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Health and Social Care in the Community

DOI:

[10.1155/2023/4699751](https://doi.org/10.1155/2023/4699751)

Published: 24/08/2023

Publisher's PDF, also known as Version of record

[Cyswllt i'r cyhoeddiad / Link to publication](#)

Dyfyniad o'r fersiwn a gyhoeddwyd / Citation for published version (APA):

Toms, G., Stringer, C., Prendergast, L., Seddon, D., Anthony, B., & Edwards, R. T. (2023). A study to explore the feasibility of using a social return on investment approach to evaluate short breaks. *Health and Social Care in the Community*, 2023, Article 4699751. <https://doi.org/10.1155/2023/4699751>

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Research Article

A Study to Explore the Feasibility of Using a Social Return on Investment Approach to Evaluate Short Breaks

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Received 19 October 2022; Revised 27 April 2023; Accepted 14 August 2023; Published 24 August 2023

Academic Editor: Tushar Singh

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Short breaks help maintain caring relationships, enabling people to remain living in their own homes and contributing significant economic benefit to public services. However, relatively little is known about the added social value generated by community-based short breaks. To address this evidence gap, we explored the feasibility of using a social return on investment (SROI) evaluation to explore a day support service in North Wales for people living with dementia and their unpaid carers. Following good practice for evaluating complex interventions, we developed a logic model based on the literature and interviews to understand the mechanisms and outcomes of the day support service. Using questionnaires, we quantified outcomes for the current service cohort, which included people living with dementia, unpaid carers, and paid companions. Seven people living with dementia, three unpaid carers, and four companions completed questionnaires. By following the SROI analysis approach, three key learning points were identified. The first was around ways to capture outcomes from all stakeholder subgroups expected to experience material change. The second concerned the importance of collecting longitudinal data. This included the need to consider how to adapt the SROI method to work with small populations. The third concerned how to value “maintenance” of wellbeing as well as improved wellbeing.

1. Background

Dementia has a worldwide economic cost greater than US\$1 trillion [1], and dementia rates are set to increase [2]. Many people living with dementia (PLWD) are supported by family members or friends. In the United Kingdom (UK), the number of these unpaid carers supporting PLWD is estimated to be 670,000 [3]. Given changing demographics [4] and the policy emphasis on “care at home” in the economically developed world, the demands on unpaid carers will continue to increase [5].

Providing unpaid care can have negative impacts on social, mental, and physical health [6, 7]. Unpaid carers benefit from preventative interventions that reduce stress, enhance wellbeing, and mitigate the social and emotional challenges of providing care [8]. Short breaks can help unpaid carers live healthy and fulfilling lives and enjoy a life

alongside caring [3]. Short breaks can be any form of service or assistance that enables unpaid carers to have sufficient, regular periods away from their caring responsibilities with the purpose of supporting the caring relationship and promoting the wellbeing of the person with support needs, the unpaid carer and other impacted family members [9]. Unpaid carers in the UK surveyed in April 2021 said that for them access to short breaks was a key priority [10].

Day centre services offer regular short breaks out of the home and are an important provision for many people with support needs. However, for some PLWD, they can be unfamiliar settings [11]. Day centres also face capacity issues [12], which were exacerbated by coronavirus health protection regulations [13]. For some unpaid carers and PLWD, alternative options might be beneficial. Recommendations to the Welsh Government regarding the development of

short breaks highlight the need for diverse community breaks [14]. Across the UK, there is a policy commitment to further developing community interventions [2], and community-based day support could implement Alzheimer's Disease International call for social environments worldwide that are more supportive of PLWD [2]. Stigma about dementia remains widespread [2, 3], and day support provided within communities could foster more localities where PLWD feel understood, valued, and able to contribute. Despite policy intentions to invest in community-based interventions [15], there is limited evidence available to inform their planning, commissioning, and delivery [13]. With the high demand for short breaks postpandemic [10], this is an opportune moment to explore the outcomes of community-based short breaks.

Given the financial constraints on social care services, there is a need to ensure that investments generate value for the intended beneficiaries. To inform decisions around resource allocation, there is an impetus to evaluate both the costs and outcomes of interventions to assess whether they provide good value for money. Cost-benefit analysis considers both health and nonhealth related outcomes [16, 17]. Within the cost-benefit analysis umbrella, social return on investment (SROI) is a method which is stakeholder-driven, particularly in the selection of outcome measures. Recommendations on developing short break provision in Wales highlight that SROI could be a useful way to explore short breaks [14], as these services can lead to outcomes that impact across multiple stakeholders. SROI has been used to evaluate other support interventions for PLWD, including an arts-based programme [18], peer support [19], and a home-based exercise programme [20]. This study sought to explore the feasibility of the SROI method to investigate the value created by an exemplar community-based short break.

