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# **CAMAU CADARN/POSITIVE STEPS EVALUATION**

Final Report

for Royal Voluntary Service and British Red Cross

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Sion Tetlow, Mark Llewellyn, Siva Ganesh, Lisa Griffiths and Marina McDonald

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

December 2019

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## INTRODUCTION AND METHODS

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This study was commissioned by the Royal Voluntary Service (RVS) and British Red Cross (BRC), and the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales was asked to undertake an evaluation of the Camau Cadarn/Positive Steps programme.

The purpose of this study was to provide an independent and objective evaluation of the service as described below. This was undertaken through using a multi-methods approach and has been phased into two parts – a formative report, delivered in March 2019, and a final report, which this document fulfils.

### CAMAU CADARN/POSITIVE STEPS

The following is a description of Camau Cadarn/Positive Steps that was provided by RVS/BRC:

*The population is ageing, their health is worsening, demand for services is increasing, and funding is reducing. The challenges facing the health and social care sector in Wales today are unprecedented. But behind these headlines are the individual stories of thousands of vulnerable older people; individuals who reach a point of health and social care crisis, who perhaps receive physical treatment but then do not know where next to turn. Vulnerable, with often complex and multiple support needs, this group of older people need help and support in order to improve their wellbeing, reconnect with services and support networks in their communities, build resilience and regain and maintain their independence. We believe through Camau Cadarn/Positive Steps, we can make a real difference to these people's lives.*

*Launched in 2016, this project is supporting 1000s of older people across Wales to regain and retain their independence in the community, as well as improving their health and wellbeing and resilience to cope with personal crises in the future.*

*At the very heart of Camau Cadarn/Positive Steps is the aim of enabling individuals to make their own choices about the future, based on what's important to them. A Support Worker or a volunteer will work with each person, listening and building a trusting relationship, leading to the development of their own Support Plan and identifying their Top Three Goals. This can be anything ranging from facilitating Care & Repair to undertake home adaptations, carrying out a falls assessment, and supporting the person to access benefits and debt advice, right through to helping them apply for a blue badge, reconnecting them with friends or supporting them to access a local*

*social club.*

*What's vitally important about Camau Cadarn/Positive Steps is that we don't simply handout a leaflet, pass on a telephone number or signpost them to a website. We support people through the process of reconnecting to their community, ensuring that the support we put in place together is sustainable for the future. What's more, if a person needs a little bit of extra support at the end of eight weeks, we work in partnership with the Royal Voluntary Service, providing a seamless transition to some longer term help. Together, we make sure that we are truly helping people to increase their resilience confidence and wellbeing, reconnect to their communities and consequently, remain living independently and in their own homes.*

## **METHODS**

This final evaluation report presents the findings collected during the evaluation of the Camau Cadarn/Positive Steps programme. These are divided into four sections:

- Comparisons of existing Camau Cadarn/Positive Steps data with National Survey for Wales data
- Findings from qualitative interviews conducted with beneficiaries and stakeholders.
- Economic appraisal of Camau/Cadarn Positive Steps data.
- Reflections on the nature of partnership working in Camau Cadarn/Positive Steps

This report provides an understanding of the impact that Camau Cadarn/Positive Steps programme has had on beneficiaries in respect of their key outcomes (a list of these outcomes are provided in the Appendix). It presents data on the extent to which Camau Cadarn/Positive Steps has been able to achieve these outcomes, using the analytical approaches outlined above.

This evaluation has used a variety of methods in order to collect and analyse data. The methods have attempted to engage with the project from a variety of perspectives.

### *Policy Context and Comparison with Existing Data*

The evaluation uses data from the National Survey for Wales (NSFW), looking at Well-Being outcomes for the Welsh population, and comparing that with anonymised caseload data provided by Camau Cadarn/Positive Steps. Using case matching with specific age groups across the NSFW data, aligned with the population demographic of Camau Cadarn/Positive Steps

beneficiaries, we are able to provide comparisons between the outcomes of the population of Wales with those of Camau Cadarn/Positive Steps service users.

### *Qualitative Interviews*

Forty-four interviews were completed in total during the project. We conducted 23 qualitative interviews with beneficiaries, and a further 14 with volunteers and staff. These were semi-structured interviews which sought to discuss people's experiences with the Camau Cadarn/Positive Steps programme. The interviews allowed for people to give their account of Camau Cadarn/Positive Steps, along with a focus on how the programme may have helped them in respect of its outcomes. We also conducted interviews with seven stakeholders involved with the Camau Cadarn/Positive Steps project, and these are reflected on in this section as well.

Overall we used these interviews to build a detailed picture of the impact Camau Cadarn/Positive Steps has had on those involved with the service, and this diverse set of voices, drawn from all parts of Wales, gave us a broad spectrum of perspectives to analyse.

### *Economic appraisal*

We conducted an analysis of the financial and case data provided to us by Camau Cadarn/Positive Steps. This involved filtering down the large data set provided by Camau Cadarn/Positive Steps, and then comparing this with the financial data for the project that we were given. We were able to make determinations about different scenarios and then compared these with the project data provided to us by Camau Cadarn/Positive Steps. We then provided a proto value for money analysis on this data, which is presented.

### *Partnership Working*

This section of the report reflected on the way in which the partnership developed between the Royal Voluntary Service and the British Red Cross. This was based on conversations with 12 interviewees across both organisations. We asked people to reflect on lessons learned about this partnership and what this has meant for them in thinking about future such partnerships.

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## POLICY CONTEXT AND COMPARISON WITH EXISTING DATA

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This section of the report outlines where Camau Cadarn/Positive Steps sits in relation to existing data sets, specifically the National Survey for Wales (NSFW). This allows us to see the ways in which Camau Cadarn/Positive Steps is contextualised in relation to the domains of the Welsh National Outcomes Framework. In order to do this, the evaluation took a detailed look at how Camau Cadarn/Positive Steps measures its impact against its outcomes. We were then able to compare the Camau Cadarn/Positive Steps outcomes and indicators to the National Outcomes Framework and national policy context for this group (detailed accounts of the Camau Cadarn/Positive Steps outcomes and the National Outcomes Framework are in the Appendix).

### NATIONAL SURVEY FOR WALES DATA

The NSFW collects data from a representative sample of 11,000 people each year across Wales. The results are used by Welsh Government to make decisions based on evidence, monitor changes over time, identify good practice, and identify areas or groups that would benefit from increased support. The NSFW covers a variety of areas, across education, health and social care, housing, transport and others. For the purposes of this comparative analysis, we have focused on the section of the NSFW titled 'Social Care – Wellbeing'. This section of the survey looks at outcomes related to wellbeing measures across social care. These are informed by the National Outcomes Framework, and there is overlap between the questions used on the NSFW and the Camau Cadarn/Positive Steps assessment statements.

### COMPARING THE DATA SETS

There are four areas of overlap between the two data sets, in terms of the questions being asked. These are set out in the table below:

National Survey for Wales Category	Camau Cadarn/Positive Steps Outcome Area
Whether able to do things that matter to me	Making decisions and taking control of my life
Whether in control of daily life	Meaningful use of time (doing things that matter to me)
Whether feel safe	Feeling lonely and isolated
Whether feel lonely	Feeling safe and secure.

Though the other areas and questions have overlap in terms of theme, these four areas use the same wording and therefore are directly comparable. The caveat to this is that we do need to make assumptions about the data to some extent, due in part to the fact that the measurements used by the different data sets are not the same: Camau Cadarn/Positive Steps uses a 10 point change scale, whereas NSFW uses a 5-point Likert Scale.

It is possible to adapt one scale to another, e.g. 'Strongly Disagree' on the NSFW data equates to a score of 0-2 on the Camau Cadarn/Positive Steps assessment, but this means we are not comparing like for like data. It is also worth noting that the way the questions are framed is different. With Camau Cadarn/Positive Steps, they are asking people how much, on a ten-point scale, they feel able to do the things mentioned in the statement. For NSFW, people are asked whether they agree or disagree with a statement. This is a slightly different measurement, and implies different things.

The other caveat to this analysis is the age range. Camau Cadarn/Positive Steps is a service for people aged 50 and over. However, the NSFW categories for age break down as: 45-64, 65-74, and 75+. Therefore, for the purposes of this exercise, we will only be concentrating on Camau Cadarn/Positive Steps beneficiaries who are in the 65+ age bracket. However, given the demographic of Camau Cadarn/Positive Steps service users, this still leaves us around three-quarters of the total service user population (based on 2019 Camau Cadarn/Positive Steps data).

