

Evaluation of Over2You: *Final report*

June 2017



Evaluation of Over2You

Final Report

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Introduction

Over2You is an innovative a user-led network that aims to empower patients to improve quality for patients and service users across the health and social care system. It is a joint initiative between three independent Housing Associations:

- **South Yorkshire Housing Association (SYHA)**, which covers Sheffield, South Yorkshire and parts of Derbyshire
- **Gentoo**, in the north east of England
- **St Vincent's Housing Association**, in the north west of England.

£572,000 of funding was provided by the Department of Health's '*Health and Social Care Volunteering Fund*' to pilot Over2You in 6 Local Authority Areas spread across the NHS North Commissioning Area between 2014 and 2017. SYHA are delivering Over2You in Barnsley, Rotherham & Sheffield; Gentoo are delivering it in Sunderland; and SVHA are delivering it in Bolton and Rochdale.

At the heart of the Over2You is a network of peer-volunteers with current or recent experience of the health and social care system. These volunteers have been trained to deliver information sessions and short courses on patient rights and advocacy skills to health and social care service users, and undertake person-centred quality audits in health and social care settings.

The Centre for Regional Economic and Social (CRESR) at Sheffield Hallam University was commissioned to carry-out an independent evaluation of Over2You. This report provides a final assessment of Over2You's achievements across the three years of the project.

It follows an interim evaluation report produced in 2016. The remainder of the report is structured as follows:

- section 2 discusses the aims of Over2You and the key activities delivered by the project in each area
- section 3 provides an assessment of the outcomes of Over2You, focussing on volunteers, information and advocacy sessions, and quality audits
- section 4 discusses lessons from the programme for volunteering within the health and social care system
- section 5 is the conclusion, providing a summary of main findings of the evaluation and recommendations for policy and practice.

What did Over2You aim to achieve?

This section provides an overview of what Over2You aimed to achieve between 2014 and 2017. It is based on a review of key project documentation and various discussions with key staff since the project's inception. It begins by summarising the key activities being delivered by Over2You before discussing the main outcomes that the project aims to achieve and providing a summary of the actually outputs delivered by each partner over the course of the project.

2.1. Key Over2You activities

The original application to the Department of Health's Health and Social Care Volunteering Fund sets-out a series of ambitious objectives for Over2You. These fall into five broad areas of activity each of which is outlined below.

Over2You volunteers

Over the course of the project 225 volunteers will be recruited, inducted, trained and supervised. Volunteers are drawn from current or recent health and social care service users or people who have friends and family members receiving care.

Mentors

The Over2You partners are recruiting 43 current or former healthcare professionals to act as mentors to Over2You volunteers.

Information sessions

Over2You volunteers are co-designing and co-delivering information sessions to at least 600 health and social care services users, and their family and friends. These bit-sized sessions aim to raise awareness of user rights and care quality and are delivered via outreach in GP surgeries, hospitals, care homes and supported housing schemes.

Advocacy sessions

Over2You volunteers are co-designing and co-delivering sessions on advocacy skills to at least 216 health and social care services users, and their family and friends. These short courses aim to enable users to self-advocate and give family and/or friends the skills & confidence to speak-up on the user's behalf.

Quality audits

Over2You volunteers are carrying-out 262 quality audits in health and social care settings. Health and social care providers and commissioners, along with service users and their family members, are able to request audits. Through the audits volunteers work with service users and their families to define what quality means to them and audit the specific services and settings to assess whether these standards are being met. Recommendations are made as to improvements that could be made with follow-up visits after six and twelve months to understand any changes or improvements implemented.

The Over2You approach to auditing is designed to be distinctive in two important ways. First, it's person-centred, meaning quality measures are co-produced with service users their families. Second, Over2You volunteers do not only audit core quality standards but consider the wider wellbeing of service users as well. Through the 'Five Ways to Wellbeing'¹ Over2You volunteers assess whether patients have sufficient and appropriate opportunities to Connect, Be Active, Keep Learning, Take Notice and Give in ways that have a positive impact on their well-being.

A wider objective for Over2You is that, in the longer-term, its actives can be sustained through a social enterprise model at an area level. In the final year of the Over2You project the partnership will undertake a feasibility study and develop a business plan to explore the long term potential of the Over2You model.

2.2. Key Over2You outcomes

An early task for the evaluation was to map key stakeholders in Over2You and identify the outcomes the project was aiming to achieve for them. Four key stakeholders were identified:

- **Over2You customers** (and their family members/carers) who have requested quality audits or attended an information and/or advocacy session: the expected outcomes are associated with an overall improvement in the quality of their care, higher expectations of their care, and greater control over their care.
- **Over2You volunteers** involved in delivering quality audits and information and/or advocacy sessions: the expected outcomes are associated with improvements in their personal health, well-being and quality of life.
- **Over2You mentors** who provide advice and support to volunteers: the expected outcomes are associated with their own personal development and satisfaction alongside the hope that they will gain a more rounded understanding of care quality that can fed back into their own professional settings.
- **Health and social care commissioners/providers** who receive Over2You quality audits and/or whose patients attend information and/or advocacy sessions: the expected outcomes are associated with improved quality and standards in their own settings and an improvement the health and well-being of their patients.

Appendix 1 provides a more detailed overview the outcomes identified for each stakeholder, the timeframe in which the outcome will be achieved and whether the outcome will be measurable through the evaluation. Appendix 2 provides the evaluation methodology.

¹ <http://www.fivewaystowellbeing.org/>

2.3. Headline outputs and activities

The previous section highlighted some of the key Over2You outputs and activities and the numbers the project hoped to achieved over three years. Table 2.1 provides an overview of progress towards these targets broken down by year and by partner. Overall this shows that by the end of year two Over2You had:

- undertaken **297 quality audits** against an overall target of 297, 82 of which had agreed to a process of ongoing review (target 102)
- involved **223 new volunteers** against an overall target of 198
- involved **54 healthcare mentors** against an overall target of 39
- had **526 participants at information and advocacy sessions** against and overall target of 600

Overall then, the Over2You project has made considerable progress against some stretching targets. Importantly, in the context of the wider Department of Health 'Health and Social Care Volunteering' fund, it **exceeded its target for volunteers and peer mentors**. Also, as the project was late to start, DoH have allowed SYHA a further year to meet the targets and it is anticipated that all targets will have been exceeded by the end of 2017/18 (i.e. year 4).

