
EVALUATION OF GOFAL (NORTH WALES)

Interim Report
for British Red Cross

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Thanks are due to the staff of British Red Cross North Wales for commissioning this study and providing direction throughout.

As with any such project, this study was only possible thanks to the contributions of the participants – in this case the service users, volunteers, staff and their managers across North Wales who took part – either as research participants or in helping to supply data to the research team. Their willing engagement with the study, openness and honesty is gratefully acknowledged.

The report analyses the findings generated during the course of the study. The tentative conclusions we come to are based on our understanding of the evidence presented to us at this point in time and any errors of interpretation are solely due to the authors. We trust that the independent analysis of the data will help to ensure that the Gofal scheme continues to develop and evolve, and British Red Cross is able to respond to the challenges facing it.

Dr Mark Llewellyn
Welsh Institute for Health and Social Care · October 2014

1. INTRODUCTION

The study was commissioned by the British Red Cross in North Wales, and the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales was asked to undertake an evaluation of the Gofal programme. The purpose of this study is to provide an independent and objective evaluation of the service as described below. This will be undertaken through using a multi-methods approach (described below) and phased into two main parts – this Interim Report and a subsequent Final Report, scheduled for Spring 2016.

THE GOFAL SERVICE

At the end of 2010, the British Red Cross (BRC) applied for funding from the Big Lottery Advantage programme for a time limited befriending service which concentrated on an outcome focused, person-centred befriending and development of sustainable social interaction. In November 2011, the scheme began in North Wales.

There are three elements to the service, these include a one to one time limited befriending service in the person's home, a volunteer-led telephone support service and a number of peer support groups held throughout North Wales. These different services complement each other – from the one to one home visits, service users can access groups or choose to be supported by telephone calls once a week.

Following a referral to the service, BRC Team Leaders visit the beneficiary and discuss with them how they can benefit from the service. This visit produces an initial assessment and an individual action plan. The service user is allocated a volunteer befriender who visits for a time limited period normally up to 12 weeks. At the end of the service period a final assessment is undertaken to see what difference there is for the service user particularly around their sense of loneliness, their ability to socially engage and their knowledge of local services and organisations.

INTERNAL MONITORING AND EVALUATION – THE MAP OF SOCIAL CONTACTS AND THE CHANGE WHEEL

The Gofal service itself has a number of different monitoring and evaluation tools it uses to collect data. This varies from hard data to measures of soft outcomes for the individuals. The process starts with a referral form which collects basic data about the individual. This provides the basic outputs for the scheme. Each individual is visited by a Team Leader who carries out an initial assessment utilising the Map of Social Contacts and the Change Wheel. These provide an individual action plan and a baseline assessment for each individual concentrating on soft outcomes.

The Map of Social Contacts and the Change Wheel (see Appendix I for details) are tools designed to look at the harder to measure soft outcomes, traditionally difficult to quantify but probably the most beneficial for the service user. The Map of Social Contacts is a visual representation of Maslow's hierarchy of needs. Looking at categories such as Friends and Relatives, Clubs and Organisations, Meals, Transport and Information, the Map records whether those resources are in place at the start of the service. It provides an action plan, as determined by the service user, showing areas where help may be needed. At the end of the service delivery this is reviewed again to establish whether the individual has better access to the resources and contacts that promote independence.

The Change Wheel was derived from focus groups with service users who identified how the service had most helped them. Some of the categories included sense of loneliness, meaningful use of time, motivation and taking responsibility. The scoring scale is from 1 to 10, with 10 being the highest. The scale also represents a movement from passive (in receipt of service) to acceptance of the need for change to actively being engaged in a process of helping oneself.

At the end of the service delivery period, a final assessment with the Map of Social Contacts and

Change Wheel provides a record of the changes made and the distance travelled around those soft outcomes.

EVALUATION METHODOLOGY

The findings in the report below are drawn from four principal evaluation methods:

1. A number of qualitative interviews and discussions were held with beneficiaries of the Gofal service across North Wales in order to provide the research team with in-depth information about the nature of the service, how well it is delivered, along with an understanding of the difference that being part of Gofal has made for them. It should be noted that before commencing the work, the research team submitted the proposal to the University of South Wales' Faculty Ethics Committee who approved the work and suggested that a formal consent process with information sheets was an important thing for the researchers to complete before engaging with beneficiaries. This has been done without exception;
2. A bilingual online survey was sent to all of the volunteers of the Gofal service across Wales in order to understand their perspectives on what they do and the outcomes they achieve. In addition a number of interviews and discussions were held with volunteers, focusing on their motivations for becoming involved in the service, the impact that Gofal has had for the individuals they have supported, and the impact for them personally;
3. Inferential statistics were used to analyse the large dataset of outcomes that the BRC has collected on its beneficiaries. Both the initial and final data points for the Map of Social Contacts and the Change Wheel were included in this analysis. A number of different statistical tests were applied in order to determine how effective the service has been in supporting change to occur for beneficiaries; and
4. An economic analysis of the service has also been undertaken. This has focused on the production of unit costs for the service – both in North Wales and across Gofal Cymru (see below) – in order to understand the interplay between direct and indirect costs, and the amount of time that staff and volunteers have spent with beneficiaries to help them achieve their goals. In addition, this unit cost analysis has been linked with the Change Wheel outcomes which has allowed the research team to come to initial conclusions about how the project resource is currently being allocated and to reflect on where it may be deployed to optimum effect in future.

The additional piece of context to note is that the Gofal service is run by the BRC outside of North Wales. Gofal South is provided across South Wales, and a parallel research study has been undertaken on that service. This has allowed the researchers to combine the two data sets – Gofal North and Gofal South – into one, Gofal Cymru, to provide an internal 'benchmark' for the service. In places in this report, reference is made to Gofal Cymru, such that the Gofal North service will be compared to the Wales picture.

REPORT STRUCTURE

The structure of the report follows the pattern of the key methodologies as described above, with contextual reference being made to the Gofal Cymru data whenever relevant and appropriate. The report does not provide any conclusions or recommendations at this stage (other than within the individual sections themselves), as the service is still learning about how best to provide support for people. It is the view of the research team that there are lessons enough within the four substantive sections below without recourse to formal conclusions at this point.

2. RESEARCH FINDINGS – BENEFICIARIES

The WIHSC team conducted interviews with 20 beneficiaries (seven female and three male) from Gofal North. Five of the interviews were conducted face-to-face in beneficiaries' homes and five were conducted over the telephone with a further 10 in a focus group in North East Wales. Beneficiaries were asked about their experiences with the BRC Gofal North service and how the service had impacted upon them.

The interviews were conducted with the informed consent of the participants and typically took around 20 minutes to complete, with some lasting up to an hour. The discussions were transcribed and thematically analysed, and these key themes are presented below.

BENEFICIARIES' NEEDS

The beneficiaries interviewed had a range of support needs. Many had lost family and friends through bereavement and had limited social contact with other people. Some had a reduction in their physical ability through old age or illness, or they had been in hospital and had lost their independence and confidence. Mental health problems such as depression and anxiety were reported by a couple of individuals: *'...I'd been suffering from depression and it helped a lot to talk to somebody because I was on my own'*.

Some elderly beneficiaries were isolated from having no access to transport and/or living in a rural area, which was often exacerbated by living on their own:

'My husband passed away two years ago and since then my world has got much smaller. I can get to the local shops but not much more than that'.

Although a majority of the interviewees reported being lonely, one beneficiary had contact with other people but was unable to look after herself due to an accident:

'I had a bad fall in my kitchen and I dislocated my shoulder...I have plenty of friends who pop in and get my shopping and my family come over when they can, but it was just to have somebody to chat to and wanted to know how I was'.

Some individuals expressed their frustration and sadness that they could no longer care for themselves and carry out activities as they could previously: *'I'd been driving and living on my own and had a good life. When I came out of hospital all that changed. My feet were very painful and I could barely walk. I needed home-help to make me food and put me to bed. It was awful. I'd never needed help before.'*

SUPPORT PROVIDED BY GOFAL

The Gofal team provided a variety of services for these beneficiaries. Often they simply provided companionship and the weekly visits were the only social contact for some of the more isolated individuals:

'We talked about anything really, it was good to talk and be listened to.'

'They came once a week to have a chat for an hour and I thought that was very good because you could explain to people what you've got, what you've had, and how you are, and to chat to people gets it off your mind and stops you thinking about it too much.'

The BRC also provided practical help by shopping for food, assisting with filling in forms, and signposting to other services:

'I was in hospital twice and each time they came, got me food and had a chat for about an hour'

'If there was anything I needed doing she'd have an address or an idea of what I could do about it'.

As shown in the following quotes, the beneficiaries reported being very grateful for the help provided:

'The volunteer did help me when a solicitor came to see me and make a will even though I didn't really want to. He tried to charge me £400 and she was helpful in sorting things out so that I didn't have to pay.'

'She performed very well. She just listened and she told me about people who could help me, by doing jobs for me so that for example a man came to steam clean my rugs free of charge thanks to her.'

IMPACT ON BENEFICIARIES

COMPANIONSHIP

All beneficiaries enjoyed the company provided by the Gofal volunteers and said that having someone to talk to was very beneficial in reducing feelings of loneliness and isolation. They reported that they looked forward to the visits and that the volunteers were very good at listening and talking with them:

'It took loneliness away for that time and I was very lonely then'.

'The last woman just came for a chat just to give you a little boost and they did oh yeah, they listened to you.'

Although two individuals reported being either unable or unwilling to go out, several beneficiaries reported that they were accompanied by the volunteers on trips out and enjoyed outings such as going for a walk or to a cafe, and appreciated the company of the volunteer:

'He was a hell of a nice bloke we had some great days out he was a great guy I missed him. Hell of a nice bloke; real nice fella, good company. We'd go to Llandudno go look at the sea and see the ships going on the Manchester ship canal really, really good.'

'I did have some lovely visits to a garden centre, which was delightful for me. I'm completely on my own, I have no relatives. It was a real treat.'

Two beneficiaries reported being disappointed because they missed out on visits from the BRC due to ill health or hospital appointments: *'unfortunately I got a thrombosis in my leg and had to cancel, well cancelling meant they still counted the visit but they didn't see you, so the last four visits I lost out in.'*

INCREASED CONFIDENCE

One beneficiary of the Gofal North service also described how the encouragement and support from the volunteer helped build her confidence after she returned home from hospital:

'I was a little unsure – I was so unsteady on my feet and it had been so long since I'd been outside. The first time, she suggested we went for a walk, and she carefully held my arm and told me I could do it and off we went. We had a cup of coffee by the chemist and had a lovely chat in there. It was one of the most normal things I'd done in a long time. From there I went from strength to strength.'

This lady also described the lasting impact of the service and how she was now able to travel independently: *'Slowly I started to feel confident to go on my own. I started going on the bus to chapel again. I'm now going to an Age Concern coffee morning once a month and that came through the Red Cross too I think. It's been life-changing. I try to go out every few days at least.'*

This increased confidence also impacted upon her relationship with her family: *'A big thing for me has been having the confidence to play with my grandchildren again. I feel so much stronger now'.*

LONG-TERM IMPACT

Similarly, another beneficiary had started going to a lunch club and made new friends after being introduced by a Red Cross volunteer, and had continued to maintain this social contact:

'...the volunteer said to me, "Why don't we go to a lunch club"? and I said "Sure, but only if you'll come with me". I wouldn't have gone in there by myself and the lady had lunch with me and it was great because she stayed and introduced me. I've been going for about five months ever since that now. I've made friends at the club and we meet up once in a while outside of that.'

However, this beneficiary also expressed frustration that she couldn't access some of the other social groups that had been suggested to her by the volunteer: *'She gave me a list of other clubs but they're a bit further away and as I don't drive I just can't get there. Most of the things are out of the town and it's frustrating'*.