TRIO is based on Shared Lives, an international model of community support [21]. Similar approaches date back to the fourteenth century [22], and the approach was first employed to support citizens with learning disabilities. It now supports people with a variety of care needs [23]. Shared Lives aligns with social care policy objectives in Wales. People are helped to achieve their wellbeing goals [15], supportive and connected communities are fostered [24], and community assets utilised [25]. Shared Lives also implements UK guidance that unpaid carers receive flexible, reliable, and consistent short breaks [26] and such outcome-focused models of support are endorsed in many countries [27].

TRIO has operated since 2012 and is a day support arrangement that provides PLWD and their unpaid carers regular support during the day. It was developed to help PLWD remain independent in their own homes, to enhance inclusion in the community, and to reduce isolation by offering meaningful relationships. It was also developed as an economic alternative to day centre and residential services. TRIO is provided by a third-sector organisation in a semirural region of Wales for adults with mild-to-moderate dementia (called citizens by the service). Support is provided by paid companions who are self-employed but receive training and supervision from the provider. Once

referred (or self-referred) citizens with similar interests are matched with each other so that a companion, who also enjoys these activities, supports two or three people. This support is provided for six hours each week in the home of the companion, and community activities are accessed, such as weekly sit-down bowling, singing groups, and sit-down keep-fit classes. However, whilst the Health Protection (Coronavirus Restrictions) (Wales) Regulations (2020) were in force, TRIO citizens could not meet as a triad, participate in group or community activities or access community amenities such as cafes. Whilst the restrictions were in force, citizens only met with their companion, and often these meetings were outside, and sometimes telephone calls replaced in-person contact. Citizens can attend TRIO until feedback from the citizen, unpaid carer or companion indicates that their needs are no longer being met, e.g., they need more intensive support. Although people can pay privately to access TRIO, it is primarily a commissioned service provided free of charge to citizens and unpaid carers.

1.1. Aims and Objectives. The aim was to explore the feasibility of using the SROI approach to address the question: *What is the added social value created by TRIO and who benefits?* SROI evaluations involve six stages [28], and this paper concerns the final four stages.

The initial phases of the study implemented stages 1 and 2 (identifying stakeholders, mapping outcomes) and implemented best practice for evaluating complex interventions [29]. These stages developed an evidence informed logic model for TRIO which mapped the stakeholders and outcomes explored in the SROI. This was accomplished through a rapid evidence review (available on request) and interviews with TRIO stakeholders [30]. The rapid evidence review collated information from 16 papers reporting on outcomes for the Shared Lives approach and drafted an initial logic model explaining outcomes and their relationship to the inputs, activities and outputs of Shared Lives. The stakeholders identified included citizens, unpaid carers, and companions as well as local services. Interviews were conducted with six unpaid carers, five companions, a citizen, and a dementia support worker. These interviews explored the differences people had experienced with TRIO and asked what they attributed these outcomes to. Outcomes were identified for citizens, unpaid carers, and companions. A key finding was that a triadic caring relationship became established between citizens, unpaid carers, and companions, and this contributed to the benefit of all members of the triad. The interviews refined the initial logic model (see Figure 1), making it specific for TRIO, and this then formed the basis for the final four stages of the SROI evaluation.

The four SROI stages considered in this paper are as follows:

- (i) Evidencing outcomes
- (ii) Valuing outcomes
- (iii) Establishing the intervention impact
- (iv) Calculating the SROI ratio.

Inputs	Activities	Outputs	Short-term outcomes	Medium term outcomes	Long-term outcomes
Obtaining referrals Recruiting companions with the right qualities and skills	Matching	<i>Weekly sessions with the same companion and small group of peers</i>	Social interaction	<i>Citizens</i>	
	Placement preparation		Meaningful activities	New relationships, feeling connected and enhanced community presence	Potential reduction in health service used
	Companion support and training	Support (emotional and practical)	Enhanced confidence		Potential delay in residential care
		Flexibility	Increased physical activity	Continuity in agency, role, and interest	
		Relational and person-centred care		Better mental health and wellbeing	
		Social Opportunities	<i>Unpaid carers</i>		
		Choice and control	A break from caring Peace of mind	Positive caring relationship	Potential to continue caring
			<i>Companions</i>		
			Job satisfaction	Feeling connected	Potential to stay in role for longer
Context Awareness; Availability; The Health Protection (Coronavirus Restrictions) (Wales) Regulations, 2020			Assumptions Equivalent or lower cost to other services; Not suitable for everyone		

FIGURE 1: TRIO logic model.