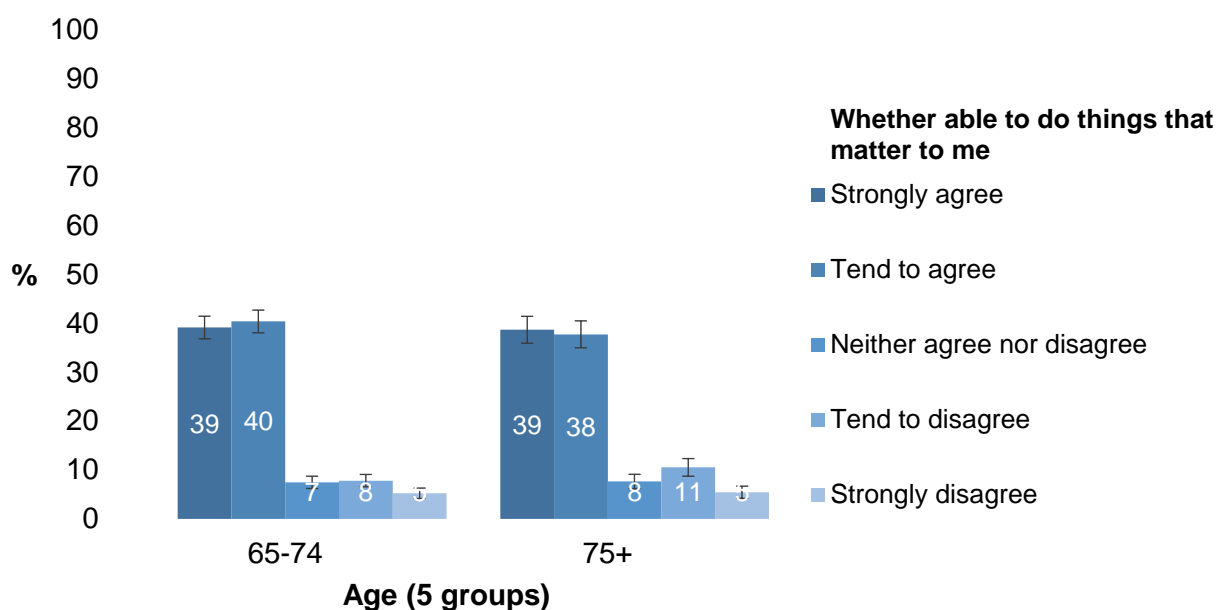
## **ANALYSIS**

### *Doing things that matter to me*

#### **National Survey for Wales data**

From the graph overleaf, we can see that 39% of 65-74 year olds in the NSFW data strongly agree that they can do things that matter to them. 40% agree with the statement, with all of the other categories being under 10%. For the 75+ age group, there is a similar spread of results, with 39% of 75+ respondents stating they strongly agree that they can do things that matter to them, 38% agreeing with the statement.

### Whether able to do things that matter to me, by Age (5 groups), 2018-19



### Camau Cadarn /Positive Steps data

The initial score in this area when beneficiaries over 65 coming into the service is 3.8. There is then an improvement of 1.9 by the end of the 8-week period of Stage One, with the final average score being 5.7. This gives us an indication of the impact that Camau Cadarn/Positive Steps is having in this area over the Stage One period.

**Table 1:**

'Meaningful use of time (Doing things that matter to me)'	N=	Mean	NSFW equivalence
Stage 1 – initial assessment score	1932	3.8	Tend to disagree
Stage 1 – end assessment score	1586	5.7	Neither agree nor disagree
Stage 2 – end assessment score	203	7.0	Tend to agree

In comparison with the NSFW data, however, we can see that there is some discrepancy between even the end of Stage One beneficiaries and the general population of over 65s in Wales. If we convert the NSFW Likert scale into the Camau Cadarn/Positive Steps scoring system, we can see that the majority of responses in this area (over the two age categories) would fall primarily in the 7-10 range. This equates to the answers 'Tend to Agree' or 'Strongly Agree' in the



NSFW data. As we saw above, the majority of respondents in the NSFW data answered 'Strongly Agree' or 'Tend to Agree' to the statement 'I am able to do things that matter to me'. In comparison, Camau Cadarn/Positive Steps respondents in the initial assessment average score would equate to them 'disagreeing' (3.8 equal 'Tend to Disagree' on the Likert scale) and by the end, though we have seen an increase of 1.9, they would be in the 'neither agree nor disagree' category.

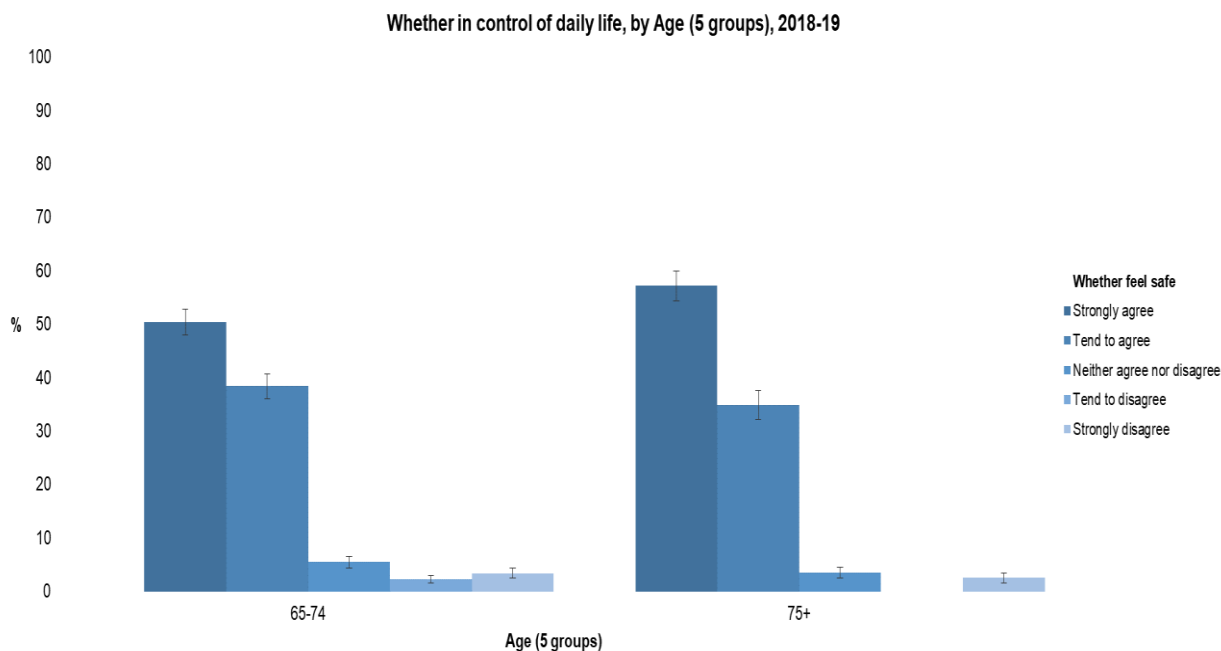
However, when it comes to those who go on to Stage Two of Camau Cadarn/Positive Steps, their final assessment score is 7, which would put them into the Tend to Agree or Strongly Agree range in comparison to the NSFW data.

Again, we must remember the caveat here, which is that though the statement is very similar here across Camau Cadarn/Positive Steps and NSFW, the mode of questioning is different. Camau Cadarn/Positive Steps beneficiaries are not being asked whether they agree or disagree; they are being asked about their capability or capacity to 'do things that matter' to them. Therefore, this is a contingent analysis, based on some assumptions. We must also remember that those using the Camau Cadarn/Positive Steps service have come in because of a need, because an issue which could range across mental or physical health (and, most likely, both) and therefore are likely to score lower on these questions than the general population, where health levels are more variable. We can see that Camau Cadarn/Positive Steps has made great improvement in this area over the course of Stage One and Two, and that for those who continue into Stage Two, they are ending up in a comparable position to the NSFW demographic for this category.

### *Whether in control of daily life*

#### **National Survey for Wales data**

For this data category, 'whether in control of daily life', 50% of 65-74 year olds strongly agreed with this statement. Just under 40% agreed with the statement. For those in the 75+ category, 55% strongly agreed with the statement, with just over 30% agreeing. This means that, in comparison with the CCPS data, the majority of respondents were in the upper tier of scoring for the CCPS change wheel (7-10).



### Camau Cadarn /Positive Steps data

In terms of the Camau Cadarn/Positive Steps data for this category, we can see that the initial average score was 5.1, with the end assessment seeing an increase of 1.4 to get up to 6.5.

**Table 2**

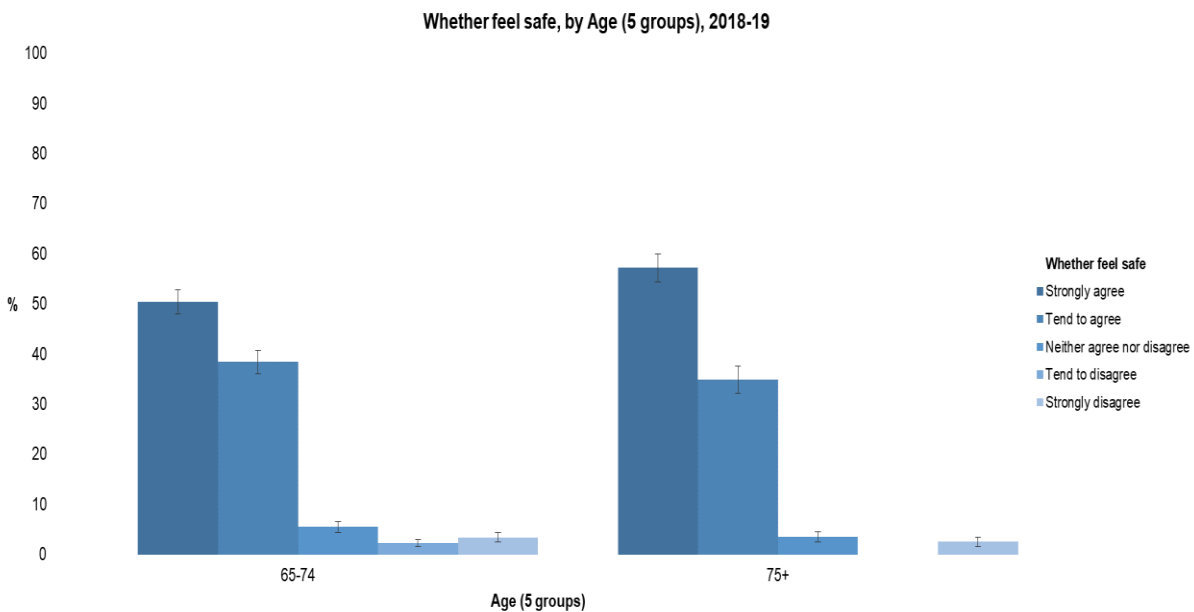
‘Making decisions and taking control of my life’	N=	Mean	NSfW equivalence
Stage 1 – initial assessment score	1924	5.1	Neither agree nor disagree
Stage 1 – end assessment score	1588	6.5	Neither agree nor disagree
Stage 2 – end assessment score	203	7.1	Tend to agree

Again, it is clear here the impact that Camau Cadarn/Positive Steps is having for beneficiaries during the 8 week Stage One period. We can then see even a further increase for Stage Two beneficiaries, as the average score goes up to 7.1. For those that are deemed in need of support from Stage Two, it seems that in the area of decision making and control over life circumstances, beneficiaries are benefiting even further from the Camau Cadarn/Positive Steps service. Having achieved a score of 7.1 by the end of Stage Two, this put CCPS in a comparable bracket to the NSfW Wales data for this category.