Another beneficiary reported that he met an old friend whilst on a trip out with a Gofal volunteer: *'In fact one week I picked up with an old girl friend of mine on one trip. Met her whilst I was out having a coffee with my volunteer...Because of the Red Cross that happened see. Brilliant. Rekindled a friendship with someone from my past.'*

In contrast, around half the beneficiaries did not report any longer term benefits – they were disappointed that the service was time-limited and would have liked the visits to have continued beyond 12 weeks. Some of these beneficiaries had no access to transport and were unable to leave the house unaccompanied. They often missed the company provided by the weekly visits, especially when they felt that they had developed a good relationship with the volunteer:

'...it's an awful void when you get to the end and they say no more visits and you think you have nothing else to look forward to'.

'I'd like to have someone else to come and visit me from the Red Cross but she was clear it only lasted 12 weeks and I don't know if that's that. I don't know how it works but I wish it hadn't stopped and if it was available again I'd take it.'

'Only thing was it was sad to finish after 10 weeks because I would gladly have contributed to help it continue further because it was too short. Even though I've a town full of friends many are working, or dead or can't get out anymore.'

One beneficiary also stated that although an hour a week was *'better than nothing'* he would have liked to have had more frequent visits: *'I wanted somebody more often, somebody that I could talk to. More frequent visits would have been the thing really.'*

Many of these individuals realised that the time-limited service was *'just one of those things'* and appreciated that the charity has limited funds and resources. One beneficiary acknowledged that there are other people in need of the BRC's services: *'They can only allocate so many visits and there must be a waiting list.'*

Another beneficiary was reassured because she had the contact details of the Gofal scheme and felt that she was able to call when she needed to: *'At first I used to think "Oh I mustn't ring her I mustn't bother her" but she's been so good that I don't mind ringing her now'*.

EXPERIENCE WITH RED CROSS STAFF/VOLUNTEERS

Although they were disappointed that the visits would not continue, beneficiaries highly praised the staff and volunteers at the Red Cross, whether they provided a friendly chat once a week or had helped beneficiaries to locate other support services, they were described as pleasant, polite, and helpful:

'It made a lot of difference really because for the simple reason when you're stuck in here all the time on your own with the four walls and the television it makes a lot of difference. I'd look forward to it every week and sometimes he'd pop in if he was passing just to see how I was, even if it wasn't his time to come. It made me feel better'.

'If I had to spend a day with anyone I'd like to spend it with her. She was absolutely great. And it did

help...for 12 weeks it got me over a sticky patch.'

CONCLUSION

Overall, the beneficiaries were very positive about the BRC Gofal service. For some, simply having someone to talk to every week was beneficial in reducing their loneliness and the vast majority of beneficiaries reported looking forward to their weekly visits. Others benefited from having practical support from the volunteers such as having their food shopping done and being given extra assistance after coming out of hospital. Some of the beneficiaries who reported being taken out by the volunteers said that this led to meeting new friends and having the increased confidence to go out independently after the Gofal visits had ended.

In contrast, other beneficiaries described how they were disappointed that the visits were time-limited and would have welcomed long-term contact, especially when they felt that they had developed a good relationship with the volunteer. This disappointment was alleviated by being provided with contact details for the BRC and by being assured that they can contact Gofal if they need further help in the future.

3. RESEARCH FINDINGS – VOLUNTEERS

The research findings in this chapter are presented in two sections. Firstly, the data from online questionnaire that was distributed among volunteers is presented and discussed. Secondly, the qualitative data from interviews and focus groups is combined and organised according to theme.

QUESTIONNAIRE

24 volunteers completed the survey either online or on paper copy.¹ A majority of respondents were female and were aged between 25 and 64 years. Six (25%) of the respondents volunteered in North Wales. One respondent reported being disabled and one respondent identified their ethnicity as being other than White.

Table 3.1 • Respondent characteristics – Gofal Cymru (n=24)

| Characteristic | Number (%) |
|---|------------|
| Location | |
| North Wales | 6 (25%) |
| Cardiff and the Vale | 5 (21%) |
| Carmarthenshire | 10 (42%) |
| Ceredigion | 2 (8%) |
| Swansea, Neath Port Talbot and Bridgend | 1 (4%) |
| Age | |
| 24 or under | 2 (8%) |
| 25-34 | 3 (13%) |
| 35-54 | 5 (21%) |
| 55-64 | 8 (33%) |
| 65-74 | 4 (17%) |
| 75 or above | 2 (8%) |
| Gender | |
| Male | 6 (25%) |
| Female | 18 (75%) |

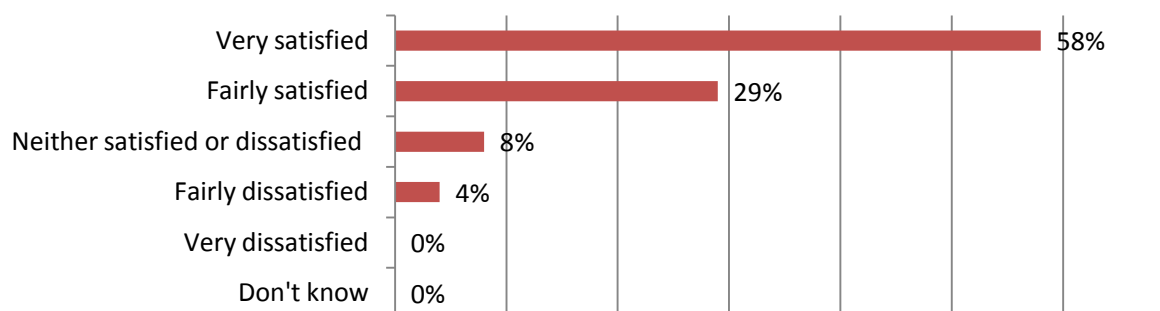
EXPERIENCE OF VOLUNTEERING

As shown in Figure 3.1, a majority of volunteers (n=21, 87%) were either 'very' or 'fairly' satisfied with the experience of volunteering for the Gofal service. One respondent however reported that they were fairly dissatisfied given that in their view the volunteer 'voice' is not heard equally with that of Gofal staff. This opinion, however, was very much in the minority.

¹ It should be noted that these were volunteers drawn from across the whole of Wales, and the proportion from North Wales is reported in Table 3.1. Because the numbers were relatively small, and the themes from the qualitative research were so similar, we have presented these findings across Wales, from 'Gofal Cymru', and not just Gofal North.

Figure 3.1 · Overall satisfaction with being a volunteer – Gofal Cymru

a. Overall, how satisfied or dissatisfied are you with the experience of volunteering on this project?



BENEFITS OF VOLUNTEERING

The volunteers' responses to questions about the benefits of volunteering were generally very positive (see Figure 3.2). All the volunteers reported that, where relevant, their personal development (3.2a), their skills (3.2b), their general health and wellbeing (3.2c), their employability (3.2d), their access to new contacts and networks (3.2e), and their participation in local activities (3.2g) had either increased or stayed the same. A majority of respondents (96%) reported that their sense of trust in others had increased or stayed the same, with one volunteer (4%) reporting that it had decreased (3.2f).

The survey also provided respondents with the opportunity to write about the impact that volunteering for Gofal has had on them. All the volunteers reported a positive impact of their voluntary work and found helping people in need to be highly rewarding. Several individuals wrote about the enjoyment of meeting new people and many also reported that their confidence in working with people from different backgrounds had improved as a result of volunteering. As seen in the following quotes, volunteers regarded their work to be beneficial both for themselves and for the service users:

'I have been volunteering for Gofal for three years now and really enjoy meeting new people and hopefully making a difference to the service users I visit. They have enjoyed the visits once a week and having a bit of company has made a great difference to them.'

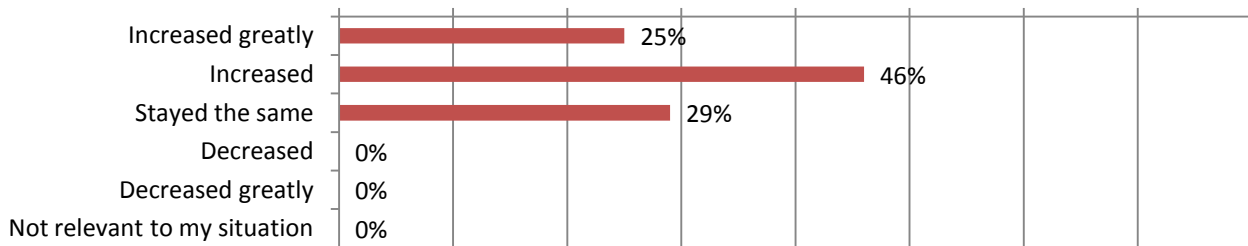
'It has made me feel more confident in myself when working alone and as part of a team. I have met fabulous people inside and outside the Red Cross through volunteering. I now tell people about the Red Cross Gofal project and how I am proud to be part of the team.'

Six volunteers reported that their experience has made them more aware of the difficulties that face vulnerable people, such as social isolation: *'It has increased my knowledge of the difficulties experienced by people who are isolated. The organisation has impressed me and I feel that am able to contribute towards the well-being of the community I live in.'* Working with the BRC had led one volunteer to start an MSc in Social Work and one other volunteer said that the voluntary work with Gofal had improved their CV.

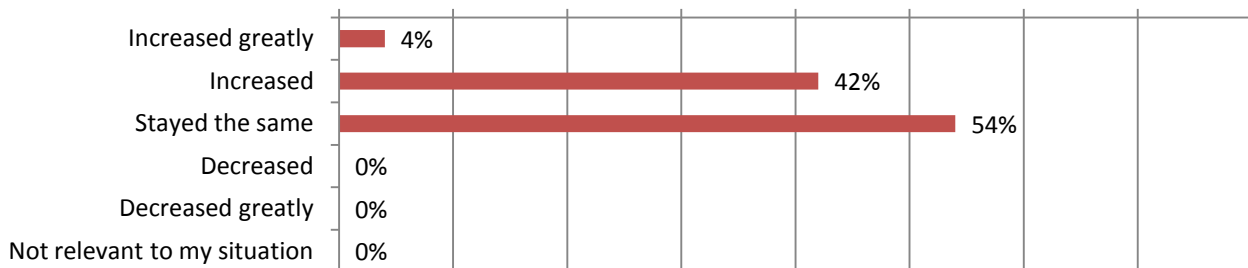
Although most volunteers reported gaining a great deal of satisfaction from their work with Gofal, one volunteer also expressed some dissatisfaction, as can be seen in the following quote: *'Some satisfaction when I see the client has been helped and gained confidence, but some dissatisfaction and frustration when the client has not wanted to be helped / socially included. Upset when clients are upset because project has come to an end for them, difficult because they want to befriend / stay in contact.'*

Figure 3.2 · Benefits of volunteering – Gofal Cymru

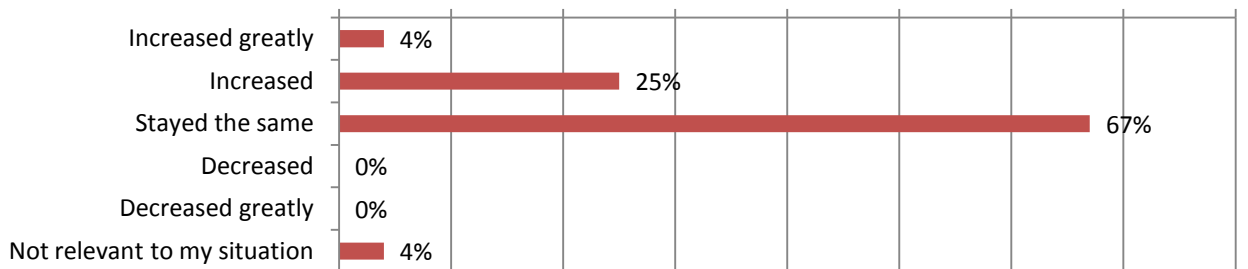
a. My personal development (e.g. confidence and self-esteem)



