EVALUATION OF GOFAL (SOUTH WALES)

Report

for British Red Cross

Mark Llewellyn, Paul Davies, Paul Jarvis, Marina McDonald and Jennifer Hilgart

Welsh Institute for Health and Social Care · University of South Wales

October 2014

wihsc

University of South Wales
Prifysgol De Cymru

CONTENTS

ACKNOWLEDGEMENTS

Thanks are due to the staff of British Red Cross across South 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 Cardiff and the Vale, Carmarthenshire, Ceredigion, Merthyr Tydfil, Pembrokeshire, and Swansea, Neath Port Talbot and Bridgend 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 across five areas of South Wales – Cardiff and the Vale, Carmarthenshire, Ceredigion, Merthyr Tydfil, Pembrokeshire, and Swansea, Neath Port Talbot and Bridgend – and the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales was asked to undertake an evaluation of their Gofal programme. The purpose of this study is to provide an independent and objective evaluation of the service as described below, and was undertaken through using a multi-methods approach.

THE GOFAL SERVICE

The Gofal service offers one to one time limited support in the person's home with the aim of maximising the independence of the older person and helping them to connect to and access support services and social/recreational activities available in their local community.

Following a referral to the service, BRC Team Leaders visit the service user 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, and access to, local services and organisations which aim to maintain their independence.

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.

GOFAL SOUTH – KEY PERFORMANCE INDICATORS[1]

Service users

The target for Gofal South by April 2015 was that 1,500 service users would be supported. To date, 1,019 service users have been accepted onto the Gofal South programme, with 1,313 referred. Table 1.1 provides individual project targets along with project to date figures.

Table 1.1 · Numbers of service user by scheme – Gofal South (n=1,019)

Gofal South scheme	**Target no. of service users** by April 2015	**Referrals accepted** to 30th Sept 2014
Carmarthen, Pembrokeshire and Ceredigion	710	409
Cardiff and Vale	440	300
Swansea, NPT and Bridgend	350	276
Merthyr	No target number	34
TOTAL	**1,500**	**1,019**

Volunteers

160 Gofal volunteers were to be recruited, inducted and trained. To date, 299 volunteers have been recruited. In September 2014, Gofal South projects reported a total of 54 active volunteers. Detailed below are the individual project targets for volunteers along with project to date figures.

Table 1.2 · Numbers of volunteers by scheme – Gofal South (n=299)

Gofal South scheme	**Target no. of volunteers**	**No. of volunteers recruited** to 30th Sept 2014	**No. of volunteers active** at 30th Sept 2014
Carmarthen, Pembrokeshire and Ceredigion	60	121	20
Cardiff and Vale	40	54	13
Swansea, NPT and Bridgend	60	101	17
Merthyr	No target number	23	4
TOTAL	**160**	**299**	**54**

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 service users of Gofal across South 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

[1] As of 30th September 2014.

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 service users. 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 service users. 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 service users; 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 South 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 service users 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 South Wales. Gofal North is provided across North Wales, and a parallel research study has been undertaken on that service. This has allowed the researchers to combine the two data sets – Gofal South and Gofal North – 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 South 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). 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 – SERVICE USERS

The WIHSC team conducted interviews with 17 service users (3 male, 14 female) – either face-to-face or over the telephone. Service users were asked about their experiences with the BRC Gofal South 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.

SERVICE USERS' NEEDS

A majority of service users reported having experienced some form of loss. Many had lost family and friends through bereavement and had limited social contact with other people. Some had a loss of their physical ability through old age or illness, or they had come out of hospital and had lost their independence and confidence. Some elderly service users were also isolated from having no access to transport and/or living in a rural area:

> *'My friends seem to have disappeared – I'm much less mobile than I was once was. I've always been quite confident as I was a telephonist for 30 years and I was quite outgoing and I just lost everything.'*

> *'I live in a very quiet area, and have got nobody really around. It's been very lonely because I've only lived in this area for 10 years from the valley where I've lived all my life where everyone is close knit.'*

Some individuals expressed their frustration and sadness that they could no longer care for themselves and carry out activities as they could previously:

> *'When you used to be able to do things and then when you find that you can't it really knocks you back. It's hard to accept that.'*

SUPPORT PROVIDED BY GOFAL

The Red Cross Gofal team provided a range of services for these service users. Often they simply provided companionship and the weekly visits were the only social contact for some of the more isolated individuals: *'...having access to having to some human contact – it's been so wonderful.'*

The Red Cross also provided practical help by shopping for food, assisting with filling in forms, and providing details of other services. One lady described how they helped her buy a mobile phone:

> *'One good thing they did, they took me to buy a mobile phone, which I was very grateful for because I didn't know about mobile phones ...and then if I'm out I can phone for a taxi wherever I am, I don't have to find a bus stop...so that was very useful. '*

As reported by her husband, one service user with dementia was supported to improve her walking: *'They take her out for a little bit of walking because she's not too good on her legs and she's given her a bit of a massage and basically the best thing of all they've spoken to her, had a chat to her'.* The experience of another person with limited mobility who was supported by Gofal is highlighted as a case study below, and provides evidence of the way in which the Gofal scheme has helped to promote independence and increase resilience among the service users they have supported.

IMPACT ON SERVICE USERS

COMPANIONSHIP

All service users enjoyed the company provided by the Gofal volunteers and said that having someone

CASE STUDY

Mrs G is a service user from Pembrokeshire who was living on her own when she was admitted to hospital for a hip operation. BRC Gofal supported her transition out of hospital and continued to support her when she was at home: *Linda was the Red Cross person who came to see me in the hospital. I live on my own and she made all of the arrangements in place and she ensured the care plan was in place and contacting my sister to make the arrangements. Without Linda's help I wouldn't have been able to make the transfer in place.*

Mrs G described how the BRC Gofal volunteer encouraged her to overcome her mobility problems and to become more independent:

> *The volunteer came along and asked me would I like some help to move around more easily. Because of my hip operation the thing I can't afford to do is fall. She helps me to negotiate the stairs with my frame. She comes along and helps me to get over the steps and along the pavement for a walk. She'll say "how many bungalows can you walk down the road today?" And we might do four bungalows one week, and then aim to do five bungalows the next week. The first time we did it was three bungalows. There's a shop at the end of my road which I could get to and back in 30 minutes, and now I can only do half of that in the time. She's very good. She's been good at setting goals with me and getting me to think about what I might be able to achieve.*

The BRC volunteer also provided practical support and signposting to other services: *She's pointed me towards other help that I can get that too, like with toenail cutting – you've cut your nails for all your life and you don't realise that the simplest things like don't being able to bend over will have such an impact on you.*

This case demonstrates the lasting impact that BRC Gofal can have on a service user's daily life. Mrs G reported that her confidence had increased and was now motivated to become more independent:

> *It's given me much more confidence in myself. When you used to be able to do things and then when you find that you can't it really knocks you back. It's hard to accept that. And having her there has given me a tremendous boost to my confidence. She's been here three Tuesdays and it's made a real difference.*
>
> *I'm hoping to walk without this frame and be able to be freer. I had the operation and that has got rid of the pain, and now I'm impatient to return to where I was before, and that's a really hard thing to deal with.*
>
> *Without her help I wouldn't be able to get out, and walking in the bungalow is totally different to walking outside and I very much enjoy going outside. I just take it one bungalow at a time.*
>
> *I'm very determined to get away from this walking frame – once a week is not enough in rehabilitation to make a big difference. It's much harder to motivate yourself without somewhere there, and having Sarah with me. It's much easier to be motivated when there's somewhere with you so having Sarah talking to me and encouraging me is just great. I wouldn't know what else they could do to improve the service – they've been so very helpful already.*

to talk to was very beneficial in reducing feelings of loneliness and isolation; *'there wasn't anything else I needed really, just some company and the Red Cross came along'*. Although some individuals reported being either unable or unwilling to go out, several service users 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:

'They take me to Marks and Spencer's. They take me to a nice cafe and we have a coffee out and a chat and they are very nice company.'

'...one Wednesday if the weather's fine we go for a little walk, another Wednesday we go out for lunch, and when I'm down she sits and talks with me, which helps me a lot.'

