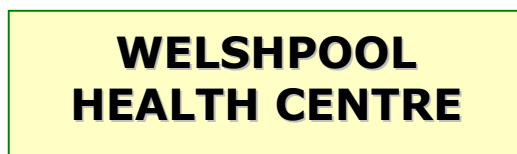


An Evaluation of the Volunteering on Prescription Scheme Pilot

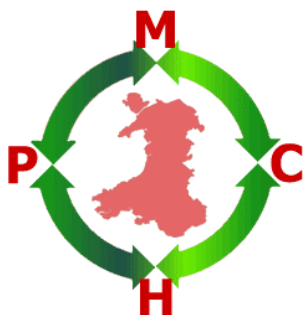
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on behalf of



Volunteering on Prescription Scheme Pilot funded by:



Wales Mental Health in Primary Care (Wa MH in PC)



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Author

Alice Earp Researcher



Gregynog Hall
Tregynon
Newtown
Powys
SY16 3PW

T: 01686 650800
F: 01686 650300
W: www.irh.ac.uk

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An Evaluation of the Volunteering on Prescription Scheme Pilot

EXECUTIVE SUMMARY

INTRODUCTION

The Institute of Rural Health was commissioned to undertake an evaluation of the Volunteering on Prescription Scheme Pilot undertaken between January 2005 and December 2005 by Powys Agency for Mental Health, Welshpool Medical Practice, North Montgomeryshire Volunteer Bureau and Powys Local Health Board (financed through an award from the Wales Mental Health Primary Care Network, and funding from the Welsh Assembly Government).

BACKGROUND

The rationale for the Volunteering on Prescription Scheme lay in emerging evidence that volunteering is beneficial to an individual's mental health, and that there are positive personal outcomes for volunteers in terms of improvement to their own mental health problems.

VOLUNTEERING ON PRESCRIPTION SCHEME PILOT

Any healthcare professional at Welshpool Medical Practice (i.e. GP, Practice Nurse, Counsellor, District Nurse) could refer a patient to the Volunteering on Prescription scheme if they felt that the individual could benefit from the scheme, and they thought that he/she was motivated and able to volunteer. If the patient expressed an interest, a form was completed and permission sought from the patient for the Volunteering on Prescription Project Co-ordinator to contact them.

The Project Co-ordinator, who was based at North Montgomeryshire Volunteer Bureau, would then telephone the individuals and arrange to meet with them on a one-to-one basis to speak to them about their interests and what type of volunteering position they were interested in taking on. The Project Co-ordinator would then seek suitable volunteering positions for the individual. Throughout the individual's volunteering position/s the Volunteering on Prescription Project Co-ordinator would offer support and keep track of how the individual was doing.

EVALUATION OF THE PILOT

The purpose of the Institute of Rural Health's evaluation of the Volunteering on Prescription Scheme Pilot was to evaluate the effectiveness of the project and process, and to evaluate the personal outcomes for those taking part in the pilot.

This was achieved through Pre- and Post-Volunteering Questionnaires which were developed by the Institute of Rural Health and were issued to volunteers by the Volunteering on Prescription Project Co-ordinator. Completed questionnaires were analysed by the Researcher at the Institute of Rural Health.

RESULTS OF THE EVALUATION

During the course of the Volunteering on Prescription Scheme pilot eighteen volunteers signed up for the Scheme. Of these, twelve began a volunteering position before the conclusion of the pilot in December 2005.

In order to evaluate the effectiveness of the Volunteering on Prescription Scheme the findings from the evaluation were studied against the original objectives of the Scheme:

- ***Increase uptake of volunteering for people with mental health problems through referral at a primary care level.***

Eighteen volunteers signed up to the Volunteering on Prescription Scheme pilot between January 2005 and December 2005. For just over half of the individuals, it was their first experience of volunteering. Twelve of these eighteen volunteers began a volunteering position before December 2005, and eleven were still volunteering at the end of the twelve-month pilot. All twelve of the volunteers stated that it was "likely" or "highly likely" that they would continue with volunteer work.

- ***Reduce levels of isolation and improved social functioning for those using the scheme.***

The main five objectives that people wished to achieve as a result of volunteering were – gain confidence, get out of the house, make new friends, learn new skills, and help other people. The majority of volunteers who hoped for these outcomes felt that their ambitions had been realised.

- **Increase numbers of volunteers available locally to projects requiring them.**

All twelve participants thought it was “likely” or “highly likely” that they would continue with volunteer work.

- **Positive evaluation allowing for a roll-out of the scheme to other GP practices.**

Participants were unanimously complimentary about the Volunteering on Prescription Scheme itself. All twelve participants rated the scheme “Good”, “Very good”, or “Excellent”. Similarly, all twelve participants rated the support provided by the Volunteering on Prescription Project Co-ordinator before and during their volunteer placement as “Good”, “Very good”, or “Excellent”.

Positive comments were also received from members of the Steering Group who were key stakeholders in the project:

“The experience of this project has confirmed how useful it is when agencies work together to enable people to be constructive and see themselves as having value.”

“The Volunteering on Prescription scheme has given another option to people with mental health problems and to professionals working with them... An excellent scheme that deserves further support.”

THE FUTURE

Following the conclusion of the pilot in December 2005, North Montgomeryshire Volunteer Bureau were successful in a bid to the Social Risk Fund (a small grants scheme administered by the Wales Council for Voluntary Action) to allow the continuation of the Volunteering on Prescription project for a further ten months.



1.0 INTRODUCTION

This report presents the findings of an evaluation of the Volunteering on Prescription Scheme Pilot, run in Welshpool (Powys) between January 2005 and December 2005.

The Pilot was undertaken by Powys Agency for Mental Health, Welshpool Medical Practice, North Montgomeryshire Volunteer Bureau, and Powys Local Health Board.

The evaluation of the Pilot was conducted by the Institute of Rural Health.

2.0 BACKGROUND

In November 2004 Powys Agency for Mental Health was successful in gaining an award from the Wales Mental Health Primary Care Network, and funding from the Welsh Assembly Government, to undertake a pilot 'Volunteering on Prescription' scheme (see Appendix A).

Originally the pilot was intended to take place over a six-month timeframe (January to June 2005), but due to initial slow take-up of the scheme this was later extended to twelve months, concluding in December 2005.

The pilot scheme was undertaken in Welshpool (Powys) as a partnership between Powys Agency for Mental Health, Welshpool Medical Practice, North Montgomeryshire Volunteer Bureau and Powys Local Health Board.

The impetus for the Volunteering on Prescription Scheme pilot came from a coordinator of 'Healthy Friendships' (a mental health befriending scheme in Powys), and the rationale lay in emerging evidence that volunteering is beneficial to an individual's mental health, and that there are positive personal outcomes for volunteers in terms of improvement to their own mental health problems.

The aims of the pilot were to:

- Establish a pilot volunteering on prescription site in one surgery in Powys
- Evaluate the effectiveness of the project and process
- Evaluate personal outcomes for those taking part in the project

If the pilot proved to be successful it was hoped that the outcomes of the project would be:

- Increased uptake of volunteering for people with mental health problems through referral at a primary care level
- Reduced levels of isolation and improved social functioning for those using the scheme
- Increased numbers of volunteers available locally to projects requiring them
- Positive evaluation allowing for a roll-out of the scheme to other GP practices.

The evaluation of the Volunteering on Prescription Scheme Pilot, which was conducted by the Institute of Rural Health, explored the benefits of volunteering for people with mental health problems through referral at primary care level.

Following the conclusion of the pilot in December 2005, North Montgomeryshire Volunteer Bureau were successful in a bid to the Social Risk Fund (a small grants scheme administered by the Wales Council for Voluntary Action) to allow the Volunteering on Prescription project to continue operating for a further ten months. It was not felt necessary to evaluate the project beyond the period of the pilot.

3.0 BRIEF SYNOPSIS OF THE LITERATURE

A search of available literature on CINAHL (Cumulative Index to Nursing & Allied Health Literature) and PsycINFO (American Psychological Association) on the subject of the "benefits of volunteering" generated a series of relevant journal articles which, along with literature obtained from Internet searches, were reviewed for the purposes of the brief synopsis below.

"Mental health is not simply the absence of detectable mental disease but a state of well-being in which the individual realizes his or her own abilities, can work productively and fruitfully, and is able to contribute to his or her community".¹

Traditionally, people who offer their time on a volunteering basis have been viewed as altruistic "do-gooders". However, increasingly, people are beginning to see the personal benefits of volunteering. As Lucy Siegle commented in an issue of The Observer Magazine published at the time when the Volunteering on Prescription Scheme Pilot was launched, *"Gone are the do-gooding worthies, because new-look volunteering is as much about what you get as what you give."*²

¹ World Mental Health: Problems and Priorities in Developing Countries. Desjarlais et al. Oxford University Press. 1995.

² OM (The Observer Magazine). Free Enterprise. Sunday 23 January 2005

Musick and Wilson refer to "*burgeoning literature on the relationship between social integration and physical and mental health [which] suggests very strongly that volunteering might well have beneficial effects for the volunteers as well as the people they are trying to help*".³ Similarly, Rook and Sorkin also comment "*Giving support to others has been identified as an aspect of involvement in informal social relationships that confers health-related benefits in its own right*".⁴

Supporting this view, a recent report by the Institute for Volunteering Research, summarising the findings of a survey carried out by the National Centre for Volunteering refers to "*growing recognition that, although people with mental health problems were often seen as the passive recipients of voluntary activity, many were in fact volunteers themselves and found the activity highly beneficial for their subjective well-being*".⁵

The Institute for Volunteering Research report goes on to state that the survey conducted by the National Centre for Volunteering was based on a sample of 120 volunteers, at least 84% of whom had personal experience of mental health difficulties. When the participants completed a questionnaire about their experience of volunteering, 81% stated that they felt that volunteering had had a positive effect on their mental health. Some examples of these positive impacts cited were increased confidence, increased sense of purpose, meeting people and making friends, and learning new skills and trying new things.