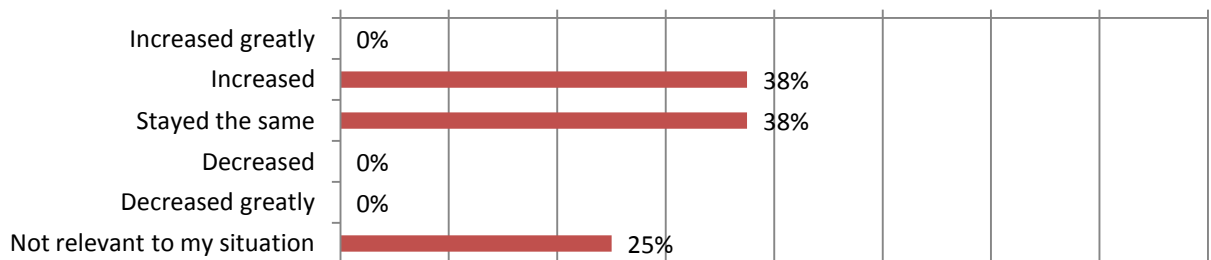
b. My skills (e.g. from teamwork through to computer literacy)



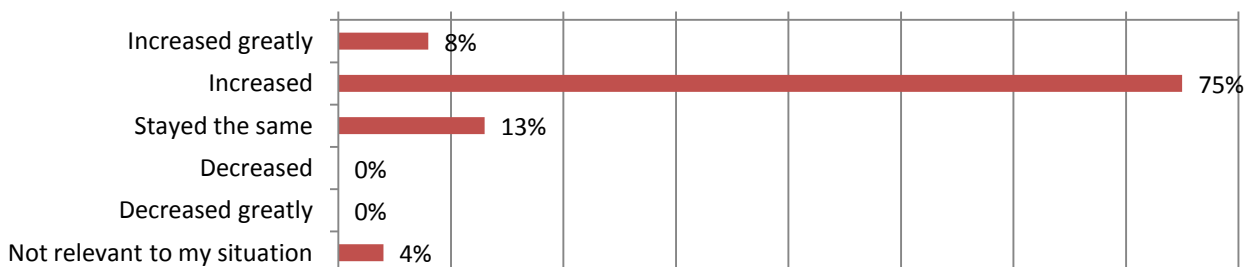
c. My general health and well-being



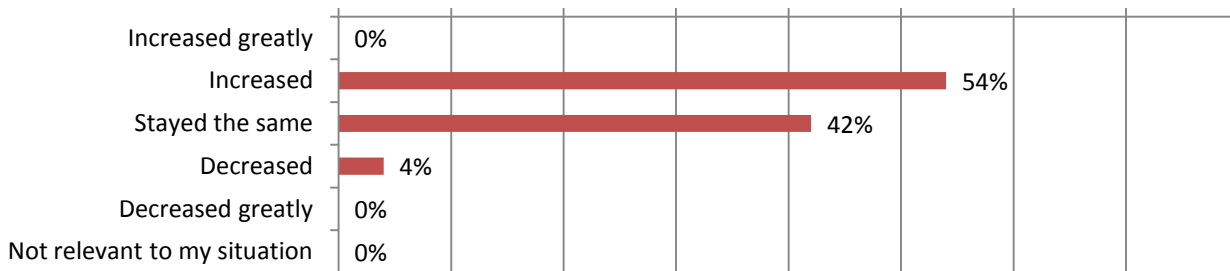
d. My employability



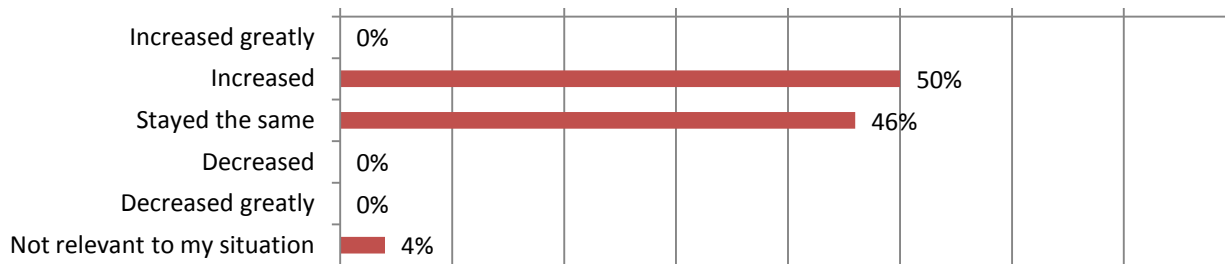
e. Access to new contacts and networks



f. My sense of trust in others



g. Participation in local activities



One respondent suggested that there might be a benefit from increasing the opportunity for meetings between volunteers as a way of learning from each other's experiences: *'I really enjoy talking to clients, the only negative being that I don't interact with my fellow volunteers perhaps we could have more training sessions when we get together and compare experiences? We would all learn from that!'*

All but one of the 24 respondents reported that they would recommend volunteering with the Gofal service to others. The volunteers were asked to report the main benefits and drawbacks of volunteering. The most commonly reported benefits were gaining satisfaction from helping others in need, meeting new people, and engaging with the local community. Seven respondents reported issues with the time-limited service as a potential drawback of volunteering, as they felt that this was not long enough for some beneficiaries:

'Benefits are giving back to the local community as well as positive changes to your own personal progression. Negatives can be the limited time you spend with them as some need extra support especially when circumstances may change for the worse.'

'The benefits to the service user are that they are able to see somebody each week where they probably would not have much contact with anybody on a daily basis, depending on their situation. The only drawback is that after the 12 weeks are up, they are back to where they were before the visits started.'

One respondent stated that a problem is that some service users do not want the help that is offered: *'Helping people that are clearly happy with the services you are able to provide for them, the drawbacks can be trying to help an individual but are unable to if they don't want the help you could provide them.'*

Overall, the responses to the volunteer survey suggest that Gofal volunteers find their voluntary work highly rewarding – they enjoy helping others and meeting new people, which can lead to an increased sense of self-worth.

Volunteers also benefit from the training provided and from learning new skills, with many praising the support provided by BRC. Some volunteers reported difficulties with ending the time-limited service, especially when the beneficiaries had come to rely on the volunteers' visits.

THEMATIC FINDINGS

In addition to the questionnaire, members of the WIHSC team conducted one-to-one interviews with three volunteers from Gofal South and facilitated a focus group with ten volunteers from Gofal North. The themes emerging from these are discussed below.

MOTIVATION FOR VOLUNTEERING

The volunteers were asked to describe their motivations for joining the BRC. Seven of the volunteers were retired and actively searching for volunteering opportunities:

'I went online, found a local volunteering agency and the women there referred me to Red Cross.'

'I had just retired and had some time on my hands. My friend was a Red Cross volunteer and took me to a meeting.'

Having had personal experience of being in hospital, a family bereavement, living on their own, or meeting someone who needed help was often a trigger for wanting to volunteer and help others in need: *'I was waiting to have radiotherapy and an old lady came in after being on the hospital transport since 8am and had been there all day and unwell. She had returned to a cold empty dark house in the evening. And that made me determined to get involved to help, so I saw a flyer and contacted the Red Cross.'*

Many of the volunteers described having experience of caring for people, either in a previous occupation such as nursing, or from being a primary carer for a family member. Others reported that they had valuable personal characteristics, such as good communication skills. These individuals felt that their skills and abilities are being usefully utilised by volunteering for the BRC:

'I am a good listener.'

'I like talking. I could go visit these people and cheer them up a bit.'

'I loved nursing and I really missed it when I first left...and this seemed to give me the same sense of caring, being able to do something constructive.'

IMPACT ON SERVICE USERS

The volunteers were all in agreement that Gofal has a positive impact and makes a difference to the lives of service users, which also provides motivation for continuing to volunteer. Helping people to become more independent, building confidence, and providing a friendly ear for people who are isolated and lonely, were the most common identified benefits and were similarly echoed in the interviews with beneficiaries (see above):

'I've certainly seen a change from first to last meeting and they become more confident.'

'...they get stuff off their chest because you're not family, you're neutral, and they can get stuff out. Hopefully give them more independence...and oddly enough it does make them a bit brighter.'

One volunteer agreed with the short-term benefits that the service provides but questioned the longer-term impact of the service: *'I'm not sure in the long term. It would be good to know how the service users feel three months later.'*

CHALLENGES OF A TIME-LIMITED SERVICE

A related issue which caused much discussion amongst the volunteers in the focus group was the duration of the service and how volunteers manage their time-limited relationships with the beneficiaries. One volunteer commented that 12 weeks was sufficient to help some clients to become more independent, but maybe insufficient for others who have long-term health conditions or psychological issues. Although most of the volunteers reported that this issue had been covered sufficiently in their training, they reported challenges in approaching the end of the service:

'When some people are lonely it's like taking a sweet from a child but really it would be more satisfying for us and them if the relationship could continue.'

'This coming to the end is very difficult and in the last two previous meetings it was gone into in great detail, reaching the end of the relationship and how you deal with it. But it is quite difficult and needs a lot of guidance.'

'Personally I found it difficult...You're trying to guide them not rely on you. But from their point of view they see you as a friend though we're not supposed to be. Paying attention to them which they often haven't had for some time.'

Other volunteers acknowledged that *'you can't keep carrying on indefinitely'* and had strategies to prepare beneficiaries for the end of the service. These include ensuring that service users are aware of the limits of the service and re-iterating this throughout the programme, and by linking up the service user with support structures that they can access after the Gofal service finishes:

'Part of this service is to help them with their isolation...sourcing clubs, helping them to get out and about and be firm with yourself because you know it will happen, and if you're happy with the level of service you've supplied then you should feel you've done the job really and can move on.'

'I always tell them it's only for 12 weeks but when I fill in my report I flag up further support that the person may need, with their advanced permission to do so.'

One volunteer mentioned the *'telebuddies service'* as a way of providing beneficiaries with someone to contact should they need to after the 12 week service has ended. Another volunteer stated that she reassures the service user that they can contact the BRC at any time.

However, as explained by one volunteer, it is not always straightforward or indeed possible to link beneficiaries up with further social activities or support services: *'The philosophy is good. Assess people. Encourage them to do other things. But with some old people like a lady I'm visiting who is 96 she's not wanting or able to do those things and it's just having someone to talk to for longer than 12 weeks, but where can that support come from? I referred this particular lady some weeks ago but nothing has happened yet and it depends whether they've (another organisation) got enough volunteers.'*

The focus group shared advice about this issue during the discussion, which led them to acknowledge that other volunteers are a valuable source of guidance and that they can support each other by sharing their experiences and examples of good practice: *'It is good to talk to each other though we hardly ever see each other, having each other's phone numbers or a few more meetings with each other...to get another perspective on it would be good.'* In fact, the arranged meetings for volunteers were very much appreciated by one of the volunteers from Gofal South: *'I've a wonderful manager and she does try and arrange things for us to meet up as a group and share our experiences together as volunteers.'*

IMPACT ON THE VOLUNTEERS

The volunteers also reported several positive impacts from volunteering with the Gofal. They described their enjoyment in meeting new people, and also gained satisfaction from being able to make a difference to someone's life and *'give something back'*:

'It makes me feel more useful, less self indulgent and made me more aware of the ageing process.'

'I'm a big believer in volunteering, it makes me a better more rounded person and the Red Cross is really part of who I am now.'

A reciprocal relationship was described by some individuals who said that as well as the service users benefitting from the service, volunteering for the Red Cross had reduced *their* feelings of loneliness and improved *their* confidence: *'It's made me more confident. My daughter says "stop talking to*

strangers” but it gives me a boost and makes me want to get up in the morning.’ One volunteer, who was also a student, reported learning from the older service users: ‘elderly people have got so much knowledge...it’s like give and take both ways. I’m supporting them and they’re giving me knowledge at the same time.’

Two volunteers reported that volunteering provides them with welcome respite from being a full-time carer for a family member: *‘as a full time carer for my wife it gives me a break from my own life’.*

Four volunteers also described benefitting from the training and courses provided by the Red Cross, and many were extremely positive about the support structures for volunteers, all of which helped them perform their role and help them to deal with the challenges of working with the service users. One volunteer suggested that she would have found it useful to shadow another volunteer to gain more experience before going out on her own:

‘When I was learning you don’t get enough real life situations, a shadowing type of thing...because you’re not a social worker you’re a volunteer, even though we have a very good training programme at Red Cross, it’s not like you’ve studied for three years to get a degree in life skills and psychiatry.’