'...last year she took me out swimming, she was marvellous.'

INCREASED CONFIDENCE

As demonstrated by the following quotes, over half of the service users who were interviewed reported that their confidence had increased as a result of the encouragement and support from Gofal and that they were now able to go out independently:

'I think I've got more confidence, I'm not the most confident person in the world, but I've got more confidence than I had. I will go to town on my own now.'

'The Red Cross gave me a lot more confidence and I haven't been out for six years. I was just sitting in the house watching TV'

'Last year I went to stay with friends who live in Edinburgh and I went on my own and it went well. I went down to Cornwall on a bus trip which I haven't done before and stayed in a hotel for the weekend.'

One service user in particular reported having suicidal thoughts before receiving support from Gofal and now noticed a huge improvement in his mood and confidence:

'Ceri is a lovely young lady – she talks sense and tries to do things with me, and it makes me feel so special that someone wants to take the time to be with me.

My confidence has built over time – I was incredibly low...I've gone upside down to being on top again. I'm 100% better than I was feeling. I was on the verge of letting myself go, but now my attitude is massively improved. The colour in my cheeks has come back. I'm walking better and my mind has flipped around.

I've got more of a sense of a achievement – I was very bored and self conscious, but now I've changed my mind – I've gone upside down to being on top again – it's like a ladder and getting up on the top. I'm not quite at the top to be truthful, but I'm much closer to it than I've been for years.'

SIGNPOSTING TO OTHER SERVICES/SOCIAL GROUPS

The BRC service provided several service users with information about other support services. For example, one service user who had suffered with depression was given contact details for mental health charities: *'They've come up and sat with me for an hour and given me very vital telephone numbers like MIND, Crossroads, you know they're really kind.'* Other service users were directed to community transport services, toenail cutting services, and lunch clubs.

LONG-TERM IMPACT

Many service users described how the Gofal service had a lasting impact upon them by encouraging them to join local social groups, and by giving them the confidence to go by themselves: *'I'm going to a club in Bryntirion now and I wouldn't have even attempted that without the Red Cross...I feel a lot better in myself – I feel happier and others are noticing the change in me...things are now much better for me and that's down to the Red Cross...I look forward to going out now.'*

One lady reported that having an initial introduction from the BRC led to her involvement in various activities in the local community and continued to attend these social events independently:

'I joined the WI and Red Cross lady took me there for a number of weeks, and then my time was up with her and I did start going out on my own then... and joined their craft club and the lunch club...I

felt really low...but that happening really did pick me up out of everything and I do feel much better now. I can face things now feeling a bit stronger than I've been in a long time.'

Another service user reported that after the Gofal service ended she felt able to organise transport herself and was not as dependent on the volunteer's support: *'I may have depended on the Red Cross a bit too much when I first came out, but as I say, that's the only help I've had the past year...I am an independent person and I thought I'm going to have to now Nicky has sorted me out with most things, you know so I'm going to have to get on and do things myself.'*

In contrast, several service users were disappointed that the service was time-limited and would have liked more frequent visits or for the visits to continue beyond the 12 weeks:

'I think it's run very, very well and I found it very beneficial to me. I got to go out with a young lady once a week or we stopped in and talked, which was nice. In fact at one time I was really sorry when she told me she would be leaving me.'

'I would have [liked to have longer visits] *but it's one of those things isn't it. If you've got volunteers coming in, you just appreciate what they can give you.'*

'I miss it very, very much. Because he doesn't come anymore, its only 12 weeks and I do miss him taking me out, I do miss the contact.'

Many of these individuals realised that the time-limited service was 'better than nothing' and appreciated that the charity has limited funds and resources. Other service users reported that they were provided with the contact details of the BRC and were reassured that they could phone if they ever needed help after the 12-week Gofal service had ended: *'it was great and they did do a lot to help me and I'm very pleased with them and I know that I can contact them at any time if I need to.'*

EXPERIENCE WITH RED CROSS STAFF/VOLUNTEERS

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

'I can't fault her, she's always prompt and always makes an appointment and puts it in [wife's] diary and turns up on time. Whilst she's here it's a very happy time.'

'She's very good. She's been good at setting goals with me and getting me to think about what I might be able to achieve.'

'She's a very nice person and you can sit and chat and I always feel better because I've got someone to talk to.'

All the service users were positive about the service provided by Gofal and were very grateful for the support they had received. Many were unaware that the BRC provided this type of local service before they were referred but said that they would recommend Gofal to other people in need of help and support.

CONCLUSION

Overall, the service users 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 service users 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 service users who reported being taken out by the volunteers said that this led to having the increased confidence to go out independently after the Gofal visits had ended.

In contrast, other service users 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.

In addition, there was one particular case that was especially striking and a summary of the interview is provided here for two reasons. Firstly, it demonstrates the importance of the work that the BRC is supporting people in situations of real difficulty, and who have experienced very traumatic events in their lives. And secondly, that despite not being able to fulfil the goals of this lady, the support offered had an impact, even though it didn't achieve the ideal outcome for this person. It should be noted that the words contained here have been shown to the lady in question who has approved that they be included, stating that if she '*could help in any way*' she was happy for her story to be told. Overall the impact for this service user was a positive one, even though it may not have worked in the moment – she feels that the role of the BRC was an important one in the stage of her growing independence after the difficult circumstances of her life.

CASE STUDY

I came from an abusive marriage, my husband was always beating me, and I left without nothing and I came here. He wouldn't let me out, and I couldn't go out, so I suffer with agoraphobia. The abuse centre, women's aid were coming and taking me out, they would take me out once a week. And I dunno after so long they had to finish taking you out. This was just before the Red Cross came.

They were taking me out and things like that but I couldn't overcome it. I'd be fine going but as soon as I come in I would be sick everywhere. Terrible. Just afraid all the time. The lady who took me out she had to stop coming so she referred me to the Red Cross and they were marvellous. The lady who came first was a lovely lady but she wasn't right for me, she made me more afraid. Because I'm so afraid of even going down the lane to the shop...and I don't like being left on my own. But she would take me into the shop and just leave me there and I would come out without nothing because I was so afraid. And I tried to explain to her, but she would say 'this is what we're doing' and I couldn't do it. But it is hard with somebody to understand how afraid you are because you're like a prisoner in your own home.

So then they sent another volunteer and he was wonderful, he understood, he listened to what I could do and what I couldn't do. He started taking me out and I was great. But every time he come I was ill and I thought first of all I thought "oh, it must be my nerves" because I hadn't been out in so long. But what was happening and I didn't realise is that I had an illness, so I couldn't go out with him because I found out I had polymyalgia and brittle bone. I kept falling down the stairs three times since I been here and I couldn't lift my arms up. And he was coming then and I couldn't go out because I was in so much pain. They was wonderful, but it was me, I couldn't do it. That's all I've ever wanted since my relationship is just to go out and have a normal life, and I've never done it.

I said to the Red Cross if they could just get me down that lane and around the corner to the shop to get my own electric, my own gas, my own milk, instead of my children doing it, I would feel so alive. But I can't go down the lane and that's the only thing I'm sorry about.

It was lovely just to talk to somebody, because in the beginning, I wouldn't talk to nobody. I wouldn't have anybody in the house, I wouldn't trust anybody.

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.[2] A majority of respondents were female and were aged between 25 and 64 years. 18 (75%) of the respondents volunteered in South 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	
Carmarthenshire	10 (42%)
North Wales	6 (25%)
Cardiff and the Vale	5 (21%)
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%)

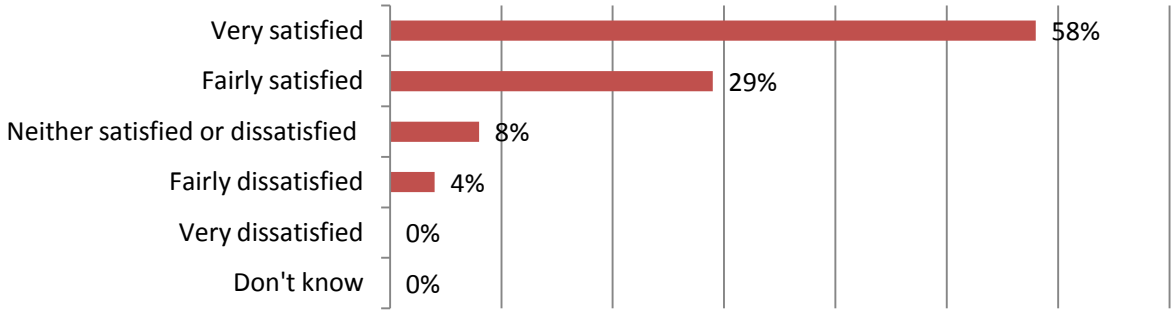
EXPERIENCE OF VOLUNTEERING

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.