## Feeling safe and secure

### National Survey for Wales data

We can see here that again, the vast majority of respondents to the question of ‘whether I feel safe’ have responded ‘Strongly Agree’ or ‘Agree’, with an even larger share (50% and 57%) responding that they Strongly Agree with the statement.



### Camau Cadarn /Positive Steps data

In terms of the Camau Cadarn/Positive Steps data, we can see here that for this measurement, an improvement of 1.3 has been made on the Camau Cadarn/Positive Steps Change Wheel scale, from the initial assessment, through to end of Stage 1 and the end of Stage 2. In terms of relating this data to the NSFW data, we can see that the final assessment average of 6.8 is the closest that Camau Cadarn/Positive Steps has come to the 7-10 (Strongly Agree-Tend to Agree) end of the scale that most of the NSFW respondents sit within.

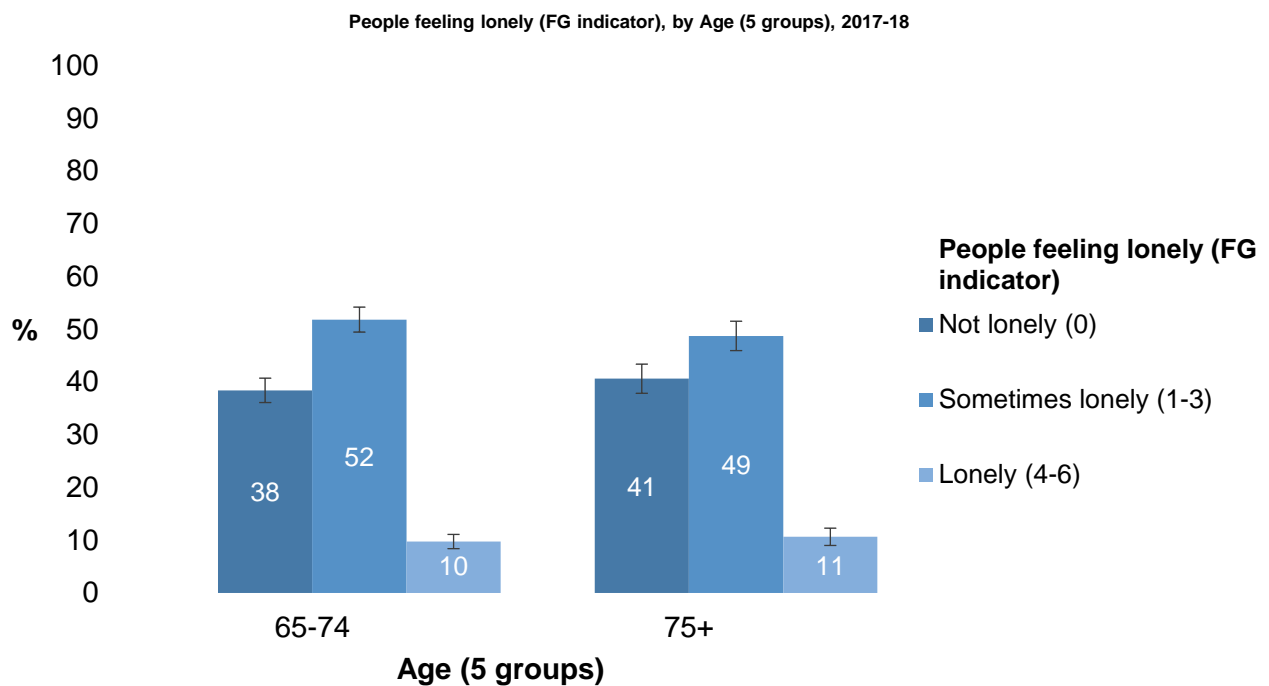
**Table 3**

‘Feeling Safe and Secure’	N=	Mean	NSfW equivalence
Stage 1 – initial assessment score	1893	5.5	Neither agree nor disagree
Stage 1 – end assessment score	1551	6.8	Neither agree nor disagree
Stage 2 – end assessment score	201	6.8	Neither agree nor disagree

This analysis is contingent on some assumptions around the data sets - whilst similar, they have used different measurement scales and different questions to measure similar areas. However, it is useful to get a sense of where the Camau Cadarn/Positive Steps beneficiaries' population lies, in comparison to the general population of over 65s in Wales. We can also see the improvements that Camau Cadarn/Positive Steps has made to beneficiaries across these areas in Stage One and Two, which is useful in seeing (a: where beneficiaries are when they come into Camau Cadarn/Positive Steps, and (b: where they are at the end of Stage One (an 8 week period) or Stage Two. In all cases, beneficiaries' assessment scores have improved.

### Feeling lonely

#### National Survey for Wales data



We can see here that 38% of 65-74 year olds, and 41% of 75+ respondents state that they do not feel lonely. 52% of 65-74 and 49% of 75+ state they sometimes feel lonely, and 10% and 11% state that they do feel lonely.

#### Camau Cadarn /Positive Steps data

We can see that for the Camau Cadarn/Positive Steps data, there has been a significant improvement in dealing with feelings of loneliness and isolation.

**Table 4**

<b>'Feeling Lonely and isolated'</b>	<b>N=</b>	<b>Mean</b>	<b>NSfW equivalence</b>
Stage 1 – initial assessment score	1912	3.9	N/A
Stage 1 – end assessment score	1570	5.8	N/A
Stage 2 – end assessment score	204	6.3	N/A

There has been a 1.9 increase in feeling less lonely and isolated by the end of Stage 1, and for those that move on to Stage Two, there has been 2.4 increase from the average score in the initial assessment. This shows that Camau Cadarn/Positive Steps is having a big impact on helping its beneficiaries with their feelings of loneliness and isolation.

It is harder to compare this data to the NSfW data, as different categories are used for this part of the survey: rather than a five point Likert scale from Strongly Agree to Strongly Disagree, we have a three point scale asking people if they feel 'Sometimes Lonely' 'Not Lonely' or 'Lonely'. As the Camau Cadarn/Positive Steps assessment goes over a 10 point scale, there are not applicable comparisons to be made across the two scales. Nevertheless, we can see the impact that Camau Cadarn/Positive Steps is having in this area, from the initial assessment through to the end of Stages One and Two.

## **CONCLUSIONS**

Overall, this comparison shows that Camau Cadarn/Positive Steps helps to bring its beneficiaries closer to the 7-10 bracket that the general over 65 population of Wales is in for these categories (not including loneliness and isolation). Whilst they are not quite in the bracket, given the levels of need for those entering the service, it is impressive that the Stage One and Stage Two interventions are helping them get much closer to that level.

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## INTERVIEWS

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The next section of the report focuses on the 44 qualitative interviews conducted with beneficiaries, volunteers, staff and stakeholders. This chapter is divided into two sections: one that deals primarily with beneficiaries' experiences of Camau Cadarn/Positive Steps, and one that deals with stakeholders' experiences of CCPS. Participants were drawn from Camau Cadarn/Positive Steps events and staff, over North, West and South Wales. The WIHSC team attended two events with Camau Cadarn/Positive Steps beneficiaries, a coffee morning in South Wales, and a beneficiary event in North Wales. Beneficiaries were also recruited by CCPS staff for research interviews, and some of these came from Pembrokeshire and West Wales, in an attempt to get a geographic spread of views for the service.

These interviews provide us with rich, qualitative evidence with which to analyse and assess the impact of CCPS on beneficiaries and stakeholders.

### BENEFICIARIES

#### *Issues that bring people into Camau Cadarn/Positive Steps*

This section looks at the different reasons that people come into Camau Cadarn/Positive Steps, from the perspective of beneficiaries, volunteers and staff. We will see the broad remit of issues that Camau Cadarn/Positive Steps deals with in its service over the course of these interviews. This broad remit is one of its standout elements – it allows for people with a broad range of issues to come in, embodying an ethos of inclusivity and support. We can see in the quotes below the variety of reasons that people have entered Camau Cadarn/Positive Steps.

*'Because I'm disabled I can't walk very far....so I wanted somebody to go for walks with me.... (Interview with Camau Cadarn/Positive Steps beneficiary)*

*'Yes could be a number of reasons...could have had an operation....lost a leg...could be anything... (Interview with Camau Cadarn/Positive Steps volunteer)*

*'Well it was to try and help me get back out in the world and not be so negative I suppose because I didn't go out at all....since I've been going I've actually got a lot more confidence...I take my own dogs out now which saves a fortune... (Interview with Camau Cadarn/Positive Steps beneficiary)*

*'I was coming out of hospital and they got me home, got me settled, and they also helped me organise food, because of my mobility – I couldn't go to the kitchen. Things that I took for granted and they gave me options, advice, and...dealt with the whole scenario.'*

*(Interview with Camau Cadarn/Positive Steps beneficiary)*

The issues Camau Cadarn/Positive Steps deals with range across well-being and mental health issues as well as physical health issues. Service users approached Camau Cadarn/Positive Steps due to a lack of confidence and feelings of negativity, when recovering from an operation, or dealing with a disability. There are also quotations which highlight the need for support with getting back into the community and dealing with social isolation. These quotations show the breadth and variety of issues that Camau Cadarn/Positive Steps deal with, as well as showing the flexibility and inclusivity of the Camau Cadarn/Positive Steps service in its ability to deal with these disparate support needs.