Similarly, a survey by Volunteer Development Scotland found "*For volunteers with mental health issues volunteering had enabled people to regain self-esteem, confidence and trust in others*".⁶ Respondents to this survey were also asked to cite examples of what volunteering can offer to people who have experienced, or are experiencing, mental health problems. Responses included "*an outlet from problems they may be facing*", "*a stepping-stone to some form of progression*", "*a*

³ Musick.M. & Wilson.J. Volunteering and depression: the role of psychological and social resources in different age groups Social Science & Medicine 56 259-269. 2003.

⁴ Rook.K. & Sorkin.D. Fostering social ties through a volunteer role: Implications for older-adults psychological health International Journal of Aging and Human Development 57 (4) 313-337. 2003.

⁵ Volunteering for Mental Health: A survey of volunteering by people with experience of mental ill health. A report for the National Centre for Volunteering by the Institute for Volunteering Research. September 2003.

⁶ Volunteering in Health: Volunteering in Mental Health and Wellbeing Risbey.D. Volunteer Development Scotland. January 2004.

chance to move from being passive to active”, and “a sense of purpose and achievement”.

The Volunteering in Primary Health Care evaluation, also conducted by Volunteer Development Scotland, discusses the links between volunteering and health. One of the links identified by respondents was that volunteering provides an opportunity for people to get away from health and personal problems. Another was the volunteer’s sense of *“renewed usefulness”* leading to improvements in physical and mental health.⁷

In a book chapter entitled ‘Feeling Good by Doing Good: Health consequences of social services’ Jane Allyn Piliavin from University of Wisconsin states *“Voluntary association membership has been found to be related to self-esteem, personal happiness, life satisfaction, improved wellbeing, and decreased depression.”*⁸ In a chapter of another book entitled ‘Doing Well by Doing Good: Benefits for the Benefactor’, Piliavin refers to the *“preponderance of evidence... that helping and volunteering can improve mood, increase self-esteem, and contribute to mental and physical health”.*⁹

2005 was the Year of the Volunteer - a year-long celebration of the work that volunteers do and a call to action to get more people involved in volunteering. And so, appropriately, during the Year of the Volunteer, Powys Agency for Mental Health, Welshpool Medical Practice, North Montgomeryshire Volunteer Bureau and Powys Local Health Board launched and ran Wales’ first Volunteering on Prescription Scheme.

4.0 OPERATION OF THE VOLUNTEERING ON PRESCRIPTION PILOT

The Volunteering on Prescription Scheme was promoted through posters displayed and leaflets distributed at Welshpool Medical Practice, a local mental health drop-in centre, a local day centre, public libraries,

⁷ Volunteering in Primary Health Care: An evaluation of projects funded through the Primary Care Volunteering Grants Fund (Interim Report). Volunteer Development Scotland. March 2003.

⁸ Processes of Community Change and Social Action. (Chapter: ‘Feeling Good by Doing Good: Health Consequences of social services’ by Jane Allyn Piliavin) Edited by Allen.M.Omoto. Claremont Graduate University. 2005.

⁹ Flourishing: Positive Psychology and the Life Well-Lived. (Chapter: ‘Doing Well by Doing Good: Benefits for the Benefactor’ by Jane Allyn Piliavin) Edited by Carey et al. American Psychological Association. 2003.

through a press release to the County Times & Express, and by word of mouth.

Any healthcare professional at Welshpool Medical Practice (i.e. GP, Practice Nurse, Counsellor, District Nurse, etc) could refer a patient to the scheme if they felt that the individual could benefit from the Volunteering on Prescription scheme, and they thought that he/she was motivated and able to volunteer.

If the patient expressed an interest, a form was completed (see Appendix B) and permission sought from the patient for the Volunteering on Prescription Project Co-ordinator to contact them. The form was then signed by the referrer, imprinted with the Practice stamp, and posted into a box in the reception area of Welshpool Medical Practice. The Volunteering on Prescription Project Co-ordinator regularly visited the Practice to collect any completed forms from the box.

The Project Co-ordinator, who was based at North Montgomeryshire Volunteer Bureau, would then telephone the individuals and arrange to meet with them on a one-to-one basis to speak to them about their interests and what type of volunteering position they were interested in taking on. The Project Co-ordinator would then seek suitable volunteering positions for the individual.

Where required Criminal Records Bureau checks were carried out. For some positions (e.g. Victim Support) the volunteers were also required to complete a training course prior to beginning their volunteering position.

Throughout the individual's volunteering position/s the Volunteering on Prescription Project Co-ordinator would offer support and keep track of how the individual was doing.

5.0 METHODOLOGY

The evaluation took place over a twelve month time period, from January 2005 to December 2005.

5.1 Ethics Committee

The Institute of Rural Health sought the advice of Dyfed Powys Local Research Ethics Committee (LREC) as to whether the evaluation required ethical approval. The documents were considered by the Chairman of the Ethics Committee who advised that the project was not one that was required to be ethically reviewed under the terms of

the Governance Arrangements for Research Ethics Committees in the UK.

5.2 Developing the Evaluation Questionnaires

Two evaluation questionnaires were prepared – one for use prior to an individual beginning volunteering (Pre-Volunteering Questionnaire – Appendix C) and one for use at the end of the pilot in December 2005 (Post-Volunteering Questionnaire – Appendix D).

The Pre-Volunteering Questionnaire consisted of closed questions which would allow for the collection of baseline data, against which the Post-Volunteering Questionnaire could be analysed. The Post-Volunteering Questionnaire contained a mixture of open and closed questions, to allow for the collection of both qualitative and quantitative data.

5.3 Distributing and Submitting the Evaluation Questionnaires

Pre- and Post-Volunteering Questionnaires were issued to volunteers by the Volunteering on Prescription Project Co-ordinator at the North Montgomeryshire Volunteer Bureau.

From here, completed and returned questionnaires were forwarded to the Researcher at the Institute of Rural Health.

5.4 Analysing the Data

The Researcher at the Institute of Rural Health analysed the questionnaires and compiled the final report.

6.0 THE EVALUATION

During the course of the Volunteering on Prescription Scheme pilot eighteen volunteers signed up for the Scheme. Of these, twelve began a volunteering position before the conclusion of the pilot in December 2005. Of the six that did not, two gained full time employment prior to beginning a volunteering position, three remained keen to volunteer and suitable positions continued to be sought, and one eventually decided that they did not wish to volunteer.

At the point in time that the Post-Volunteering Questionnaires were completed, eleven of the twelve participants were still volunteering, and one had completed their volunteering position.

6.1 How participants heard about the Volunteering on Prescription Scheme

Seven of the eighteen participants had heard about the Volunteering on Prescription Scheme through Welshpool Medical Practice (two of these specified that they had been told about the scheme by the Counsellor, and two by a GP). Four individuals had heard about the Scheme through their social worker, four through Triangle House (local drop-in centre), two through Bryntirion (day centre), and one had learned about the scheme through leaflets at Welshpool Medical Practice and the public library.

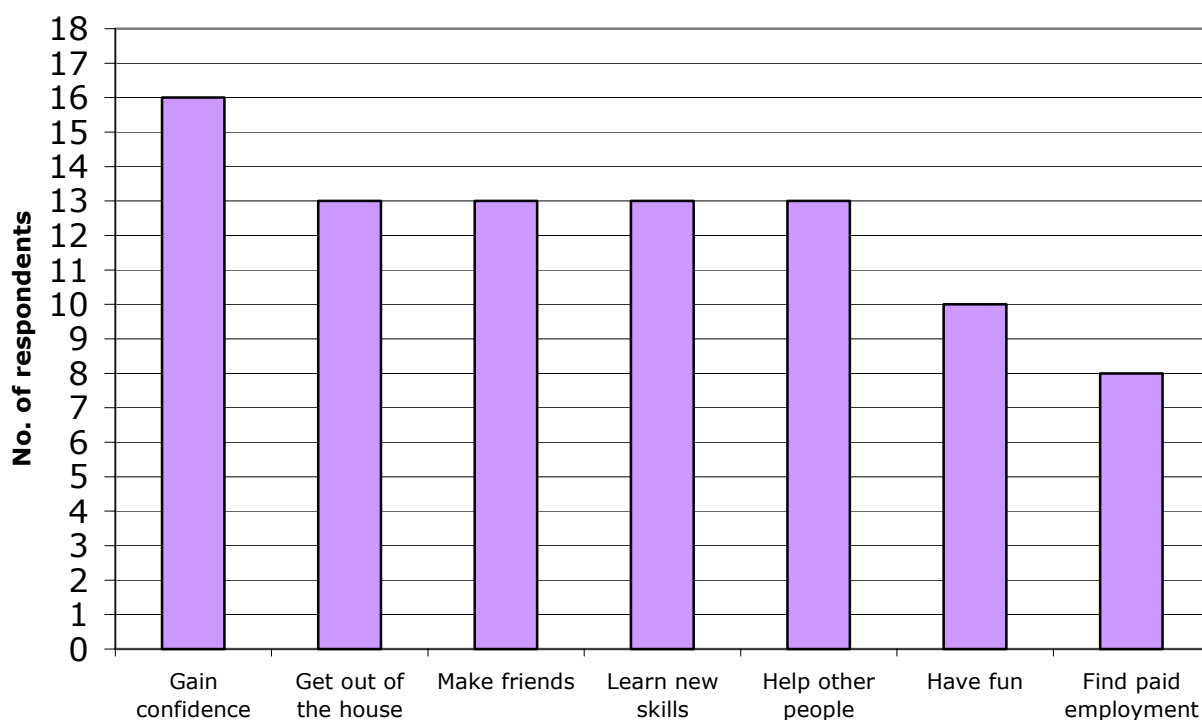
6.2 Previous experience of volunteering

Almost half (44%) of the eighteen volunteers on the Volunteering on Prescription Scheme pilot had volunteered in the past.