The one area that volunteers in the focus group suggested could be improved was increasing awareness of the service, to ensure that those who really need help know what BRC services are available. Suggestions included advertising on local TV, radio and in the local press, and displaying posters in libraries and doctor’s waiting rooms. Similarly, one of the volunteers from Gofal South was unsure how service users were referred to the Red Cross and suggested that there might be ways of making sure that people who need the service are aware of how to access it.

4. RESEARCH FINDINGS – OUTCOMES DATA

The WIHSC team looked at the data that is collected by British Red Cross about beneficiaries at the initial and final points of the service: the Map of Social Contacts and the Change Wheel (for an explanation of these see the Introduction above, and Appendix I below). Several inferential statistical tests were performed on the dataset in order to determine whether the differences between groups or patterns that can be seen are likely to be part of a systematic trend, or whether they have occurred by chance.

The names of these tests have been stated where appropriate for completeness, but it is not necessary to know the details of these tests. To interpret the findings, p-values can be examined. These values are calculated using the appropriate formula and represent the probability of a particular outcome occurring by chance- the value can vary between 0 and 1, and the smaller the value the less likely an outcome is occurring by chance and the more we can consider that there is a systematic effect (sometimes referred to as a *significant* outcome or result). The traditional cut-off point for a result to be accepted as statistically significant is 0.05 (ie. 5%), so where p-values are presented they should be compared against this figure- any that are smaller than 0.05 are telling us that there is something interesting happening.

DEMOGRAPHICS

Descriptive statistics were calculated to provide background information about the dataset. A total of 1,178 people were included in the analysis for Gofal North. These 1,178 represented the full complement (as at June 2014) of service users who had completed the Gofal scheme and therefore had 'Initial' and 'Final' Map of Social Contact and Change Wheel scores. Table 4.1 shows how many people were from each local authority area across North Wales:

Table 4.1 · Location of service users – Gofal North

| Local authority area | Number of closed cases |
|----------------------|------------------------|
| Anglesey | 86 |
| Conwy | 390 |
| Denbighshire | 385 |
| Flintshire | 96 |
| Gwynedd | 100 |
| Wrexham | 121 |
| TOTAL | 1,178 |

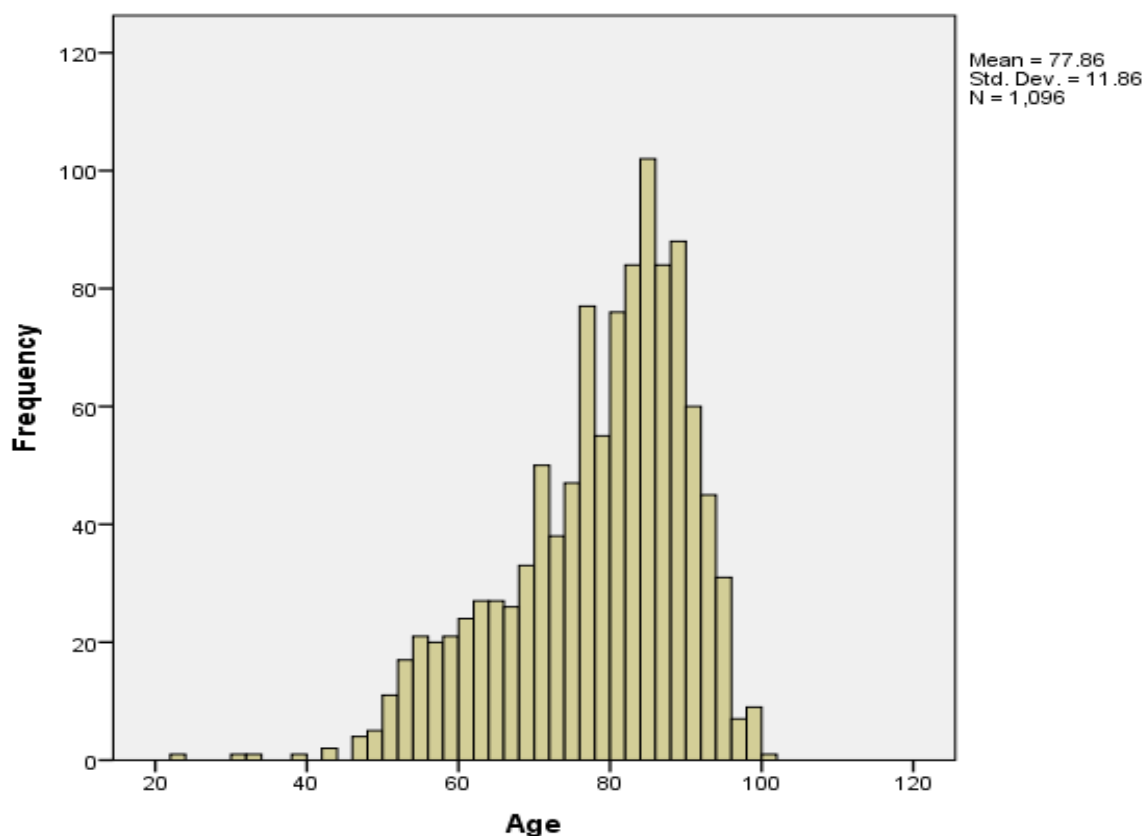
The majority of service users were female (n=869, 74%) and ages were known for 1,096 people and varied between 23 and 100. The mean age was 77.86, and 50% of service users were aged over 80 years. This histogram (Figure 4.1 below) shows the distribution of ages.

CHANGES TO THE MAP OF SOCIAL CONTACTS

Nine variables were listed under the Map of Social Contacts- these were recorded as either being 'Yes' or 'No' and were each measured as an Initial and Final value. As such any individual could either

remain stable at 'Yes', stable at 'No', change from 'Yes' to 'No', or change from 'No' to 'Yes'.

Figure 4.1 · Age profile of service users – Gofal North



It is correct to assume that a change from 'No' to 'Yes' is desirable, although the definitions of the different variables are very heavily influenced by an individual's own circumstances (see Appendix I).

Analysis was undertaken to determine whether, when changes did occur, there was a pattern to those changes (McNemar tests were performed). All 8 outcomes were significant ($p < 0.05$), with the vast majority of changes seeing responses change from 'No' to 'Yes'. These results show that some of the variables have a majority 'Yes' initially so often remain stable, yet where changes do occur it is very common for improvements to be seen, with deteriorations only very seldom observed.

Table 4.2 · Impact on Map of Social Contacts – Gofal North

| Variable | Stable 'No' | Stable 'Yes' | Change 'No' to 'Yes' | Change 'Yes' to 'No' | p |
|-------------------------|-------------|--------------|----------------------|----------------------|--------|
| Friends and relatives | 19 | 411 | 87 | 3 | <0.001 |
| Clubs and Organisations | 39 | 99 | 381 | 1 | <0.001 |
| Emotional needs | 12 | 25 | 483 | 0 | <0.001 |
| Home Security | 3 | 341 | 176 | 0 | <0.001 |
| Meals | 1 | 452 | 67 | 0 | <0.001 |
| Money matters | 2 | 455 | 63 | 0 | <0.001 |
| Transport | 22 | 256 | 241 | 0 | <0.001 |
| Home services | 5 | 346 | 169 | 0 | <0.001 |
| Access to information | 5 | 167 | 347 | 0 | <0.001 |

'How Are You Today' is measured differently from the other variables in that it is on a scale of 1-10, rather than Yes/No, so an alternative statistical test (Wilcoxon) was performed. This too (Table 4.3) shows that changes are nearly always positive.

Table 4.3 · Analysis of 'How are You Today?' scores – Gofal North

| Deteriorated | No Change | Improved | Total | p |
|--------------|-----------|----------|------------|--------|
| 0 | 8 | 208 | 216 | <0.001 |

To summarise, very few variables have scores that change from a 'Yes' to a 'No' – Table 4.4.

Table 4.4 · 'Negative' Map of Social Contacts change – Gofal North

| Variable | No. of changes from 'Yes' to 'No' | % |
|-------------------------|-----------------------------------|-----|
| Friends and relatives | 3/520 | 0.5 |
| Clubs and Organisations | 1/520 | 0.2 |
| Emotional needs | 0/520 | - |
| Home Security | 0/520 | - |
| Meals | 0/520 | - |
| Money matters | 0/520 | - |
| Transport | 0/519 | - |
| Home services | 0/520 | - |
| Access to information | 0/519 | - |

WHAT IS THE INFLUENCE OF DEMOGRAPHICS ON CHANGES TO SOCIAL CONTACTS?

With so many changes observed within the Social Contact variables, further analysis was performed to determine whether demographics (namely age and gender) had an impact upon the changes. Subjects were split into two groups – those that had, and had not, seen improvements in their Social Contact outcomes.

Firstly, the groups were compared to see whether their make-up in terms of gender was different (chi square tests performed). None of the results were significant, indicating that gender does not have an effect upon whether improvements to Social Contacts are seen. Secondly, the groups were compared to see if the mean ages of the members of those groups were different (t-tests performed). Seven of the nine variables showed no differences in mean ages. However, those that improved in terms of their 'Friends and Relatives' and 'Transport' tended to be younger than those that had not improved.

CHANGES TO THE CHANGE WHEEL

Change Wheel outcomes are measured on a scale of 1-10 (see Appendix I for details). Table 4.5 shows the median outcomes for each variable and indicates that all variables saw a median improvement. The median value (rather than the mean or mode) is used as for data like this as it is the best indicator of the typical service user and shows most clearly what changes, if any, might be anticipated in future.

Table 4.5 · Initial and Final median outcomes for the Change Wheel – Gofal North

| Outcome | Initial score (Median) | Final score (Median) |
|----------------------|---------------------------|-------------------------|
| Motivation | 4 | 7 |
| Use of time | 4 | 7 |
| Emotional health | 4 | 7 |
| Social networks | 3 | 6 |
| Loneliness | 4 | 7 |
| Looking after myself | 6 | 8 |
| Safe and secure | 8 | 10 |
| How are you today? | 4 | 7 |

Analysis was performed to determine whether there was a trend to the direction of change where changes were observed (Wilcoxon tests performed). All outcomes were significant ($p < 0.05$), with the vast majority of changes, where they occurred, being positive (Table 4.6).

Table 4.6 · Change Wheel ‘direction’ – Gofal North

| Outcome | Deteriorated | No Change | Improved | Total | p |
|----------------------|--------------|-----------|----------|-------|--------|
| Motivation | 0 | 15 | 412 | 427 | <0.001 |
| Use of Time | 0 | 22 | 405 | 427 | <0.001 |
| Emotional Health | 1 | 9 | 417 | 427 | <0.001 |
| Social Networks | 1 | 35 | 391 | 427 | <0.001 |
| Loneliness | 0 | 14 | 413 | 427 | <0.001 |
| Looking After Myself | 0 | 67 | 360 | 427 | <0.001 |
| Safe and Secure | 1 | 127 | 299 | 427 | <0.001 |

WHAT IS THE INFLUENCE OF DEMOGRAPHICS ON CHANGES TO CHANGE WHEEL?

Further analysis was performed to determine whether age and gender had an influence upon changes seen to the Change Wheel. Firstly, tests were performed to determine whether there was any difference between males and females in terms of the change to their Change Wheel variables (t-tests). For all variables, the amount of change was similar for males and females.

Secondly, tests were performed to determine whether there were any relationships between the age and amount of change to Change Wheel variables (Spearman tests). No correlations were observed, which indicates that as age increases, there is no trend in terms of whether there is greater or lesser change to the Change Wheel.

WHAT IS THE NET DIFFERENCE?