### *Confidence and Independence*

The interviews conducted asked questions surrounding the key areas of Camau Cadarn/Positive Steps outcomes framework: confidence, independence, well-being, isolation, social life and living situation. This section will focus on the areas of confidence and independence. The quotes below present evidence around these two themes.

*'It was [staff member] actually...she took me to appointments and she talked to me and after an appointment she wouldn't just go home she would say let's go and have a coffee or we are going to do this...so I started to feel a bit more normal and she understood if I didn't want to do something she understood why...but she always tried to get me to give her a reason...I just used to say I'm not doing it full stop....but she would always try....she is so nice...you just can't say no can you...not just by taking you places but not allowing you just to say no...doesn't mean you have to go but you need to have a reason why you are not doing that and then that's fine....'* (Interview with Camau Cadarn/Positive Steps beneficiary)

*'Absolutely, I couldn't have done it without them...I really wouldn't have gone out without them.'* (Interview with Camau Cadarn/Positive Steps beneficiary)

*'Two years ago I wouldn't have had this conversation, I would've run away from it, so I can do that now. Like I say it's been a massive change and I'm a month off being two*

*years sober, which is the longest I've ever done since I was 10-11 years old, you know so it really has been a big help' (Interview with Camau Cadarn/Positive Steps beneficiary)*

*'I also have what I call a pram, you know the shopping trolley. I've got one of those as well. They were very good. It's confidence basically, now I'm quite confident and competent and can go out.'* (Interview with Camau Cadarn/Positive Steps beneficiary)

*'People don't think you live in a closed place. It's a one bedroom flat, but it's so small I'm claustrophobic in here, I just wanted to get out but I couldn't get out, I wanted somebody to talk to, you know? And this is what has happened and I just get out now, which I wouldn't go out of the door before.'* (Interview with Camau Cadarn/Positive Steps beneficiary)

*'Oh it certainly did. I then knew what I could and couldn't do. Well just to boost your confidence really, and who were pliable enough to realise when you've had enough, and call it a day.'* (Interview with Camau Cadarn/Positive Steps beneficiary)

The quotes above show how Camau Cadarn/Positive Steps has helped beneficiaries feel more confident and independent. We can see from the first quotation that this beneficiary really valued the encouragement from their CCPS worker in terms of getting out into the community and socialising. We also see someone suffering with addiction issues who has help from CCPS, and feels that they are now more confident when conversing with new people. One of the primary aims of CCPS is to get people feeling more confident and independent, and enable them to assimilate back into the community. We can see from the quotations above that CCPS is assisting many beneficiaries with these areas of support.

### ***Well-being, Isolation and Socialising***

This section focuses on wellbeing, isolation and socialising, which are three of the key outcome areas for the Camau Cadarn/Positive Steps service.

*'I used to keep myself in the house...now I go about...I'll go down to the town and have a talk with some people.... It's helped to help me to be able to walk...that's the most important thing....much healthier...Being with me when I was going out.....'* (Interview with Camau Cadarn/Positive Steps beneficiary)



*'I was very much inside all the time and only went out for hospitals if me parents took me and things like that. So yeah its helped me tremendously just to have the confidence to say ok well its not all doom and gloom you know?' (Interview with Camau Cadarn/Positive Steps beneficiary)*

*'He came with me, it's only down the town here where I live, it's a coffee afternoon and meet different people, and you have a cup of coffee or tea, a piece of cake, and a game of dominos. He came twice with me and he said "now are you gonna try go on your own?" which I will. I'll go this Monday coming. I get a taxi there and a taxi back. So it was brilliant, you know.'* (Interview with Camau Cadarn/Positive Steps beneficiary)

The above quotes highlights different examples of how Camau Cadarn/Positive Steps has helped people improve their wellbeing, feel less isolated and become more social. In one example, a beneficiary notes that they 'used to keep themselves in the house' but that now they 'go down to the town and have a talk with some people'. They confirm that Camau Cadarn/Positive Steps has left them feeling less isolated than before they came into the programme. They specify that Camau Cadarn/Positive Steps has helped them improve their walking and mobility, and that they feel 'much healthier' because of this. This extract gives us insight in the ways that these three outcome areas of well-being, feeling less isolated and improving social relationships overlap, and how improving on one area can have a positive impact on another, related, area.

We can also see how a beneficiary has been able to become more independent and get involved in the community more. The support they had in going down to the their local town, with the support worker, and meeting up with others for cake and coffee, has helped them enormously, and enabled them to become more independent.

### *Outcomes and Impact*

This section focuses on the outcomes and the impact of the Camau Cadarn/Positive Steps service on beneficiaries.

*'When I came out of hospital, red cross um brought me home, then from there the woman was, how can I say it, she was life-changing.'* (Interview with Camau Cadarn/Positive Steps beneficiary)

*'The momentum they brought – I just cannot express, emotionally it changed my life as well.'* (Interview with Camau Cadarn/Positive Steps beneficiary)

*'It would be a shame if that [Positive Steps] stopped at any time, because I can't see anybody else fulfilling that role really. Well when you come out of hospital, any help offered is gratefully received. And it is only just somebody to talk to. To discuss your fears with somebody, and for them to give helpful advice as well, that's really important.'* (Interview with Camau Cadarn/Positive Steps beneficiary)

*'One of the other workers, who I didn't know that well, she's asked could I consider going and sitting with people, almost becoming a volunteer myself, with the service. And I'm considering that, and I think I probably will – there are ifs and buts with it, but I might undertake that.'* (Interview with Camau Cadarn/Positive Steps beneficiary)

*'I could not respect her professionalism more.'* (Interview with Camau Cadarn/Positive Steps beneficiary).

The above extracts show some of the outcomes and impacts the Camau Cadarn/Positive Steps has on people's lives. The first quotation in this section eulogises the Positive Steps worker as 'life changing' in helping them when they came out of hospital. We can see from the second extract that the Camau Cadarn/Positive Steps service brought momentum and positive emotional changes to the beneficiary's life. The third quotation reflects on what would be lost if Camau Cadarn/Positive Steps didn't exist to help the beneficiary when they came out of hospital, and the importance of having someone there to talk to, to discuss their fears with, and for practical advice was invaluable to this individual.

In the final extract, the beneficiary discusses the potential opportunity to become a volunteer for CCPS, which shows the strides they have made since coming into the service, to be able to consider this opportunity.

## **STAKEHOLDER INTERVIEWS**

This next section of the report presents findings from interviews conducted with Camau Cadarn/Positive Steps stakeholders. Interviewees came from referring organisations into Camau Cadarn/Positive Steps, usually from a health care background. Findings are presented thematically below.

## Referral Issues

This section deals with the issues that stakeholders tend to refer people to Camau Cadarn/Positive Steps for support with.

*'Mainly sort of getting out the house a bit more, loneliness, increasing confidence or just getting out of the house, accessing local services, using public transport things like that' (Interview with Stakeholder)*

*'It's usually loneliness and isolation are the key issues for which we are referring it might be that people are feeling a bit anxious as well about getting back out into the community.'* (Interview with Stakeholder)

*'I think isolation is probably the main reason, just that you know family have moved away and they're on their own, so just, yeah, helping relieve that isolation and get back into some community based stuff really.'* (Interview with Stakeholder)

*'Positive Steps – they came and did a presentation, and we invited them here, I've worked closely with them through other services, in my role, before, and older adult mental health quite often the people we find going home tend to be people who have anxiety problems and issues with, related to kind of confidence, and not being able to kind of maintain their daily function more than just their washing and dressing skills, they're usually quite good at that, but sort of going out and about – Positive Steps really kind of, supports and ticks that box really, kind of it offers them then you know an opportunity to go and engage with these – through volunteers as I understand it – to help people kind of reconnect with things. And you know, it sort of complements occupational therapy very well.'* (Interview with Stakeholder)

Here we can see some of the reasons that stakeholders from other organisations refer individuals to Camau Cadarn/Positive Steps. We can see that issues run the gamut from socialising and getting back into the community, to dealing with isolation and loneliness, and building confidence and practical issues such as getting out of the house and using public transport. This chimes with beneficiary interviews and the remit of Camau Cadarn/Positive Steps, which is to enable people to regain confidence and independence and move back into the community.

## Referral Process

This section looks at how stakeholders experience the referral process when referring patients to Camau Cadarn/Positive Steps.

*'I just have one person that I refer to and she's always very welcoming and accepting of referrals, if they can't take someone on straight away they tend to give me, like, in two weeks time or something we'll have availability, which is really helpful. Most of the time you can't get those sorts of answers these days, but they're quite good with giving me timescales.'* (Interview with Stakeholder)

*'The referral process works quite well but I don't know how long it always takes to source volunteer to support people. It's been very helpful to have volunteers who could support people with mobility scooters is that has enabled our patients to be more independent in how they move around in their community.'* (Interview with Stakeholder)

*'I have found the lady I referred to and she's great actually, she's the lady who came and spoke to us, so I like to meet people who I'm referring to, because it just helps sort of build that rapport and she's great really, I just email her. We do – we don't send them – I send them via the post actually, I don't know if that's the best way to do it, I do email her to let her know that there is a referral on the way as well, just so she's anticipating that, and if it doesn't get there then we can communicate if there's a problem really as well. She (Positive Steps worker) is marvellous, I have to say. And if there are any issues, if something's happened I'll let her know as well, if the discharge has been delayed, I usually do it once I know we've got a discharge date and if somebody's on their way rather than weeks before, even though I don't know how long it takes to source a volunteer really.'* (Interview with Stakeholder)

*'The guidelines are very clear and they can't take just anybody. It's really helpful that the services trying to support people. They're not giving them unrealistic expectations. I think is very achievable for people what they try and achieve with them.'* (Interview with Stakeholder)

*'Referrals work really, really well I've never had any issues with them at all. If there are any questions or queries that are very easy to contact and we have a dialogue about the*

*referral that is being made. It's been a really process whenever I've used them, and they've been able to get out to people very quickly.'* (Interview with Stakeholder)

We can see from the above quotes that stakeholders who refer patients to Camau Cadarn/Positive Steps have found the process of referral to be straightforward and easy to use, and that they have appreciated the communication they have with Camau Cadarn/Positive Steps staff. Both quotations note the excellent level of communication from CCPS staff regarding timescales for referrals and for patients to start the CCPS programme. This reflects well on the ways in which Camau Cadarn/Positive Steps engages with stakeholder organisations around referring people into the service.

