors in your life. Based on these conversations we have a few questions that we would really appreciate your answers to.

If you are willing to take part, please tick the box below and sign.

I agree to participate in this data collection process and understand the commitment in terms of time required to complete this process. ☐

Signature _____

All of your answers will remain confidential and anonymous – thank you

Thinking about what changed for you by receiving peer mentor support, it would be really helpful if you could select the options that are true for you, and then could you please also complete the scale expressing how important this change is;

WHAT HAS CHANGED FOR YOU BECAUSE OF THE PEER MENTOR SUPPORT?	Doesn't apply to me	A little change	Some change	Quite a lot of change	A lot of change	ON a scale of 1 to 10, where 10 is very important, how important is the change to you?
I feel reassured and less alone in my situation						
I was more aware of other services available to me						
I feel better knowing I have someone to support us						
I feel less stressed/anxious/depressed						
I have made new friends / I socialise more with other people						
Our family relationship has improved						
Other (please state)						
Other (please state)						

In your own words, can you tell us what has changed for you, if anything, as a result of the support your family has received from the service?

Thinking about the things that have changed for you as a result of the peer mentors, could you estimate the chance that these things could have happened anyway?

No chance at all that things could have changed without the Peer Mentor	A little chance that things could have changed anyway	Some chance that things could have changed anyway	Quite a lot of chance that things could have changed anyway	A lot of chance that things could have changed anyway

Other people & organisations in your life may have also helped to create the changes you have identified such as your family or other organisations / charities – so using the boxes below could you shade in the percentage of the change that is a result of the peer mentors?

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

Thank you so much for completing this

Appendix 5 – Interview questions

These questions were for guidance with a focus on being more conversational than scripted. All had received a letter before explaining what they are taking part in and the kind of questions we would ask. They had also signed a permission slip before the phone call.

- Remind them about why you're having the conversation and ensure them that details are confidential.
- Can you tell me a bit about your experience of working with Change Step?
- Did anything change for you? (Need to ask what happened next until we understand well-defined outcome.)
- What is different now? (Need to understand the well-defined outcomes)
- How do you feel now?
- Are you doing anything differently?
- For any changes identified, how long are these likely to last.
- Did anything negative or unexpected happen?
- What did you contribute to the activity? (inputs)
- Did anyone else help you to achieve these changes?
- What do you think could have happened without this support?
- Need to ask them to rank and rate outcomes to understand importance.