These stages add to the initial findings, indicating how often the identified outcomes may occur and providing information about the social value created. The objectives were to assess the feasibility of the following:

- (i) Quantifying outcomes through questionnaires with the current service cohort
- (ii) Triangulating questionnaire findings with service-collected data
- (iii) Calculating the service cost
- (iv) Finding appropriate financial proxy values to represent the value attached to outcomes
- (v) Calculating a SROI ratio to determine the amount of social value generated for each £1 invested
- (vi) Undertaking a sensitivity analysis

2. Methods

The SROI evaluation was approved by the Bangor University Medical and Health Sciences academic ethics committee (reference: 2021–16952). The study is registered on the Health and Care Research Wales Portfolio (reference: 47587).

2.1. Sampling. There is no minimum sample size for an SROI analysis, as its purpose is to support the development of explanatory theory rather than detect statistical significance. However, it should include sufficient people to capture outcomes from all stakeholders expected to experience a material change because of the intervention [28]. We aimed to quantify outcomes for the current TRIO cohort. At the time of the study (2021–2022), TRIO had seven companions who supported 18 citizens and their unpaid carers. Eligibility criteria were that participants needed to be currently engaged with TRIO and able to make an informed decision to participate. These “study eligibility criteria” implicitly included the *service* eligibility criteria. TRIO is a service for adults living with mild-to-moderate dementia. Citizens can attend TRIO until feedback from the citizen, unpaid carer, or companion indicates that the citizen’s needs are no longer being met, primarily because they are in the later stages of dementia. Noting that citizens could remain in the service for varying lengths of time, we did not specify how long citizens needed to have been engaging with TRIO. Citizens are not excluded from TRIO if they have other health problems, nor are they excluded if they have limited mobility. There were no service eligibility criteria for unpaid carers: they could be a friend or relative of any age.

Companions recruited by the service were normally of working age (i.e., between 18 and 65 years of age).

2.2. Recruitment. The study partner distributed study information packs (via personal contact or e-mail). When people consented to this in earlier study phases, they were contacted directly by the research team. Given the challenges of recruiting dyads [31], citizens could participate without their unpaid carers and unpaid carers could participate without their friend/relative.

2.3. Data Collection. TRIO was an established service, and citizens could remain in the service for an indefinite time-period. This meant it was not possible to collect baseline measures and instead retrospective questionnaires were used. We offered the questionnaires in multiple formats and in English and Welsh, but all participants opted to complete them in English in hard copy or online. Online, consent was indicated via a checkbox, and consent was assumed if participants returned hard-copy questionnaires. Feedback from the study partner suggested that in several instances companions had supported citizens by reading out the questions or posting the questionnaires back to the research team.

Separate questionnaires were developed for citizens, unpaid carers, and companions. These were informed by the TRIO logic model and the study advisory group which included an unpaid carer, a PLWD, and a companion. Questionnaires for unpaid carers and companions asked respondents to retrospectively rate their agreement with statements about their outcomes before and after being involved with TRIO (see Figure 2). Questionnaire items were scored on a one (strongly disagree) to five (strongly agree) Likert scale. A total score was calculated, summing responses when multiple items contributed to a single outcome. Acknowledging that retrospectively rating their outcomes could have been challenging for PLWD, the format for the citizen questionnaire was simplified, and citizens were only asked to rate their current level of agreement with each outcome statement (see Figure 3). To minimise the risk of overclaiming the benefits of TRIO, questionnaires also included items to elicit respondents' perception of:

- (i) Deadweight: the proportion of the outcome that would be experienced without TRIO
- (ii) Displacement: the amount of an outcome that has been foregone due to attending TRIO and not other activities that may also contribute to the outcome
- (iii) Attribution: the amount of the outcome believed to be due to TRIO

2.4. Data Triangulation. Questionnaire data were triangulated with service-collected data. Blending active data collection with routinely collected data can enhance generalisability and mitigate reporting biases that can occur when people respond to researcher questions [32]. The service provider shared anonymised data including

- (i) Citizen demographic characteristics and length of time in TRIO
- (ii) Citizen ratings on an annual satisfaction survey
- (iii) Citizen scores on the Older Person's Outcome Star [33] reflecting the wellbeing and independence over a one-year period

