Voluntary Support Scheme Evaluation 2005

"She makes you feel 10 times better"

"We had a laugh and a joke. He was good company"

"I can say anything I wish and know that it will be accepted, including difficult things like thoughts of suicide"

"Someone who helps me sort out where I'm

"I need someone to listen and not hurry to go away"

"I can say what I like to

"She doesn't try and improve things"

"She was a godsend"

"Someone who is safe to say it to"

"My volunteer gave me the will to be positive"

"She put a smile back on my face"

"Great to have someone to help you to bounce things off"

"One or two things he said were just what I needed to hear and I took them on board"

"I need someone else to walk the beastly walk with me"

"He got me away from thinking about myself"

"We put the world to rights!"

Evaluating the Voluntary Support Scheme

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Abstract

The Voluntary Support Scheme (VSS) was set up in 1995 to link volunteers with people who were suffering from mild mental health difficulties (depression, anxiety or isolation). In 2003 a questionnaire, devised by the Mid Devon Primary Care Research Group (MDPCRG) was used by VSS to ascertain whether their input made a difference to their clients. The quantitative results were analysed by MDPCRG and found to show that 9 out of 10 clients benefited from their involvement with VSS, particularly in the areas of satisfaction with oneself, with personal relationships and with sleep. These positive changes occurred even though clients' personal circumstances may not have changed and may even have deteriorated. The outcome of this research shows that VSS makes effective use of its funding.

1. The background to the Voluntary Support Scheme

The VSS was started, initially as a Pilot Project, in 1995, in response to a survey on mental health needs, carried out by Mid Devon Action for Mental Health. VSS links people suffering from emotional distress or isolation with trained volunteers. The volunteers meet with their clients, usually once a week for an hour; to offer the support they need in their journey back to ordinariness. Volunteers do not offer counselling. The visits usually take place in the clients' own homes and the aim of the visiting is set by the referrer, client and volunteer. Three-monthly reviews check that the aim is still relevant and the visiting still focussed. Volunteers request, and are offered, further training specific to issues raised by their clients' experiences. A support system is in place for both the volunteers and co-ordinator.

2. Monitoring and evaluation.

The following facts and figures are routinely collected and appear in the Annual Report:

- Number of referrals
- Source of referrals
- Geographical spread
- Age spread
- Gender of clients
- Number of volunteers

Evaluation has always been integral to the Scheme. After the Pilot year all those involved in the Scheme were interviewed and a report written. A further report was published after the Scheme had been in existence for three years. After eight years all the volunteers took part in a structured appraisal of their overview of the effectiveness of the processes of the Scheme.

In addition to this, at regular reviews (after one month and then three-monthly) and at the end of visiting, the clients' views are sought as to what they have found helpful (or not) and all we learn from that process is fed back to volunteers at regular Support Group meetings and so shapes the way we work.

3. Background to the questionnaire

In 2003, as part of the bidding process for our Primary Care Trust grant, Mid Devon Primary Care Research Group (MDPCRG) was approached to produce a questionnaire which would evaluate the impact the VSS has on its clients. The number of clients and volunteers fluctuates. At the time the research was started there were about ten pairings of volunteer and client a year. We had 22 referrals that year, some of which were inappropriate for the Scheme and some of which we were able to refer on elsewhere. It was decided that 10 new clients should complete the psychological section of the "World Health Organisation Quality of Life" questionnaire twice (baseline and follow-up). See Evaluation Framework – Appendix 1.

4. Process

As one of the most important aspects of VSS is a relationship of equality between client and volunteer the questionnaire needed to be administered in such a way that that was not jeopardised. It was agreed that the Co-ordinator administered it at her first meeting with the client and again after six-months (or more appropriate interval for the individual) during a routine review or end-of-visiting meeting. The questionnaires were conducted between February 2004 and June 2005.

The questionnaire consisted of 12 questions (each graded on the scale of 1 to 5, where 1 was e.g. 'very poor' and 5, 'very good'). See Questionnaire – Appendix 2. In addition MDPCRG drew up a list of 3 qualitative questions to be asked at the baseline meeting and 5 at the follow-up. See Qualitative Questions – Appendix 3.