Table 2.1: An overview of Over2You outputs and activities

	SYHA			St Vincent's			Gentoo			Total	Target	Variance +/-
	Y1	Y2	Y3	Y1	Y2	Y3	Y1	Y2	Y3			
No of quality audits	17	72	35	20	38	20	12	42	18	274	297	-23
No of quality audits Reviewed	0	14	23	0	6	7	0	12	20	82	102	-20
No of volunteers participating in Over2You	17	34	30	31	22	23	15	26	25	223	198	+25
No of Over2You mentors recruited	3	4	25	7	4	0	3	3	5	54	39	+15
No of information and advocacy session participants	26	94	85	0	93	36	0	98	94	526	600	-74

Source: SYHA Over2You project monitoring

Over2You outcomes

This section provides an overview of the outcomes of Over2You. It is based on surveys undertaken with volunteers and participants in information and advocacy sessions, qualitative interviews with service users and stakeholders, and a review of a sample of quality audit reports. It covers outcomes for volunteers, outcomes for service users and their families, and outcomes for other key stakeholders in the project.

3.1. Outcomes for Over2You volunteers

Evidence about outcomes for volunteers was collected from two sources: baseline and follow-up questionnaires completed by volunteers and qualitative interviews and focus groups with volunteers and project leads in each area. Analysis focussed on three sets of outcomes: well-being and mental health, general health, and volunteering and work, as well as capturing broader reflections about the Over2You volunteering role. Evidence for each of these is presented in the following sections.

Over2You volunteers

Quantitative data

All volunteers involved with Over2You are asked to complete a questionnaire when they join the initiative and then again at several points in time whilst they are volunteering to see if any changes have occurred. The questionnaire covers:

- **Health, mental health, and well-being**, drawing on standardised survey measures such as EQ5D for health related quality of life, the Warwick Edinburgh Mental Well-being Scale, and the Office for National Statistic's headline well-being measure (life satisfaction).
- **Understanding of the health and social care system**, including confidence to navigate services and advocate on behalf of others.
- **Experience of volunteering and work**, including soft outcome measures of progress towards the labour market.

In total 61 volunteers completed both the initial questionnaire and at least one follow-up questionnaire by March 2017. The analysis presented below looks at the baseline and latest response received from these 61 volunteers and examines any change which has occurred. In considering these outcomes it is important to recognise that Over2You volunteers were themselves users of a range of health and social care services, include some with complex long-term physical health conditions and some with mental health problems and mild to moderate learning difficulties.

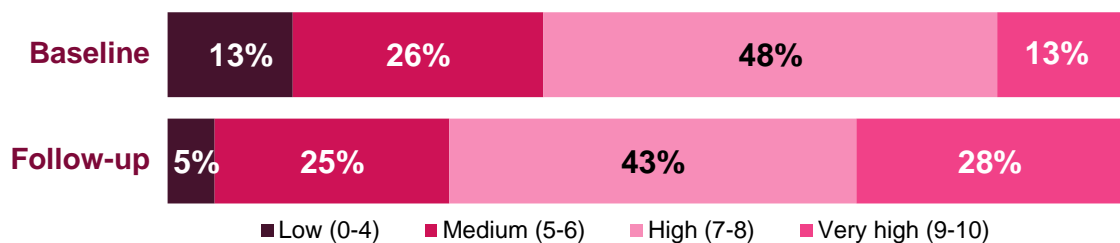
Well-being and mental health

Respondents were asked how satisfied they are with their life nowadays on a scale of 0-10 where 0 is completely dissatisfied and 10 is completely satisfied

Figure 3.1 below shows how just 62 per cent of volunteers gave a 'high' or 'very high' score to this question at baseline; rising to 71 per cent of volunteers at the follow-up stage.

Nationally, 29 per cent of people report 'very high' well-being (ONS, 2017) compared to 13 per cent of Over2You respondents at baseline. This indicates that Over2You volunteers were less likely to have 'very high' well-being than the wider population when they first engaged with the project. Encouragingly at the follow-up stage the proportion reporting 'very high' well-being is similar to the national figure.

Figure 3.1: Satisfaction with your life nowadays



Base: 61 (Baseline), 61 (Follow-up)

As figure 3.2 illustrates, half of those completing a follow-up survey recorded a more positive well-being score than when they were initially surveyed.