2.5. Evidencing Outcomes. All data were entered into Microsoft Excel and the SROI checklist developed by Hutchinson et al. [34] was followed to minimise the risk of bias. Normally when reporting benefit over a longer-term time horizon, outcomes beyond the first year would be discounted by 3.5%, and the analysis would include a drop-off calculation accounting for outcomes after the individual ceases their engagement. These steps were not incorporated into the one-year reporting horizon, which was adopted due to TRIO being an ongoing service that only ceases when an individual's needs are no longer being met. For instance, some citizens had been in TRIO for over six years (i.e., beyond our reporting horizon). Further, lasting benefit after engagement with the short break ceases would not be expected, especially in the context of a progressive condition like dementia.

For each questionnaire outcome, a threshold criterion was set to determine the level that needed to be present for a material change in the participant to have occurred. For citizens, responses of "strongly agree" were allocated five points, and "strongly disagree" one point. Responses across multiple items were summed, and for each outcome the respondent had to score at least 70% of the maximum total score to be classified as having experienced that outcome. For unpaid carers and companions, the ratings given for "before" questions and "after" questions were compared, and if the participant had improved their score by 10% or more on an outcome between these two questions, it was considered that they had experienced a material change. The discount rates applied for attribution, deadweight, and displacement are shown in Table 1.

2.6. Assigning Financial Proxies. To identify financial proxies for the outcomes endorsed in the questionnaires, we primarily used the HACT social value calculator [35] recognising that this is a robust source as proxies are derived from wellbeing valuations reported in national surveys and the methodology used to calculate the proxies is consistent across outcomes. The process involves isolating the effect of each outcome on wellbeing and identifying how much money would be required to increase wellbeing by an equivalent amount [36]. The monetary value assigned to each outcome is shown in Table 2.

2.7. Calculating the Service Cost. Reviewing the Shared Lives literature identified benchmark figures for similar services. This guided inquiries with the provider who shared service cost data for the years 2021-2022, covering overhead costs, staff costs, consumables, and companion costs.

	<i>Please tick the box that applies</i>				
Statements	None of the time	Rarely	Some of the time	Often	All of the time
Before TRIO I had peace of mind about my friend/relative					
After TRIO I have peace of mind about my friend/relative					

FIGURE 2: Example statement from an unpaid carer questionnaire.






	<i>Please tick the box that applies</i>				
Statements	Strongly agree 	Agree 	Neither agree nor disagree 	Disagree 	Strongly disagree 
Since knowing my TRIO friend, I am more able to do activities that are important to me					

FIGURE 3: Example statement from a citizen questionnaire.

TABLE 1: Discount rates.

Likert scale rating	<i>Percentage of proxy value included</i>		
	Attribution (%)	Deadweight (%)	Displacement (%)
All	100	0	0
A large amount	75	25	25
A moderate amount	50	50	50
A small amount	25	75	75
None	0	100	100

2.8. Sensitivity Analysis. This study was undertaken during the coronavirus pandemic. Interview data suggested that the adaptations to TRIO had led people to experience less benefit, and other research has also suggested that PLWD experienced poorer intervention outcomes during the coronavirus pandemic (e.g., [39]). A sensitivity analysis was planned to explore what additional value might be generated if TRIO was operating normally. The service had collected Older Person's Outcome Star [33] data prerestrictions and after the first wave of COVID. Deterioration in citizen Outcome Star [33] scores averaged between 24–34%, and we undertook a sensitivity analysis that considered a 30% uplift in outcomes (just above the mid-point deterioration in outcome star scores).

2.9. Overall Data Synthesis. To elucidate the significance of the SROI ratio, we planned to review data from the phase 1 rapid evidence review and phase 2 interviews. This would explain how the social value enhanced the wellbeing of citizens, unpaid carers, and companions. The analysis would receive scrutiny from a health economist outside of the study team, and the findings were sense-checked in a two-and-a-half-hour online knowledge exchange event with stakeholders. Twenty-six people interested in short breaks and TRIO attended this event including TRIO companions and service representatives, local authority staff, and community workers. Most attendees were based

in Wales, though one attendee was based in Scotland. The SROI findings were discussed, and potential recommendations based on the learning were explored.