18 months was allowed to collate all 10 clients' answers and these were then sent to MDPCRG for analysis.

5. Quantitative Analysis

"Quantitative analysis of the questionnaire data has indicated an overall improvement in the variables measured after clients accessed VSS.

From the data available the results suggest that the VSS is of benefit to its clients, although a larger dataset would be needed to substantiate this.

The index scores provided the opportunity to analyse the data on an individual level, showing that 9 out of 10 clients improved after accessing the VSS [the 10th client had his volunteer removed when it became obvious that he really just wanted a regular visitor and did not want to use his volunteer to help him move towards goals, as the Scheme is set up to do]. The degree to which clients had improved varied significantly, although a mean improvement of 8 points is most encouraging. …It is obvious that self-satisfaction showed the most improvement, while other factors incorporated in the index score [quality of life; frequency of negative feelings and satisfaction with sleep, ability to perform daily living activities, capacity for work, yourself, personal relationships and support from friends] also reflected encouraging improvement." See MDPCRG's full quantitative analysis – Appendix 4

6. Qualitative analysis (see Appendix 5 for full summary of answers)

Most people came to the Scheme looking for someone to talk to and to boost their confidence and they came largely due to their depression and anxiety, expecting that a VSS volunteer would help.

At follow-up the clients were asked what they got from the Scheme. All felt that the visits had helped and their comments gave an impression of relaxed conversation and laughter – the feeling that "There's somebody there for you", the chance to "put the world to rights". There seemed to be a significant shift in mood from the downbeat way people portrayed their lives at the initial meeting compared to the way they spoke of life in the final meeting.

At the end many clients would like to have continued seeing their volunteers (as, indeed, some did), although one felt all right to continue on their own for a time (knowing their volunteer would return if necessary) and 2 appreciated that there may be other clients with greater needs waiting for a volunteer.

These results, combined with the qualitative data collected along with the questionnaire as well as in routine client appraisal questionnaires, suggest that the way that VSS operates does indeed make a significant difference to its client group. Previous studies done on the VSS have also suggested their input

reduces the clients' reliance on primary health care and is beginning to support clients as they return to employment.

Asking for ideas to improve the service elicited an overwhelming feeling of satisfaction with how it currently was with the only suggestions being "more of the same".

7. Observations about the questionnaire process:

- 3 completed questionnaires came from men which is not representative of our usual gender balance
- filling in of the questionnaire is sometimes very much at odds with conversation prior to it
- comments about the value of the visits can be very positive but the actual assessment of the mental health can be very low
- people may appear to have as bad or worse mental health at the end than they did at the beginning but their life experiences over the time may well have had a hugely negative impact and the input of the volunteer has just kept them bumping along the bottom instead of getting much worse. i.e. no apparent improvement may well mask a great success.
- The results tend to be the ones from people who have quite a short involvement with the Scheme or who start to change their lives within the 1 year time-scales of the questionnaire. We have had a much longer involvement with other people.
- Initially we understood that though this questionnaire formed an important part of our funding application, the cost to us would amount to a sixth of our Primary Care Trust grant (a twelfth of our total funding). It seems to us that it is unreasonable to expect tiny organisations, such as ourselves, with very limited resources in time and money and a low turnover of clients to complete this exercise on an ongoing basis.

8. Conclusion.

The main aim of the VSS is to boost the self-esteem of our clients. Whatever the experience that has led to poor mental health, one element that seems to be common to most of the people who are referred to us is that their view of their own worth is poor and their relationships with others often suffer. People will often describe themselves as isolated. VSS volunteers set about rectifying this by treating their clients with total non-judgemental acceptance and respect. It was this alone that one client identified as the catalyst which made her see herself differently and which gave her the courage to believe that she could change her life. Discovering that they are able to establish

good relationships with their volunteers encourages people to believe that they have something to offer and can enter into other relationships. Volunteers will help clients explore ways of getting back into the swing of life again, using such things as volunteering or educational classes.