### **System Impacts**

This section presents interview extracts on the theme of the impact that Camau Cadarn/Positive Steps has had on systems within organisations that stakeholders represent.

*'It helps prevent relapse in that it gives people an opportunity to reconnect with their community to build their confidence and begin to live life effectively at home. People will be supported in the community but Positive Steps gives people a bit more structure when they are leaving hospital. There is a preventative aspect of their work – they stop people coming back into hospital in lots of circumstances.'* (Interview with Stakeholder)

*'If this service didn't exist I have very limited choices in where I could send people. This is a really useful service and the people I refer into it I would end up seeing myself in the community and that may have an effect on how long they were involved with our service. The combination of our support in the primary mental health support service and Positive Steps means that it cuts down the number of sessions I would have with that person and releases capacity for us to be able to see other people who need our support.'* (Interview with Stakeholder)

We can see here that practitioner stakeholders have noticed the ways in which the support Camau Cadarn/Positive Steps offers has helped them in their own organisations. The first quote here suggests that there is a 'preventative aspect' to the work of Positive Steps – that they 'stop people coming back into hospital in lots of circumstances.'

The second quotation continues this theme, by stating that 'if this service didn't exist I have very limited choices in where I could send people.' They state that the existence of Camau

Cadarn/Positive Steps helps to cut down the amount of sessions that patients need with their service, and 'releases capacity for us to be able to see other people who need our support.'

We can see from these two extracts the impact that Camau Cadarn/Positive Steps has, not only on beneficiaries directly, but for stakeholder organisations within the community (such as primary mental health teams). It fulfils what one stakeholder calls a 'preventative role' in that it may stop people having to access health or statutory services because of the support given to them by Camau Cadarn/Positive Steps. This then releases capacity for these stakeholder organisations to deal with others who need the service.

### *Difference Made*

In this section, stakeholders reflect on the difference that Camau Cadarn/Positive Steps has made to beneficiaries and those they have referred on to the service.

*'It ticked that box ensuring the people's confidence is built. The work of volunteers helps people reconnect with things and it complements the work of services like occupational health.'* (Interview with Stakeholder)

*'Positive Steps are great in getting people out and about in the community and exposing behaviours so that people can build up their resilience about being out and about.'* (Interview with Stakeholder)

*'I see lots of people who struggle either physically or mentally to be able to get out of the house and are effectively housebound without the support that a service like positive steps offers. They need an organisation just to give that little bit of help to work within so that they can once again get out and about. It's amazing to reflect on the number of people who don't think they can leave the house when with little support they realise actually that they are able to.'* (Interview with Stakeholder)

*'In raising people's confidence that they might be able to do more than they thought they could is a real success as this is such a hard thing to do.'* (Interview with Stakeholder)

We can see from the above quotes that stakeholders felt that Camau Cadarn/Positive Steps has helped people with their confidence, with getting out into the community and with building resilience. The third extract here goes into detail about the ways in which CCPS can help people,

who may otherwise remain housebound, get back out into the community and out of the house once again, and retain some independence.

## CONCLUSIONS

This section of the report reflected on interviews conducted with beneficiaries and stakeholders over a range of categories relating to Camau Cadarn/Positive Steps desired service outcomes. Interviews with beneficiaries reflected on the issues that people are referred to CCPS for assistance with, which range from help after a hospital stay to assistance with public transport and getting out into the community. We then looked at the ways in which CCPS has helped beneficiaries to build confidence and become more independent, and the ways it has impacted on their well-being, isolation issues and socialising. We looked at the overall outcomes and impact that CCPS has had on beneficiaries, where many beneficiaries were effusive regarding the positive impact that CCPS has had on their lives.

We then reflected on interviews with stakeholders across a variety of themes, including issues that they referred people to CCPS for support with, the referral process itself, the difference that CCPS has had on beneficiaries, and system impacts on external organisations capacity and preventative impacts on services. These final few extracts from stakeholders below sum up the impact that CCPS has had in general, and on external stakeholder services.

*'At its heart is a very simple intervention but incredibly powerful for older adults to have this level of support for them in remaining independent.'* (Stakeholder Interview)

*'Without Positive Steps there are people who would fall through the gaps. There is very little provision for older adults and this service is incredibly helpful in providing cover for gaps in different service areas.'* (Stakeholder Interview)

*'Positive Steps bridges a gap between different types of services.'* (Stakeholder Interview)

We can see that CCPS can have a profound impact on beneficiaries sense of independence, community and well-being. It can help them get out and about and assist them after a crisis or hospital stay. We can also see that, from the stakeholder perspective, there was a feeling that CCPS helps to bridge a gap between different services, and stops people from 'falling through the gaps' in services.

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## ECONOMIC APPRAISAL

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In order to understand the economic impact of the project, we conducted an analysis of the financial and case data provided to us by Camau Cadarn/Positive Steps. This involved filtering down the large data set provided by Camau Cadarn/Positive Steps, and then comparing this with the financial data for the project that we were given. The stages involved in this exercise are laid out below.

### NUMBER OF RECORDS WHICH COULD BE USED IN THE COSTING EXERCISE

It was important to have complete records for certain items in order that we could undertake the analysis. Hence, we examined the data and selected only those client records where there was:

- **Scenario 1:** A complete record of the resources directly committed to the client (i.e. Number staff visits, Number hours, Number telephone calls, Number telephone hours)
- **Scenario 2:** A complete record of responses from clients for the seven dimensions of in each of the initial and final client assessment (these are the seven outcomes that were collected as part of the Camau Cadarn/Positive Steps Change Wheel).

Table 5 reports the number of cases that were available for us to analyse using the criteria specified above.

**Table 5: Number of records in the analysis**

Scenarios 1 and 2 together	Stage 1 (Red Cross)	Stage 2 (RVS)	Stages 1 and 2
Total client records available	3825	626	599
Selected client records useable <sup>1</sup>	1484	102	133 <sup>2</sup>
% records capable of being used	38.8%	16.3%	22.2%

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<sup>1</sup> 'Selected client records useable' will be hereafter referred to as 'Complete records'.

<sup>2</sup> This equates to 3.5% of the 3825 total records available – see Table 6 below.



## EXPENDITURE ASSOCIATED WITH STAGE 1 AND STAGE 2 CASES

The next stage in our analysis was to take the ‘complete records’ that are analysable (in the two stages separately), we need to link them appropriately to the financial data available. Clearly, we could not undertake the analysis by comparing an annual amount of expenditure with a sample number of client records. As we are only utilising a subset of the available client records, the first step was to scale the total expenditure for a full year to a level reflecting the percentage of clients records being utilised. This was done pro-rata to client numbers and the results are as shown below:

The second stage in our analysis was to take the records in Stage 1 and Stage 2 that were analysable, and link them appropriately to the financial data given to us by Camau Cadarn/Positive Steps. As we were only utilising a proportion of the available client records, the first step was to scale the total expenditure for a full year to a level reflecting the percentage of clients records being utilised. This was done pro-rata to client numbers of complete client records, as below:

**Table 6: Expenditure (£) associated with Scenarios 1 & 2 together**

Total project expenditure	Total Expenditure (£) (3 Year Total)	Proportion of expenditure for Complete Records (£) (Scenarios 1&2)
Stage 1 (Red Cross)	1,501,378	582,534 (38.8%)
Stage 2 (RVS)	697,961	113,767 (16.3%)
<b>Stages 1 and 2</b>	<b>2,199,339</b>	<b>76,977 (3.5%)<sup>3</sup></b>

The amounts shown in column named ‘Proportion of expenditure...’ will be used in the remainder of this chapter exercise. The following approach was then applied to each of these elements of expenditure and is summarised in Tables 7-9:

- **Hours committed to clients** – these were identified for both volunteers and staff. Where there was only staff visits or only volunteer visits to a client, the hours shown were

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<sup>3</sup> This is the % value indicated in Table 5 i.e. 133 of the 3825 cases.

categorised accordingly. Where there was both staff visits and volunteer visits to a client, we separated hours between staff and volunteers on the basis of numbers of visits.

- **Project staff direct costs** – an hourly rate for project staff was calculated by reference to total project worker staff costs for the year and the total numbers of project worker hours worked by such staff in that same year. Each client record was then charged with an amount based on this hourly rate and the numbers of staff hours logged against that client. It was further assumed that the ‘project telephone hours’ should be attributed solely to the number of project staff hours (for each case/record) when computing direct costs.
- **Project indirect costs** – are the balance between total project staff costs charged to the clients the total expenditure incurred on project staff. This balance of cost represents the amount of this project staff time cost not charged to individual client records and is referred to as project staff indirect costs. It represents the costs of project workers concerned with issues other than direct client contact such as administration, training, unproductive time, holidays etc.
- **Volunteer costs** – these were charged to the client records at nil cost as there is no resource cost to the organisation. However, it could be argued that some sort of shadow cost could be imputed to reflect volunteer time if that was felt appropriate

**Table 7: Project worker hours (using 3 year total expenditure)**

	2016/17 to 2018/19	Total hours for the project	Total Project worker salary and oncosts (£)
<b>Stage 1 (Red Cross)</b>			
Total project worker hours available	567 per week	88,452	1,501,378
Hourly rate for project staff	$1,501,378/88452 = \text{£}16.97 \text{ per hour}$		
<b>Stage 2 (RVS)</b>			
Total project worker hours available	329 per week	51,324	697,961
Hourly rate for project staff	$697,961/51,324 = \text{£}13.60 \text{ per hour}$		
<b>Stages 1&amp;2 (together)</b>			
Total project worker hours available		139,776	2,199,339
Hourly rate for project staff	$2,199,339/139,776 = \text{£}15.73 \text{ per hour}^4$		

<sup>4</sup> This is equivalent to 3.5% of total cost/3.5% of total hours, and this hourly rate will be used in the costing exercise below.