3. Results

Recruitment efforts extended to the entire service cohort, as there were no contraindications to participation. Sample characteristics are provided in Table 3. Service data confirmed this sample was representative of the larger cohort with a preponderance of women and most citizens being in the later stages of old age. Although the study took place in a bilingual area, all participants except one indicated they spoke English as their first language. Four citizens lived with someone, and three lived alone. The length of time they had engaged with TRIO ranged from less than six months to over six years, representing what is known about engagement in the wider cohort. Two unpaid carers did not live with the citizens they supported, and unpaid carer time with TRIO ranged from two to six years. Companions had worked with TRIO for between four and six years, and they supported between two and four citizens at a time. For two companions, TRIO was their only paid work. They worked between 1–20 hours per week for TRIO (the majority worked 11–20 hours per week), but all companions indicated that they regularly worked longer than their “paid hours”.

TABLE 2: Financial proxies.

Respondent groups	Outcomes	Financial proxies	Rationale for proxy selection	Maximum proxy value and what this represents	Sources
Citizens	Meaningful activities	Regular hobbies	Engaging in hobbies is an example of a meaningful activity	£1,515 Engaging in a hobby at least once a week for at least two months	HACT
	Increased confidence	High confidence	Citizens reported good confidence	£13,080 An adult who does not experience problems with their confidence level	HACT
	Independence	Feeling in control	In the interviews, having agency and continuity in role were important parts of citizens having more “independence”	£15,894 An adult does not endorse the statement “i feel that what happens to me is out of my control”	HACT
	Social connection	Feeling belonging to neighbourhood	Citizens spent time in the community, making new friendships	£3,753 Based on a survey question comparing those who do and do not feel belonging to their neighbourhood	HACT
Unpaid carers	A break from caring	Cost of day centre service	Day centres are another way to access a regular short break	£4,200 Attending a day centre for 6 hours, 50 times a year	[37] PSSRU, 2020
	Peace of mind	Cost of attending a meditation session	Meditation is another intervention that can result in periods of “peace of mind”	£1,000 Attending four hours of meditation per week for 50 weeks	Market value
Companions	Job satisfaction	A 1-point rise in job satisfaction	Calculations have been used in previous SROI studies to obtain a proxy value based on the national minimum wage	£2,970 A 1-point rise in job satisfaction representing 36% of income	[38] DeMaria, 2021
	Feeling connected	Feeling belonging to neighbourhood	In interviews companions said they engaged in more community activities because of their role and benefitted from their relationship with the citizen and unpaid carer	£3,753 Based on a survey question comparing those who do and do not feel belonging to their neighbourhood	HACT

TABLE 3: Uptake and sample characteristics.

Stakeholder groups	Population size	Uptake (%)	Sample size	Mean age (range)	Male: female ratio	Ethnicity
Citizens	18	39	7	86 (71–100)	2 : 5	86% white
Unpaid carers	18	17	3	72 (61–90)	1 : 2	100% white
Companions	7	57	4	48 (41–60)	0 : 4	100% white

Overall uptake rate: 32%.

The cost of providing TRIO was calculated as £6,169 per citizen in the cost year of 2021–2022, which for our sample size of seven citizens meant a total input cost of £43,183 including overhead costs, staff costs, consumables, and companion costs. These costs are borne by the commissioning organisation and the provider; no significant costs are carried by citizens, unpaid carers, or companions.

Table 4 shows the number of respondents who experienced a material change for each outcome. Despite “an improved caring relationship” being identified as an outcome that was important to unpaid carers in the logic model, most of the unpaid carers in our sample gave this outcome the highest rating pre- and post-TRIO. The responses on all the other items indicated that most stakeholders endorsed having good outcomes whilst engaging with TRIO. This was consistent with interview reports, and triangulating the citizen questionnaire data with routinely collected service data highlighted consistent trends. All citizen respondents (N: 8) on the annual service satisfaction survey said that TRIO had made a positive difference to them. Similarly, scores on the Older Person’s Outcome Star [33] corroborated citizen achievement of wellbeing outcomes.

The next stages of an SROI analysis involve calculating the net value generated by the outcomes experienced by the stakeholders. This is done by multiplying the relevant financial proxies by the number of people experiencing a material change for each outcome and then accounting for deadweight, displacement, attribution, and drop-off. Using the net value and costs of inputs, an SROI ratio is calculated which shows the social value generated for every £1 invested and sensitivity analysis is undertaken. In this feasibility study, reporting the SROI ratio would not be meaningful given the small sample. Instead, the discussion focuses on the feasibility of conducting pilot or full-scale SROI evaluations of community-based short breaks.