[2] It should be noted that these were volunteers drawn from across the whole of Wales, and the proportion from South 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 South.

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.'*

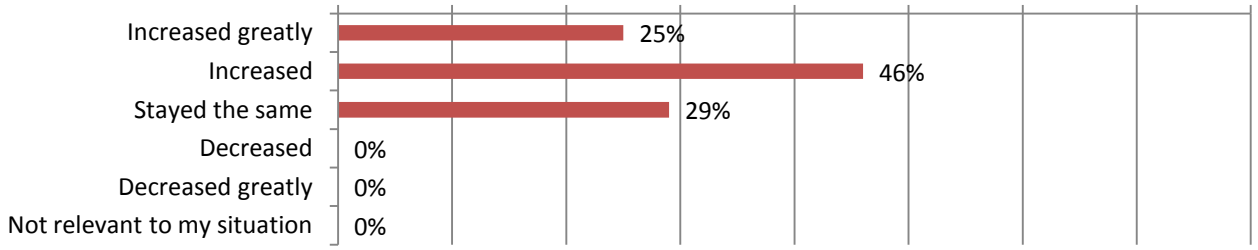
> *'It has made me feel more confident in myself when working alone and as part of a team. I have met fabulous people inside and outside the Red Cross through volunteering. I now tell people about the Red Cross Gofal project and how I am proud to be part of the team.'*

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.

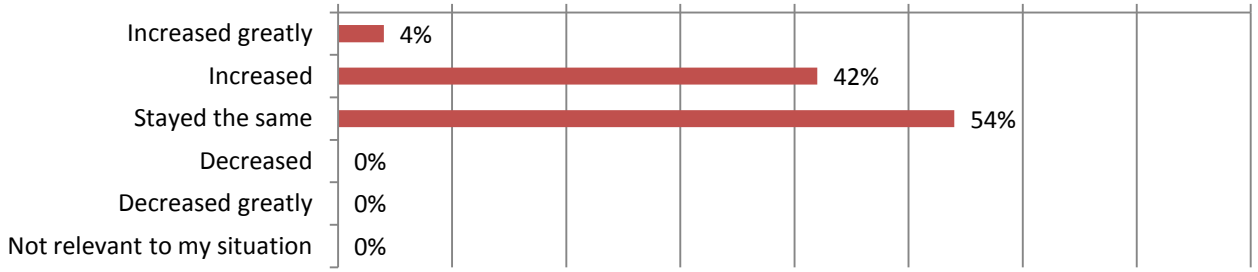
Although most volunteers reported gaining a great deal of satisfaction from their work with Gofal, one volunteer also expressed some dissatisfaction, as can be seen in the following quote: *'Some satisfaction when I see the service user has been helped and gained confidence, but some dissatisfaction and frustration when the service user has not wanted to be helped / socially included. Upset when service users 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

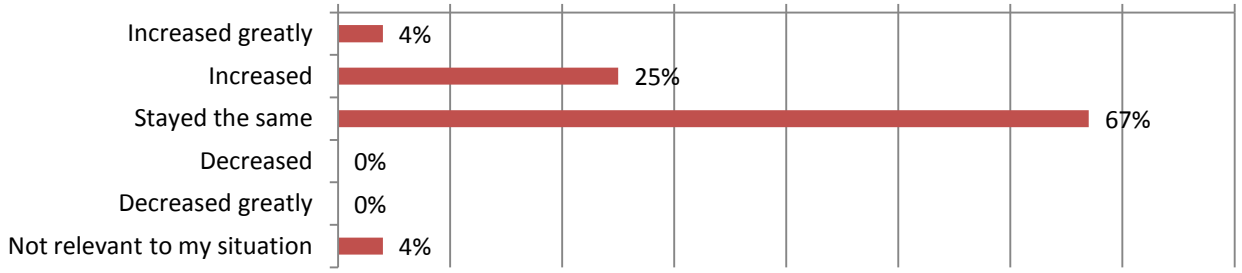
a. My personal development (e.g. confidence and self-esteem)



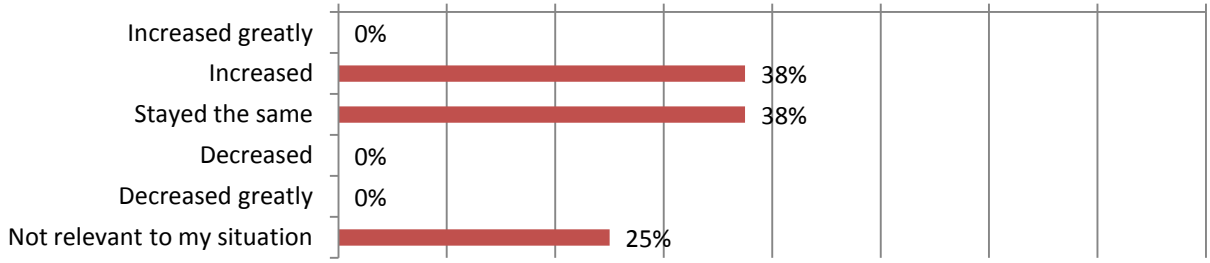
b. My skills (e.g. from teamwork through to computer literacy)