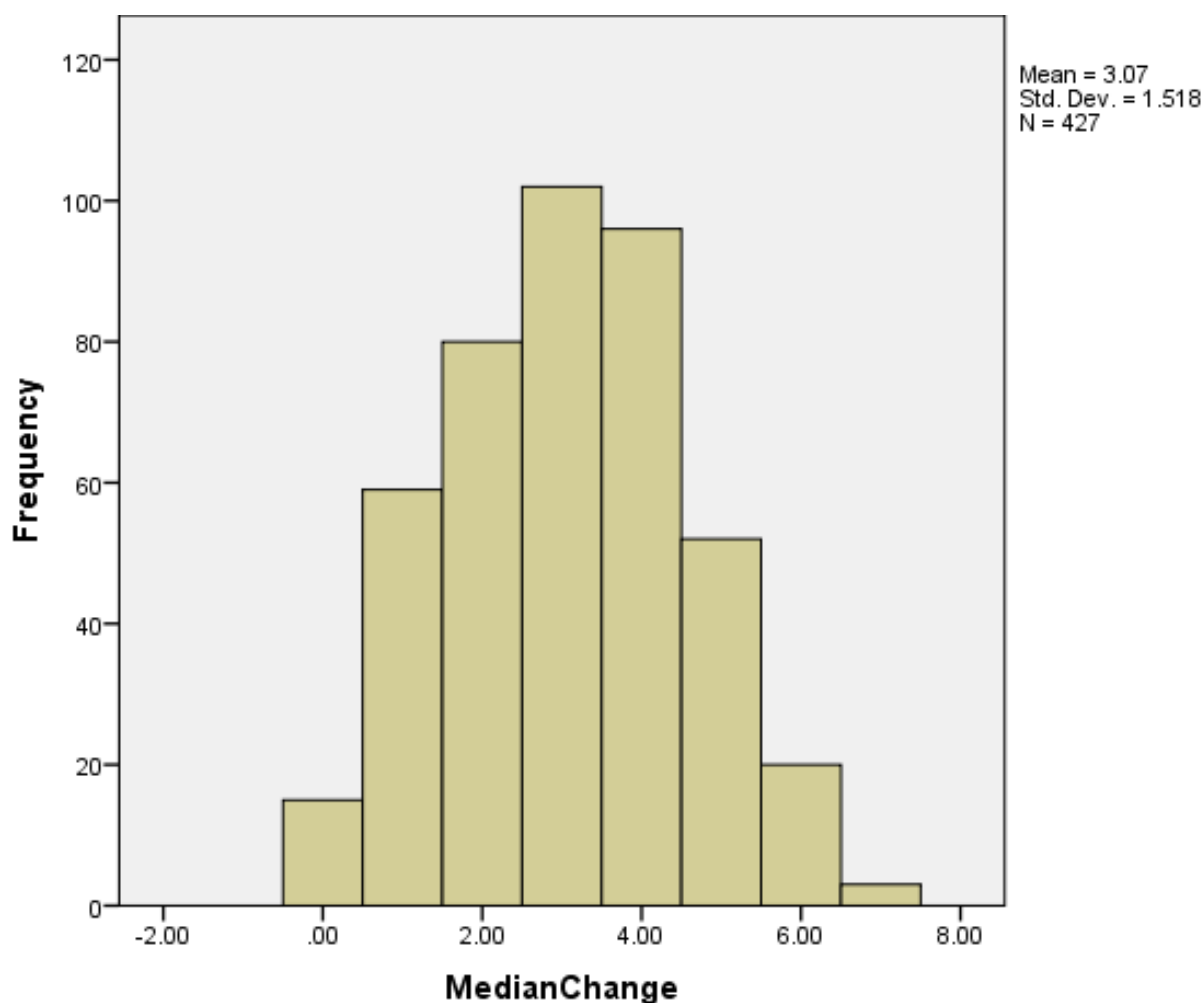
Table 4.7 shows the extent of the changes that have been observed for each outcome on the Change Wheel. It indicates that all the median change over time is positive for all outcomes, but that the scale of the median change varies for different outcomes from +4 to +1.

Table 4.7 · Overall difference, Change Wheel – Gofal North (n=427 valid cases)

| Outcome | Median | Worst outcome | Best outcome |
|----------------------|-----------|------------------|--------------|
| Motivation | +3 | No change | +8 |
| Use of Time | +3 | No change | +8 |
| Emotional Health | +3 | -1 | +8 |
| Social Networks | +3 | -1 | +8 |
| Loneliness | +4 | No change | +7 |
| Looking After Myself | +1 | No change | +7 |
| Safe and Secure | +1 | -1 | +7 |
| OVERALL | +3 | No change | +7 |

For the ‘Overall’ score, the median of all changes was calculated for each individual case (i.e. a person whose changes across the board were: +7, +7, +7, unknown, +8, +6, +4, +3; the overall median of their scores was +7). The histogram (Figure 4.2) shows the distribution of overall outcomes for the 427 valid cases, with the bars representing the number of times each of the median changes occurred within the dataset.

Figure 4.2 · Frequency distribution of median ‘overall’ outcome changes – Gofal North



WHAT ARE THE INITIAL AND FINAL SCORES FOR THE CHANGE WHEEL?

Building on the previous sections, Table 4.8 (overleaf) indicates how many people had each score (1-10) at the initial and final stages for each outcome on the Change Wheel. The values highlight that for all outcomes, there are increases in the higher scores at the final stage.

DOES STARTING POINT AFFECT THE AMOUNT OF CHANGE?

Analysis was also performed to see whether a person's initial score had an impact upon their final score. While those that start with high scores have less room for improvement and are less likely to show major positive changes, it does not necessarily follow that those with the lowest initial scores would see the largest improvements. Kruskal Wallis tests were performed and box plots were created to show how starting points affect the amount of change that has been observed.

All outcomes show significant results ($p < 0.05$) and while those that have high initial scores do indeed see smaller amounts of change, the greatest change is seen among those with different starting points for different variables. For each variable, the starting point with the greatest change was compared against each other starting point to indicate whether the amount of change observed was significantly different at that point (Mann-Whitney tests performed). The following represents the detail of that analysis, by outcome:

| | |
|-----------------------------|--|
| Motivation | Those that see the highest median change are those that start at 3. |
| Use of time | Those that see the highest median change are those that start at 2, but there are only 2 cases. The next highest median changes are for those that start at 3 and 4. |
| Emotional Health | Those that see the highest median change are those that start at 2 and 3. |
| Social Networks | Those that see the highest median change are those that start at 2, 3 and 4. |
| Loneliness | Those that see the highest median change are those that start at 2. |
| Looking After Myself | Those that see the highest median change are those that start at 3. |
| Safe And Secure | Those that see the highest median change are those that start at 2 but there are only 2 cases. The next highest median change is for those that start at 3 and 4. |

COMPARISON WITH GOFAL CYMRU

The analysis above needs to be considered alongside the following section on 'Gofal Cymru' which takes account of the figures from both Gofal North and Gofal South. The key messages below are functions of many separate pieces of analysis which have been performed to determine patterns within the outcomes observed in this national dataset, in terms of changes to the Map of Social Contact and Change Wheel scores, differences between demographic groups, and whether Social Contacts themselves influence changes to the Change Wheel. The remainder of this section reproduces Tables from above but with Gofal Cymru, rather than Gofal North data therein. These therefore need to be read alongside one another to get a sense of the similarities and differences between the two data sets.

A total of 2,272 people were included in the Gofal Cymru analysis. The split between North ($n=1,178$) and South ($n=1,094$) was approximately equal, with marginally more cases in the North.

Table 4.8 · Initial and Final scores, Change Wheel – Gofal North

| Outcome | Score | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | |
|-------------------------|---------|---|-----|----|------|-----|------|-----|------|-----|------|----|------|-----|------|-----|------|-----|------|-----|------|
| | | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % |
| Motivation | Initial | 1 | 0.2 | 14 | 3.3 | 182 | 42.6 | 80 | 18.7 | 111 | 26 | 31 | 7.3 | 5 | 1.2 | 3 | 0.7 | 0 | 0 | 0 | 0 |
| | Final | 1 | 0.2 | 1 | 0.2 | 5 | 1.2 | 26 | 6.1 | 23 | 5.4 | 53 | 12.4 | 122 | 28.6 | 84 | 19.7 | 65 | 15.2 | 47 | 11 |
| Use of Time | Initial | 2 | 0.5 | 78 | 18.3 | 96 | 22.5 | 65 | 15.2 | 141 | 33 | 35 | 8.2 | 7 | 1.6 | 3 | 0.7 | 0 | 0 | 0 | 0 |
| | Final | 0 | 0 | 2 | 0.5 | 12 | 2.8 | 19 | 4.4 | 35 | 8.2 | 81 | 19 | 71 | 16.6 | 76 | 17.8 | 111 | 26 | 20 | 4.7 |
| Emotional Health | Initial | 4 | 0.9 | 57 | 13.3 | 151 | 35.4 | 120 | 28.1 | 79 | 18.5 | 13 | 3 | 3 | 0.7 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Final | 0 | 0 | 2 | 0.5 | 5 | 1.2 | 31 | 7.3 | 43 | 10.1 | 70 | 16.4 | 78 | 18.3 | 110 | 25.8 | 64 | 15 | 24 | 5.6 |
| Social Networks | Initial | 0 | 0 | 95 | 22.2 | 144 | 33.7 | 129 | 30.2 | 31 | 7.3 | 16 | 3.7 | 6 | 1.4 | 3 | 0.7 | 1 | 0.2 | 2 | 0.5 |
| | Final | 0 | 0 | 9 | 2.1 | 18 | 4.2 | 27 | 6.3 | 108 | 25.3 | 70 | 16.4 | 68 | 15.9 | 47 | 11 | 51 | 11.9 | 29 | 6.8 |
| Loneliness | Initial | 4 | 0.9 | 47 | 11 | 101 | 23.7 | 205 | 48 | 54 | 12.6 | 9 | 2.1 | 4 | 0.9 | 3 | 0.7 | 0 | 0 | 0 | 0 |
| | Final | 0 | 0.2 | 1 | 0.2 | 6 | 1.4 | 20 | 4.7 | 15 | 3.5 | 51 | 11.9 | 126 | 29.5 | 102 | 23.9 | 95 | 22.2 | 10 | 2.3 |
| Looking After Myself | Initial | 1 | 0.2 | 6 | 1.4 | 19 | 4.4 | 56 | 13.1 | 79 | 18.5 | 69 | 16.2 | 37 | 8.7 | 155 | 36.3 | 4 | 0.9 | 1 | 0.2 |
| | Final | 1 | 0.2 | 0 | 0 | 0 | 0 | 9 | 2.1 | 18 | 4.2 | 37 | 8.7 | 40 | 9.4 | 120 | 28.1 | 166 | 38.9 | 36 | 8.4 |
| Feeling Safe and Secure | Initial | 2 | 0.5 | 2 | 0.5 | 17 | 4 | 44 | 10.3 | 61 | 14.3 | 42 | 9.8 | 35 | 8.2 | 43 | 10.1 | 128 | 30 | 53 | 12.4 |
| | Final | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0.7 | 9 | 2.1 | 13 | 3 | 22 | 5.2 | 54 | 12.6 | 108 | 25.3 | 218 | 51.1 |

CHANGES TO MAP OF SOCIAL CONTACTS

As with Gofal North, when the Gofal Cymru data was analysed (McNemar tests were performed), all nine outcomes were significant ($p < 0.05$), with the vast majority of changes seeing responses change from 'No' to 'Yes'.

Table 4.9 • Impact on Map of Social Contacts – Gofal Cymru

| Variable | Stable 'No' | Stable 'Yes' | Change 'No' to 'Yes' | Change 'Yes' to 'No' | p |
|-------------------------|-------------|--------------|----------------------|----------------------|--------|
| Friends and relatives | 35 | 669 | 118 | 3 | <0.001 |
| Clubs and Organisations | 111 | 177 | 509 | 1 | <0.001 |
| Emotional needs | 56 | 148 | 573 | 1 | <0.001 |
| Home Security | 49 | 523 | 204 | 6 | <0.001 |
| Meals | 60 | 638 | 88 | 4 | <0.001 |
| Money matters | 58 | 623 | 88 | 8 | <0.001 |
| Transport | 123 | 346 | 323 | 3 | <0.001 |
| Home services | 70 | 512 | 215 | 5 | <0.001 |
| Access to information | 61 | 255 | 475 | 0 | <0.001 |

CHANGES TO CHANGE WHEEL

Table 4.10 shows the median outcomes for each variable and indicates that nearly all variables saw a median improvement over time except for motivation, which had the highest initial median score.