6.3 What participants wanted to get out of volunteering

Participants on the scheme were asked what they would like to get out of volunteering. Seven options were given: Make new friends; Gain confidence; Get out of the house; Have fun; Learn new skills; Help other people; and Find paid employment. Participants were also given the opportunity to add anything else that they wished to get out of volunteering. One respondent commented that he/she hoped that volunteering would increase his/her stamina, another commented that it would give him/her something to do, and another that it would provide *"a structured and meaningful activity programme to promote my emotional wellbeing and stability"*.

Graph 1: What would you like to get out of volunteering?

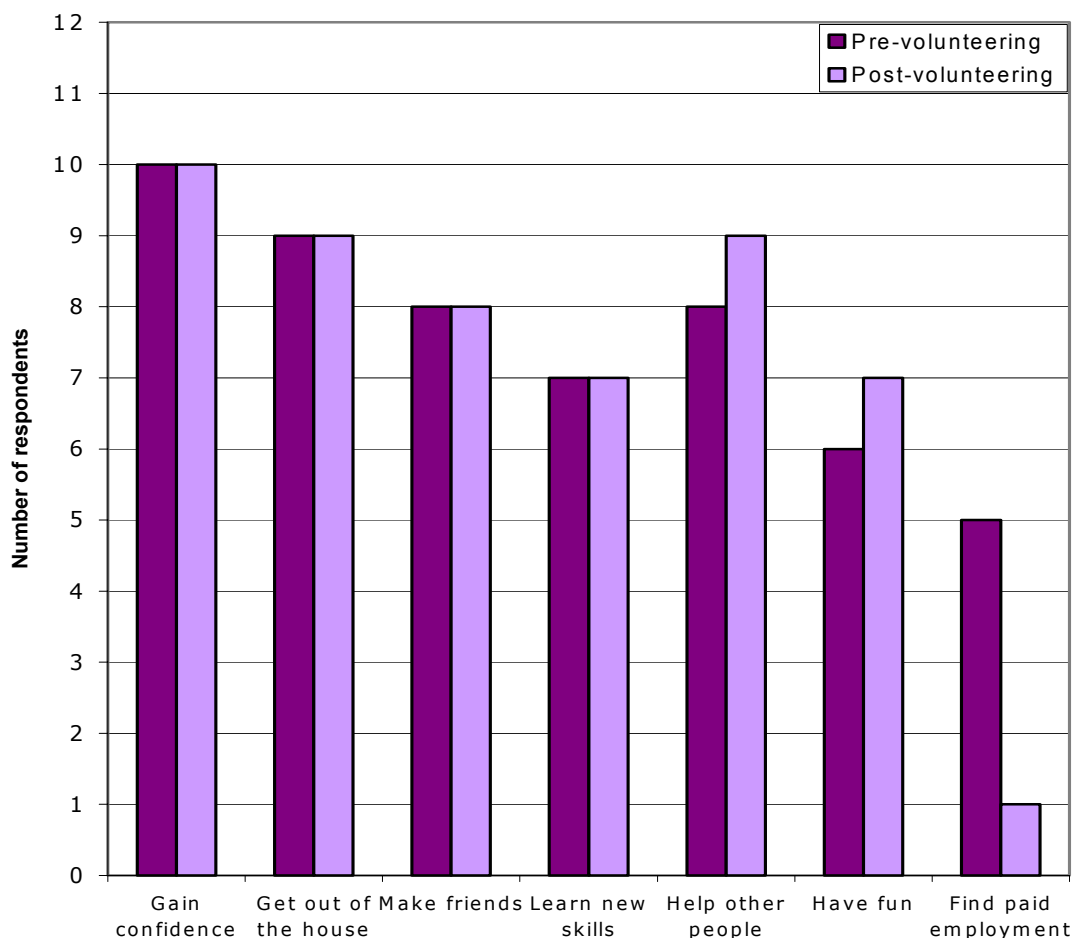


The main thing that people wished to achieve as a result of volunteering was an increase in confidence, with sixteen out of eighteen volunteers hoping for this outcome. Getting out of the house, making new friends, learning new skills, and helping other people were also high on the agenda of participants. Just over half of the participants on the scheme hoped that volunteering would be an opportunity to have fun, and eight of the eighteen volunteers hoped that volunteering would assist them in finding paid employment.

6.4 Ways in which participants felt they had benefited from volunteering

In the post volunteering questionnaire, the twelve participants who had embarked on a volunteering position within the timeframe of the pilot were asked in what ways they felt they had benefited from volunteering. They were provided with the same alternatives as they had been in the pre-volunteering questionnaire which had gathered their baseline views, and an "Other" option. Pre- and post-volunteering responses can be seen in Graph 2 below:

Graph 2: In what ways do you feel you have benefited from volunteering?



The responses to this question were very reassuring.

Although Graph 2 above suggests little change in the sum of the pre- and post-volunteering ratings, due to the small baseline associated with this study it is possible to identify the precise number of respondents who benefited in ways that they had not expected, and those that did not benefit in the ways in which they had hoped. This therefore allows for the additional analysis below:

Nine out of ten of the participants who had said in the pre-volunteering questionnaire that they wanted to “gain confidence” through volunteering felt that this had been the case, and only one did not. One participant who had not expected to gain in confidence as a result of volunteering, felt that they had done so.

Nine of the twelve participants who took up volunteering positions as a result of the Volunteering on Prescription Scheme Pilot wanted to “get out of the house”, and eight of these individuals felt that this was indeed a way in which they had benefited from their experience of volunteering, and only one did not. One participant for whom getting out of the house was not a priority, felt that all the same this was a way in which they had benefited from volunteering.

Six out of the eight participants who had hoped to “make friends” as a result of volunteering reported in the post-volunteering questionnaire that they had done so, and two did not. Two other participants who had not specified that making friends was something that they particularly wanted to get out of volunteering felt that, all the same, this was a way in which they had benefited.

Six out of seven of the participants who specified that they wanted to “learn new skills” through volunteering, felt that this had indeed been the case, and only one did not. One other volunteer who had not highlighted this factor in the pre-volunteering questionnaire nevertheless felt that this was a way in which they had benefited from volunteering.

Six out of the eight participants who had wanted to “help other people” as a result of volunteering felt that this was a way in which they had benefited from volunteering, and two of the eight did not feel that they had benefited in this way. Three other participants felt that they had benefited from helping other people, despite the fact that this was not something they had specifically wished to get out of volunteering prior to beginning their volunteering position.

Four out of six of the participants who had hoped to “have fun” as a result of volunteering felt that this was a way in which they had benefited, and two did not. A further three participants felt that they

had benefited from this despite it not being something that they had specifically wished to get out of volunteering.

One of the five participants who had hoped that volunteering would lead them to “find paid employment” had achieved this outcome. Realistically this was a long-term goal, and not one that could be expected to be achieved in every case in such a short space of time. The remaining four participants who had wanted to find paid employment as a result of volunteering were still active in their volunteering positions.

Other ways in which people felt that they had benefited from volunteering was that it had given them enthusiasm (one respondent) and that it had given them the opportunity to be active (one respondent).

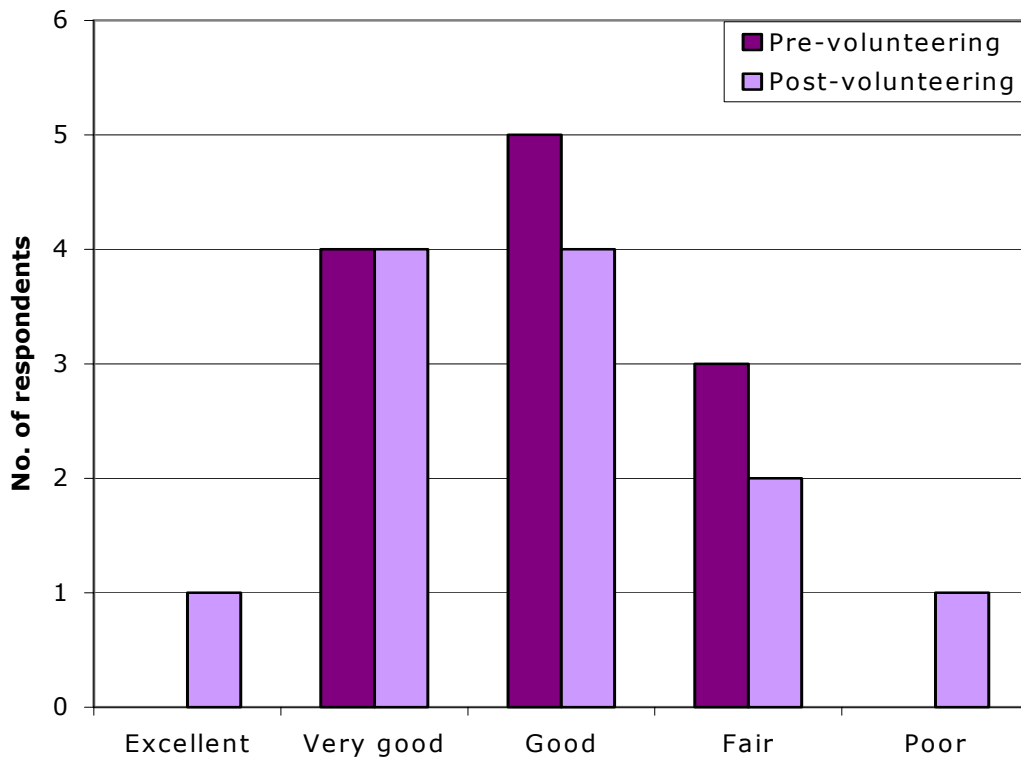
6.5 Health in general over the previous four weeks

In the pre- and post-volunteering questionnaires respondents were asked to rate their health in general during the previous four weeks. This would allow for an assessment to take place of whether volunteering had led to a real or perceived improvement in health of the participants in general.