**Table 8: Number of hours – volunteers and project staff**

Stages and Scenarios	Total Staff hours <sup>5</sup>	Project staff hours	Volunteer hours	Ratio of project staff hours to volunteer hours
Stage 1/Scenario 1 and 2	21,370.2	16,780.6	4,589.6	3.66
Stage 2/Scenario 1 and 2	5,159.7	686.8	4,472.9	0.15
<b>Stages 1 and 2/Scenarios 1 and 2</b>	<b>7,809.5</b>	<b>2,555.6</b>	<b>5,253.9</b>	<b>0.49</b>

**Table 9: Direct and indirect costs**

Scenarios 1 and 2	Stage 1	Stage 2	Stages 1 and 2
Total project workers costs	582,514	113,767	76,977
Total amount charged to individual client records on the basis of hours recorded and hourly rate (Direct Costs)	284,765 (48.9%)	9,341 (8.2%)	40,199 (52.2%)
Balance of cost (Indirect Costs)	297,749 (51.1%)	104,426 (91.8%)	36,778 (47.8%)

This allowed us to come to a conclusion about the unit cost per client for the support received through Camau Cadarn/Positive Steps.

**Table 10: Unit (Direct) costs (£)**

Unit cost per client	Stage 1 (BRC) Scenarios 1 and 2	Stage 2 (RVS) Scenarios 1 and 2	Stage 1 and 2 Scenarios 1 and 2
Mean unit cost	£193.72	£93.41	£302.25
Standard deviation of unit cost	£216.44	£201.53	£397.27
Range of unit cost	£4.24 to £1,866.70	£3.40 to £1,666.00	£26.11 to £2,678.98

<sup>5</sup> Total staff hours includes staff, volunteer and phone hours.

## VALUE ADDED AND VALUE FOR MONEY

Value added for both stages of the project has been calculated by reference to the assessments completed by clients at the start and end of the projects, i.e. the Change Wheel scores. Note that this applies to only the case of ‘Scenarios 1 and 2’ as defined before. The results of this are shown below in Table 11.

**Table 11: Value Added (Client Scores)**

Stage	Phase	Mean	Standard Deviation	Range
Stage 1 (n=1484)	Initial Assessment	30.5	10.6	0 to 63
	Final Assessment	42.2	11.8	0 to 70
	Magnitude of Change	+11.7	+9.7	-16 to 55
Stage 2 (n=102)	Initial Assessment	32.6	11.1	9 to 63
	Final Assessment	45.9	14.1	0 to 70
	Magnitude of Change	+13.3	+15.6	-63 to 53
<b>Stages 1 and 2 (n=133)</b>	<b>Initial Assessment</b>	<b>30.8</b>	<b>11.1</b>	<b>12 to 63</b>
	<b>Final Assessment</b>	<b>45.3</b>	<b>12.7</b>	<b>0 to 70</b>
	<b>Magnitude of Change</b>	<b>+14.5</b>	<b>+14.2</b>	<b>-63 to 53</b>

Also, for each client, a figure of cost per unit of value gained from the project was calculated. This is an indicator of Value for Money. The results are summarised in Table 12.

**Table 12: Cost per unit of value gained per client (£)**

Measure of cost per unit of value	Stage 1	Stage 2	Stages 1 and 2 <sup>6</sup>
Mean cost per unit of value	£23.55	£7.13	£14.50
Standard Deviation of cost per unit of value	£45.86	£20.20	£124.00
Range of cost per unit of value	£-521.83 to £568.50	£-30.60 to £166.60	£-1211.21 to £210.00

<sup>6</sup> In the case of ‘combined Stage 1 & Stage 2 analysis’, the Initial assessment is from Stage 1 and the Final assessment is from Stage 2.

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## PARTNERSHIP WORKING

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This section of the report reflects on the partnership working involved in the Camau Cadarn/Positive Steps service between the Royal Voluntary Service and British Red Cross. We spoke with 12 different people from both organisations with operational and strategic viewpoints and with a variety of time on the project, in order to gain a sense of how the partnership working had developed over the course of the partnership.

Broadly speaking, our areas of interest were around identifying lessons learned about the partnership, thoughts about future partnerships, and moving from the specific to the generic aspects of partnership working. This section presents paraphrased observations from those conversations, across a variety of themes. These themes have been divided into three sections:

- Strategic
- Operational
- Moving towards a shared purpose.

### STRATEGIC

#### *Connect and disconnect*

One of the themes that came up was a general feeling of disconnect between those who wrote the funding bid for Camau Cadarn/Positive Steps, and operational staff who would be working within the service. It appears that there may have been some element of disconnect between the expectations of those who designed the approach 'on paper' and the reality of what could be delivered 'on the ground' from an operational perspective.

#### *Importance of communication from the outset*

Another theme that emerged was the importance of communication between the partner organisations from the outset of the service. It seemed, when speaking to representatives from BRC and RVS, that there was a discrepancy in identifying common aims and objectives for both organisations at the start of the project, and it was suggested that improved communication at the outset of the service would have benefited the partnership working element of the service. Some felt there was not enough time pre-inception to develop a thorough partnership understanding between the two organisations.

### *Relationship development*

Despite the previous comments, testimonies from interviewees noted that the relationship between BRC and RVS has developed and improved over time, with many respondents noting that they had an increased awareness for the partner organisations practices and priorities as the project has gone on.

### *Role nature*

It was noted by interviewees that at times there were distractions within their individual organisations from outside of Camau Cadarn/Positive Steps. This impacted variously across the organisations, as it appeared that the nature of the roles differed in terms of whether colleagues focused exclusively on Camau Cadarn/Positive Steps or whether they had a range of other responsibilities. In turn, this had an impact on Camau Cadarn/Positive Steps' strategic alignment when it came to the role played by each organisation in the partnership – they were not the same.

## **OPERATIONAL**

### *Stage One to Stage Two handover*

There were some issues identified in the Stage One to Stage Two handover, which is the key connecting point between British Red Cross (who carry out Stage One) and the Royal Voluntary Service (who carry out Stage Two). In short, there was on occasion, and in certain parts of Wales, a mismatch in expectation between the operational staff within the organisations as to the process of handover.

### *Assessments and capacity*

There was some discussion around the initial assessments conducted by Camau Cadarn/Positive Steps, and whether some people were being referred to the project with levels of need that were actually higher than the service's remit. This led to issues around capacity and referral on to Stage Two, as at times RVS staff felt they could not take on a Stage One beneficiary due to their level of need being too great (e.g. someone who is terminally ill, or cannot move independently due to a chronic condition). This could then lead to a surplus in capacity for RVS, who in some areas had more volunteers than cases for them to take on in Stage Two, as well as a 'bottle-neck' for people who had come to the end of Stage 1.

### *Data collection and evaluation*

Collecting accurate and comparable data across all both Stages of Camau Cadarn/Positive Steps has been an ongoing challenge for both partner organisations. It was felt by some that there was a discrepancy in work cultures, with the amount of paperwork and administration expected to be done by each organisation not necessarily being concurrent with the role of Camau Cadarn/Positive Steps volunteers (for example).

It was also felt that the lack of a centralised, universal database system for both BRC and RVS to use caused many of the challenges faced by Camau Cadarn/Positive Steps in collecting evaluative and robust case data for the service. However, efforts have been made by Camau Cadarn/Positive Steps staff and volunteers to improve data collection, and this is shown in the significant increase in robust data categories in the most recent data set we received.

### *Role clarity and core values*

Some respondents felt that the core values of each organisation in the partnership were sufficiently different enough to lead to some elements of confusion and mission drift. It was highlighted that Red Cross typically deal in crisis response, whereas RVS typically offer a lower level, more long-term network of support. It was felt that this difference in core values and operational cultures may have informed the partnership working on Camau Cadarn/Positive Steps.

Following on from this, there was also discussion about the difference in volunteer training and recruitment practices, with Red Cross having a 2-month volunteer training period, whereas RVS has a 3-day training period. These differences led to some confusion over volunteer capacity and recruitment at times, across both organisations.

## **MOVING TOWARDS A SHARED PURPOSE**

Potential solutions were identified by interviewees and the WIHSC team to some of the issues highlighted above. Further, a number of participants identified what they thought were 'red lines' for partnership and collaboration in the future. The elements are outlined below, and outlines elements of future partnership working which would ideally be in place prior to any new project or service starting.

### *Resolving differences in philosophy*

As noted in the previous section, core organisational values and philosophies were seen by some to be slightly at odds in terms of the partnership working on Camau Cadarn/Positive Steps. It was suggested that resolving these differences at the outset of the partnership, and creating a common set of practices and philosophies for the partnership, would help solve this issue in future partnership work. Having a shared set of service values was one thing that interviewees felt it would be productive to have – this could avoid confusion over the suitable level of need a prospective client has to exhibit before they are being referred into a project.

### *Appreciation of different ways of working*

Combined with the above point, it was also suggested that an appreciation could be generated for the different ways in which both organisations work. Maintaining tolerance and respect for different work cultures and practices would be a key element of future partnership work.

### *Roots in common*

To combat the philosophical differences highlighted earlier, future partner organisations would be advised to identify roots and core values that they share. These could then be placed front and centre of the partnership work.