Very encouragingly the quantitative results suggest that we do manage to carry out what we set out to do. The biggest positive change shown in the questionnaire is in the areas of satisfaction with oneself and satisfaction with personal relationships. This is accompanied, interestingly, with an improvement in sleep (an aspect of life clients often speak of as being a great problem). These are changes people expressed after a relatively short period of input.

Dawn Hampshire, Sue Larg, Bernice Philbrick. December, 2005.

Appendix 1

Voluntary Support Service
Evaluation framework

- Parties involved:
    - Voluntary Support Scheme (VSS) - Dawn Hampshire (DH)
    - Mid Devon Primary Care Research Group (MDPCRG)

- Aim of the project:
    - To evaluate the impact of the VSS on its clients
    - Project sample size – 10 clients

- Method of evaluation:
    - Each client is assessed twice (baseline and follow-up) using questionnaires to identify any change in their well-being over time
    - Assessment to take place during normal visits to clients (prior to service being offered and follow-up) made by DH

- Questionnaires to be used:
    - Psychological section of the 'World Health Organisation Quality of Life questionnaire'
    - Qualitative questions as suggested by MDPCRG

- Process:
    - MDPCRG meet DH for training in administering the questionnaires
    - Dawn Hampshire visits potential individuals prior to offering the service, discussing the service with them and administering evaluation questionnaires/recording answers
    - DH visits client again after 6 months (or a time more relevant to the individual if they use the service for longer) and repeats administration of the evaluation questionnaires, recording the answers
    - DH stores all questionnaire responses until the end of the evaluation period, then sends them to MDPCRG for analysis
    - DH will record any anecdotal data about the from relatives/referring professionals about the service and also send this to MDPCRG
    - MDPCRG will allocate 2 weeks for a full-time Research Assistant to analyse the data and produce a report including client case studies.

- Evaluation time period:
    - 18 months (flexible to allow for DH discretion re: follow-up)
    - VSS estimates that it will take 12 months to recruit 10 clients based on current trends
    - The extra 6 months allows for follow-up assessment of the tenth client
    - Analysis of the data is projected to take 2 weeks at the end of the project

- MDPCRG costs:
    - Research Assistant (point 8) FT for 2 weeks - £900 inc. on costs

Appendix 2

Psychological section of 'World Health Organisation Quality of Life' questionnaire

	Very poor	Poor	Neither poor nor good	Good	Very good
How would you rate your quality of life?	1	2	3	4	5

The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life over the last two weeks.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
How satisfied are you with your sleep?	1	2	3	4	5
How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
How satisfied are you with your capacity for work?	1	2	3	4	5
How satisfied are you with yourself?	1	2	3	4	5
How satisfied are you with your personal relationships?	1	2	3	4	5
How satisfied are you with your sex life?	1	2	3	4	5
How satisfied are you with the support you get from your friends?	1	2	3	4	5
How satisfied are you with the conditions of your living place?	1	2	3	4	5
How satisfied are you with your access to health services?	1	2	3	4	5
How satisfied are you with your transport?	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

	Never	Seldom	Quite often	Very often	Always
How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Appendix 3

Qualitative questions suggested by MDPCRG

Baseline:

1. What do you expect to gain from this service?
2. What would you say is the main reason why you using this service (e.g. depression, anxiety etc)?
3. Do you think that seeing our Link Volunteer will help?

Follow-up:

1. What, if anything, did you get out of your contact with our Link Volunteer?
2. What would you say is affecting you most at the moment (e.g. depression, anxiety etc)?
3. Has seeing the Link Volunteer helped you?
4. Would you like to continue seeing the Link Volunteer?
5. Can you think of any way that this service could be improved?

Appendix 4

Voluntary Support Service evaluation
Quantitative analysis of WHOQOL questionnaire data

Introduction

Mid Devon Primary Care Research Group recommended using the WHOQOL questionnaire (World Health Organisation Quality of Life), which is a well-validated, widely used and response-sensitive instrument. A selection of the items was employed, following advice that a non-time consuming evaluation was important for this client group.