Prior to volunteering the twelve people who took up volunteering positions were asked to rate their health in general over the previous four weeks. Four felt that their health had been “very good”, five “good”, and three “fair”.

In the post-volunteering questionnaire, one participant rated his/her health as “excellent”, four as “very good”, four as “good”, two as “fair”, and one as “poor”.

Graph 3: During the past four weeks, how would you rate your health in general?



As Graph 3 above shows, the majority (eight out of twelve) of volunteers rated their health in general the same at the conclusion of the pilot as they had at the outset. Three cited an improvement in their health in general since beginning their volunteering position. One felt that their health had gone from “good” to “poor” during the timeframe, but specified that this was because they suffer with a bad back.

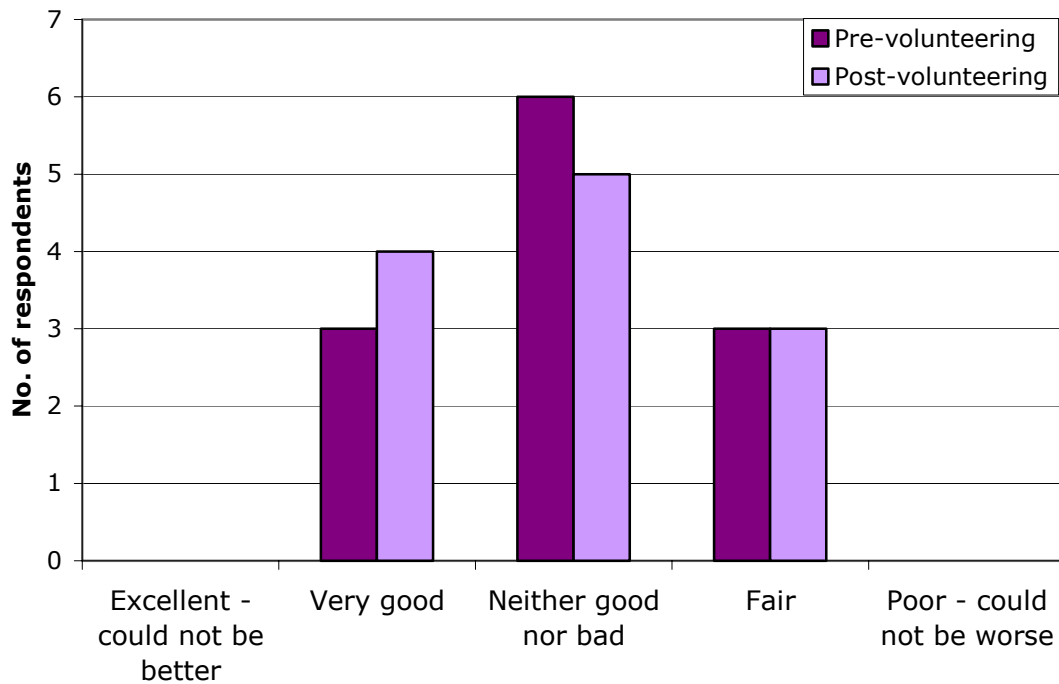
6.6 Quality of life over the past four weeks

Respondents were asked to rate their quality of life over the past four weeks before volunteering, and at the conclusion of the Volunteering on Prescription Scheme Pilot. This would allow for an analysis of the real or perceived alteration in participants’ quality of life.

Before embarking on their volunteering positions three participants rated their quality of life as “very good”, six as “neither good nor bad”, and three as “fair”.

After volunteering, four people rated their quality of life as “very good”, five as “neither good nor bad” and three as “fair”.

Graph 4: Over the past four weeks how would you rate your quality of life?



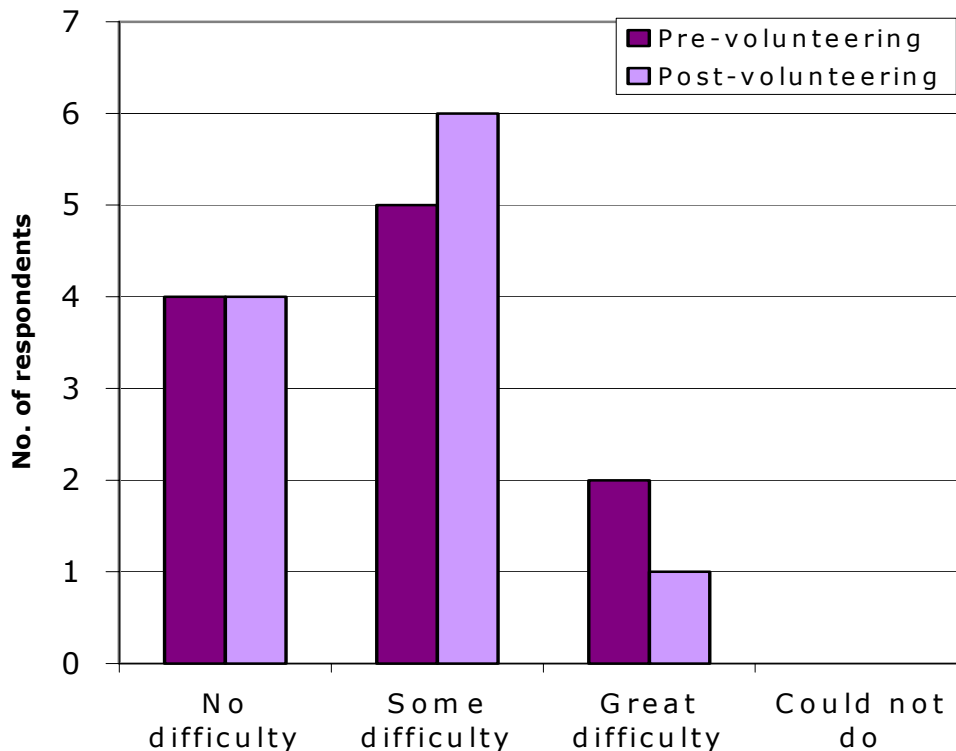
Six of the twelve participants rated their quality of life the same after volunteering as they had prior to volunteering. Four participants felt that their quality of life had improved since volunteering, and two that their quality of life had become worse.

6.7 Difficulty with usual activities or tasks over previous four weeks.

Participants were asked to rate the extent to which, over the previous four weeks, they had had any difficulty doing their usual activities or tasks, both inside and outside the house, because of their emotional health. Possible responses to the question were “No difficulty”, “Some difficulty”, “Great difficulty” and “Could not do”.

In the pre-volunteering questionnaire four respondents stated that they have “no difficulty”, five that they have “some difficulty”, and two that they have “great difficulty” doing their usual activities or tasks because of their emotional health. One individual failed to provide a response to this question, but stated on the post-volunteering questionnaire that he/she has “some difficulty” doing his/her usual activities or tasks because of his/her emotional health.

Graph 5: During the past four weeks how much difficulty have you had doing your usual activities or tasks, both inside and outside the house, because of your emotional health?



In the post volunteering questionnaire six participants felt that the level of difficulty they face doing their usual activities or tasks because of their emotional health had not altered in the time between them completing the pre- and the post-volunteering questionnaires. Three participants felt that the level of difficulty they face doing their usual activities or tasks because of their emotional health had decreased, and two felt it had increased.

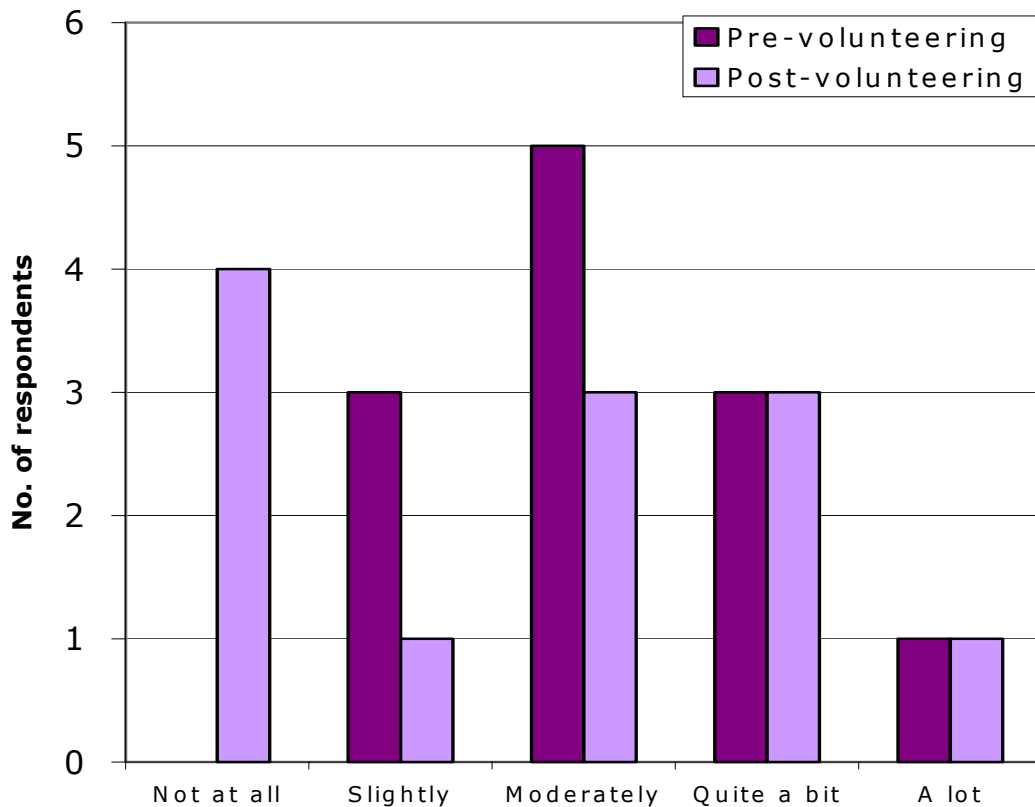
6.8 Emotional problems

Participants were asked the extent to which, during the past four weeks, they had been bothered by emotional problems such as feeling anxious, depressed, irritable, downhearted, or blue?