Figure 3.2: Satisfaction with your life nowadays - individual change



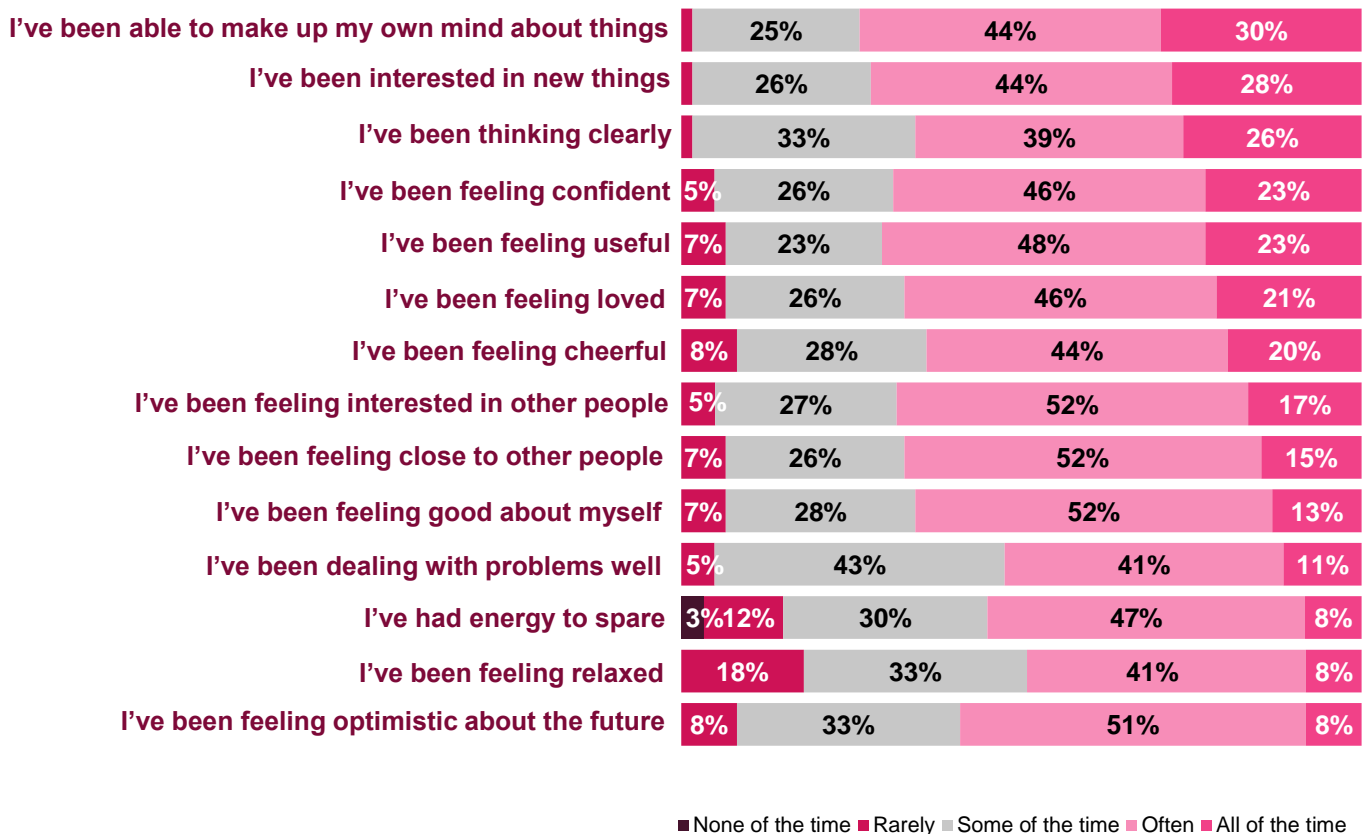
Base: 61

Respondents to the questionnaire were also shown a list of statements about feelings and thoughts and were asked to identify how often these statements applied to themselves over the two weeks before they were surveyed both at the baseline and follow-up stage. These statements and response categories form the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) which is used to assess a population's mental well-being.² Figure 3.3 gives a breakdown of responses received to each statement at the baseline. This shows that over half of respondents gave 'all of the time' or 'often' as a response to every statement except 'I've been feeling relaxed'. Figure 3.3 shows that at the follow-up stage 54 per cent or more gave 'all of the time' or 'often' as a response to every statement.

² The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Executive National Programme for improving mental health and well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

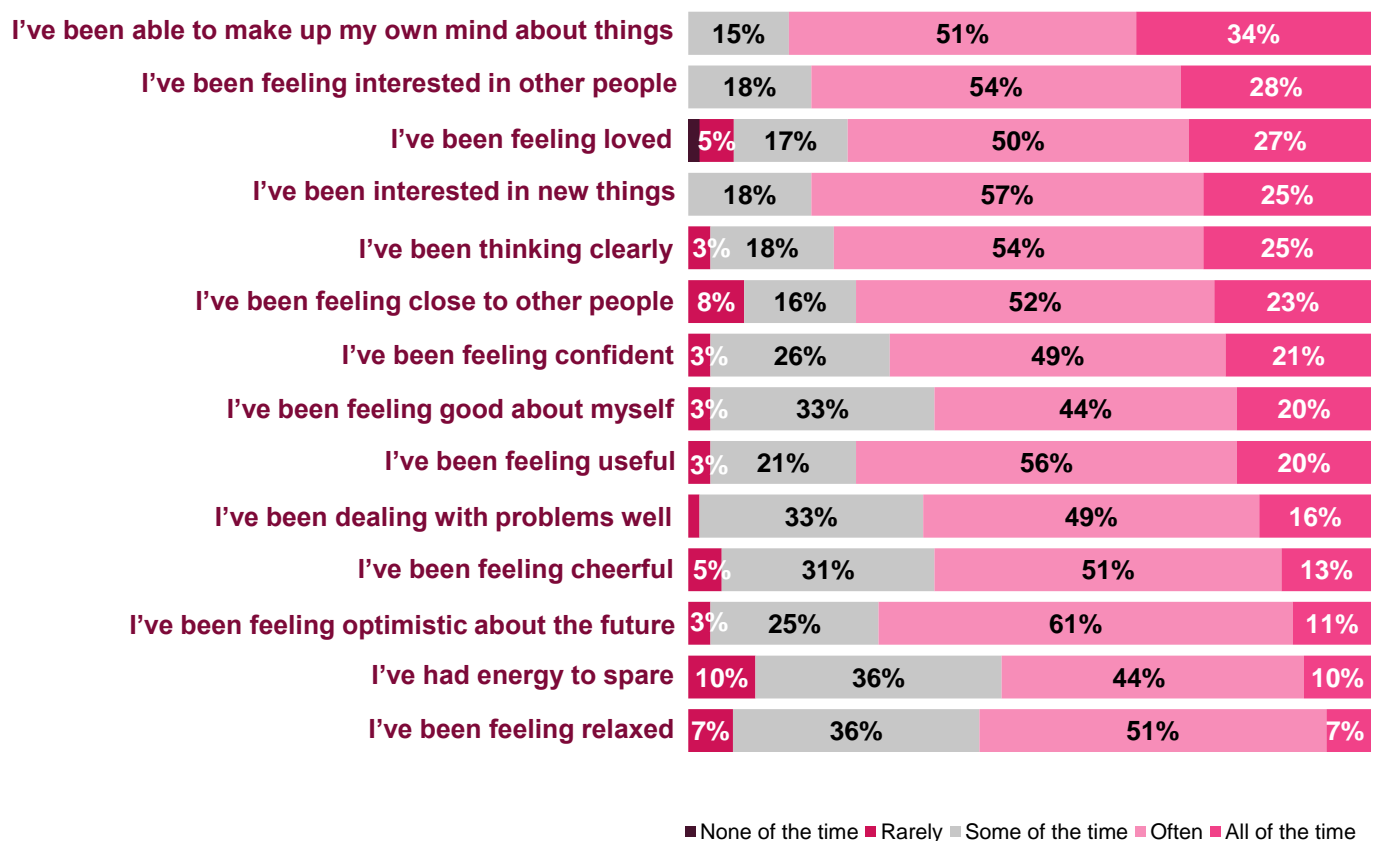
WEMWBS has been designed to give an overall score for mental wellbeing. The total score is calculated by summing the score received for each of the 14 statements. The score for each statement ranges from one ('none of the time') to five ('all of the time'). The minimum score therefore is 14 and the maximum is 70. The mean WEMWBS score for respondents at the baseline stage was 52 increasing slightly to 53 at the follow-up stage.