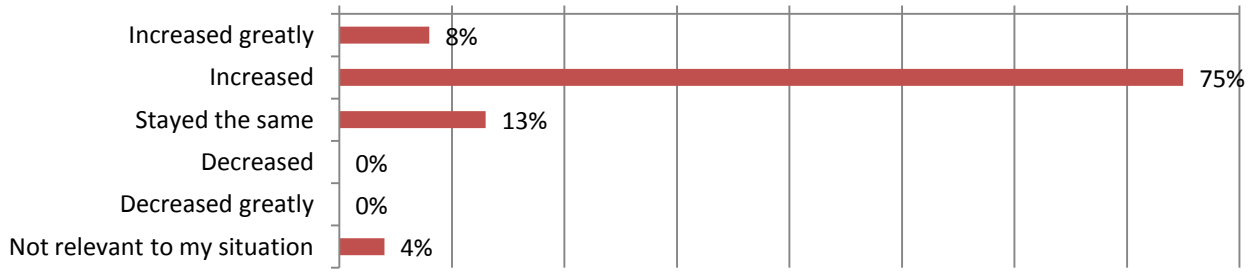
c. My general health and well-being



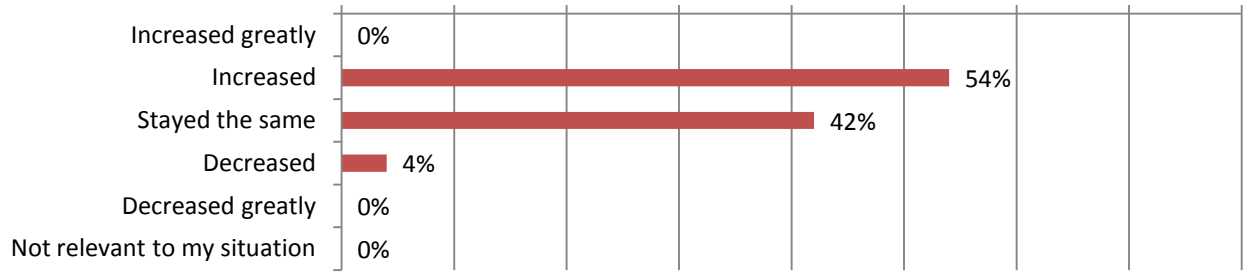
d. My employability



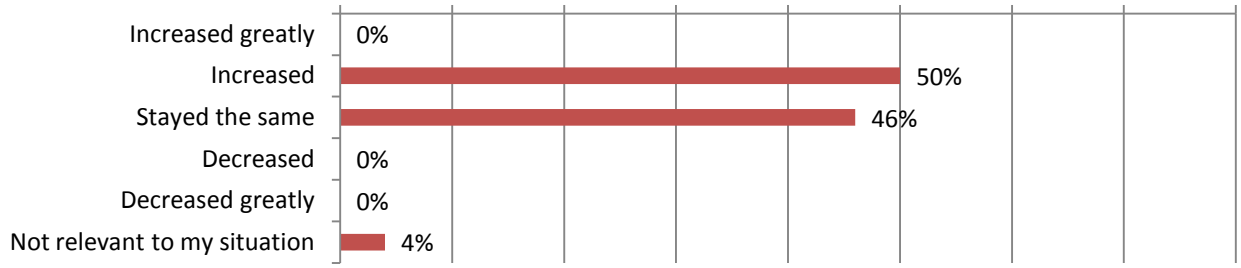
e. Access to new contacts and networks



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 service users, 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 service users:

> *'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 service users 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 service users (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 service users. One volunteer commented that 12 weeks was sufficient to help some service users 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 service users 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 service users 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 service users 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 service users 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

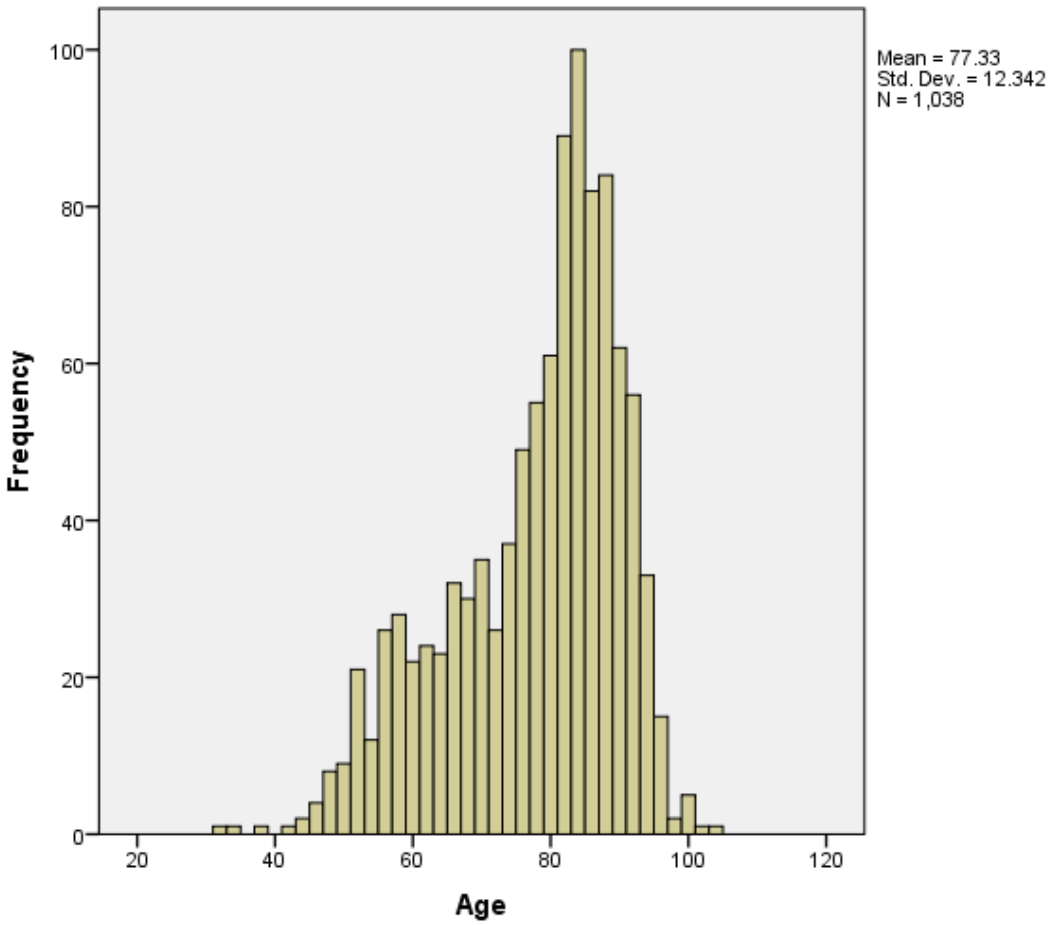
Descriptive statistics were calculated to provide background information about the dataset. A total of 1,094 people were included in the analysis for Gofal South. These 1,094 represented the full complement (as at June 2014) of service users who had completed the Gofal scheme and therefore had 'Initial' and 'Final' Map of Social Contact and Change Wheel scores. Table 4.1 shows how many people were from each local authority area across South Wales:

Table 4.1 · Location of service users – Gofal South

Local authority area	Number of closed cases
Bridgend	158
Cardiff	129
Carmarthen	193
Ceredigion	126
Merthyr	18
NPT	95
Pembrokeshire	151
Swansea	88
Vale	136
TOTAL	**1,094**

The majority of service users were female (n=784, 72%) and ages were known for 1,038 people and varied between 32 and 103. The mean age was 77.33, and just under half of service users were aged over 80 years. This histogram (Figure 4.1 below) shows the distribution of ages.

Figure 4.1 · Age profile of service users – Gofal South



CHANGES TO THE MAP OF SOCIAL CONTACTS

The way in which the Map of Social Contacts operates is explained in Appendix 1, but basically involves service users offering a 'Yes' or 'No' answer to nine questions about their circumstances. The aim of the service is to turn as many 'no' answers into 'yes' responses as this demonstrates an increase in the independence and resilience of the individual.

In the analysis performed, all nine outcomes were statistically 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.

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'. 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 – Table 4.2).

All nine 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.

In addition, Table 4.3 demonstrates that very few variables have scores that change from a 'Yes' to a 'No'.

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

Variable	Stable 'No'	Stable 'Yes'	Change 'No' to 'Yes'	Change 'Yes' to 'No'	p
Friends and relatives	16	258	31	0	<0.001
Clubs and Organisations	72	78	128	0	<0.001
Emotional needs	44	123	90	1	<0.001
Home Security	46	182	28	6	<0.001
Meals	59	186	21	4	<0.001
Money matters	56	168	25	8	<0.001
Transport	101	90	82	3	<0.001
Home services	65	166	46	5	<0.001
Access to information	56	88	128	0	<0.001

Table 4.3 · 'Negative' Map of Social Contacts change – Gofal South

Variable	No. of changes from 'Yes' to 'No'	%
Friends and relatives	0/305	-
Clubs and Organisations	0/278	-
Emotional needs	1/258	0.3
Home Security	6/262	2.2
Meals	4/270	1.5
Money matters	8/257	3.1
Transport	3/276	1.1
Home services	5/282	1.7
Access to information	0/272	-

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). Six of the nine variables showed no differences in mean ages. However, those that improved in terms of their 'Friends and Relatives', 'Money Matters' 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 4.4 shows

Table 4.4 · Initial and Final median outcomes for the Change Wheel – Gofal South

Outcome	Initial score (Median)	Final score (Median)
Motivation	6	7
Use of time	5	6
Emotional health	5	6
Improved self esteem and confidence	4	6
Social networks	4	5
Loneliness	4	6
Looking after myself	6	7
Safe and secure	8	8

the median outcomes for each variable and indicates that all variables saw a median improvement except for 'Feeling Safe and Secure', which had the highest initial median.. 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.

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 4.5).