Before embarking on their volunteering position, three of the twelve participants commented that they had been slightly bothered by emotional problems over the previous four weeks, five that they had been moderately bothered by such problems, three had been bothered quite a bit, and one commented that he/she had been bothered a lot by emotional problems such as feeling anxious, depressed, irritable, downhearted, or blue.

At the end of the pilot, when participants completed a post-volunteering questionnaire, four individuals stated that such emotional problems had not bothered them at all over the previous four weeks. One participant said they had been slightly bothered by such problems, three moderately, three quite a bit, and one a lot.

Graph 6: During the past four weeks how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, downhearted, or blue?



Two participants did not feel that the degree to which they were bothered by such emotional problems had altered during the timeframe of the pilot.

Half of the participants felt less bothered by emotional problems such as feeling anxious, depressed, irritable, downhearted, or blue since beginning their volunteering positions. In some cases this was particularly marked - for example, one respondent had commented that they were bothered quite a bit by such emotional problems prior to volunteering, but not at all bothered at the conclusion of the pilot.

Four respondents cited that they were more bothered by such emotional problems when they were completing the post-volunteering questionnaire than when filling in the pre-volunteering questionnaire.

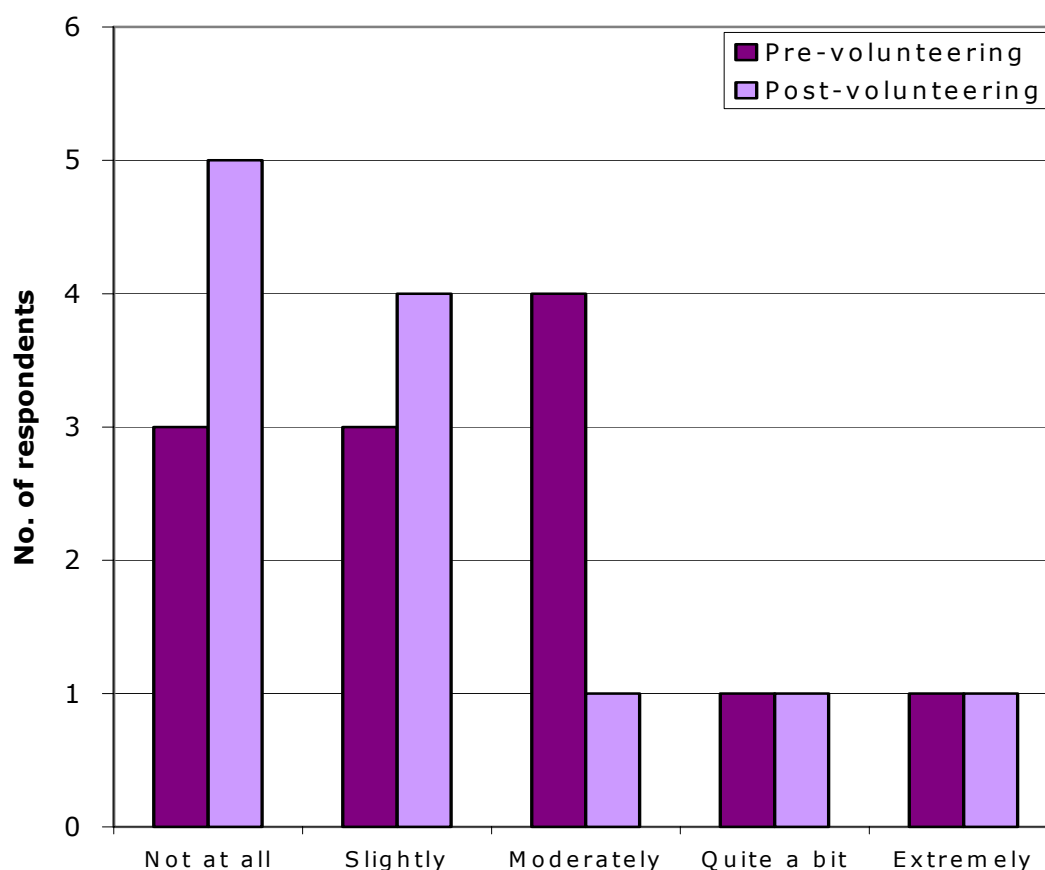
6.9 Emotional health limiting social activities

Participants were asked whether they felt that their emotional health had limited their social activities with family, friends, neighbours and groups during the previous four weeks.

Prior to volunteering three participants responded that their emotional health had not limited their social activities at all. Three felt that their social activities had been "slightly limited" as a result of their emotional health. Four individuals felt that their social activities had been "moderately limited" due to their emotional health. One individual felt that his/her social activities had been "limited quite a bit", and one that his/her social activities had been "extremely limited" as a result of his/her emotional health.

When completing the post-volunteering questionnaire five participants felt that their social activities had not been limited at all due to their emotional health, four that their social activities had been "slightly limited", one that his/her social activities had been "moderately limited", one that his/her social activities had been "limited quite a bit", and one that his/her social activities had been "extremely limited" as a result of his/her emotional health.

Graph 7: During the past four weeks has your emotional health limited your social activities with family, friends, neighbours and groups?



Six respondents did not feel the level to which their emotional health had limited their social activities had altered between completing the pre- and the post-volunteering questionnaires.

However, five respondents felt that the level to which their emotional health had limited their social activities had decreased since volunteering.

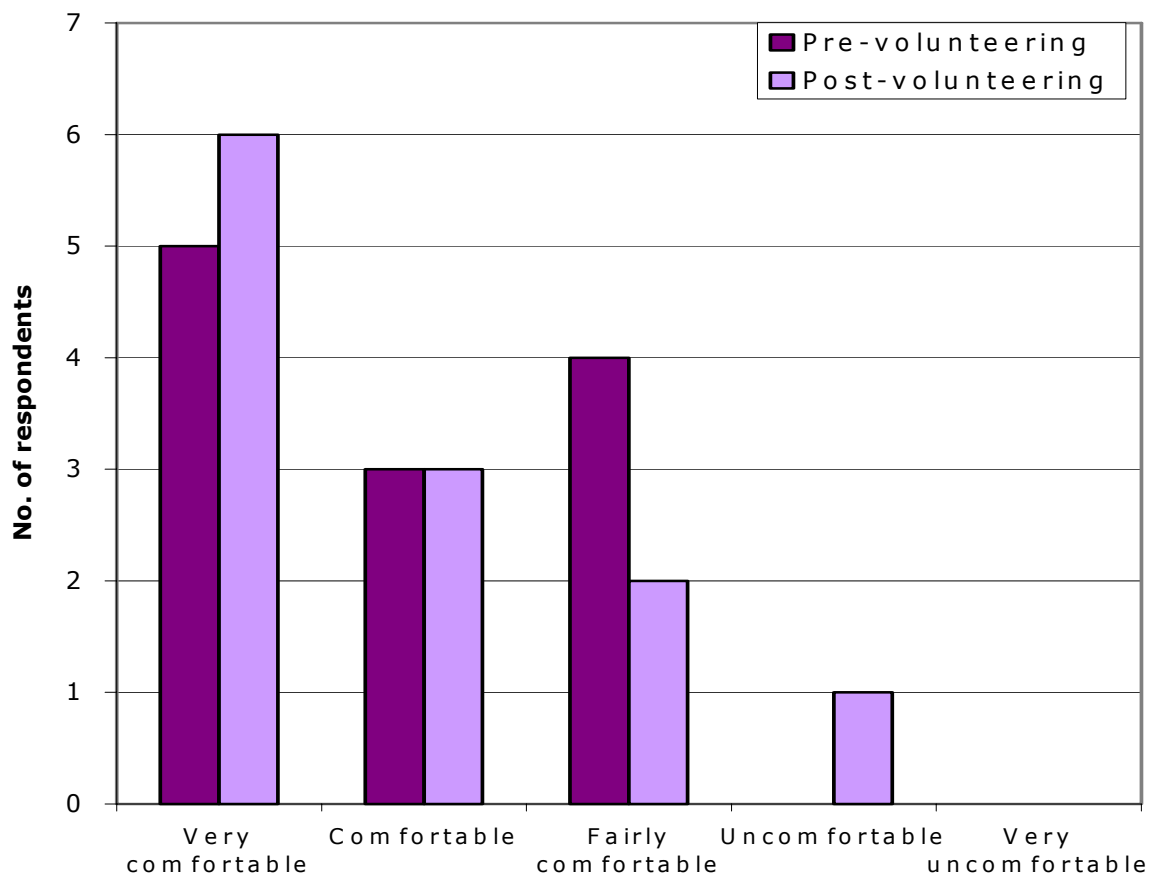
Only one participant felt that the level to which their emotional health had limited their social activities had increased since volunteering.

6.10 Feeling at ease in the company of family and friends

Participants were asked to rate the level to which they feel at ease in the company of family and friends – “Very comfortable”, “Comfortable”, “Fairly comfortable”, “Uncomfortable” or “Very uncomfortable”.

In the pre-volunteering questionnaire, five of the twelve volunteers stated that they feel “Very comfortable”, three that they feel “Comfortable” and four that they feel “Fairly comfortable”.

Graph 8: Do you feel at ease in the company of family and friends?