Figure 3.3: Feelings and thoughts over the last 2 weeks (WEMWBS) - Baseline



Min. base: 60

Figure 3.4: Feelings and thoughts over the last 2 weeks (WEMWBS) - Follow-up



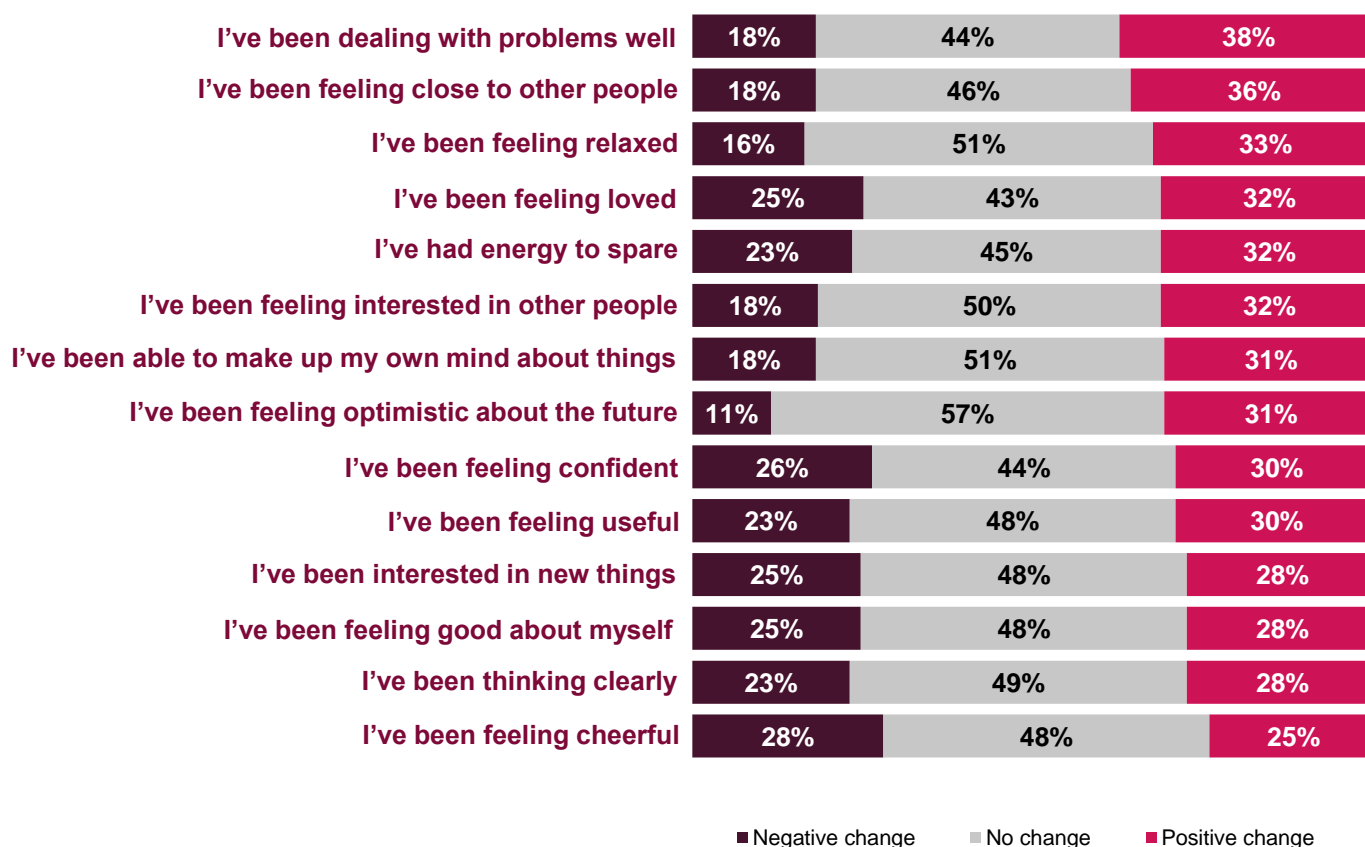
Min. base: 60

Figure 3.5 provides an overview of how volunteers scores changed between baseline and follow-up. The areas where volunteers were most likely to progress were:

- Dealing well with problems
- Feeling close to others
- Feeling relaxed
- Feeling loved

On only one of the 14 measures - feeling cheerful - did the number of people reporting negative change exceed the number of people of reporting positive change.

Figure 3.5: Feelings and thoughts over the last 2 weeks (WEMWBS) - individual change