### *Joint training and co-location*

One of the themes that emerged from these conversations was that having joint training for staff and volunteers on CCPS would have created a better sense of partnership working between the two organisations. It was also suggested that both organisations being co-located in the same office would be advantageous, as colleagues across both organisations could share a workspace and have the opportunity to work side-by-side, which would facilitate improved communication and appreciation for different work roles and styles. Frequent contact between two organisations, could help to clarify some of the issues raised in the earlier section, around capacity and assessments.

### *Data systems and dedicated administrative support*

As identified earlier, the need for a universal database system across both partner organisations would be seen as essential for future partnership work. This is because it would enable improved



data collection for the project. Similarly, dedicated administrative support for the project would assist in the partnership working.

### *Project manager status*

Another suggestion for future partnership working could be that the project manager would be someone who has not previously worked for either partner organisation (e.g. an external appointment, or managed via a Special Purpose Vehicle). This may eliminate issues surrounding inherited work culture or expectations from the existing partner organisations usual mode of practice. This is no way a comment on the project manager of Camau Cadarn/Positive Steps, but rather a suggestion for developing future partnership working foundations.

## DISCUSSION

The findings for the evaluation report are presented below. We have sought to assess Camau Cadarn/Positive Steps in relation to key policy frameworks. We have then applied a RAG (Red-Amber-Green) to policy criteria set out in a variety of initiatives and documents, from ‘Healthy and Active’ Key Theme Welsh Government’s ‘Taking Wales Forward’, ‘Prosperity for All’ and the ‘Well-being Statement 2017’, to the Welsh Government’s ‘Well-being goals’ under the Well-Being of Future Generations (Wales) Act 2015. Finally, we offer our thoughts on the report as a whole.

The table below shows the links between statements from the National Outcomes Framework (NOF) and Camau Cadarn/Positive Steps Outcome Indicators. This enables us to draw parallels between the two, and see where Camau Cadarn/Positive Steps is aligned with the NOF.

NOF Statements	Camau Cadarn/Positive Steps Outcome Indicators
<p>‘I know and understand what care, support and opportunities are available and use these to help me achieve my well-being.’</p> <p>‘I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being’</p>	<p><i>‘Number of older people supported accessing new community, private sector and statutory services that will improve their quality of life’</i></p> <p><i>‘Number of older people supported accessing new community, private sector and statutory services that will improve their quality of life’</i></p>
<p>‘I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.’</p>	<p><i>‘Number of older people supported report feeling more empowered to make decisions &amp; take control of their lives’</i></p>
<p>‘I am happy and do the things that make me happy’</p>	<p><i>‘Number of older people supported feel happier and more fulfilled with their lives’</i></p>
<p>‘I do the things that matter to me’</p>	<p><i>‘Number of older people supported report that they now do more things that matter to them’</i></p>
<p>‘I belong’</p> <p>‘I contribute to and enjoy safe and healthy relationships’</p>	<p><i>‘Number of older people supported report improved relationships and support networks to enhance resilience’</i></p>
<p>‘I engage and make a contribution to my community’</p> <p>‘I feel valued in society’</p>	<p><i>‘Number of older people supported report feeling more engaged in their community’</i></p> <p><i>‘Number of older people who will engage in volunteering opportunities making a greater contribution to society’</i></p>
<p>‘I live in a home that best supports me to achieve my well-being’</p>	<p><i>‘Number of older people supported report feeling more confident and able to live independently in their own home’</i></p>

These parallels clearly show that Camau Cadarn/Positive Steps is aligned closely with many of the aims of the National Outcomes Framework, and the Social Services and Well-Being Act as well. This alignment comes across a number of the NOF categories, including rights and entitlements; control over day-to-day life; physical and mental health and emotional well-being; education training and recreation; domestic, family and personal relationships; and contribution to society.

### *A Healthier Wales*

The broad remit of Camau Cadarn/Positive Steps, which aims to help people in a person-centred way that is specific to their needs and situation, chimes with the Healthier Wales vision of health. 'A Healthier Wales' states that: *"Services will be designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes."*

'A Healthier Wales' sets out a long-term future vision of health in Wales, focusing on the concept of prudent healthcare as its central philosophy 'A Healthier Wales' states that: *"Our vision is that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible."* <sup>7</sup>

We can see resonance here with some of the aims set out in the Camau Cadarn/Positive Steps Outcomes and Indicators. A focus on long-term health and happiness, independence and residency chimes with many of the aims and performance indicators of Camau Cadarn/Positive Steps.

Camau Cadarn/Positive Steps has a broad remit in terms of the people that use the service, and beneficiaries of the service can come in with very specific, or very broad, issues with which they need support. The feedback from the interviews so far shows that Camau Cadarn/Positive Steps works in a way that is in step with this part of the Healthier Wales policy - it designs its service around individuals, their unique needs, and what matters to them.

'A Healthier Wales' also sets out a set of core 'whole system' values, many of which are embodied by Camau Cadarn/Positive Steps and its approach to service delivery and outcomes measuring. It measures the health and wellbeing outcomes that matter to people, through its

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<sup>7</sup> [Healthier Wales, 2018](#) (Welsh Gov)

extensive use of assessment and outcome measurements that are influenced by the National Outcomes Framework, as detailed earlier in the report.

Camau Cadarn/Positive Steps also contributes to the value of Proactively Supporting People..., as it helps a broad range of people, aged 50+, feel supported after a period of isolation or lack of confidence. It helps to build confidence and independence by introducing people to the community, offering information on groups and services that can assist them, and finding practical solutions to issues that may be holding them back. In this way, it helps some of the people 'most in need' who may otherwise fall through the cracks of services, which can then lead to physical and mental health issues and referrals/admissions into statutory services which may otherwise have been avoided.

More generally, Camau Cadarn/Positive Steps fits into the 'Healthier Wales' vision of a 'whole system approach to health and social care' and its focus on a 'wellness system'. This is described as: *'A whole system approach to health and social care, in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.'*

Camau Cadarn/Positive Steps recognises its place in the 'wellness system', dealing as it does with people who may have become isolated through injury, surgery, a hospital stay, or other issues surrounding health and well-being. It offers not only a service that attempts to improve independence, confidence and well-being, but also to signpost people to other services that may suit their specific needs. In this way, it is a service that recognises that it is 'only one element of supporting people' and contributes to wellbeing and wellness by potentially bridging people from a service (hospital/residential/social service) into independence and then potentially on to other services that can assist them. This not only fits into the Healthier Wales vision of a 'wellness system', but also into one of the key principles of the Social Services and Well-Being Act: *'Multi agency: Strong partnership working between all agencies and organisations, with integration being the key driver for change' (Social Services & Well-being Act, 2014)*

The ways in which Camau Cadarn/Positive Steps is implicitly integrated between health and social care services, as well as statutory and third-sector organisations, means that it is in line with the current Welsh policy vision, set out in Healthier Wales and the SSWBA.

## **MAPPING THE FINDINGS AGAINST KEY POLICY AREAS**

The purpose of this section is to apply a RAG (Red-Amber-Green) rating to each of the criteria referenced from relevant policy documents, along with an explanation of the score for Camau Cadarn/Positive Steps at this stage. In this section, Green means that there is good evidence that Camau Cadarn/Positive Steps is meeting the criteria, Light Green means there is some evidence that CCPS is meeting the criteria, Amber means there is intermediate quality evidence, and Red means that there is not sufficient evidence to show Camau Cadarn/Positive Steps is meeting these criteria.

**Findings Table 1** · Impact in terms of the relevant areas of the ‘Healthy and Active’ Key Theme Welsh Government’s ‘Taking Wales Forward’, ‘Prosperity for All’ and the ‘Well-being Statement 2017’

Objectives within ‘Healthy and Active’ Key Theme	Descriptor	Supporting evidence from the project evaluation
<p><b>DELIVER QUALITY HEALTH AND CARE SERVICES FIT FOR THE FUTURE</b></p>	<p><i>Deliver a tangible shift in the provision of health and care services into communities, and away from hospitals, and shift the emphasis from treating illness to well-being.</i></p>	<p>This rating is based on the evidence which show there is a strong commitment to improving wellbeing in Camau Cadarn/Positive Steps, as well as an effort to assist people coming out of hospital and dealing with physical and mental health problems in the community.</p>
<p><b>PROMOTE GOOD HEALTH AND WELL-BEING FOR EVERYONE</b></p>	<p><i>Support and encourage a substantial increase in people’s physical activity, adopting a collaborative approach from all agencies involved in the promotion of healthier lifestyles, and drawing on Wales’ significant natural resources.</i></p>	<p>We have given a light green rating here – there is evidence to show that Camau Cadarn/Positive Steps tries to improve beneficiaries mobility and physical activity. There is also evidence to show that Camau Cadarn/Positive Steps attempts to integrate service users into the community and encourage active lifestyles.</p>
<p><b>BUILD HEALTHIER COMMUNITIES AND BETTER ENVIRONMENTS</b></p>	<p><i>Expand the community health and social care workforce, with innovative new roles, such as ‘community connectors’ that support social prescribing and more formal partnerships with volunteers and the third sector.</i></p>	<p>There is evidence of the work of Camau Cadarn/Positive Steps aligning with that of community connectors, but it is beyond the scope of the project to have formally expanded the workforce, although as the scheme is going to close, there will be a reduction in capacity across the sector in supporting older people.</p>

**Findings Table 2** · Impact in terms of the relevant areas of the Welsh Government’s ‘Well-being goals’ under the Well-Being of Future Generations (Wales) Act 2015 and their connection to the Together for Mental Health High Level Outcomes