At the conclusion of the pilot seven participants felt the same degree of ease in the company of family and friends as they had prior to volunteering. Two participants felt more at ease in the company of family and friends after volunteering. Three felt less at ease in the company of family and friends when completing the post-volunteering questionnaire than when they had completed the pre-volunteering questionnaire.

6.11 Feeling at ease around people who they do not know well

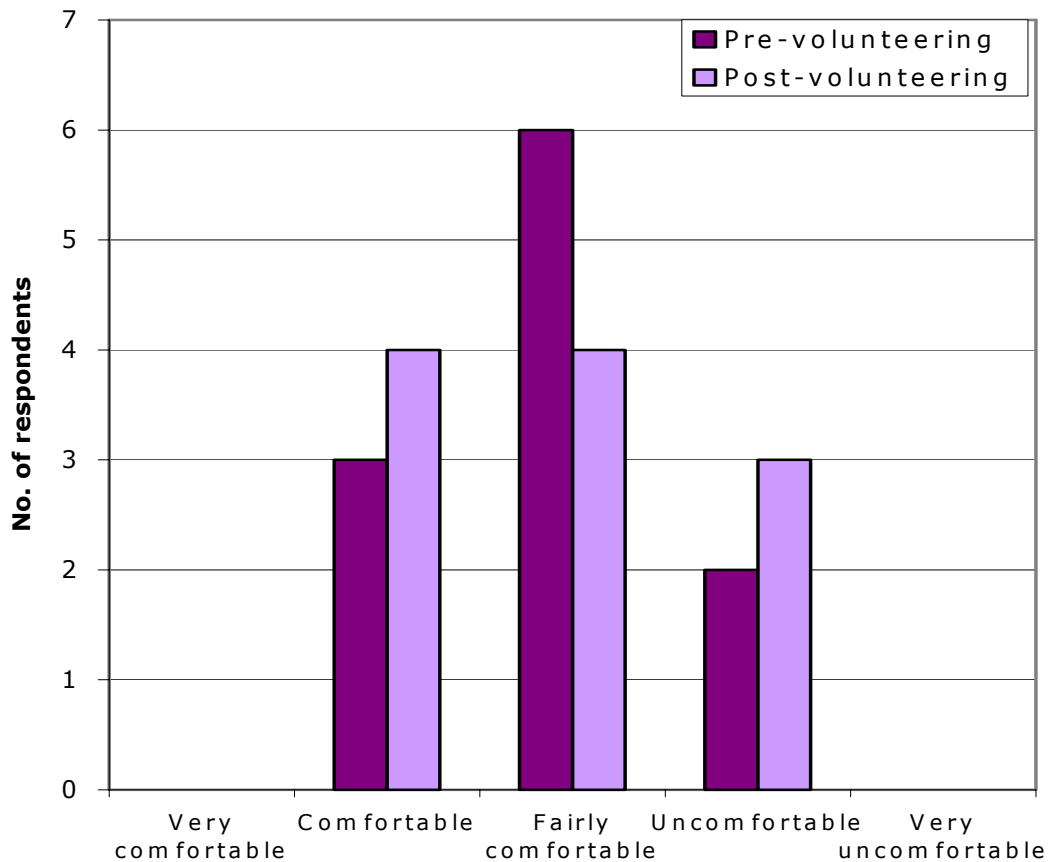
Participants were also asked to rate the level to which they feel at ease being around people who they do not know well. The response options provided were "Very comfortable", "Comfortable", "Fairly comfortable", "Uncomfortable" or "Very uncomfortable".

In the pre-volunteering questionnaire three participants responded that they felt "comfortable" around people who they do not know well. Six participants commented that they felt "fairly comfortable" being around people who they do not know well. Two participants stated that they felt "uncomfortable" being around people who they do not know well.

One participant failed to provide a response to this question in the pre-volunteering questionnaire, but stated in the post-volunteering questionnaire that he/she felt "Very comfortable" being around people who he/she did not know well.

In the post-volunteering questionnaire four participants stated that they felt "comfortable" in the presence of people who they do not know well, four people stated they felt "fairly comfortable" in such circumstances, and three that they felt "uncomfortable" being around people who they do not know well.

Graph 9: Do you feel at ease being around people who you do not know well?



Comparing responses from each individual, four participants felt that their level of ease/unease being around people who they do not know well stayed the same between completing the pre- and post-volunteering questionnaires. Four people felt that they felt more comfortable in the presence of people who do not know them well after volunteering. Three people felt less at ease in the company of people they did not know well when filling in the post-volunteering questionnaire than when they had completed the pre-volunteering questionnaire.

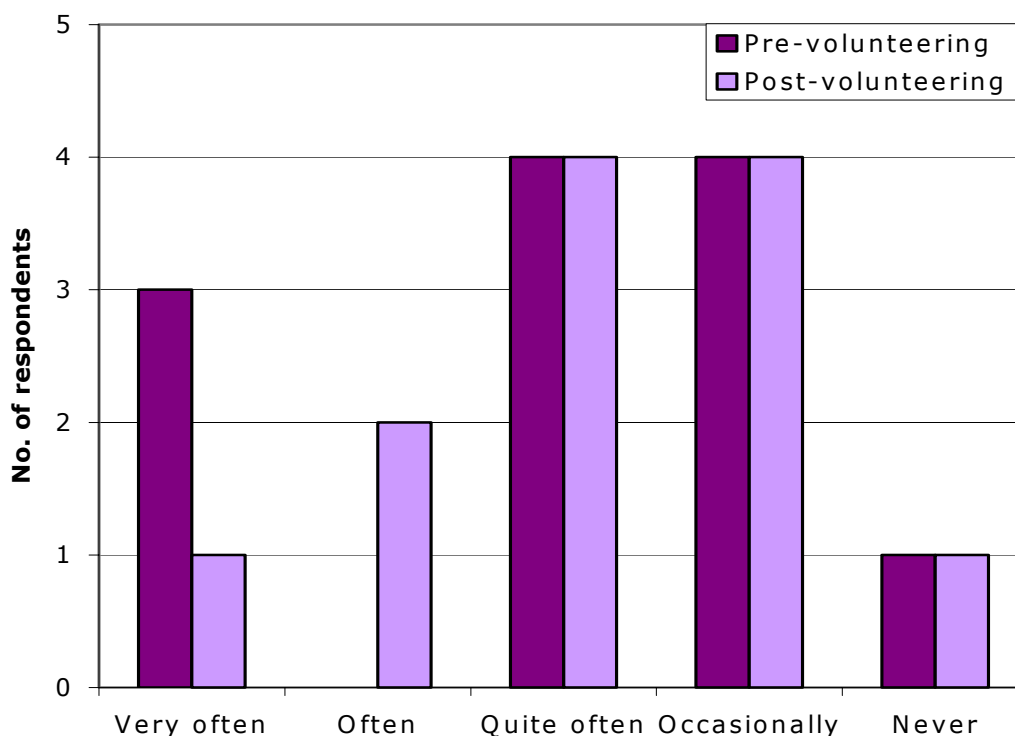
6.12 Experiencing feelings of isolation and loneliness

Participants were asked to state how often they experienced feelings of isolation and loneliness – “very often”, “often”, “quite often”, “occasionally” and “never”.

In the pre-volunteering questionnaire, three participants stated that they “very often” experience feelings of isolation and loneliness, four that they experience such feelings “quite often”, four that they “occasionally” experience such feelings, and one that they “never” experience feelings of isolation and loneliness.

When completing the post-volunteering questionnaire one participants stated that he/she “very often” experience such feelings of loneliness, two that they “often” experience such feelings, four stated that they “quite often” feel isolated and lonely, four “occasionally”, and one “never”.

Graph 10: How often do you experience feelings of isolation and loneliness?



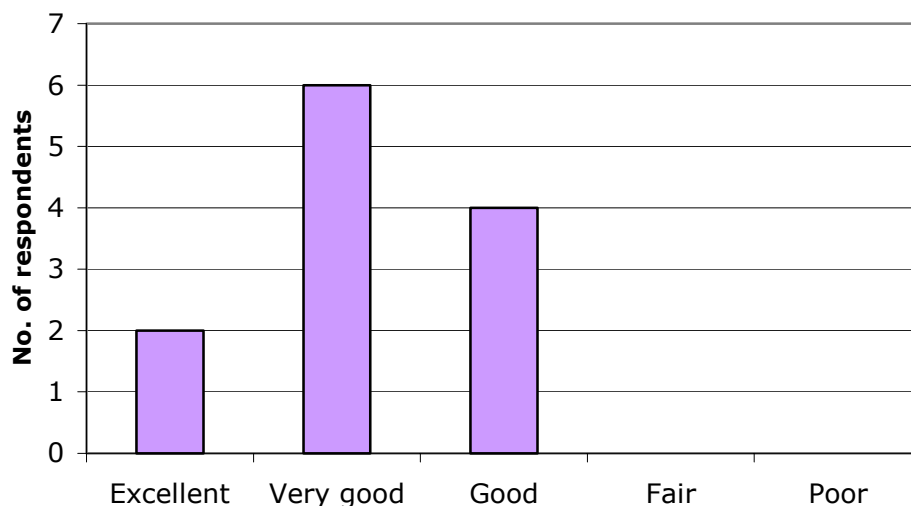
Six participants did not feel that the level to which they experienced feelings of isolation and loneliness had altered during the course of the pilot. Three felt that the level to which they feel isolated and lonely had reduced. However, three other participants felt that the level at which they experience such feelings of isolation and loneliness had increased between completing the pre- and the post-volunteering questionnaires.

6.13 How participants rated the Volunteering on Prescription Scheme

In the post-volunteering questionnaire, participants were asked a series of questions to gather their views on how they rated the Volunteering on Prescription Scheme and the support that they received from the Volunteering on Prescription Project Co-ordinator before and during their volunteering position.