Min. base: 60

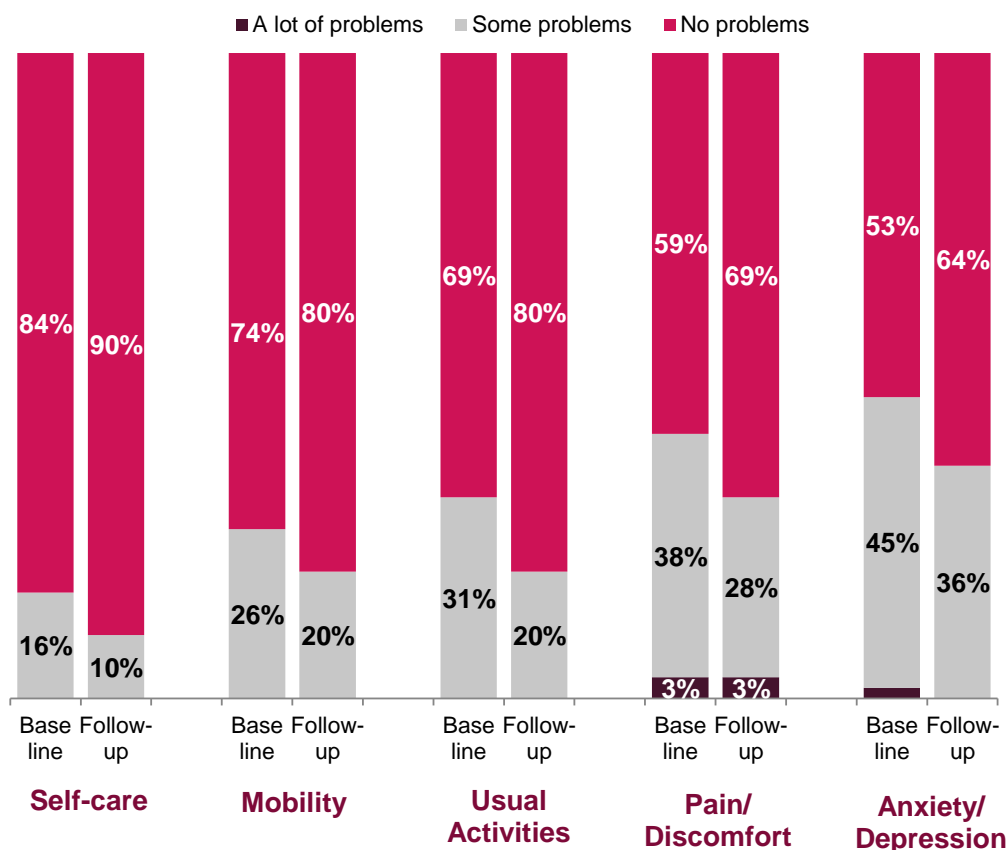
Health

Volunteers were asked about five different aspects of their health: mobility, self-care, usual activities, pain/discomfort and anxiety/depression at both the baseline and follow-up stages. They were asked to select from a list of three options which one best described their health 'today' i.e. the day they were surveyed. For each aspect one option indicated that a respondent had 'no problems' another indicated 'some problems' and a third indicated 'a lot of problems'. These five aspects and response categories make up the EQ-5D which is a standardised instrument for use as a measure of health outcome. Figure 3.6 shows that at the baseline stage over two-thirds of respondents to the questionnaire indicated they had 'no problems' with mobility and usual activities, while over four-fifths stated they had 'no problems' with self-care. The picture is less positive for pain/discomfort and anxiety/depression where over half, but less than three-fifths, indicated they had 'some problems'.

Encouragingly the proportion giving 'no problems' as a response increased on every measure at the follow-up stage.

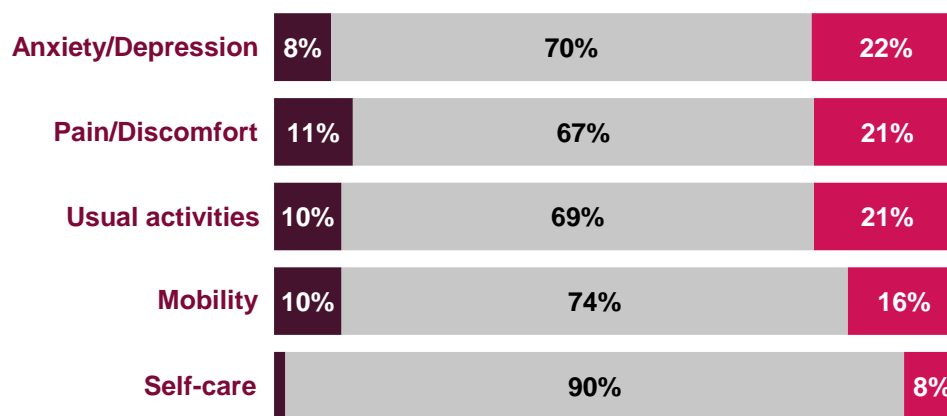
EQ-5D like WEMWBS has been designed to give a single score, this time for health status. Results from each of the five different aspects are combined to give a single score which ranges from minus 0.5 to 1. The score takes into account the country in which responses have been collected. The mean EQ-5D score for respondents at the baseline stage was 0.795 and 0.843 at the follow-up stage. Two-fifths of volunteers reported an improvement in their Health Related Quality of Life, while 22 per cent reported deterioration.

Figure 3.6: Volunteers perception of health on the day surveyed (EQ-5D)



Min. base: 60 Figure 3.7 shows that over one fifth felt more positive about anxiety/depression, pain/discomfort and usual activities at the follow-up stage in comparison to the baseline. The proportion was lower for mobility and self-care.

Figure 3.7: Volunteers perception of health on the day surveyed (EQ-5D) - individual change

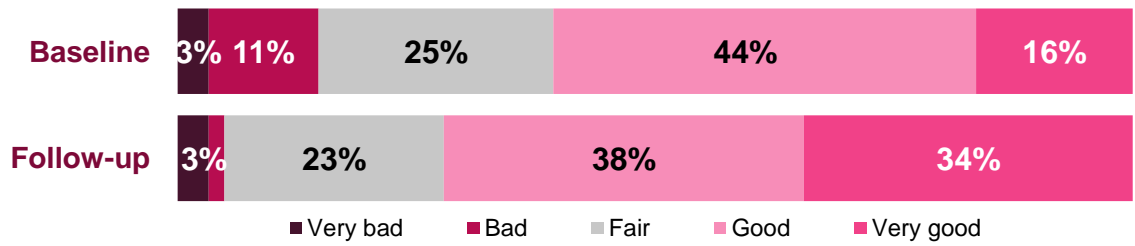


Min. base: 60

Legend: ■ Negative change ■ No change ■ Positive change

When asked about their health in general, just over six out of ten volunteers described their health as 'very good' or 'good' the initial time they were surveyed. At the follow-up stage this figure was just over seven out of ten.

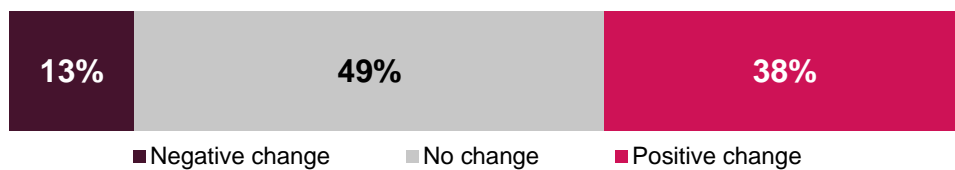
Figure 3.8: Health in general



Base: 61 (Baseline), 61 (Follow-up)

As figure 3.9 shows, almost two-fifths of respondents gave a more positive score to this question at the follow-up stage than at the baseline.