Table 4.10 • Initial and Final median outcomes for the Change Wheel – Gofal Cymru

| Outcome | Initial score (Median) | Final score (Median) |
|-------------------------------------|------------------------|----------------------|
| Motivation | 7 | 7 |
| Use of time | 5 | 7 |
| Emotional health | 4 | 7 |
| Improved Self Esteem and Confidence | 4 | 6 |
| Social networks | 4 | 6 |
| Loneliness | 3 | 7 |
| Looking after myself | 4 | 8 |
| Safe and secure | 6 | 9 |
| How are you today? | 4 | 8 |

NET DIFFERENCE

Table 4.11 shows the extent of the changes that have been observed for each outcome on the Change Wheel. It indicates that all variables typically improve, although, as for Gofal North, there are

exceptions where some deteriorations have been observed. It should be noted that for Gofal Cymru, the magnitude of the changes are less than that for Gofal North, although in part this may be explained by differences in the way data is collected at initial and final points across Wales.

Table 4.11 · Overall difference, Change Wheel – Gofal Cymru (n=731 valid cases)

| Outcome | Median | Worst outcome | Best outcome |
|----------------------|-----------|---------------|--------------|
| Motivation | +2 | -4 | +8 |
| Use of Time | +2 | -2 | +8 |
| Emotional Health | +2 | -6 | +8 |
| Improved Self Esteem | +1 | -4 | +7 |
| Social Networks | +2 | -3 | +8 |
| Loneliness | +3 | -5 | +8 |
| Looking After Myself | +1 | -5 | +7 |
| Safe and Secure | +1 | -5 | +9 |
| OVERALL | +2 | -1 | +7 |

WHAT ARE THE INITIAL AND FINAL SCORES FOR THE CHANGE WHEEL?

Table 4.12 (overleaf) indicates how many people had each score (1-10) at the initial and final stages for each outcome on the Change Wheel. The values highlight that as for Gofal North, there are increases in all outcomes, and that the higher scores at the final stage.

WHAT IS THE INFLUENCE OF SOCIAL CONTACTS ON THE CHANGE WHEEL?

One piece of analysis that was only performed on the Gofal Cymru dataset was to use initial Map of Social Contacts scores to see their effect upon *changes* to the Change Wheel, i.e. what changes might we anticipate happening to the outcomes on the Change Wheel based on a person’s Social Contacts statuses at the start of the programme.

Linear regression models were created. Here, the R Square value indicated the proportion of the variation in the Change Wheel variable that can be explained by the Social Contact variables. These values are fairly low in all cases so we must be careful in interpreting the influence of the factors- while some variables to contribute usefully to the models, the models themselves do not explain the situation perfectly. The Model p-value indicated whether the model is useful at all.

The Beta values showed the modelled impact of the specific Social Contact variable upon the Change Wheel- a positive value indicated that a positive answer for the Social Contact will lead to an *increase* in the Change Wheel, a negative value indicates that a positive answer for the Social Contact will lead to an *decrease* in the Change Wheel. For example, a positive answer for the Clubs and Organisations variable leads to a decrease in Motivation, while a positive answer for Transport leads to an increase in Motivation. The associated p-value indicated whether each variable makes a useful contribution to the model.

All the models that were produced were significant with the exception of ‘Improved Self Esteem’, so in most cases we can say that there are some Social Contact factors that affect whether we are likely to see a change on the Change Wheel.

Table 4.12 • Initial and Final scores, Change Wheel – Gofal Cymru

| Outcome | Score | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | |
|-------------------------|---------|----|-----|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|
| | | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % |
| Motivation | Initial | 11 | 1.2 | 48 | 5.2 | 227 | 24.8 | 143 | 15.6 | 201 | 22.0 | 110 | 12.0 | 74 | 8.1 | 70 | 7.7 | 17 | 1.9 | 14 | 1.5 |
| | Final | 5 | 0.7 | 10 | 1.3 | 18 | 2.4 | 45 | 5.9 | 58 | 7.6 | 98 | 12.9 | 191 | 25.1 | 168 | 22.0 | 104 | 13.6 | 65 | 8.5 |
| Use of Time | Initial | 18 | 1.9 | 136 | 14.4 | 169 | 17.9 | 152 | 16.1 | 249 | 26.4 | 110 | 11.7 | 54 | 5.7 | 30 | 3.2 | 16 | 1.7 | 9 | 1.0 |
| | Final | 4 | 0.5 | 11 | 1.5 | 28 | 3.8 | 46 | 6.2 | 86 | 11.6 | 142 | 19.1 | 142 | 19.1 | 122 | 16.4 | 132 | 17.7 | 31 | 4.2 |
| Emotional Health | Initial | 22 | 2.3 | 125 | 13.3 | 223 | 23.6 | 206 | 21.8 | 184 | 19.5 | 58 | 6.2 | 70 | 7.4 | 32 | 3.4 | 16 | 1.7 | 7 | 0.7 |
| | Final | 2 | 0.3 | 14 | 1.9 | 24 | 3.2 | 58 | 7.8 | 92 | 12.3 | 123 | 16.5 | 146 | 19.6 | 164 | 22.0 | 90 | 12.1 | 32 | 4.3 |
| Improved Self Esteem | Initial | 18 | 3.6 | 68 | 13.6 | 90 | 18.0 | 84 | 16.8 | 97 | 19.4 | 46 | 9.2 | 57 | 11.4 | 27 | 5.4 | 8 | 1.6 | 4 | 0.8 |
| | Final | 2 | 0.7 | 9 | 2.9 | 28 | 9.2 | 26 | 8.5 | 51 | 16.7 | 58 | 19.0 | 54 | 17.6 | 44 | 14.4 | 26 | 8.5 | 8 | 2.6 |
| Social Networks | Initial | 18 | 2.1 | 188 | 21.6 | 234 | 26.8 | 221 | 25.3 | 94 | 10.8 | 47 | 5.4 | 38 | 4.4 | 19 | 2.2 | 8 | 0.9 | 5 | 0.6 |
| | Final | 2 | 0.3 | 32 | 4.5 | 45 | 6.3 | 71 | 9.9 | 160 | 22.3 | 120 | 16.7 | 105 | 14.6 | 75 | 10.4 | 72 | 10.0 | 36 | 5.0 |
| Loneliness | Initial | 40 | 4.2 | 132 | 14.0 | 193 | 20.5 | 315 | 33.4 | 123 | 13.1 | 57 | 6.1 | 43 | 4.6 | 23 | 2.4 | 8 | 0.8 | 8 | 0.8 |
| | Final | 4 | 0.5 | 20 | 2.7 | 40 | 5.4 | 58 | 7.8 | 65 | 8.7 | 102 | 13.7 | 183 | 24.6 | 145 | 19.5 | 109 | 14.6 | 19 | 2.6 |
| Looking After Myself | Initial | 17 | 1.8 | 50 | 5.3 | 60 | 6.4 | 112 | 11.9 | 140 | 14.8 | 134 | 14.2 | 120 | 12.7 | 239 | 25.3 | 49 | 5.2 | 22 | 2.3 |
| | Final | 5 | 0.7 | 18 | 2.4 | 15 | 2.0 | 36 | 4.8 | 57 | 7.7 | 77 | 10.3 | 96 | 12.9 | 180 | 24.2 | 213 | 28.6 | 48 | 6.4 |
| Feeling Safe and Secure | Initial | 9 | 1.0 | 11 | 1.2 | 30 | 3.2 | 67 | 7.1 | 115 | 12.2 | 82 | 8.7 | 92 | 9.8 | 177 | 18.8 | 205 | 21.7 | 155 | 16.4 |
| | Final | 3 | 0.4 | 2 | 0.3 | 5 | 0.7 | 13 | 1.7 | 29 | 3.9 | 40 | 5.4 | 74 | 9.9 | 122 | 16.4 | 166 | 22.3 | 292 | 39.1 |

Transport is the variable that has the greatest positive effect- if people have transport available then there will be an increase in the amount of change seen for most outcomes – it could be said to catalyse the changes seen. ‘Clubs and Organisations’, ‘Emotional Needs’ and ‘Home Security’ tend to have negative Beta values, i.e. if these are answered ‘Yes’ then it will slow down the improvements seen on the Change Wheel.

Further models were created that also included Gender and Age as potential explanatory factors, but these factors did not make a significant impact, and the model overall remained non-significant.

CONCLUSIONS

Key findings from the analysis of data across Gofal Cymru were:

- It was common to see outcomes for Social Contacts improve (where improvements were possible), while it was extremely rare to see deteriorations;
- Gender and age tended not to influence changes to Social Contacts;
- All elements of the Change Wheel saw a clear majority of people improve their scores (typically by between 1 and 3 levels on the scale), with only very few deteriorations;
- Gender and age did not influence changes to the Change Wheel (with the exception of Improved Self Esteem, where females improved more);
- The greatest improvements to the Change Wheel were seen among those that had lower initial scores, typically (but not exclusively) 2, 3 or 4; and
- Models that examine the influence of initial Social Contacts on changes to the Change Wheel suggest that availability of transport has a positive impact upon most outcomes in the Change Wheel, while the variables ‘Clubs and Organisations’, ‘Emotional Needs’ and ‘Home Security’ slow down the improvements observed.

5. RESEARCH FINDINGS – ECONOMIC ANALYSIS

The final part of the study involved the team undertaking an economic analysis of the Gofal data. This analysis was an assessment of the cost of each 'case' analysed into the many elements of the service including the assessment and interventions carried out by the Gofal staff and volunteers. This analysis also examines the outcomes of the service and assesses the cost of the service in relation to the outcomes achieved.

As with the approach to the inferential statistics above it was important to consider both the 'local' data (i.e. across the North) and to form conclusions about this in relation to the 'Gofal Cymru' data – i.e. both the North and South data combined. As evidence of this, the approach to sampling is outlined below.

SAMPLING

An initial sample size of 100 cases was targeted (50 cases each for North and South). This sample size was decided for pragmatic reasons, based on an estimate of how many cases could feasibly be examined within reasonable time constraints. In fact it turned out that there was time to analyse further cases, so the sample size was increased with further cases sampled within the time frame, resulting in a total sample size of 156 cases – 100 from Gofal North and 56 from Gofal South.

Discussion among the research team led to identification of a suitable sampling method in order to complete the economic analysis of the dataset. A quota system was employed to identify a representative sample, where proportionately appropriate numbers of people were selected from each region within the North and South datasets (i.e. the samples contained more cases from regions that had larger numbers of cases available). The specific cases that were identified were randomly allocated within each region. This combination of techniques meant that while the random element reduced potential bias in selection of cases (there was no reason why more expensive, or more time consuming cases would be chosen for example), a spread of cases across each area would still be guaranteed due to the quota allocation within each region, eliminating biases due to different practices being applied within different regions.

However, this sampling approach proved to be problematic in the South, where a lack of data availability meant that among the initially identified 50 cases, only 35 were found to be suitable for analysis. An additional 21 cases were then selected using a purposive sampling method where priority was given to the most recently completed cases that were known to have 'full' datasets. As a result, the quota element of the selection was lost and the allocations within regions may have led to some regions being over- or under-represented within the sample. However, even with these limitations, a pseudo-random element was retained as the most recent cases would not provide any inherent bias in terms of being more or less costly examples.

As such, this hybrid approach has still obtained a representative sample. This idea was supported by analysis (below) which shows that there was not any inherent difference between those sampled according to the original approach and those sampled using the alternative method, in terms of overall costs.

SAMPLE BIAS?

Analysis was performed to determine whether the different sampling methods employed to obtain data for analysis within the South when compared with the North had any effect upon the results achieved.

A Mann-Whitney test was performed and showed that there was no significant difference between the overall costs for the two types of sample ($U=334.5$, $p=0.576$ – Table 5.1 below).