Table 4.5 · Change Wheel 'direction' – Gofal South

Outcome	Deteriorated	No Change	Improved	Total	p
Motivation	17	126	161	304	<0.001
Use of Time	7	118	191	316	<0.001
Emotional Health	6	107	203	316	<0.001
Improved self esteem and confidence	4	105	194	303	<0.001
Social Networks	3	108	149	260	<0.001
Loneliness	5	97	213	315	<0.001
Looking After Myself	14	155	147	316	<0.001
Safe and Secure	11	207	99	317	<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 5 of the 8 variables, the amount of change was similar for males and females. Significant

differences were seen in terms of 'Emotional Health', 'Improved Self Esteem' and 'Feeling Safe and Secure', where females saw a greater improvement in all three variables. 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 greater or lesser change to the Change Wheel.

WHAT IS THE NET DIFFERENCE?

Table 4.6 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 seven outcomes, but marginally (at +1) and there are two outcomes that exhibited no change. It should be noted that these changes are self-reported i.e. the service user decides at what point on the scale they find themselves at the initial and final points.

Table 4.6 · Overall difference, Change Wheel – Gofal South (n=317 valid cases)

Outcome	Median	Worst outcome	Best outcome
Motivation	+1	-4	+7
Use of Time	+1	-2	+7
Emotional Health	+1	-6	+7
Improved self esteem	+1	-4	+7
Social Networks	+1	-3	+8
Loneliness	+1	-5	+8
Looking After Myself	No change	-5	+7
Safe and Secure	No change	-5	+9
OVERALL	**+1**	**-1**	**+6**

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, below) shows the distribution of overall outcomes for the 317 valid cases, with the bars representing the number of times each of the median changes occurred within the dataset.

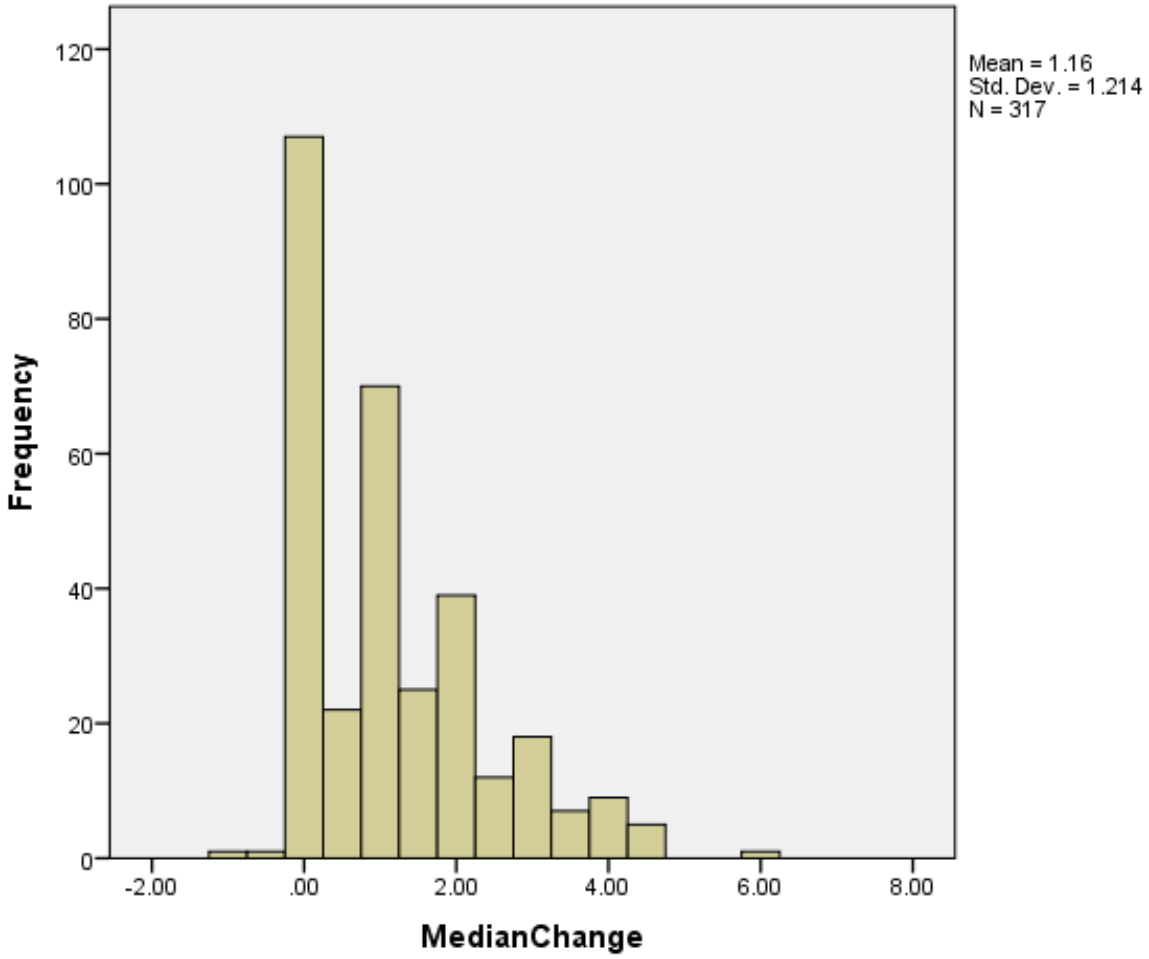
WHAT ARE THE INITIAL AND FINAL SCORES FOR THE CHANGE WHEEL?

Building on the previous sections, Table 4.7 (overleaf) indicates how many people had each score (1-10) at the initial and final stages for each outcome on the Change Wheel. It basically provides a distribution, by outcome, of the number of people in each of each of the categories at both the initial and final stages of their support. 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.

Figure 4.2 · Frequency distribution of median 'overall' outcome changes – Gofal South



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 1.
Use of time	Those that see the highest median change are those that start at 3.
Emotional Health	Those that see the highest median change are those that start at 3.
Improved self esteem	Those that see the highest median change are those that start at 1, 3 and 4.
Social Networks	Those that see the highest median change are those that start at 1.
Loneliness	Those that see the highest median change are those that start at 1 and 3.
Looking After Myself	Those that see the highest median change are those that start at 1, 3, 4 and 5.
Safe And Secure	Those that see the highest median change are those that start at 2.

Table 4.7 · Initial and Final scores, Change Wheel – Gofal South

Outcome	Score	1		2		3		4		5		6		7		8		9		10	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Motivation	Initial	10	2	34	7	45	9.2	63	12.9	90	18.4	79	16.2	69	14.1	67	13.7	17	3.5	14	2.9
	Final	4	1.2	9	2.7	13	3.9	19	5.7	35	10.4	45	13.4	69	20.6	84	25.1	39	11.6	18	5.4
Use of Time	Initial	16	3.1	58	11.2	73	14.1	87	16.9	108	20.9	75	14.5	47	9.1	27	5.2	16	3.1	9	1.7
	Final	4	1.3	9	2.8	16	5	27	8.5	51	16.1	61	19.2	71	22.4	46	14.5	21	6.6	11	3.5
Emotional Health	Initial	18	3.5	68	13.2	72	14	86	16.7	105	20.3	45	8.7	67	13	32	6.2	16	3.1	7	1.4
	Final	2	0.6	12	3.8	19	6	27	8.5	49	15.4	53	16.7	68	21.4	54	17	26	8.2	8	2.5
Improved self esteem	Initial	18	3.6	68	13.6	90	18	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	54	17.6	44	14.4	26	8.5	8	2.6
Social Networks	Initial	18	4	93	20.9	90	20.2	92	20.7	63	14.2	31	7	32	7.2	16	3.6	7	1.6	3	0.7
	Final	2	0.7	23	7.9	27	9.3	44	15.1	52	17.9	50	17.2	37	12.7	28	9.6	21	7.2	7	2.4
Loneliness	Initial	36	7	85	16.5	92	17.9	110	21.4	69	13.4	48	9.3	39	7.6	20	3.9	8	1.6	8	1.6
	Final	3	0.9	19	6	34	10.7	38	11.9	50	15.7	51	16	57	17.9	43	13.5	14	4.4	9	2.8
Looking After Myself	Initial	16	3.1	44	8.5	41	7.9	56	10.9	61	11.8	65	12.6	83	16.1	84	16.3	45	8.7	21	4.1
	Final	4	1.3	18	5.7	15	4.7	27	8.5	39	12.3	40	12.6	56	17.6	60	18.9	47	14.8	12	3.8
Feeling Safe and Secure	Initial	7	1.4	9	1.7	13	2.5	23	4.5	54	10.5	40	7.8	57	11	134	26	77	14.9	102	19.8
	Final	3	0.9	2	0.6	5	1.6	10	3.1	20	6.3	27	8.5	52	16.3	68	21.3	58	18.2	74	23.2

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 South and Gofal North. 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 the Tables from above but with Gofal Cymru, rather than Gofal South 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 South (n=1,094) and North (n=1,178) was approximately equal, with marginally more cases in the North.