4. Discussion

This feasibility study explored using an SROI evaluation to investigate the social value of a community-based day support service. The analysis followed the SROI checklist developed by Hutchinson et al. [34], and one contribution of our study is the template it provides for researchers wishing to conduct SROI evaluations of other short break options. SROI evaluations are aligned with recommendations to capture the contributions made by short breaks [14]. The insight that an SROI evaluation provides is not limited to the SROI ratio, and this phase of the study built on earlier findings which generated an evidence-based logic model for TRIO illustrating how value is generated for different

stakeholders. As the logic model was developed through a rapid evidence review and stakeholder interviews, it identified the outcomes that mattered [14]. This meant that how wellbeing was conceptualised in the study was coproduced by the TRIO stakeholders. This contrasts with some previous short-break research, where the rationale for the selected outcomes has been unclear [8]. The outcomes identified in the logic model were consistent with previous evidence about the outcomes valued by PLWD. For instance, PLWD benefit from opportunities to remain part of the community and experience a sense of belonging when they can interact with people who have similar interests. Services also have value if they provide meaningful, everyday activities for PLWD [11, 19]. Similarly, in terms of companion outcomes, higher job satisfaction has been associated with other person-centred services and the presence of organisational support in other literature [40]. The enhanced sense of connection identified in companion interviews and then valued in the questionnaires might warrant further exploration given staff retention issues in social care [41].

4.1. Was SROI a Useful Way to Explore the Value of a Community-Based Short Break? As highlighted in the results section, this study encountered challenges as well as evidencing some strengths in following an SROI evaluation approach. Due to the fact that this study took place during a pandemic, there are some limitations to the generalisability of the findings. However, we highlight three learning points that have implications for future research in this domain and should be considered when planning SROI pilots and full-scale evaluations. These are sampling considerations, collecting longitudinal data, and valuing the maintenance of outcomes.

4.2. Sampling Considerations

4.2.1. Capturing Relevant Demographics. SROI evaluations should capture outcomes from all stakeholders expected to experience a material change because of the intervention [28]. This is challenging in short breaks as within each stakeholder group there will be demographic variations that could influence the social value experienced. Short breaks often operate with broad eligibility criteria, meaning a range of people with support needs and a range of unpaid carers have access. For instance, in this study, some citizen respondents lived alone whilst others lived with family. One unpaid carer lived with the citizen they supported, whilst two did not, indicating that different types of caring relationships were captured. It is reasonable to hypothesise

TABLE 4: Respondents experiencing material change.

Stakeholders	Outcomes	Number experiencing the outcome	Net value generated
Citizens	Meaningful activities	7/7	£4,755
	Increased confidence	7/7	£41,229
	Independence	7/7	£50,099
	Social connection	7/7	£11,830
Unpaid carers	A break from caring	3/3	£5,580
	Peace of mind	3/3	£1,326
	Improved caring relationship	0/3	£0
Companions	Job satisfaction	¼	£932
	Feeling connected	4/4	£6,108

that the experience of social value might differ according to the living situation and the nature of the caring relationship. All study participants spoke English as their first language, but if this had not been the case, this is another demographic characteristic that could have influenced how social value was experienced (and indeed conceptualised).

In this study, the sample size was too small to consider subgroup analysis. The uptake rate for questionnaires (32%) highlights that more definitive SROI evaluations will need to approach larger populations. It is also possible that those who experienced poorer outcomes declined participation in the research and the service questionnaires, so the findings may over-represent the potential social value generated. This suggests purposive sampling may be needed, and SROI evaluations might be most feasible with short-break options that are available to large populations. However, it should be noted that the pandemic context impacted recruitment in the current study. The size of the population served by the short break is also important, as it affects the cost per person. The current study was based on a service serving 18 citizens. Future pilot SROIs should explore the most efficient size for short breaks through sensitivity analysis.

4.2.2. Length of Engagement. There are other variations within each stakeholder demographic subgroup that might impact the experience of social value. The length of time engaging with the short break was a point of interest that arose in this study. Many short-break options are not provided within discrete time periods; therefore, the social value generated is likely to fluctuate over time. In TRIO, citizens continued to access the break until their needs were no longer met, and there was wide variation amongst all questionnaire respondents in how long they had engaged with (or worked for) TRIO. It is conceivable that social value may be experienced differently depending on whether a relationship with the short break is establishing, is established, or is ending. In our interviews to develop the logic model, we captured the importance of citizens forming friendships with their companion. This to them, was a key social value of TRIO.