Well-being goals	High level outcomes	Supporting evidence from the project evaluation
<b>A HEALTHIER WALES</b>	<p><i>Population-wide physical and mental well-being is improved; people live longer, in better health and as independently as possible, for as long as possible.</i></p> <p><i>People in Wales have the information and support they need to sustain and improve their mental health and self-manage mental health problems.</i></p> <p><i>People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.</i></p> <p><i>Evidence-based high quality services are delivered through appropriate, cost-effective investment in mental health.</i></p>	<p>We have given this category a light green rating, as there is evidence that Camau Cadarn/Positive Steps is impact at the individual level against some of these criteria (wellbeing, better health, independence, information and support) and there is corroborating evidence that stakeholders support this view.</p>
<b>A MORE EQUAL WALES</b>	<p><i>People feel in more control as partners in decision-making about their treatment and how it is delivered.</i></p> <p><i>People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.</i></p>	<p>Evidence shows that Camau Cadarn/Positive Steps is a person-centred service that places people at the centre of decisions involving them. Stakeholders confirm the person-centred nature of the work undertaken by Camau Cadarn/Positive Steps.</p>
<b>A PROSPEROUS WALES</b>	<p><i>People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.</i></p> <p><i>Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.</i></p>	<p>There is evidence that people who use Camau Cadarn/Positive Steps become more resilient and are able to better deal with day-to-day stresses and crises.</p>

**Findings Table 3** · Impact in terms of the relevant areas of the Welsh Government’s ‘National Outcomes Framework’ (NOF)

NOF domain	Outcome statements	Supporting evidence from the project evaluation
<b>SECURING RIGHTS AND ENTITLEMENTS</b>	<p><i>My voice is heard and listened to.</i></p> <p><i>My individual circumstances are considered.</i></p> <p><i>I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.</i></p>	<p>Evidence collected shows that Camau Cadarn/Positive Steps is meeting these criteria, through its approachable, person-centred approach.</p>
<b>PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELL-BEING</b>	<p><i>I am healthy and active and do things to keep myself healthy.</i></p> <p><i>I am happy and do the things that make me happy.</i></p>	<p>There is evidence from the Camau Cadarn/Positive Steps data, assessment scores, and interviews that people feel healthier, happier and more active due to the Camau Cadarn/Positive Steps service.</p>
<b>EDUCATION, TRAINING AND RECREATION</b>	<p><i>I can learn and develop to my full potential.</i></p> <p><i>I can do the things that matter to me.</i></p>	<p>There is evidence that people are able to do the things that matter to them as a result of the Camau Cadarn/Positive Steps service. However, there are not measurements in place to evaluate learning and development. This may be due to the age range of the intervention, where the majority of people may no longer be engaged in education activities.</p>
<b>DOMESTIC, FAMILY AND PERSONAL RELATIONSHIPS</b>	<p><i>I belong</i></p> <p><i>I have safe and healthy relationships</i></p>	<p>There is evidence from the data that Camau Cadarn/Positive Steps helps people to be more socially active and have improved relationships.</p>



NOF domain	Outcome statements	Supporting evidence from the project evaluation
<b>CONTRIBUTION MADE TO SOCIETY</b>	<i>I engage and make a contribution to my community.</i> <i>I feel valued in society.</i>	There is evidence that those involved in Camau Cadarn/Positive Steps are able to engage with their community, and feel valued in society, reflected in what stakeholders say.
<b>SOCIAL AND ECONOMIC WELL- BEING</b>	<i>I contribute towards my social life and can be with the people that I choose.</i> <i>I get the help I need to be independent.</i>	There is evidence that people are able to socialise more as a result of Camau Cadarn/Positive Steps, and become more independent.
<b>SUITABILITY OF LIVING ACCOMMODATION</b>	<i>I live in a home that best supports me to achieve my well-being.</i>	There is evidence that people are assisted in their accommodation by Camau Cadarn/Positive Steps.

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## CONCLUSIONS

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We can see from the report that Camau Cadarn/Positive Steps is currently in step with Welsh policy on social care and outcomes, and we can see the ways in which it relates to the National Survey for Wales data. From analysis against NSFW data, that Camau Cadarn/Positive Steps has reported improvements on their outcomes scales for those outcomes most closely related to the NSFW section on wellbeing in social care.

We can also see, from the interviews conducted, many rich accounts of the ways in which Camau Cadarn/Positive Steps is delivering against its outcomes for individuals who have used the service – across areas such as confidence, independence, reducing isolation, improving relationships and social life, and engaging with communities. We also can see the value that Camau Cadarn/Positive Steps has for stakeholder organisations, who refer individuals into the project. It assists them with meeting important support needs for individuals, but also in preventing further relapses into primary or statutory services, as well as increasing capacity for stakeholder services whose burden is lightened by the Camau Cadarn/Positive Steps service.

The economic appraisal has demonstrated that Camau Cadarn/Positive Steps has delivered the project in an efficient manner. In respect of the value it has added for beneficiaries. It is difficult to compare this figure, but both the unit cost and the value-added represent value for money.

We saw from the partnership working some of the challenges in developing a collaborative approach to projects. These ranged across strategic and operational areas, including issues surrounding expectations from the project inception, communication, awareness of differing core values and work cultures, and identifying the correct level of need for the service. We suggested some solutions to these challenges for future partnership work.

We can see, also, that in terms of the tables presented above, Camau Cadarn/Positive Steps is primarily meeting many of the criteria set out in policy and the NOF.

## APPENDIX

### Camau Cadarn/Positive Steps Outcomes:

**Outcome One:** Beneficiaries should have improved confidence to remain living independently and safely in their own home

**Outcome Two:** Beneficiaries should have improved emotional and mental well-being.

**Outcome Three:** Beneficiaries should be able to maintain social networks, enjoy greater social engagement and participate in their community.

### Camau Cadarn/Positive Steps Outcomes – In Detail

**Outcome One:** Beneficiaries should have improved confidence to remain living independently and safely in their own home.

Assessing the Camau Cadarn/Positive Steps Monitoring and Evaluation framework, we can see that this outcome is broken down into four key measurements in order to measure success.

These indicators are as follows:

- Number of older people supported accessing new community, private sector and statutory services that will improve their quality of life
- Number of older people supported report feeling more empowered to make decisions & take control of their lives
- Number of older people supported report feeling safer and more secure in their home and community
- Number of older people supported report feeling more confident and able to live independently in their own home

These indicators are assessed at different time-points during the course of their time with Camau Cadarn/Positive Steps, using assessment materials designed by Camau Cadarn/Positive Steps.

These data collection points take place at the start of Camau Cadarn/Positive Steps, after Stage One (8 weeks) then at 3 months, 6 months and 12 months. For each indicator an indicator level and percentage of change is recommended in the Monitoring and Evaluation framework.

**Outcome Two:** Beneficiaries should have improved emotional and mental well-being

Again, key indicators are identified here to assess and measure this outcome. These are:

- Number of older people supported report that they now do more things that matter to them
- Number of older people supported feel happier and more fulfilled with their lives
- Number of older people supported who self-identify as having low levels of emotional and mental wellbeing will report improved emotional and mental wellbeing
- Number of older people supported report improved relationships and support networks to enhance resilience

These are assessed at the same time-points as outcome one, using similar in-house assessment tools.

**Outcome Three:** Beneficiaries should be able to maintain social networks, enjoy greater social engagement and participate in their community.

The key indicators for outcome three are:

- Number of older people supported engage in more activities & hobbies of their choice
- Number of older people who self-identify as being lonely and isolated report feeling less lonely and have increased levels of companionship
- Number of older people supported report feeling more engaged in their community
- Number of older people who will engage in volunteering opportunities making a greater contribution to society

These indicators cover a wide range of social, well-being and health areas.

### **National Outcomes Framework**

The National Outcomes Framework was issued in 2016, as a development on the 2011 paper ‘Sustainable Social Services for Wales: A Framework for Action’. It sets out ‘a framework for meeting the challenges facing social services in the next decade’<sup>8</sup>. This policy document is runs in parallel with the Social Services and Well-Being Act (2014), and it was developed to ‘describe well-being for people who need care and support and carers who need support and provide a consistent approach to measuring well-being.’ Presented overleaf is the well-being statement from the NOF:

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<sup>8</sup> National Outcomes Framework, 2016.

What well-being means	National well-being outcomes
<p>Securing rights and entitlements</p> <p>Also for adults: Control over day-to-day life</p>	<p>I know and understand what care, support and opportunities are available and use these to help me achieve my well-being.</p> <p>I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being.</p> <p>I am treated with dignity and respect and treat others the same.</p> <p>My voice is heard and listened to.</p> <p>My individual circumstances are considered.</p> <p>I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.</p>
<p>Physical and mental health and emotional well-being</p> <p>Also for children: Physical, intellectual, emotional, social and behavioural development</p>	<p>I am healthy and active and do things to keep myself healthy.</p> <p>I am happy and do the things that make me happy.</p> <p>I get the right care and support, as early as possible.</p>
<p>Protection from abuse and neglect</p>	<p>I am safe and protected from abuse and neglect.</p> <p>I am supported to protect the people that matter to me from abuse and neglect.</p> <p>I am informed about how to make my concerns known.</p>
<p>Education, training and recreation</p>	<p>I can learn and develop to my full potential.</p> <p>I do the things that matter to me.</p>
<p>Domestic, family and personal relationships</p>	<p>I belong.</p> <p>I contribute to and enjoy safe and healthy relationships.</p>
<p>Contribution made to society</p>	<p>I engage and make a contribution to my community.</p> <p>I feel valued in society.</p>
<p>Social and economic well-being</p> <p>Also for adults: Participation in work</p>	<p>I contribute towards my social life and can be with the people that I choose.</p> <p>I do not live in poverty.</p> <p>I am supported to work.</p> <p>I get the help I need to grow up and be independent.</p> <p>I get care and support through the Welsh language if I want it.</p>
<p>Suitability of living accommodation</p>	<p>I live in a home that best supports me to achieve my well-being.</p>

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**Welsh Institute for Health and Social Care**

University of South Wales, Glyntaf Campus, Pontypridd, CF37 1DL  
wihsc.southwales.ac.uk · wihsc2@southwales.ac.uk · 01443 483070