Figure 3.9: Health in general - individual change



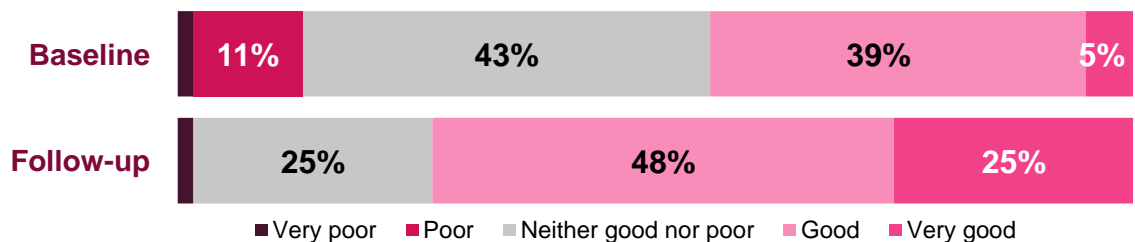
Base: 61

Just over two-fifths (41 per cent) of volunteers said at the baseline stage that their day-to-day activities are limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (30 per cent limited a little, 11 per cent limited a lot). At the follow-up stage the proportion was lower (33 per cent, with 26 per cent limited a little and seven per cent limited a lot).

Health and social care system

Over two-fifths of respondents, when asked to rate their knowledge and understanding of the health and social care system, rated it as 'very good' or 'good' at the baseline stage. This proportion increased to almost three-quarters at the follow-up stage.

Figure 3.10: Knowledge and understanding of the health and social care system



Base: 61 (Baseline), 60 (Follow-up)

Half of respondents felt more positive at the follow-up stage about their knowledge and understanding of the health and social care system when compared to when they were initially surveyed.

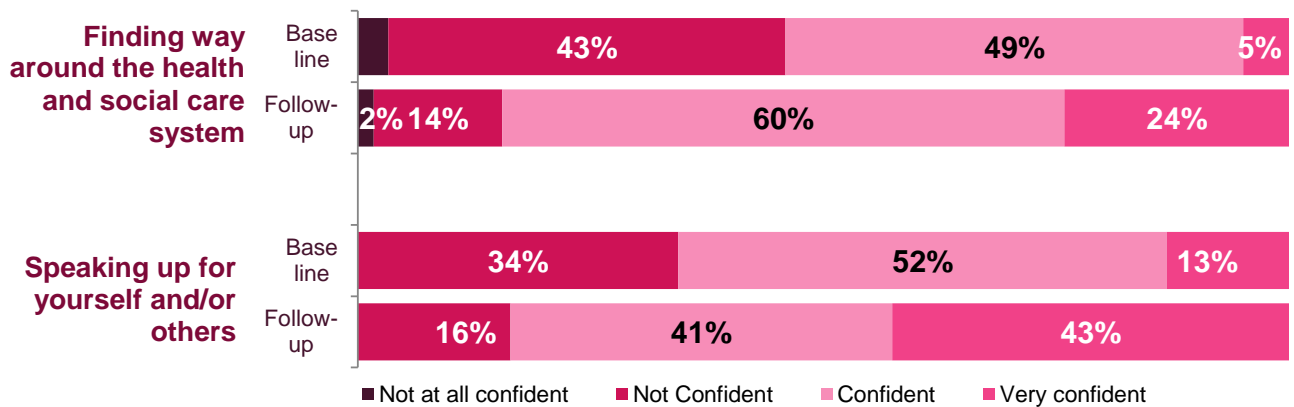
Figure 3.11: Knowledge and understanding of the health and social care system - individual change



Base: 60

Respondents were asked how confident they were in finding their way around the health and social care system and how confident they were with speaking up for themselves and/or others with issues to do with the health and social care system. Figure 3.12 below shows that almost two-thirds of volunteers felt confident at the baseline stage with speaking up for themselves and/or others and over half felt confident with finding their way around the system. Both these proportions increased at the follow-up stage, to over four-fifths reporting confidence on both measures.

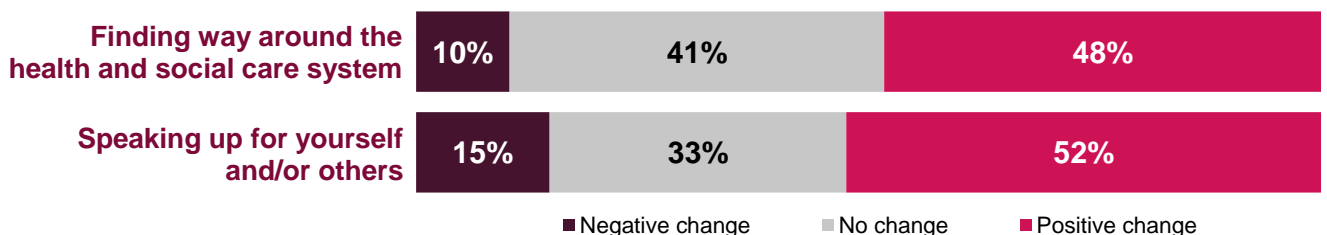
Figure 3.12: Confidence with a) finding your way around the health and social care system and b) speaking up for yourself and/or others about issues to do with the health and social care system



Base: Finding way around - 61 (Baseline), 58 (Follow-up)
 Speaking up - 61 (Baseline), 61 (Follow-up)

Over half of the responding volunteers gave a more positive response than at the baseline when asked about speaking up for yourself and/or others, while just under half indicated they were more confident about finding their way around the system than at the baseline stage.