CHANGES TO MAP OF SOCIAL CONTACTS

As with Gofal South, 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 4.8).

Table 4.8 · 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 4.9 (below) 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.

NET DIFFERENCE

Table 4.10 (below) 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 South, there are exceptions where some deteriorations have been observed.

It should be noted that for Gofal Cymru, the magnitude of the changes are greater than for Gofal South, although in part this may be explained by differences in the way data is collected at initial and final points across Wales.

Table 4.9 · 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

Table 4.10 · 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 4.11 (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 South, 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

Table 4.11 · 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

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.

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 South) and to form conclusions about this in relation to the 'Gofal Cymru' data – i.e. both the South and North 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 South and North). 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 – 56 from Gofal South and 100 from Gofal North.

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 South and North 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 South and the North. 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 South and North are comparable.

ANALYSIS – GOFAL SOUTH

SERVICE DATA

The economic analysis that follows is based on 56 sampled cases selected from the different areas covering South 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 self-assessment, carried out by service users, categorised service 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 average cost per service user and importantly the unit cost per hour. The cost data is taken from the 2013/14 financial accounts covering the different areas in South Wales. The costs are broken down into direct and indirect costs with the need to absorb the relevant indirect costs into direct costs so as to recover the total cost of the service.

The direct costs are staff pay, telephone calls and travel cost. There are two grades of staff, namely the Team Leader and Support Worker. The annual gross cost of these staff is £98,006, with the hourly cost including employers' on-costs and adjusted for holidays entitlements amounting to £13.21 and £9.10 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 which are essential for the direct staff to carry out their role which includes line management, recruitment, training, administrative support, and premises. The estimated cost of these items is £36,400 for the year which is 37% of the staff costs. To recover these costs the percentage uplift is added to the direct staff costs and represents around a quarter of the total cost. The Team Leader hourly cost is therefore increased to £17.96 and the Support Worker to £12.37 to reflect the full cost.

Table 5.3 · Service costs – Gofal South

Type of cost	Direct cost only (£)	Inclusive cost [including both direct and indirect costs] (£)
Team leader – per hour	13.21	17.96
Support worker – per hour	9.10	12.37
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 South, and accounts for all of the activity undertaken across the sample of 56 cases.

Table 5.4 · Total activity and associated costs – Gofal South

Activity	Total	Cost (£)
Visits	530	10,880
Hours	1,128	
Telephone calls	456	137
Mileage	11,569	5,205
	TOTAL (£)	**16,222**

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 South

Activity	Per service user (mean)	
	Number	Cost (£)
Visits	9.5	194.29
Weeks	12	
Hours	20.1	
Telephone calls	8.1	2.44
Mileage	206.58	92.96
TOTAL COST (PER CASE - £)		**289.69**
UNIT COST (PER HOUR - £)		**14.38**

As can be seen, the typical 'case' comprises 20.1 hours costing £289.69, which equates to a unit cost per hour of £14.38. It should be noted that the figure of 20.1 hours only takes into consideration the hours undertaken by the lead staff member or volunteer supporting the service user. For the purposes of this evaluation it does not include hours undertaken by volunteers who in many cases would also have been present and supporting the service user in a shadowing capacity. Had these hours been included the unit cost would have been reduced.

Service provision over the 56 cases ranged widely with the lowest input involving only 7 hours of service provided entirely by volunteers and costing only £7, to the highest which required 47.5 hours of support provided entirely by paid staff and costing £973.

Not unsurprisingly the most significant cost element of the service is the time spent with the service user. This service comprises an assessment which is usually carried out by a paid member by staff and a series of interventions either performed by a volunteer or by a staff member. The total cost is therefore influenced by the number of hours with the service user and the mixture of paid staff and volunteers. Whilst the majority of assessments are carried out by the paid member of staff, 23 cases (41%) are supported by volunteers with 33 (59%) serviced by paid members of staff.

It can be seen that the average cost per service user is higher when fully undertaken by the paid Team Leader/Support Worker even though the number of hours taken are less. The unit cost per hour of these cases is £20.54 compared to £8.55 for those 23 cases where the interventions are undertaken by volunteers. This comparison is itemised in Table 5.6 below.

Table 5.6 · Cost comparison, staff and volunteers – Gofal South

Mean per service user	Person undertaking support intervention	
	Staff	Volunteer
Hours	17	25
Cost (£)	341	215
UNIT COST (PER HOUR - £)	**20.54**	**8.55**

COST / OUTCOME ANALYSIS

Further, the 56 service users were categorised according to their initial assessment 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.

Table 5.7 · Cost / outcome analysis – Gofal South

Activity	Passive	Turning	Active	Mean
Number	7	13	15	-
Cost per user (£)	238	287	310	**287**
Hours per user	18	24	20	**21**
UNIT COST (PER HOUR - £)	**13.22**	**11.95**	**15.50**	**14.38**

In South Wales, the assessments to measure the level of emotional health and well-being are carried out by the service users themselves. This differs from North Wales where the assessments are carried out by the staff. The assessment of the 35 service users scored 7 as 'passive' (score 1-3), 13 as 'turning' or 'receptive to change' (score 4-5) and 15 as 'active' (score 6-10).

Interestingly the majority of cases have an initial score in the range 4 to 6 with an average of 5 which indicates that many were already receptive to change. Unsurprisingly 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.

The level of change from the initial to final assessment based on the 35 cases was a rise of +1 (from 5 to 6) which is lower than across Wales as a whole but may reflect the higher start score, and the different method of collecting the data in the South than the North.

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 South and Gofal North. 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 – 56 from Gofal South and 100 from Gofal North.

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 5.9 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.

Table 5.8 · Service costs – Gofal Cymru and Gofal South

Type of cost	Gofal Cymru Cost (£)	Gofal South Cost (£)
Team leader[3]	19.86	17.96
Support worker[3]	15.44	12.37
Telephone calls	0.30 per mobile/landline call-	
Travel	0.45 per mile-	

Table 5.9 · Total activity and associated costs per cases – Gofal Cymru and Gofal South

Activity	Gofal Cymru (n=156 cases)	Gofal South (n=56 cases)
Visits (mean per case)	9.3	9.5
Weeks (mean per case)	11	12
Hours (mean per case)	21.1	20.1
Telephone calls (mean per case)	11.4	8.1
Mileage (mean per case)	174.9	206.58
Proportion of volunteer supported cases (%)	53	41
TOTAL COST (PER CASE - £)	**305.39**	**289.69**
UNIT COST (PER HOUR - £)	**14.46**	**14.38**

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 (£341 at £20.54 for Gofal South) compared to £203 at £9 per hour (£215 at £8.55 per hour for Gofal South) 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[4] 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 overleaf.

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

[4] It is important to note that this is different to the 156 cases that were sampled for this section of the study. The reason for this is that for 21 of the 56 cases from Gofal South, no Change Wheel outcome scores were recorded, and hence were excluded, leaving 135 cases to be considered.

Table 5.10 · Cost / outcome analysis – Gofal Cymru and Gofal South

Activity	Gofal Cymru (n=135 cases)				Gofal South (n=35 cases)			
	Passive	Turning	Active	**Mean**	Passive	Turning	Active	**Mean**
Number	48	62	25	-	7	13	15	-
Cost per user (£)	299	326	279	**307**	238	287	310	**287**
Hours per user	20	24	18	**21**	18	24	20	**21**
UNIT COST (PER HOUR - £)	**14.95**	**13.58**	**15.50**	**14.61**	**13.22**	**11.95**	**15.50**	**13.66**

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 Unit[5] 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 South and Gofal Cymru. The average unit cost per hour is very close to the Gofal Cymru average but with a slightly less 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 11/12 weeks was around 20 in both Gofal South and Gofal Cymru;

[5] 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/

- 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.