Analysis

Figure 1 (overleaf) represents the change that each client reported for each item of the questionnaire. Positive scores denote an improvement over time (better quality of life, less negative feelings), while negative scores represent deterioration over time (worse quality of life, more negative feelings). There is no data from the sex life variable as only two clients answered this question; one at baseline, one at follow up.

Fig. 1

Client code	Quality of life	Sleep	Activities of daily living	Capacity to work	Self satisfaction	Personal relationships	Sex life	Support from friends	Living conditio			
1	2	0	1	2	2	0		1				
2	2	2	0	1	3	1		0				
3	1	1	0	2	1	1		1				
4	-1	0	0	-2	-1	4		2				
5	1	1	2	1	2							
6	3	1	1	0	3	1		1				
7	-1	1			1	-1		-1				
8		3	4	4	3	3		1				
9	0	3	1	-1	0	1		0				
10	0	0	0	1	1	0		-1				

Figure 2 demonstrates an improvement in the mean scores of all variables at the follow up appointment. The change scores show that 8 variables had a mean improvement approximately equating to one point on the rating scale This level of change seems to represent a meaningful change on the 5-point scale used in this questionnaire (‘very dissatisfied’, ‘dissatisfied’; ‘neither satisfied nor dissatisfied’; ‘satisfied’; ‘very satisfied’). For example, this represents a change in response from ‘neither satisfied nor dissatisfied’ to ‘satisfied’.

Fig. 2

Question	Baseline mean (SD)	Follow up mean (SD)	Change mean (range)
How would you rate your quality of life?	2.2 (0.6)	3.1 (1.4)	0.8 (-1, 3)
How satisfied are you with your sleep?	2.2 (1.0)	3.4 (1.2)	1.2 (0, 3)
How satisfied are you with your ability to perform your daily living activities?	2.7 (1.4)	3.5 (1.3)	1.0 (0, 4)
How satisfied are you with your capacity for work?	2.5 (1.4)	3.4 (1.4)	0.9 (-2, 4)
How satisfied are you with yourself?	2.0 (0.9)	3.5 (1.4)	1.5 (-1, 3)
How satisfied are you with your personal relationships?	3.0 (1.3)	4.2 (1.0)	1.1 (-1, 4)
How satisfied are you with your sex life?	Insufficient data	Insufficient data	Insufficient data
How satisfied are you with the support you get from your friends?	3.3 (1.0)	4.0 (1.1)	0.4 (-1, 2)
How satisfied are you with the conditions of your living place?	3.8 (1.3	4.2 (1.0)	0.4 (-1, 2)
How satisfied are you with your access to health services?	3.7 (1.3)	4.5 (1.0)	0.9 (0, 3)
How satisfied are you with your transport?	3.6 (1.1)	3.8 (1.2)	0.2 (-2, 2)
How often do you have negative feelings such as blue mood, despair, anxiety, depression?	3.9 (1.0)	3.1 (1.4)	0.8 (0, 3)

Baseline/follow up values are means (SD), change values are means (range)

Index scores
An index has been calculated (raw score total) using the 8 variables most appropriate to the purpose of the Voluntary Support Scheme. Variables were selected according to level of change in Figure 2 (included if change ≥ 0.5) and following discussion of the researchers. These variables are:

- How would you rate your quality of life?
- How satisfied are you with your sleep?
- How satisfied are you with your ability to perform your daily living activities?
- How satisfied are you with your capacity for work?
- How satisfied are you with yourself?
- How satisfied are you with your personal relationships?
- How satisfied are you with the support you get from your friends?
- How often do you have negative feelings such as blue mood, despair, anxiety, depression?

Figure 3 represents the index scores for each client at baseline, follow up and the change. It is evident that 9 clients had an overall improvement in their index score at the follow up appointment (range 1 – 20, mean change +8).

Fig. 3

	Index score		
Client	Baseline	Follow up	Change
1	21	30	9
2	23	33	10
3	27	34	7
4	14	16	2
5	10	14	4
6	26	38	12
7	15	14	-1
8	11	31	20
9	24	29	5
10	26	27	1

Variable analysis:
In addition to analysing the data by *client*, it is also useful to consider the data by *variable*. Figure 4 (enclosed) represents the number of clients who either reported an improvement, no change or a deterioration for the variables asked in the questionnaire.