Table 5.1 • Comparison between sampling methods in Gofal South

| Sample | Mean cost (£) | Median cost (£) |
|--------------------------|---------------|-----------------|
| South Original (n=35) | 259.9 | 188 |
| South Alternative (n=56) | 280.7 | 217 |

Further analysis was performed to compare the results achieved for the North and the South. Again, no significant difference between the overall costs for the two regions was observed (U=2697.5, p=0.705 – Table 5.2).

Table 5.2 • Comparison between Gofal South and Gofal North samples

| Area | Costs (£) | | | | 95% Confidence Interval (£) | |
|-------|-----------|--------|---------|---------|-----------------------------|-------------|
| | Mean | Median | Minimum | Maximum | Lower bound | Upper bound |
| South | 267.7 | 213 | 23 | 864 | 212.9 | 322.4 |
| North | 277.1 | 219 | 9 | 951 | 237.1 | 317.1 |

The sample means were £267.7 for South and £277.1 for North. The confidence intervals show the boundaries within which we can be 95% confident that the true population mean would fall. In other words, had a census been taken where all data were analysed, the result might have been as low as £212.9 or £237.1, or as high as £322.4 or £317.1 for the South and North respectively. These boundaries are fairly wide as there is a lot of fluctuation among the results, as highlighted by the minimum and maximum values for the two areas. However, this allows us to have confidence in the fact that despite being derived in different ways, the different samples for Gofal North and South are comparable.

ANALYSIS – GOFAL NORTH

SERVICE DATA

The economic analysis that follows is based on 100 sampled cases selected from the different areas covering North Wales. The sample was identified as described above, such that we can have a high degree of confidence that the analysis is representative of the whole population of service users and the support given.

The data for each case included the:

- start and final assessment according to the Change Wheel scores;
- time spent with each service user, broken down by staff grade and volunteer;
- number of visits, number of telephone calls made and miles travelled; and
- number of weeks of service provision.

The economic analysis also examined the relative cost of the service provided according to the outcome score given to describe their emotional health and well-being at the initial assessment. The assessment, which was carried out by staff in North Wales, categorised users as ‘passive’ (score 1-3), ‘turning’ or ‘receptive to change’ (score 4-5) and ‘active’ (score 6-10).

COST DATA

The service data was combined with a breakdown of the cost of staff, telephone calls and miles travelled to reveal the cost per service user and importantly the unit cost per hour of the service. The cost data is taken from the Big Lottery bid upon the project is based and using the projected costs in Year 5 that reflect the 2014 costs. These costs have been confirmed as accurate in reflecting the current position and are broken down into direct and indirect costs. To fully recover the total costs there is a need to incorporate relevant indirect costs into direct costs using an appropriate uplift.

The direct costs are staff pay, telephone calls and travel cost. There are two grades of staff, namely team leader of which there are three and support workers where there are four. The annual gross cost of these staff is £142,036 with the hourly cost including on costs and adjustments for holiday entitlements amounting to £14.13 and £12.50 for the two staff grades. These and the reimbursement rate for telephone calls and travel mileage shown in Table 5.3 below.

The indirect costs are those costs which are essential for the staff to carry out their role which includes management, recruitment, training, administrative support, and general overheads. The estimated cost of these items is £68,242 which excludes the cost of the evaluation and BRC partners as they do not represent the essential costs of operating the scheme. To recover the identified indirect costs, a percentage uplift is added to the direct staff costs which is equivalent to 47% (£68,242 applied to £142,036) and therefore represents around third of the total staff cost. The team leader hourly cost is therefore increased to £20.77 and the support worker to £18.37 to enable the full recovery of the total cost to occur.

Table 5.3 • Service costs – Gofal North

| Type of cost | Direct cost only (£) | Inclusive cost [including both direct and indirect costs] (£) |
|---------------------------|-------------------------------|---|
| Team leader – per hour | 14.13 | 20.77 |
| Support worker – per hour | 12.50 | 18.37 |
| Telephone calls | 0.30 per mobile/landline call | - |
| Travel | 0.45 per mile | - |

SUMMARY OF SERVICE COSTS

Table 5.4 summarises the overall findings from the economic analysis of Gofal North, and accounts for all of the activity undertaken across the sample of 100 cases.

Table 5.4 • Total activity and associated costs – Gofal North

| Activity | Total | Cost (£) |
|-----------------|--------|---------------|
| Visits | 1,102 | 24,084 |
| Hours | 2,167 | |
| Telephone calls | 1,170 | 351 |
| Mileage | 15,724 | 7,075 |
| TOTAL | | 31,510 |

Table 5.5 shows in more detail the activity and cost per service user incorporating both the assessment and intervention stages.

Table 5.5 • Activity and associated costs per case – Gofal North

| Activity | Per service user (mean) | |
|----------------------------------|-------------------------|---------------|
| | Number | Cost (£) |
| Visits | 9.2 | |
| Weeks | 11 | 240.84 |
| Hours | 21.7 | |
| Telephone calls | 11.7 | 3.51 |
| Mileage | 157.2 | 70.75 |
| TOTAL COST (PER CASE - £) | | 315.10 |
| UNIT COST (PER HOUR - £) | | 14.54 |

As can be seen, the typical ‘case’ comprises 21.7 hours costing £315.10, which equates to a unit cost per hour of £14.54. Service provision over the 100 cases ranged widely with the lowest input involving only 2.75 hours of service provided entirely by volunteers and costing only £9, to the highest which required 65 hours of support provided partly by paid staff and costing £1,037.

The cost per service user is made higher by virtue of the paid support worker undertaking interventions in 41 (41%) of the 100 cases with the other 59 cases undertaken by volunteers. The mean cost of these cases is £483, compared to £198 for those 59 cases where the interventions are undertaken by volunteers. This difference is entirely associated with the additional cost of pay and not to any difference in hours taken, as both sets of interventions averaged 22 hours. This comparison is itemised in Table 5.6 below.

Table 5.6 • Cost comparison, staff and volunteers – Gofal North

| Mean per service user | Person undertaking support intervention | |
|---------------------------------|---|-------------|
| | Staff | Volunteer |
| Hours | 22 | 22 |
| Cost (£) | 483 | 198 |
| UNIT COST (PER HOUR - £) | 21.97 | 9.00 |

COST / OUTCOME ANALYSIS

Further, the 100 service users were categorised according to their initial assessment carried out by staff as either being ‘passive’ (outcome score 1-3), ‘turning’/‘receptive to change’ (outcome score 4-5) and ‘active’ (outcome score 6-10). The results of the analysis is presented in Table 5.7.

At the initial assessment, the majority of cases were categorised as either being passive or receptive with an average initial score of 4. Interestingly the highest number of hours and therefore cost per user

Table 5.7 • Cost / outcome analysis – Gofal North

| Activity | Passive | Turning | Active | Mean |
|---------------------------------|--------------|--------------|--------------|--------------|
| Number | 41 | 49 | 10 | - |
| Cost per user (£) | 309 | 336 | 234 | 315 |
| Hours per user | 20 | 24 | 15 | 22 |
| UNIT COST (PER HOUR - £) | 15.45 | 14.00 | 15.60 | 14.54 |

is in the ‘turning’ group which perhaps reflects the greater opportunity to engage with the more receptive service user. The median outcome score at the final assessment was 7 which indicates a typical change of +3 from initial assessment to the closure of the case.

COMPARISON WITH GOFAL CYMRU

The analysis above needs to be considered alongside the following section on ‘Gofal Cymru’ which takes account of the figures from both Gofal North and Gofal South. This short section concludes with a number of messages on how the scheme may be improved from an economic perspective. This Gofal Cymru analysis is based on 156 sampled cases – 100 from Gofal North and 56 from Gofal South.²

COST DATA

Using the current costs (2014), the annual gross cost of the direct costs in Gofal Cymru is £240,042 with the hourly cost including on-costs and holiday entitlements, amounting to £13.89 and £10.80 for the two staff grades. The indirect costs are £104,642. To fully reflect the total cost, a percentage uplift is added to the direct staff costs so as to absorb the indirect costs. This is calculated to be 43% (£104,642 applied to £240,042) and therefore represents around 30% of the total staff cost. The team leader hourly cost is therefore increased to £19.86 and the support worker to £15.44 to enable the full recovery of the total cost (Table 5.8).

Table 5.8 • Service costs – Gofal Cymru and Gofal North

| Type of cost | Gofal Cymru Cost (£) | Gofal North Cost (£) |
|-----------------------------|--------------------------------|-------------------------|
| Team leader ³ | 19.86 | 20.77 |
| Support worker ³ | 15.44 | 18.37 |
| Telephone calls | 0.30 per mobile/landline call- | |
| Travel | 0.45 per mile- | |

Table 5.9 shows that the typical service comprises 21.1 hours costing £305.39, which equates to a unit cost per hour of £14.46. The service provision over the 156 cases ranges from the lowest involving only 7 hours of service provided entirely by volunteers and costing in total £7, to the highest amounting to 65 hours provided partly by paid staff costing £1,037.

² It should be noted that the method of assessing outcomes differs between Gofal North and Gofal South, with the assessment carried out by staff in North Wales and by service users in South Wales. This has implications when comparing the outcomes scores between Gofal North and Gofal Cymru.

³ The hourly rates for these staff are inclusive of both direct and indirect costs.

Table 5.9 • Total activity and associated costs per cases– Gofal Cymru and Gofal North

| Activity | Gofal Cymru (n=156 cases) | Gofal North (n=100 cases) |
|---|------------------------------|------------------------------|
| Visits (mean per case) | 9.3 | 9.2 |
| Weeks (mean per case) | 11 | 11 |
| Hours (mean per case) | 21.1 | 21.7 |
| Telephone calls (mean per case) | 11.4 | 11.7 |
| Mileage (mean per case) | 174.9 | 157.2 |
| Proportion of volunteer supported cases (%) | 53 | 59 |
| TOTAL COST (PER CASE - £) | 305.39 | 315.10 |
| UNIT COST (PER HOUR - £) | 14.46 | 14.54 |

The mean cost per service user is different by virtue of the paid support worker undertaking interventions as well assessments in 74 (47%) of the 156 cases with the other 82 cases (53%) undertaken by volunteers. The mean cost of those 74 cases undertaken by paid staff across Gofal Cymru is £420 at £21 per hour (£483 at £21.97 for Gofal North) compared to £203 at £9 per hour (£198 at £9 per hour for Gofal North) for those 82 cases where the interventions are undertaken by volunteers. This difference is associated with the additional cost of pay and not to any significant difference in hours taken.

COST / OUTCOME ANALYSIS

Of the 135 service users who were categorised according to their initial assessment (either carried out by staff or scored by themselves), 48 (36%) were 'passive' (outcome score 1-3); 46% were 'turning' or 'receptive to change' (outcome score 4-5) and 18% were 'active' (outcome score 6-10). The cost of each service user was grouped according to their categories, with the results shown in the Table 5.10.

Table 5.10 • Cost / outcome analysis – Gofal Cymru and Gofal North

| Activity | Gofal Cymru (n=156 cases) | | | | Gofal North (n=100 cases) | | | |
|---------------------------------|------------------------------|--------------|--------------|--------------|------------------------------|--------------|--------------|--------------|
| | Passive | Turning | Active | Mean | Passive | Turning | Active | Mean |
| Number | 48 | 62 | 25 | - | 41 | 49 | 10 | - |
| Cost per user (£) | 299 | 326 | 279 | 307 | 309 | 336 | 234 | 315 |
| Hours per user | 20 | 24 | 18 | 21 | 20 | 24 | 15 | 22 |
| UNIT COST (PER HOUR - £) | 14.95 | 13.58 | 15.50 | 14.61 | 15.45 | 14.00 | 15.60 | 14.54 |

The majority of cases (82%) have been categorised as either being passive or receptive with an average initial score of 4. The costs do not vary sharply from one category to another but interestingly the highest number of hours and therefore cost per user is in the 'turning' group which perhaps reflects the greater opportunity to engage with the more receptive service user.