Well, she's [companion] more of a friend, we speak like friends so... it's really uplifting (Citizen 1)

This has relevance to all interventions seeking to provide relational care. Exploring this further in the questionnaire

study was precluded by the small sample size. However, mitigating against this being a key factor in the current study was a further insight from the interview phase of the study that once a companion and citizen had met a few times, a positive difference was often noted by unpaid carers, indicating that the social value of the new relationship can be captured in the early stages of its formation:

I thought maybe he might have said no, but funnily enough, as soon as they met one another they got on like a house on fire and he really looked forward to going out with her (Unpaid carer, 7)

We suggest this was due to the careful matching process that TRIO undertook, as reflected in the logic model. In other short breaks, it might take longer to establish relationships and therefore capture social value.

4.2.3. Interdependence. Another sampling consideration in short breaks is the dyadic (or in TRIO triadic) influence on the social value experienced. As highlighted in the logic model, in TRIO, the relationship between the citizen, unpaid carer, and companion was a key mechanism through which positive outcomes arose. It was also notable that the benefits for unpaid carers were often related to knowing the citizen was experiencing good outcomes:

Just peace of mind really, just reassurance that she'd, that I knew she was safe, and that she would be involved with some group activities stuff like that, yeah, that she'd go out... (Unpaid carer 1)

Such interrelationships between the social value experienced will be common in short breaks, as the value experienced by unpaid carers is often informed by their perception that the person with support needs experiences value too [42]. Unfortunately, it can be challenging to recruit caring dyads to participate in research [31]. For this reason, this was not an eligibility criterion in the current study. One way to perhaps address this challenge is to ask unpaid carers what benefits they have observed for the person they support. However, this can elicit concerns about the reliability of "proxy reporting" [43]. If dyads are recruited and self-reported and proxy ratings are collected, there will also be a need to determine, a priori, how different perceptions

will be accommodated when value is calculated. For instance, it is conceivable that unpaid carers will report a low rating for the person supported but the individual themselves reports high outcomes.

4.2.4. Potential Solutions. When exploring short breaks serving large numbers of people, it will be possible to consider subgroups within these, for instance, exploring social value for male and female carers or carers from minority ethnic groups separately. However, in many short breaks such as TRIO, serving a limited population at any one time will not be feasible. One approach is to collect qualitative information about the importance of each outcome to different subgroups and then assign different financial proxies based on this information. The richer information collected from each respondent would ameliorate the impact of a smaller sample. This could involve conducting a case series where different subgroups within stakeholder samples are purposively sampled.

4.3. Longitudinal Data Collection. In this study, it was not feasible to include a contemporary collected baseline measure as TRIO was an established service and citizens and unpaid carers could engage over a long time period. This also made the concept of drop-off and discounting after year 1 nonapplicable. To overcome this, retrospective questionnaires were used but this is potentially problematic, especially when evaluating short breaks for PLWD. PLWD can often reliably report on their current experience [44], but in an SROI evaluation, it is important to capture the change in outcome before and after the intervention. To approximate this, the citizen questionnaire asked respondents to relate their answers to their “experience since joining TRIO”. With the current sample of people living with mild-to-moderate dementia, this seemed appropriate, but there are obviously populations where even this degree of retrospective reporting cannot be used.

Given the challenges of retrospective reporting, it is notable that no citizens or unpaid carers requested support from the research officer to complete the questionnaires. However, based on feedback from the service, we believe several citizens were assisted by companions. This probably reflected citizens’ preference for in-person support, which the Research Officer could not provide due to the implementation of the Health Protection Coronavirus Restrictions (Wales) Regulations (2020) by the research institution. The in-person support of companions enabled participation in the context of the pandemic, but the presence of the companion might have led to a higher social desirability bias in responses [45]. A lack of in-person support from the research officer may also have contributed to the missing data in the unpaid carer questionnaire returns. This indicates the importance of in-person data collection procedures with these participant groups in future SROI pilot studies.

Primarily, the challenge of retrospective reporting highlights the importance of collecting baseline measures before individuals have a short break. In established services like TRIO, this will often be challenging, and we anticipate it will remain difficult to conduct robust SROI evaluations in these instances. However, forecast SROI analysis, where social value is predicted based on existing evidence may still

be useful in informing and explaining the value of these forms of short breaks. In services like TRIO, longitudinal data collection may provide evidence for an SROI evaluation in the long term.

A related challenge is how to consider opportunity costs. Opportunity costs essentially consider whether the money invested in the short break is the best use of available resources or whether investing this money elsewhere would result in more valuable outcomes. There was no similar local service to TRIO to use as a control comparator and consequently, we did not explore opportunity costs. The delivery and content of short breaks are developing rapidly, and future SROI pilots are likely to face similar challenges. However, it might be possible to compare the relative merits of investing money in community-based short breaks instead of traditional respite care services.