It is evident that self-satisfaction showed the most improvement, while other factors incorporated in the index score also reflected encouraging improvement.

Conclusion

Quantitative analysis of the questionnaire data has indicated an overall improvement in the variables measured after clients accessed the Voluntary Support Scheme.

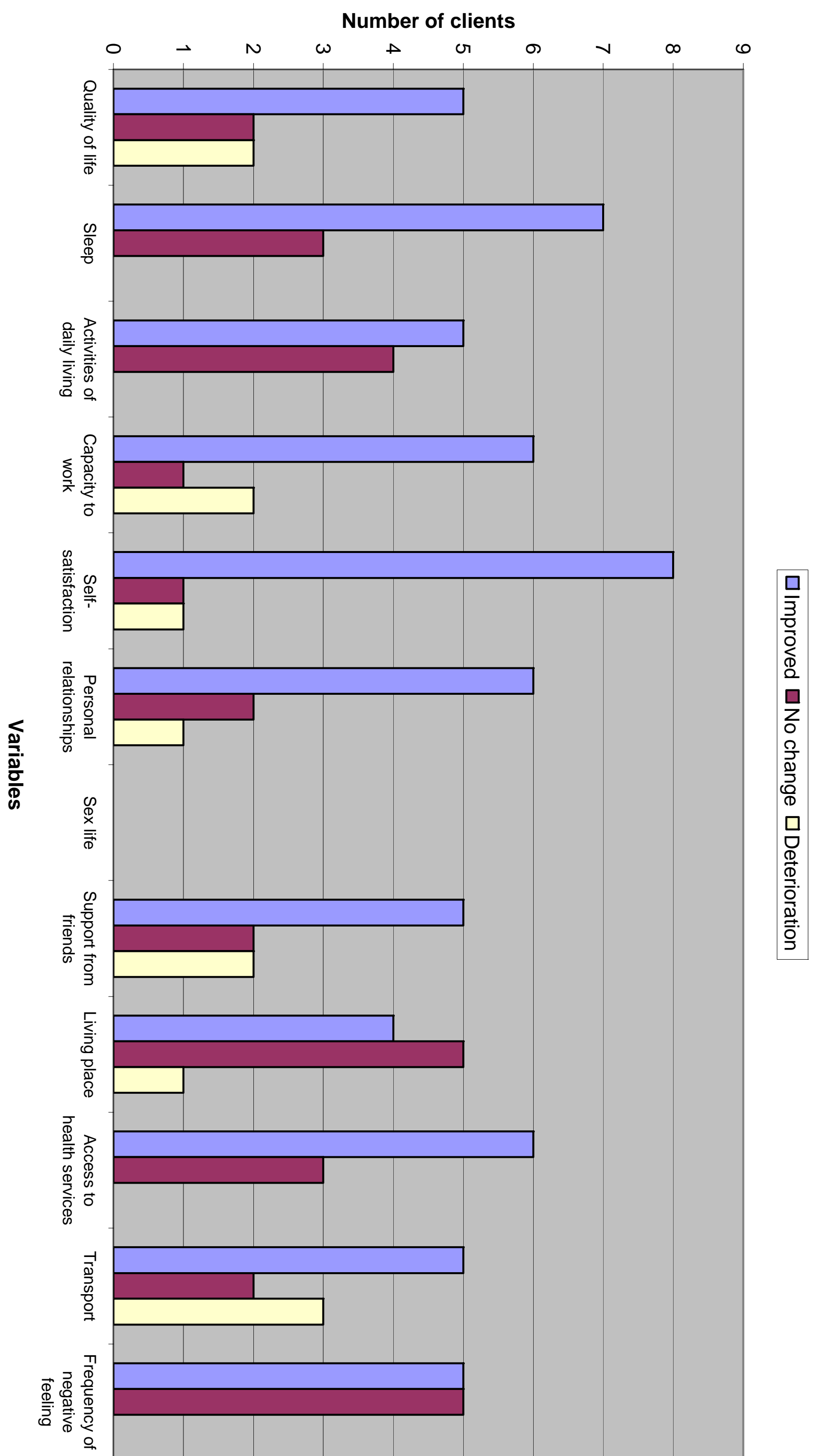
From the data available the results suggest that the Voluntary Support Scheme is of benefit to its clients, although a larger dataset would be needed to substantiate this.