Participants' views of the Volunteering on Prescription Scheme were very encouraging, with all twelve volunteers rating the scheme from "Good" to "Excellent", with eight out of twelve rating the scheme either "Excellent" or "Very good".

Graph 11: How participants rated the Volunteering on Prescription Scheme



Participants were also asked to list their three key personal benefits from being involved in the Volunteering on Prescription Scheme.

Key benefits that participants felt they had gained were:

- Made friends, met and interacted with people (9 participants)
- Gained in confidence (7 participants)
- Got out of the house/out-and-about (4 participants)
- Learnt new skills (4 participants)
- Improved self esteem (3 participants)
- Became less anxious (2 participants)
- Felt happier and gaining a feeling of wellbeing (2 participants)
- Felt more socially active and more involved in the community (1 participant)
- Enjoyed responsibility (1 participant)
- Enjoyed rapport with customers and staff (1 participant)
- Enjoyed being part of something new (1 participant)
- Something to occupy time (1 participant)
- Opportunity to judge physical stamina level after recovering from illness (1 participant)

One volunteer remarked on the "general feeling of buoyancy" that the Volunteering on Prescription Scheme had given them. Another commented that the Volunteering on Prescription Scheme "Built my

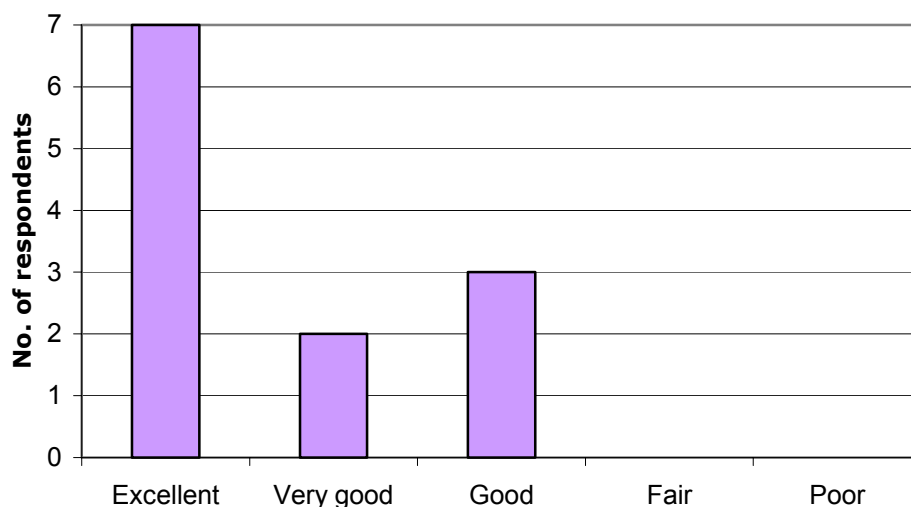
confidence up, after suffering an illness which had a great impact on my confidence it was ideal to help rebuild it”, and commented that the Scheme had “Enabled me to get out of the house and interact with people I do not know, have not been able to do that for a long time”.

6.14 How participants rated the support from the Volunteering on Prescription Project Co-ordinator

The report Mental Health and Social Exclusion stated “Appropriate support is crucial to ensure that enthusiasm for volunteering is not damaged by negative experiences or unrealistic expectations.”¹⁰ The continuous support from the Volunteering on Prescription Project Co-ordinator was an important element of the Pilot Scheme.

Participants were asked to rate the support provided by the Volunteering on Prescription Project Co-ordinator before and during their volunteering position. Responses were very encouraging, with all twelve volunteers rating the support provided as “Good” to “Excellent”, with over half of them rating the support “Excellent”.

Graph 12: How participants rated the support from the Volunteering on Prescription Project Co-ordinator



6.15 Whether participants would continue with volunteer work

Seven of the twelve volunteers thought it “highly likely” that they would continue with volunteer work, and five that it was “likely” that they would do so. This was good, particularly in light of the fact that for five of the participants the Volunteering on Prescription Scheme was their first experience of volunteering.

¹⁰ Mental Health and Social Exclusion: Social Exclusion Unit Report. Office of the Deputy Prime Minister. June 2004

6.16 Evaluation of the process

Comments and opinions were sought from members of the Volunteering on Prescription Scheme Steering Group (who were key stakeholders in the Scheme) about their feelings about the project, and whether there were any aspects that they felt needed to be altered or improved if the Volunteering on Prescription Scheme were to be rolled out.

Whilst it is not the role of this Evaluation report to make recommendations as to how these points could be taken into consideration during any roll-out of the Scheme, it is a useful opportunity to record the points made here:

- Good communication between all key stakeholders is crucial at the outset of the project, and needs to be maintained for the duration.
- The role and responsibility of the Steering Group, and its individual members, is required to be clearly defined at the beginning.
- It is key that the General Practitioners and staff at the Medical Practice are fully aware of and committed to the Scheme from the outset, and that they are motivated and enthusiastic about referring patients to the Scheme.
- Ensure that all concerned parties are kept involved and engaged throughout the project.

Positive comments were also received from members of the Steering Group:

"The experience of this project has confirmed how useful it is when agencies work together to enable people to be constructive and see themselves as having value." (comment from Steering Group member)

"The Volunteering on Prescription scheme has given another option to people with mental health problems and to professionals working with them. Along with the book prescription scheme, exercise on referral, the expert patient programme and the developing primary care mental health services we hope that patients will be able to choose from various options to help themselves to better mental health. An excellent scheme that deserves further support." (comment from Steering Group member)

7.0 CONCLUSION

Although eighteen individuals signed up to the Volunteering on Prescription Scheme Pilot, only twelve took up a volunteering position during the timeframe of the pilot, and therefore, the analysis contained within this report largely focuses around responses from just twelve individuals. Such a small baseline means that it is difficult to draw firm conclusions, and it is important that the following summarised results are viewed in the light of this.

The purpose of the Institute of Rural Health's evaluation of the Volunteering on Prescription Scheme Pilot was to evaluate the effectiveness of the project and process, and to evaluate the personal outcomes for those taking part in the pilot. In order to do this effectively, it is beneficial to study the original objectives of the Volunteering on Prescription scheme:

- Increase uptake of volunteering for people with mental health problems through referral at a primary care level.
- Reduce levels of isolation and improved social functioning for those using the scheme.
- Increase numbers of volunteers available locally to projects requiring them.
- Positive evaluation allowing for a roll-out of the scheme to other GP practices.

Increase uptake of volunteering for people with mental health problems through referral at a primary care level.

Eighteen volunteers signed up to the Volunteering on Prescription Scheme pilot between January 2005 and December 2005 (the timeframe for the pilot). For just over half of the individuals, it was their first experience of volunteering. Twelve of these eighteen volunteers began a volunteering position before December 2005, and eleven were still volunteering at the end of the twelve-month pilot. All twelve of the volunteers stated that it was "likely" or "highly likely" that they would continue with volunteer work.

Reduce levels of isolation and improved social functioning for those using the scheme.

The main five objectives that people wished to achieve as a result of volunteering were – gain confidence, get out of the house, make new friends, learn new skills, and help other people. It is encouraging that the majority of volunteers who hoped for these outcomes felt that their ambitions had been realised.

Increase numbers of volunteers available locally to projects requiring them.

It is encouraging that all twelve participants thought it was “likely” or “highly likely” that they would continue with volunteer work.

Positive evaluation allowing for a roll-out of the scheme to other GP practices.

Participants were unanimously complimentary about the Volunteering on Prescription Scheme itself. All twelve participants rated the scheme “Good”, “Very good”, or “Excellent”. Similarly, all twelve participants rated the support provided by the Volunteering on Prescription Project Co-ordinator before and during their volunteer placement as “Good”, “Very good”, or “Excellent”.

Positive comments have also been received from members of the Steering Group who met regularly throughout the course of the Pilot:

“The experience of this project has confirmed how useful it is when agencies work together to enable people to be constructive and see themselves as having value.” (comment from Steering Group member)

“The Volunteering on Prescription scheme has given another option to people with mental health problems and to professionals working with them. Along with the book prescription scheme, exercise on referral, the expert patient programme and the developing primary care mental health services we hope that patients will be able to choose from various options to help themselves to better mental health. An excellent scheme that deserves further support.” (comment from Steering Group member)

VOLUNTEERING ON PRESCRIPTION – AN ACTION RESEARCH PILOT

APPLICATION UNDER CATEGORY 1 – Those which enable social inclusion, empowerment and support of users and carers and contribute to the promotion of a normal pattern of daily life

1. INTRODUCTION

The impetus for this “pilot” has come from one of the Coordinators of Healthy Friendships – a mental health befriending scheme in Powys. A recent evaluation has highlighted

- a) the ‘added value’ that people who have experienced mental health problems bring to volunteering in this befriending scheme
- b) the positive outcomes for those volunteers in terms of their own recovery from mental health problems.

As a result of these evaluation results and the demand for new volunteers the Coordinator has approached a number of GP surgeries in Montgomeryshire to ‘float’ the idea of volunteering on prescription. An idea which has attracted considerable interest. This has now led to wider discussion and debate and brings together a number of strategic services and themes

1. The move towards a more primary care focused mental health service that could ‘triage’ to the voluntary sector
2. Recommendations from the Working Futures Report¹¹ which highlight the importance of maximising volunteering opportunities for people with mental health problems as part of a Valued Occupation Strategy (the survey indicated high levels of activity and interest in carrying out volunteering).
3. The comprehensive network of Volunteer Bureau and Community Support networks across Powys (12 bases corresponding to 16 practices) and the wide range of volunteering opportunities available.
4. The move towards a social inclusion agenda and more emphasis on the importance of social capital in mental health services.
5. A number of emerging mental health promotion initiatives seeking volunteers - Pyramid Trust, Health Promoting Schools, a community speakers programme re. stigma, plus existing mental health projects.

A small interim steering group has subsequently developed to explore this initiative and develop this action research ‘pilot’.