Figure 3.13: Confidence with a) finding your way around the health and social care system and b) speaking up for yourself and/or others about issues to do with the health and social care system - longitudinal change

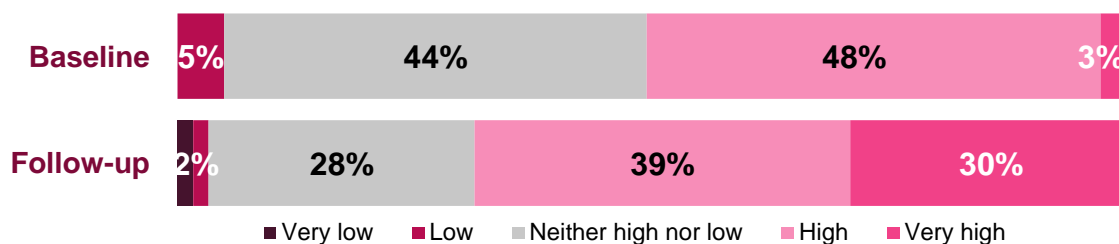


Base: 58 (Finding way around), 61 (Speaking up)

When asked to describe their overall expectations about the health and social care services they receive, almost half of volunteers said they had 'high' or 'very high'

expectations at the baseline stage. At the follow-ups stage the proportion was higher with almost seven out of ten volunteers having 'high' or 'very high' expectations.

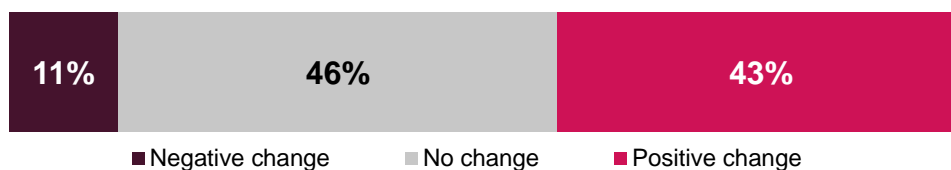
Figure 3.14: Overall expectations about the health and social care services volunteers receive



Base: 61 (Baseline), 61 (Follow-up)

Over two-fifths of respondents when asked about their expectations of the health and social care services gave a more positive response to this question than at baseline: 43 per cent of respondents had higher expectations than at the baseline stage.

Figure 3.15: Overall expectations about the health and social care services volunteers receive - individual change



Base: 61

Volunteering and work

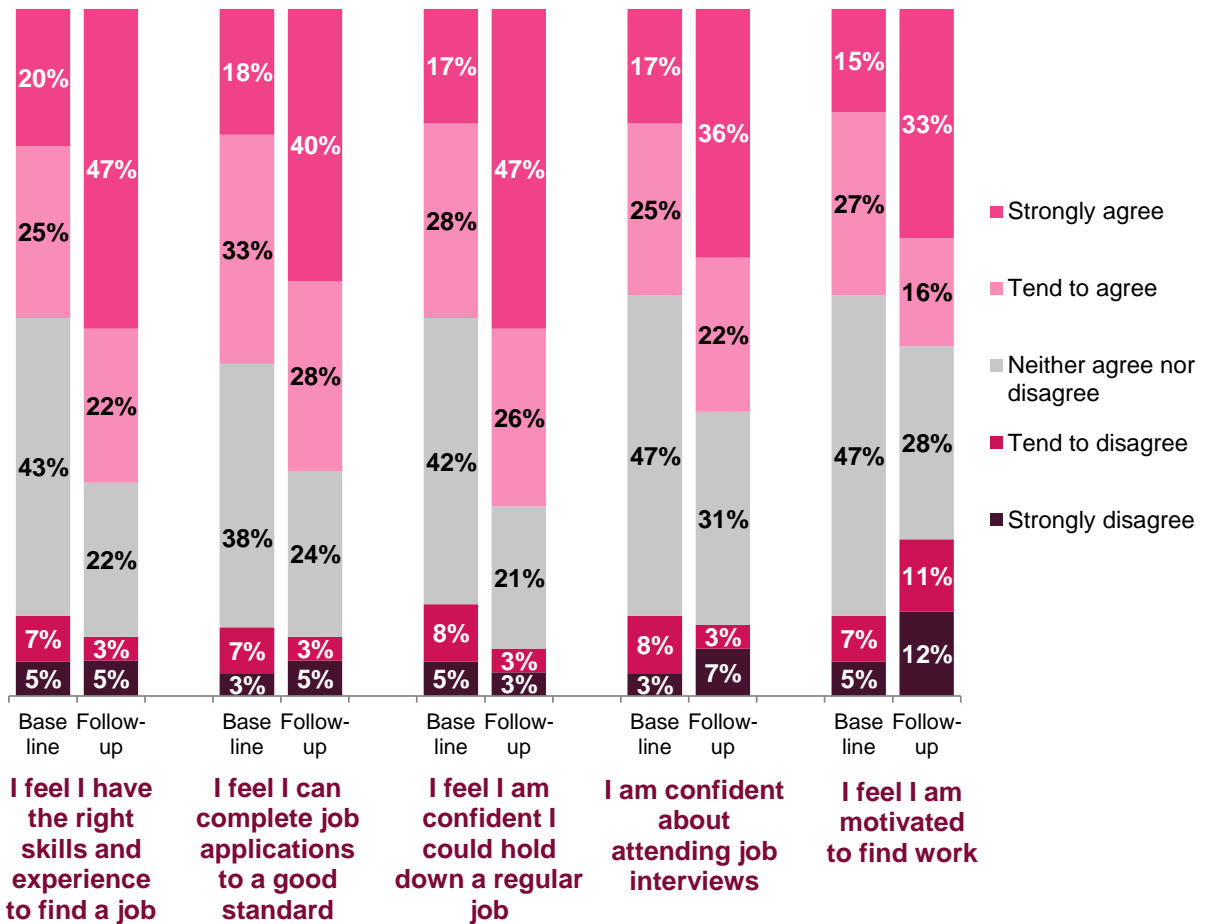
Volunteers were asked a series of questions about volunteering and work:

- Over three-fifths (62 per cent) of volunteers had not been involved in formal volunteering prior to getting involved in Over2You.
- These volunteers were also asked how often over the last 12 months they had been involved in formal volunteering. Just over two-fifths (41 per cent, n=9) said they were involved at least once a week, 27 per cent (n=six) gave less than once a week but at least once a month as a response and 32 per cent (n=seven) said they had been involved less than once a month.
- Just over one quarter of volunteers said that they had been involved in informal volunteering prior to getting involved in Over2You, by providing unpaid help or support for someone who was not a relative.
- Two-fifths (41 per cent, n=seven) of those who had previously been involved in informal volunteering said that over the last 12 months they had been involved in informal volunteering at least once a week. 29 per cent (n=five) gave less than once a week but at least once a month as a response while the same proportion said they had been involved less than once a month.