4.4. Valuing Maintained Outcomes. As noted in the results section, notwithstanding the problems in the data, unpaid carers gave the same positive rating to their relationship with the citizen when answering the questions about before and after TRIO. In the interviews that helped develop the TRIO logic model, unpaid carers said that TRIO helped them maintain a good relationship with the citizen. Time apart provided some space in the relationship and new topics of conversation:

If you don’t have that break, I think your relationship would just completely break down, completely [...] I think it does him good to get away from me for a bit, as well. I think it works both ways, really (Unpaid carer 7)

This is consistent with evidence in the wider literature that suggests the caring relationship is supported by the unpaid carer, having time away and a chance to “switch off” from the caring role [10]. For instance, an outcome for unpaid carers identified in the Time for Living Fund short break initiative in Scotland was improved relationships, and unpaid carers said they felt more able to cope after “me time” [46]. The questionnaire respondents in this study implied that their “positive relationship” was maintained, and this is a conceivable short break outcome for many unpaid carers who already experience a good relationship with the person they support. This is a challenge for the SROI approach, where positive changes are easier to quantify than a “no change” maintenance of a preexisting level: thus, the SROI ratio may underestimate the value experienced, especially when the nature of a condition would lead one to expect that an outcome would naturally deteriorate over time without intervention. This may require more fundamental adaptations to the SROI method. For instance, maybe a financial value could be applied to outcomes valued the same pre and post, where the evidence suggests a deterioration would probably have occurred without intervention. This would be an interesting area to explore in future pilot SROIs.

4.5. Recommendations for Practice. Some recommendations for practice can also be drawn from this feasibility study. It would be interesting to explore how the TRIO logic model

can be adapted and applied across a range of support and short-break options. For example, many elements of this logic model are evidenced in the wider literature but are not always implemented in practice. For instance, more consideration could be given to how staff and people with support needs can be “matched” in terms of interests and dispositions. This can create the right conditions for relational care. Similarly, how to support a triadic caring relationship between people with support needs, unpaid carers, and staff warrants further attention, and the logic model also identified that support and training for staff are important components of achieving good outcomes.

5. Conclusion

Short breaks need to be underpinned by a robust evidence base that connects academia, policy, and practice [14]. This feasibility study brought academia, policy, and practice together to explore a community-based day support service for PLWD. SROI was a useful way to explore the contribution of this form of short break but there are challenges when capturing outcomes from all stakeholder subgroups expected to experience meaningful change is difficult, when baseline data are unavailable, when a service is not time-bound, and when part of the “social value” is the maintenance of outcomes. Valuable learning was gained from using the SROI approach in this context. Criteria for a pilot or full-scale SROI evaluations of community-based short breaks would include clear characterisation of relevant stakeholder subgroups, potential for longitudinal and comparative data collection, and a method to calculate the value of maintained outcomes. Future SROI short-break evaluations could experiment with some of the suggestions provided above to tackle these challenges.

Data Availability

The interview and questionnaire data used to support the findings of this study have not been made available because of the problem of ensuring participant anonymity due to the small population and sample size.

Additional Points

What is known about this topic and what this paper adds? (i) Providing unpaid care can have negative mental and physical health consequences. (ii) Short breaks help people with support needs and unpaid carers have good wellbeing. (iii) Social Return on Investment (SROI) is a method that estimates the wider social value generated by an intervention. (iv) This study explored the feasibility of using the SROI approach to explore the additional value created by community-based short breaks. (v) Several challenges were identified in applying an SROI approach including sampling, accessing longitudinal data, and valuing maintained outcomes. (vi) Learning from these challenges is shared, and criteria are suggested for future pilot and full-scale SROI evaluations of community-based short breaks.

Disclosure

Gill R Toms and Carys LI Stringer are the co-first authors.

Conflicts of Interest

The authors declare that there are no conflicts of interest.

Acknowledgments

We thank our research partners PSS (UK) Ltd. and Shared Lives Plus. We also thank members of our Project Advisory Group for their feedback and support on interpreting the SROI findings and informing this paper. We additionally extend thanks to the Southeast Wales Shared Lives scheme who helped us send out invitations to People Living with Dementia and unpaid carers to join the Project Advisory Group. This project was funded in whole, or in part, by the Welsh Government through Health and Care Research Wales (Grant number SCG-19-1608, 2020).

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