6. CONCLUSIONS

The conclusions to this report are based around the intended project outcomes, areas for further consideration, and this section also provides a commentary on the impact of the project in terms of the current Welsh Government policy context for social services and well-being.

HAVE THE GOFAL PROJECT OUTCOMES BEEN ACHIEVED?

Table 6.1 below lists all of the project outcomes and our assessment of whether these have been achieved – either fully, or partly, or not at all.

Table 6.1 · Assessment of whether outcomes have been achieved – Gofal Cymru

Stated project outcome	Achievement of outcome
Resource and establish a sustainable project infrastructure that will enable BRC to achieve the other stated outcomes	OUTCOME ACHIEVED
Older vulnerable will have improved emotional and mental well-being	OUTCOME ACHIEVED
Older vulnerable people will have improved levels of companionship	OUTCOME ACHIEVED
Older vulnerable people will have increased abilities to live independently and confidently self-manage	OUTCOME ACHIEVED
Older vulnerable people will have improved their ability of to manage decisions and access appropriate support	OUTCOME ACHIEVED
Improve and enhance policy, commissioning priorities, and decisions for older people's services in Wales by 2015, by providing a clear evidence base for the efficacy/benefits of 1:1 support and dynamic mentoring interventions as a tool for reducing social isolation and loneliness	OUTCOME PARTLY ACHIEVED – the evidence base now exists (in the form of this report) but there is no clear evidence (as of yet) that policy, commissioning and services have been influenced, although there is a real prospect of this being achieved.

IMPACT IN TERMS OF THE WELSH HEALTH AND SOCIAL CARE POLICY CONTEXT

The Social Services and Well-being (Wales) Act[6] became law in May 2014 and created a new legal structure for social services in Wales. The Act aims to increase the emphasis on preventative action, bring people closer to decisions about the services that affect them, and address the challenges of economic and demographic change. In particular the duties and requirements under Part 2 of the Act ('General Functions') and especially Paragraphs 5, 6, 8, 14, 5, 16 and 17 (see Appendix 2), are germane to the aims and objectives of Gofal.

[6] http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

Building on this, the National Outcomes Framework[7] was created to support the duties set out in the Act and is a key tool to track progress locally and nationally. Having this framework will help measure how much the care and support provided is making a real difference to peoples' lives – how it is enabling them to achieve the things we all expect for ourselves and for our family and friends. The 'well-being statement'[8] describes the important well-being outcomes that people who need care and support expect.

Of these national outcomes, a number are directly relevant to the BRC Gofal project, namely: well-being; physical and mental health and emotional well-being; education, training and recreation; domestic, family and personal relationships; social and economic well-being; and contribution made to society. Table 6.2 demonstrates how the Gofal project has achieved some of the well-being outcomes set out in the National Outcomes Framework, with supporting data and quotes from service users, and it might be worthwhile to think through the implications of how this evidence has demonstrated that the project decreases social isolation and improves well-being.

The 'Strategy for Older People in Wales: Living Longer, Ageing Well'[9] states that people in Wales should feel valued and supported, and that all older people in Wales should have the social, environmental and financial resources they need to deal with the opportunities and challenges they face. This evaluation of the BRC Gofal service has shown that many service users of the service report improvements in terms of social contacts; access to information about local services and social groups; and increased independence, confidence and participation in their local communities.

The 'Ageing Well in Wales'[10] programme was launched in October 2014 to contribute to and compliment the Welsh Government's Strategy for Older People. The five intended aims and outcomes of the programme are:

- **Age-Friendly Communities** - To make Wales a Nation of Age-Friendly Communities
- **Falls Prevention** - To support older people to reduce their risk of falling, reducing the number of falls amongst older people in Wales.
- **Dementia Supportive Communities** - To make Wales a dementia supportive nation by building and promoting dementia supportive communities.
- **Opportunities for Learning and Employment** - To ensure the experience of older people in Wales is optimised through continued learning and employment.
- **Loneliness and Isolation** - To reduce levels of Loneliness and Isolation and their negative impact on health and wellbeing as experienced by older people in Wales.

As demonstrated by the data collected from service users and volunteers, some older people with reduced mobility were supported to walk with mobility aids which, although we have not collected data specifically about this, may reduce the risk of falls in these people. However, the aim that is most pertinent to the Gofal service is that of 'loneliness and isolation'.

Many of the service users reported new confidence in socialising and participation in social activities, having been encouraged to join local clubs and groups for older people. The related improvements in well-being were also demonstrated by the scores of the 'Change Wheel' and 'Map of Social Contacts' outcomes, where a majority of service users showed stability or an improvement over time and very few service users showed deterioration.

[7] http://wales.gov.uk/docs/dhss/publications/140624NOFen.pdf

[8] http://wales.gov.uk/docs/dhss/publications/140624wellbeingstateen.pdf

[9] http://wales.gov.uk/docs/dhss/publications/130521olderpeoplestrategyen.pdf

[10] http://www.ageingwellinwales.com/Libraries/Documents/AWFinalEnglish.pdf

Table 6.2 · Impact of the BRC Gofal project in terms of the Welsh Government 'National Outcomes Framework'

Domain and outcome statements	How it can be measured	Supporting quotes from Gofal South service users
WELL-BEING *I know and understand what care, support and opportunities are available to me* *I get the help I need, when I need it, in the way I want it*	- People having the right information to lead a healthy life - People who think that good social care services are available in their area - People whose quality of life has improved from the care and support they have received - People that received the right information or advice when they needed it - People who feel satisfied with the care and support they have received	*She's pointed me towards other help that I can get that too, like with toenail cutting* *I know that they're there if I need anybody* *She took me shopping every week. The amount of calls she made personally to social workers, support workers, everything, she did it all. All the forms for me to get further help, she supplied me with. So, it was her that got me back on my feet.* [My wife] *is always overjoyed when she comes. Well it's bringing the outside world to her. And when she comes I join in the conversation as well so it helps me.*
EDUCATION, TRAINING AND RECREATION *I can learn and develop to my full potential* *I can do the things that matter to me*	- People reporting that they can learn and develop to their full potential - People reporting that they can do the things that matter to them	*She's been good at setting goals with me and getting me to think about what I might be able to achieve* *If I feel like going out when my husband's at work, I'll phone him and tell him I'm going out to the shop....I've only done it twice, but I've done it.*
PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELL-BEING *I am healthy* *I am happy*	- Self-reported status of physical and mental health - Self-reported happiness - High life satisfaction scores	*I'm 100% better than I was feeling. I was on the verge of letting myself go but now my attitude I massively improved. The colour in my cheeks has come back. I'm walking better and my mind has flipped around.* *I felt really low...but that happening really did pick me up out of everything and I do feel much better now.*

Table 6.2 (continued) · Impact of the BRC Gofal project in terms of the Welsh Government 'National Outcomes Framework'

Domain and outcome statements	How it can be measured	Supporting quotes from Gofal South service users
DOMESTIC, FAMILY AND PERSONAL RELATIONSHIPS *I belong* *I have safe and healthy relationships*	- People who feel they belong to their local area - People who think that their local area is a place where people from difference backgrounds get on well together - People who think that people in their local area treat each other with respect and consideration	*I've had contact from people, sociability and having access to having to some human contact – it's been so wonderful.* *I looked forward to her coming, she was a lovely person to talk to. Bucks you up no end, you know, yeah it's lovely.* *She found me this club. The people there are really friendly, and they have raffles and little talks.*
SOCIAL AND ECONOMIC WELL-BEING *I have a social life and can be with the people that I choose*	- People satisfied with the amount of time that have to do things they like doing	*I have come out of my shell again, I'm not so much of a recluse as before.* *Last year I went to stay with friends who live in Edinburgh and I went on my own and it went well. I went down to Cornwall on a bus trip which I haven't done before and stayed in a hotel for the weekend.*
CONTRIBUTION MADE TO SOCIETY *I can engage and participate* *I feel valued in society*	- Things I do in my life are worthwhile - People reporting they feel valued in society - People reporting that they often feel lonely	*I joined the WI and the Red Cross lady took me there for a number of weeks, and then my time was up with her and I did start going out on my own then. I got a taxi to the welfare hall in the village here and got on alright with everybody and joined their craft club and the lunch club.* *It made a big difference, yes. I was very lonely and not feeling well and yes it was good to know someone was coming.*

The Map of Social Contacts includes measures of friends and relatives, emotional matters, money needs, transport, and home services, so it suggests that many service users had improved access to the resources and contacts that promote independence and 'ageing well'. Similarly, median scores on the Change Wheel generally improved over time suggesting that service users were working towards being actively engaged in the process of helping themselves.