The index scores provided the opportunity to analyse the data on an individual level, showing that 9 out of the 10 clients improved after accessing the Voluntary Support Scheme. The degree to which clients had improved varied significantly, although a mean improvement of 8 points is most encouraging.

Future evaluation

The lack of responses to the variable asking clients about their sex life suggests that it caused embarrassment; hence this should not be used in future.

If the Voluntary Support Scheme is to be evaluated in the future it may be advisable to use a whole scale such as the SF-12 as opposed to the WHOQOL items used in this evaluation. The SF-12 contains 12 items and is therefore a brief evaluation measure. It is a validated tool and normative data exists allowing the comparison of VSS data against that obtained from general population surveys.


Change between baseline and follow up appointments
Improved
No change
Deterioration
Number of clients
0
1
2
3
4
5
6
7
8
9
Quality of life
Sleep
Activities of daily living
Capacity to work
Self-satisfaction
Personal relationships
Sex life
Support from friends
Living place
Access to health services
Transport
Frequency of negative feeling
Variables

Appendix 5.

Qualitative questions from MDPCRG questionnaire.

BASELINE

What do you expect to gain from this service?

- someone who I can talk to and who will listen to me who will put me back up again - to make me feel me again. To give me a bit of self-confidence.
- confidence
- social chat
- company. someone to chat to.
- support
- companionship
- help
- someone to talk to
- support
- company. Having a natter

What would you say is the main reason why you are using this service (e.g. depression, anxiety etc)?

- depression –unless you have had it you don't know what it's like
- for support with depression
- depression
- despair
- anxiety
- depression
- feeling low
- definitely depression, anxiety
- stress
- I feel down at the bottom & need some confidence again

Do you think that seeing our Link Volunteer will help?

- Yes, I do!
- yes X 7
- hopefully
- I don't know. Depends on the mood I'm in. If I take to him he can take me out of that mood.

FOLLOW-UP

What, if anything, did you get out of your contact with our Link Volunteer?

- Get a lot because I can talk to him. It's informal talking to him, you can relax more.
- Had a laugh and a joke. Good company. Got on with him quite well.
- Very helpful because I got a smile on my face all the time.
- Will to be positive
- Good response. Put the world to rights.
- Got me away from thinking about self. 1 or 2 things he said were just what I needed to hear. "Looking inwards all the time is very distructive". Took it on board.
- company

- quite a lot
- good friend. Someone to talk to
- the feeling of not being forgotten. There is somebody there for you.

What would you say is affecting you most at the moment (e.g. depression, anxiety etc)?
- a little bit of each. Loneliness
- anxiety a bit, sometimes
- better but very depressed at times
- neither. just getting on with things. Not allowing myself to go that way.
- none
- health. Worries about the future
- nothing
- all the lot because I have let myself get into situations and don't know how to get out of it
- depression. lack of motivation
- none

Has seeing the link volunteer helped you?
- greatly
- He's been ok
- yes X5
- yes, greatly
- yes, I think it has
- Yes. You look forward to seeing her

Would you like to continue seeing the Link Volunteer?
- yes X2
- yes, if possible
- *question not asked*
- don't need to. I quite enjoy our chats but now others need him more.
- someone else might need her
- would appreciate it if at all possible
- not at the moment
- disappointed when time up
- yes, aye, please

Can you think of any way that this service could be improved?
- not really, no
- no, you do everything perfect. Make it longer!
- No not really. Quite happy as it is, thankyou.
- sometimes have more than an hour
- Don't think so. Great to have someone to help you and bounce things off of.
- no, not really
- more of you
- no
- can't do any more than you have done
- not that I know of