COMPARATIVE COSTS

This is an area where further work can be undertaken in the future especially when the prime objective of providing a sustainable service is based on securing on-going funding. This is a challenge particularly at this time of unprecedented austerity and therefore the service must ensure that it not only provides an effective service with strong outcomes but it also provides that service at best value.

The Personal Social Services Research Unit⁴ produces unit costs for health and social care staff in England. This allows for some comparison to be made between the unit costs of the kinds of roles within the statutory sector and the unit costs calculated above. For the purposes of this exercise, a Gofal Team Leader has been compared with a Social Worker (adult services), and a Gofal Support Worker with an Assistant Social Worker. The Gofal service compares favourably with the unit costs per hour for these roles – £40 for a Social Worker, and £30 for a Social Work Assistant – but these are imperfect comparisons. Gofal Team Leaders do not do everything that Social Workers do, and vice versa, and these contextual figures should be treated with some caution. That said, there is some merit in contextually understanding these comparative costs.

CONCLUSION

Despite the wide range of service provision at an individual case level, there is a strong correlation between Gofal North and Gofal Cymru. The average unit cost per hour is very close to the Gofal Cymru average with a more positive performance in terms of user outcomes.

The question that remains is whether the value measured in terms of unit cost per hour is the best that can be achieved. There is no doubt that securing increased involvement of volunteers is key to reducing the unit cost without having an adverse impact on the quality of the outcomes.

The sample of 156 cases provided an effective source of service data which when combined with the cost data, yielded strong consistent messages, namely:

- Despite a wide range of service provision for individual cases, the average number of service hours over 11 weeks was around 20 in both Gofal North and Gofal Cymru;
- The number of visits at 9 per case is consistent across Gofal Cymru;
- The mean cost per service user is almost entirely consistent across Gofal Cymru; and
- The unit costs per hour are consistent whether for paid staff, volunteers or a combination thereof, or indeed whether by outcome.

Finally the comparison of the unit cost per hour in terms of securing commissioner income in the future will depend on providing an effective service with strong outcomes but at best value. This may be best achieved by maximising the number of volunteers who work with the service user and the trained member of staff to carry out the most effective service, in combination with improving throughput of service users through Gofal Cymru.

⁴ PSSRU (2013) *Unit Costs of Health and Social Care 2013* Canterbury: University of Kent - available from: <http://www.pssru.ac.uk/project-pages/unit-costs/2013/>

APPENDIX I · DEFINITIONS - MAP OF SOCIAL CONTACTS AND CHANGE WHEEL

MAP OF SOCIAL CONTACTS

DEFINITIONS

| | |
|--|---|
| Friends and Relatives | This criteria is to find out whether the service user feels that they have regular contact with the friends and relatives. It also looks to see what that relationship is like and how often they have contact. |
| Clubs and Organisations | This is to discuss clubs etc. that the individual goes to currently and groups they might like to go to. It will also be a discussion about what their interests are and what they might want to look at. |
| Emotional Needs | This can be a very wide ranging topic but needs to consider their emotional health. Hopefully it will get a sense of how emotionally resilient they are. It will give them the opportunity to talk freely about how they feel. |
| Home Security and Modifications | Related to British Red Cross work on Home Fire Safety checks but also things like key safes and Careline systems. |
| Meals | A check to see if there are any concerns about the individual accessing nutritional meals and potential alternatives if the individual doesn't feel able to prepare meals. |
| Money Matters | This is to cover whether the individual receives all the benefits they should and if not to find ways for them to arrange a benefit review. |
| Transport | To find out how the individual gets about, how they get to the shops or to see relatives and discuss what is available. |
| Home Services | People do get concerned about the state of their garden, whether they can change light bulbs etc. So this is to ask if they have any areas of concern and what the Red Cross might be able to help them with. |
| Access to Information | So much is available on the web but often people don't have access to this sort of information. There may be lots of local services as well that they just don't know about. So this is to inform them about local services that they may benefit from. |

CHANGE WHEEL

DIAGRAM

| | | | |
|------------------|---|---|---|
| Passive | Stuck | 1 | Stuck – Harmful to self and others |
| | | 2 | Still disengaging – signs of discontent |
| | Going along with things offered / Wanting change & accepting help | 3 | Engage and meet – accept help for pressing problems (fed up and want change) |
| | | 4 | Engage more – go along with agreed goals but take no initiative and rely on others |
| Key Tuning Point | Sense of being engaged / Actively taking part | 5 | Look forward – have some input & ideas. Realise change won't happen unless we help it |
| Active | More self motivated / Sense of having some control & feeling excited about the future | 6 | Trying new things – taking initiative. May say and do contradictory things. Need a lot of support to move forward |
| | | 7 | See for ourselves that positive choices = positive effects on what we get and how others respond to us |
| | | 8 | Sometimes works well / sometimes not. Experiences setbacks – needs help with motivation and spirits at difficult times. May be tempted to slip back |
| | Increased confidence / Able to cope alone | 9 | Established ways of doing things – come through setbacks with increased confidence – mostly didn't need support – vulnerable in a crisis. Might need checks now and again |
| 10 | | No issues - things work well for us. Know when we need support and how to get it. | |

CHANGE WHEEL GENERAL CATEGORIES

1. Motivation and taking responsibility
2. Meaningful use of time
3. Emotional Health
4. Develop social networks and relationships
5. Sense of loneliness
6. Looking after myself
7. Feeling safe and secure

For each of the seven general categories, 10 outcome statements exist, and the scores given at Initial and Final assessment relate back to these.

MOTIVATION AND TAKING RESPONSIBILITY

1. Appears totally stuck and disinterested. Will not discuss problem or situation. Does not believe change can happen or has no confidence or energy to initiate change.
2. Admits to feeling dissatisfied with life but can see no way forward and will not engage with case worker / changes the subject.
3. More open about feelings and discussing change but doesn't think it can happen. Starts to accept some help.
4. Engages with caseworker but still very dependant on them. May start to accept changes with a lot of support.
5. Looking forward and having some input. Taking some responsibility for change and believing it can happen.
6. Wanting change and still taking some responsibility but may have setbacks and lapses in confidence. Needs lots of support to move forward.
7. First sense of taking control. Looking at the future in a positive way. Increased confidence and self esteem.
8. Significant change in life and have more social contacts and make positive and informed choices. Still needs support with setbacks and confidence.
9. Happy with how life is and greatly increased self esteem and confidence. Case worker and service user need to let go of support.
10. Confident with own lifestyle and choices and greater awareness of own support network.

MEANINGFUL USE OF TIME

1. Won't talk about how they spend their time. Little or no interest in how they spend their day.
2. Admit to feeling bored and miss past social activities and hobbies but resigned to how things are now.
3. Would like change and will talk about feelings of dissatisfaction but don't know how to move on and finds big changes frightening.
4. Will try things with a lot of support but may have a negative attitude.
5. Looking forward and having some input. Start to have some ideas about what they want to do. Willing to discuss a way forward.
6. Trying new things or reengaging with past activities and contacts. Starting to take small steps towards achieving goals but still need a lot of support.
7. Confidence growing and taking the initiative. Life is more satisfying. Can run into problems and needs reassurance and support.
8. Getting significantly closer to goals but still needs support to maintain momentum and confidence. Could slip back if obstacles arise.
9. Feels a clearer sense of purpose and meaning in life. May need help occasionally but has a network to give support. Case worker and service user need to let go of support.
10. Feels a clearer sense of purpose and values the meaning this gives them in their life. Is happy and satisfied with how they spend their time.

EMOTIONAL HEALTH

1. Not willing to talk about feelings, unable to see any future. Appears very depressed and flat.

May talk of suicidal feelings. Find it hard to face the world. Has detached / retreated from the outside world.

2. Lack of hope. Doesn't feel anything can be done to change things but will sometimes talk about feelings.
3. Acknowledge feeling depressed. Wants things to change but doesn't know how to move forward. Starting to engage with case worker.
4. Sometimes feels better but can easily slip back if met by any setbacks. Very dependant on support and reliant on others.
5. Understands what the future holds and looking ahead. Willing to talk about feelings and condition. Greater awareness.
6. Trying new things / strategies. Takes the initiative. Confidence is growing and trust in their own abilities to cope is stronger. Will move outside comfort zone but may need a lot of support.
7. Getting closer to goals. Making more positive choices and feeling stronger emotionally and more self aware.
8. Significant ability to recognise and avoid crisis periods but may need some support. May be vulnerable to slipping back at times but able to access help if needed.
9. Enjoying life and mostly feeling fine. Ready to take the risk of letting go.
10. Resilient and able to cope with setback and disappointments. Have healthy relationships with family and friends and can cope with any negative feelings in a positive way.

ABILITY TO ENGAGE WITH AND DEVELOP SOCIAL NETWORKS AND RELATIONSHIPS

1. Not prepared to discuss social networks or relationships with friends and family
2. Expresses regret that contact has ended or been lost with past networks and relationships but nothing can be done.
3. Might be interested in joining a group or meeting new people but don't know where to look or how to go about it. Lacks confidence and needs support to set goals.
4. Might be interested in going along to a new group or meeting with new / different people if someone came along with them but not ready to go alone. Still unable to address broken / past relationships.
5. Relationship with volunteer visitor develops and service user has increased sense of trust and belief in a relationship whilst being aware of relationship boundaries. Has increased awareness of family, friends and social relationships and is more able to discuss any problems and look at different points of view.
6. Tries a new group or activity with support. Improved confidence. Will engage in conversation and relationships with new people. Considers re-establishing family and friend relationships.
7. Consistently attending a new group or activity. Increased social contact and networks. Feeling comfortable with new relationships and if applicable addressing any past broken or unsatisfactory relationships.
8. Makes new friends and learns to trust people around them. Feels less isolated. Sometimes experiences setbacks but social network is maintained. Able to look for and give support to peers.
9. Consistently maintaining relationships old or new. Enjoying deepening social networks.
10. Satisfied with social network and comfortable with close relationships. Increased sense of belonging.

SENSE OF LONELINESS

1. Doesn't want to talk about feelings of loneliness despite contrary indications.

2. Expresses feelings of discontent at being alone but feels things can't be changed.
3. Would like to change how things are but doesn't know what to do.
4. Has increased awareness of loneliness and is willing to follow suggested ideas.
5. Will engage with volunteer befriender or telephone befriender and looks forward to visits or calls.
6. Experiencing an improved sense of belonging. Looks forward to visits or calls. Feels less isolated.
7. Feeling positive effects of more contact and is more informed of local support and social networks if required.
8. Significantly increased sense of belonging and support. Reduced sense of anxiety or depression. May slip back and be vulnerable to feelings of loneliness but knows how to access help.
9. Starting to feel more a part of the community. Better informed. Put in contact with local or national organisations.
10. Feels more valued as an active participant in the community.

LOOKING AFTER MYSELF

1. Doesn't want to discuss the issues.
2. Doesn't take care of themselves and is fearful of personal decline.
3. Would like to change how they live but don't know how to start and are frightened of making decisions.
4. Needs a lot of support and encouragement to look after themselves.
5. Realises the need to take some responsibility for their health. Engages in conversations about how to change patterns of behaviour and destructive habits.
6. Starting to consider ways of looking after their own health needs. Improved ways of living to promote a healthier lifestyle.
7. Increased awareness that positive choices have positive effects. Has taken the initiative to contact agencies independently to promote feelings of wellbeing.
8. Actively maintaining own health and wellbeing. Knows how to access support.
9. More confident and less vulnerable to health issues. Better informed and increased motivation.
10. Responsible towards self care. Raised self esteem. Less likely to fall into a decline in physical health.

FEELING SAFE AND SECURE

1. Won't discuss issues around feeling safe and secure.
2. Admits to having worries around safety and security but feels helpless and scared.
3. Will accept some help to deal with specific issues but remains sceptical.
4. Will consider help around a wider range of topics if someone else will make the arrangements.
5. Realising there may be solutions to their problems.
6. Starting to find solutions towards creating a more secure environment for themselves.
7. Seeing how a positive choice can have a positive effect on feelings of safety and security.
8. Feeling significantly more secure and knows where to access help if needed.
9. Established a safe home environment and practices.
10. As safe as it can be.

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