¹¹ Working Futures – Valued Occupation for people with Mental Health Problems in Powys - Nov 2001

2. PROJECT AIM

1. To establish a pilot volunteering on prescription site in one surgery in Powys
2. To evaluate the effectiveness of the project and process at 6 and 12 month stages
3. To evaluate personal outcomes for those taking part in the project

3. METHOD

1. Build on the existing Steering Group to ensure representation from key partners in the locality chosen (to include GP, volunteer bureau, Powys LHB and service user/s)
2. Employ a P/T Project Manager for up to 3 months to
 - a) Ensure agreed referral criteria and systems for operating the scheme
 - b) Establish a working relationship with the local volunteer bureau to ensure volunteering options, benefits, training and support mechanisms are in place
 - c) Ensure appropriate publicity and awareness of the scheme and run briefing sessions for GP's, primary health care staff and others (as appropriate)
 - d) Confirm evaluation tools to be used – i.e. compliance, gender/age, reasons for referral, quality of life measures etc.
3. Once the scheme has been running for six months undertake evaluation – (to establish whether the initial aims have been achieved and to make any necessary adjustments or changes)
 - a) Identify reasons for referral and outcomes including drop-out, levels of engagement and any subsequent follow-on activity
 - b) Effectiveness of the scheme from the point of view of key stakeholders
 - c) Review and assess status
4. The evaluation to be repeated at 12 months

4. DESIRED OUTCOMES FOR THE PROJECT

- Increased uptake of volunteering for people with mental health problems through referral at a primary care level.
- Reduced levels of isolation and improved social functioning for those using the scheme.
- Increased numbers of volunteers available locally to projects requiring them.
- Positive evaluation allows for a roll-out of the scheme to other GP practices.

VOLUNTEERING ON PRESCRIPTION

Please contact:- The Volunteer Bureau,
Estate Office, Oldford Rise, Welshpool, SY21 7SZ.
Tel:- 01938 556416 Fax:- 01938 554484
Email:- info@nmvb.fsnet.co.uk

NAME:-

ADDRESS:-.....

.....

.....

TEL:-..... MOBILE:-.....

has expressed a wish to do volunteering for therapeutic purposes.
I feel that the person could benefit from this activity.

Signed by
(GP, Nurse, Health Visitor or other Health Professional)

Practice Stamp:-

Agreement obtained from patient for volunteering
co-ordinator to contact.

Yes/No

Pre-Volunteering Questionnaire

Code:



Evaluation of "Volunteering on Prescription" Project managed by North Montgomeryshire Volunteer Bureau & Welshpool Medical Centre

The Institute of Rural Health has been commissioned to evaluate the Volunteering on Prescription scheme. To do this, we are asking participants in the scheme to complete two questionnaires.

This first questionnaire is to be completed and returned before you begin your volunteering position. The second questionnaire will be sent to you at the beginning of June this year.

All questionnaires are in strict confidence, and no identities will be disclosed in the evaluation report.

Thank you for your time.

1. Have you been a volunteer before?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

2. During the past 4 weeks, how would you rate your health in general? (tick one only)

| | |
|-----------|--------------------------|
| Excellent | <input type="checkbox"/> |
| Very good | <input type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Fair | <input type="checkbox"/> |
| Poor | <input type="checkbox"/> |

3. Over the past 4 weeks, how would you rate your quality of life? (tick one only)

| | |
|--------------------------------|--------------------------|
| Excellent, could not be better | <input type="checkbox"/> |
| Very good | <input type="checkbox"/> |
| Neither good nor bad | <input type="checkbox"/> |
| Fair | <input type="checkbox"/> |
| Poor, could not be worse | <input type="checkbox"/> |

4. During the past 4 weeks how much difficulty have you had doing your usual activities or tasks, both inside and outside the house, because of your emotional health (tick one only)

| | |
|------------------|--------------------------|
| No difficulty | <input type="checkbox"/> |
| Some difficulty | <input type="checkbox"/> |
| Great difficulty | <input type="checkbox"/> |
| Could not do | <input type="checkbox"/> |

5. During the past 4 weeks how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, downhearted, or blue? (tick one only)

| | |
|-------------|--------------------------|
| Not at all | <input type="checkbox"/> |
| Slightly | <input type="checkbox"/> |
| Moderately | <input type="checkbox"/> |
| Quite a bit | <input type="checkbox"/> |
| A lot | <input type="checkbox"/> |

Pre-Volunteering Questionnaire

Code:

6. During the past 4 weeks has your emotional health limited your social activities with family, friends, neighbours, and groups? *(tick one only)*

| | |
|-------------|--|
| Not at all | |
| Slightly | |
| Moderately | |
| Quite a bit | |
| Extremely | |

7. Do you feel at ease in the company of family and friends? *(tick one only)*

| | |
|--------------------|--|
| Very comfortable | |
| Comfortable | |
| Fairly comfortable | |
| Uncomfortable | |
| Very uncomfortable | |

8. Do you feel at ease being around people who you do not know well? *(tick one only)*

| | |
|--------------------|--|
| Very comfortable | |
| Comfortable | |
| Fairly comfortable | |
| Uncomfortable | |
| Very uncomfortable | |

9. How often do you experience feelings of isolation and loneliness? *(tick one only)*

| | |
|--------------|--|
| Very often | |
| Often | |
| Quite often | |
| Occasionally | |
| Never | |

10. What would you like to get out of volunteering? *(tick all that apply)*

| | |
|-----------------------------|--|
| Make friends | |
| Gain confidence | |
| Get out of the house | |
| Have fun | |
| Learn new skills | |
| Help other people | |
| Find paid employment | |
| Other (please give details) | |

11. How did you hear about the Volunteering on Prescription Scheme?

.....

Thank you for taking the time to complete this questionnaire.

Please return the questionnaire in a sealed envelope marked "Qu.1" to:

Jill Broom, Project Co-ordinator, North Montgomeryshire Volunteer Bureau,
Estate Office, Oldford Rise, Welshpool, Powys SY21 7SZ

Post-Volunteering Questionnaire

Code:



**Evaluation of “Volunteering on Prescription” Project managed by
North Montgomeryshire Volunteer Bureau & Welshpool Medical
Centre**

As you are aware, the Institute of Rural Health has been commissioned to evaluate the Volunteering on Prescription scheme.

Before you began your volunteering position, you completed a pre-volunteering questionnaire. We are now asking you to complete a second, and final, questionnaire.

All questionnaires are in strict confidence, and no identities will be disclosed in the evaluation report.

Thank you for your time.

1. On what date did you begin your volunteering position?

2. If applicable, on what date did you finish your volunteering position?

3. In what ways do you feel you have benefited from volunteering? (tick all that apply)

| | |
|-----------------------------|--|
| Made friends | |
| Gained in confidence | |
| Got out of the house | |
| Had fun | |
| Learned new skills | |
| Helped other people | |
| Found paid employment | |
| Other (please give details) | |

4. During the past 4 weeks, how would you rate your health in general? (tick one only)

| | |
|-----------|--|
| Excellent | |
| Very good | |
| Good | |
| Fair | |
| Poor | |

Post-Volunteering Questionnaire

Code:

5. Over the past 4 weeks, how would you rate your quality of life? (*tick one only*)

| | |
|--------------------------------|--|
| Excellent, could not be better | |
| Very good | |
| Neither good nor bad | |
| Fair | |
| Poor, could not be worse | |

6. During the past 4 weeks how much difficulty have you had doing your usual activities or tasks, both inside and outside the house, because of your emotional health (*tick one only*)

| | |
|------------------|--|
| No difficulty | |
| Some difficulty | |
| Great difficulty | |
| Could not do | |

7. During the past 4 weeks how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, downhearted, or blue? (*tick one only*)

| | |
|-------------|--|
| Not at all | |
| Slightly | |
| Moderately | |
| Quite a bit | |
| A lot | |

8. During the past 4 weeks has your emotional health limited your social activities with family, friends, neighbours, and groups? (*tick one only*)

| | |
|-------------|--|
| Not at all | |
| Slightly | |
| Moderately | |
| Quite a bit | |
| Extremely | |

9. Do you feel at ease in the company of family and friends? (*tick one only*)

| | |
|--------------------|--|
| Very comfortable | |
| Comfortable | |
| Fairly comfortable | |
| Uncomfortable | |
| Very uncomfortable | |

10. Do you feel at ease being around people who you do not know well? (*tick one only*)

| | |
|--------------------|--|
| Very comfortable | |
| Comfortable | |
| Fairly comfortable | |
| Uncomfortable | |
| Very uncomfortable | |

11. How often do you experience feelings of isolation and loneliness? (*tick one only*)

| | |
|--------------|--|
| Very often | |
| Often | |
| Quite often | |
| Occasionally | |
| Never | |

12. How would you rate the Volunteering on Prescription Scheme (*tick one only*)

| | |
|-----------|--|
| Excellent | |
| Very good | |
| Good | |
| Fair | |
| Poor | |

13. How would you rate the support you received from the Volunteering on Prescription Project Co-ordinator before and during your volunteering position? (*tick one only*)

| | |
|-----------|--|
| Excellent | |
| Very good | |
| Good | |
| Fair | |
| Poor | |

14. How likely is it that you will continue with volunteer work?

| | |
|-----------------------------|--|
| Highly likely | |
| Likely | |
| Neither likely nor unlikely | |
| Unlikely | |
| Highly unlikely | |

15. Please describe your three key personal benefits from being involved in the Volunteering on Prescription scheme?

Thank you for taking the time to complete this questionnaire.

Please return the questionnaire in a sealed envelope marked "Qu.2" to:

Jill Broom, Project Co-ordinator, North Montgomeryshire Volunteer Bureau,
Estate Office, Oldford Rise, Welshpool, Powys SY21 7SZ