AREAS FOR FURTHER CONSIDERATION

WHAT SHOULD COMMISSIONERS MAKE OF THIS EVIDENCE?

At the outset of this study, the research undertook a series of scoping interviews with key social care and health senior managers and commissioners. In order to tie up the themes from those interviews with the evidence provided, Table 6.3 below attempts to map four key issues that were raised with the evidence gathered. In summary, this Table suggest that Gofal is well placed address some of the challenges faced by those responsible for implementing the Social Services and Well-being Act.

Table 6.3 · Issues raised and evidence gathered – stakeholders perspectives

Issue raised by stakeholders	Evidence gathered
Commissioning for, and supporting the improvements in well-being is very difficult to achieve	Table 6.1 above provides evidence across six of the domains within the National Outcomes Framework and specifically two of the outcomes associated with well-being.
Services are ever-more economically minded, and difficult decisions have to be taken, and as such what are the financial dimensions of the change in outcomes?	The economic analysis of the project has demonstrated that provides an improvement in vulnerable and isolated people's circumstances, especially in respect of their independence and resilience, for less than £300 per case, at around £14 per hour.
There is a need to be more proactive against our duties in the Act, especially around preventative services, and information, advice and assessment	There is evidence through the study that the Gofal service is ahead of the curve in meeting the outcomes required under the Social Services and Well-being Act, and some of the duties and requirements in Part 2.
How do we ensure value for money? What are the unit costs of the work? And how does this compare with other service providers, whether in the voluntary or independent sectors?	Gofal provides a high quality, person-centred and outcomes focused service for isolated older people. Value for money is a difficult concept given the lack of benchmarks in what services could and should cost, but the evidence gathered in this study provides a sound basis for conversations with commissioners and other stakeholders.

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

MAP OF SOCIAL CONTACTS

At the initial assessment service users are asked about the nine elements below and answer either 'Yes' or 'No' to them in response to their circumstances. The aim of the service is to turn as many 'No' answers into 'Yes' responses as this demonstrates an increase in the independence and resilience of the individual. That said, the questions are not asked in a simplistic 'tick-box' manner and are meant to be reflective of the assessment discussion. The nine dimensions are defined below.

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

The following diagram provides an insight into how people are assessed on the Change Wheel. They are assess themselves against the seven outcomes listed below at both the initial and final points of the service to indicate how far they have 'moved' during the period of their support from BRC.

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.

APPENDIX II · SOCIAL SERVICES AND WELL-BEING (WALES) ACT, 2014 – EXCERPT FROM PART 2 · GENERAL FUNCTIONS

Overarching duties

5 Well-being duty

A person exercising functions under this Act must seek to promote the well-being of—

(a) people who need care and support, and

(b) carers who need support.

6 Other overarching duties: general

(1) A person exercising functions under this Act ……..must comply with the duties in subsection (2).

(2) The person must—

(a) in so far as is reasonably practicable, ascertain and have regard to the individual's views, wishes and feelings,

b) have regard to the importance of promoting and respecting the dignity of the individual,

(c) have regard to the characteristics, culture and beliefs of the individual (including, for example, language),

(d) have regard to the importance of providing appropriate support to enable the individual to participate in decisions that affect him or her to the extent that is appropriate in the circumstances, particularly where the individual's ability to communicate is limited for any reason.

(3) A person exercising functions under this Act in relation to an adult falling within subsection (1)(a), (b) or (c) must, in addition, have regard to—

(a) the importance of beginning with the presumption that the adult is best placed to judge the adult's well-being, and

(b) the importance of promoting the adult's independence where possible.

(4) A person exercising functions under this Act in relation to a child falling within subsection (1)(a), (b) or (c), in addition—

(a) must have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child, and

(b) where the child is under the age of 16, must ascertain and have regard to the views, wishes and feelings of the persons with parental responsibility for the child, in so far as doing so is—

(i) consistent with promoting the well-being of the child, and

(ii) reasonably practicable.

Well-being outcomes

8 Duty to issue a statement of the outcomes to be achieved

The Welsh Ministers must issue a statement relating to the well-being of—

(a) people in Wales who need care and support, and

(b) carers in Wales who need support.

Local arrangements

14 Assessment of needs for care and support, support for carers and preventative services

(1) A local authority and each Local Health Board any part of whose area lies within the area of the local authority must, in accordance with regulations, jointly assess—

(a) the extent to which there are people in the local authority's area who need care and support;

(b) the extent to which there are carers in the local authority's area who need support;

(c) the extent to which there are people in the local authority's area whose needs for care and support (or, in the case of carers, support) are not being met (by the authority, the Board or otherwise);

(d) the range and level of services required to meet the care and support needs of people in the local authority's area (including the support needs of carers);

(e) the range and level of services required to achieve the purposes in section 15(2) (preventative services) in the local authority's area;

(f) the actions required to provide the range and level of services identified in accordance with paragraphs (d) and (e) through the medium of Welsh.

15 Preventative services

(1) A local authority must provide or arrange for the provision of a range and level of services which it considers will achieve the purposes in subsection (2) in its area.

(2) The purposes are—

(a) contributing towards preventing or delaying the development of people's needs for care and support;

(b) reducing the needs for care and support of people who have such needs;

(c) promoting the upbringing of children by their families, where that is consistent with the well-being of children;

(d) minimising the effect on disabled people of their disabilities;

(e) contributing towards preventing people from suffering abuse or neglect;

(f) reducing the need for—

(i) proceedings for care or supervision orders under the Children Act 1989,

(ii) criminal proceedings against children,

(iii) any family or other proceedings in relation to children which might lead to them being placed in local authority care, or

(iv) proceedings under the inherent jurisdiction of the High Court in relation to children;

(g) encouraging children not to commit criminal offences;

(h) avoiding the need for children to be placed in secure accommodation;

(i) enabling people to live their lives as independently as possible.

(6) In discharging its duty under subsection (1) a local authority—

(a) must identify the services already available in the authority's area which may help in achieving the purposes in subsection (2) and consider involving or making use of those services in discharging the duty;

(b) may take account of services which the authority considers might reasonably be provided or arranged by other persons in deciding what it should provide or arrange;

(c) must make the best use of the authority's resources and in particular avoid provision which might give rise to disproportionate expenditure.

16 Promoting social enterprises, co-operatives, user led services and the third sector

(1) A local authority must promote—

(a) the development in its area of social enterprises to provide care and support and preventative services;

(b) the development in its area of co-operative organisations or arrangements to provide care and support and preventative services;

(c) the involvement of persons for whom care and support or preventative services are to be provided in the design and operation of that provision;

(d) the availability in its area of care and support and preventative services from third sector organisations (whether or not the organisations are social enterprises or co- operative organisations).

17 Provision of information, advice and assistance

A local authority must secure the provision of a service for providing people with—

(a) information and advice relating to care and support, and

(b) assistance in accessing care and support.

Including the following matters—

(a) the system provided for by this Act and how the system operates in the authority's area,

(b) the types of care and support available in the authority's area,

(c) how to access the care and support that is available, and

(d) how to raise concerns about the well-being of a person who appears to have needs for care and support.

Welsh Institute for Health and Social Care

University of South Wales, Glyntaf Campus, Pontypridd, CF37 1DL
wihsc.southwales.ac.uk · wihsc@southwales.ac.uk · 01443 483070