Respondents were asked to what extent they agreed or disagreed with a series of statements about being able to find or carry out paid work in the future. Figure 3.16 below shows that between two-fifths and just over one half of responding volunteers

agreed with each of the statements listed at baseline. The proportion agreeing increased at the follow-up stage on every measure.

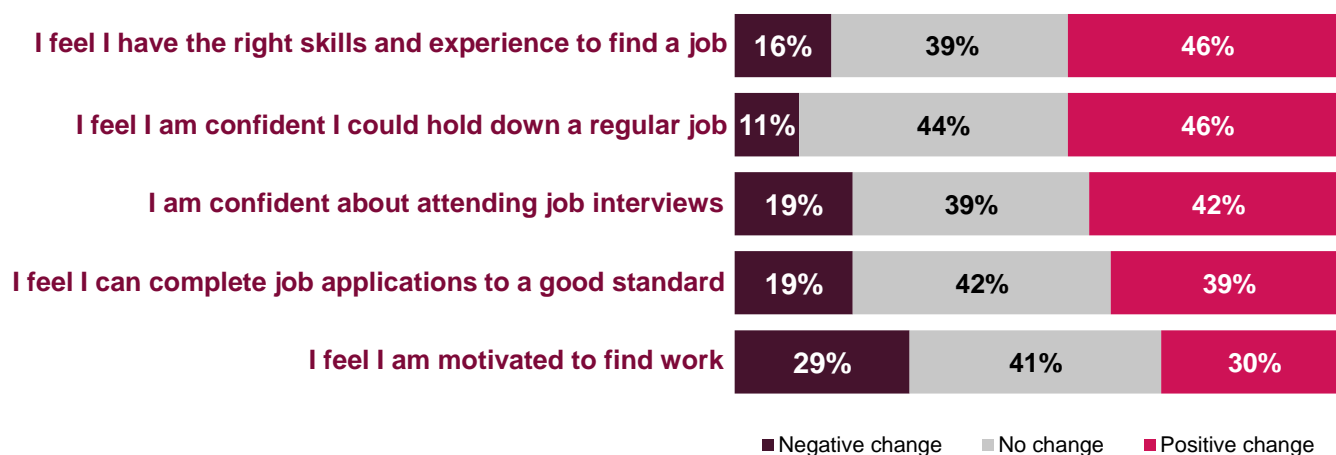
Figure 3.16: Agreement with statements about being able to find or carry out paid work



Min. base: 60 (Baseline), 57 (Follow-up)

Almost two-fifths or more of respondents gave a more positive response than the baseline on every measure exploring respondents' ability to find or carry out paid work in the future. The exception was when respondents were asked if they felt motivated to find work. Only three out of ten respondents gave a more positive response to this question, similar to the proportion reporting a more negative score.

Figure 3.17: Agreement with statements about being able to find or carry out paid work - individual change



Base: 56

Volunteers responding to the follow-up questionnaire were asked if their involvement as an Over2You volunteer had contributed to them getting any form of paid work. One fifth (12 respondents) agreed that their involvement had contributed to them getting work: eleven respondents in a related area to the activities that they had been undertaking with the project and one in an unrelated area.

Qualitative data

The qualitative interviews and focus groups explored the role of the Over2You volunteer from the perspective of the volunteers themselves and key stakeholders in the project. Through these data a number of themes emerged which are discussed below.

Motivations for becoming an Over2You volunteer

Volunteers discussed a range of motivations for becoming involved in Over2You. Key amongst these was the desire to 'give something back' and help those less fortunate than themselves.

"If you've got spare time on your hands then you should dedicate it to something important"

A number of volunteers also mentioned that they were attracted to Over2You because they wanted to play a role in changing the health and social care system. As service users themselves, and with family members in receipt of services, they had experienced frustration navigating and engaging with services and wanted an opportunity to support others in similar situations.

"Giving people a voice who wouldn't normally speak-up...people with mental health issues drug and alcohol problems...they don't know how to speak up...the results should put things in place that will help everyone in these circumstances"

A number of volunteers were tenants of, or knew tenants of, the Housing Association leading Over2You in their area, and valued the chance to volunteer for a project to which they had identified a close personal link.

Louise's story

Louise has been volunteering since the age of 12 on a range of projects including eco-groups, charity shops, homeless shelters, and mentoring in schools. She wanted to carry-on volunteering after university. *"There's not enough funding going in to the social sector so that's why I want to volunteer"*. Over2You was in her area and she knows some tenants of the housing association. Louise valued the opportunity to influence health and care services locally. *"A lot of people (in health and care services) don't have a voice but when its consolidated into a report that voice is going to get heard"*

Training and support for Over2You volunteers

Volunteers valued the training and ongoing support provided by Over2You. They recognised that there were a range of complex issues within the health and care system and that effective training was essential to help them understand and deal with these appropriately. Key amongst these was safeguarding and the need to understand this in the context of service users as well as in their own position as advocates of vulnerable people within the health and social care system. Volunteers were universally positive about the support they received from the Over2You project lead in the area and were keen to emphasise how important it was to have a skilled and experienced staff member in this role.

Benefits for volunteers

Volunteers emphasised the sense of fulfilment that they gained from being part of Over2You and the opportunity it provided to support others less fortunate or whose circumstances were more challenging than theirs.

"I just get great satisfaction out of it because it's a big bad world out there and people have goals...but have great difficulty in achieving those goals...not everybody's life is as easy as yours"

"Having the opportunity to speak to people you wouldn't normally speak to...finding out the hidden stories...it's amazing to see the qualities of people and get that engagement with the community."

"You do get paid...but not in money...you get paid in satisfaction"

"You learn a lot...how to speak to people...how to be patient...and then there's the satisfaction you get back."

When asked about the personal benefits they gained from participating in Over2You volunteers focussed on practical things such as communication and listening skills and the opportunity to access a wider range of opportunities.

"I've learnt that I've got the skill to relate to people a bit more...getting people to open up...that's a quality that maybe doesn't come as easily to some people"

"I've certainly developed my skills of listening to people...and coaxing and developing people to understand that they are able to do certain things."

There was a sense that the skills that volunteers had developed could have wide ranging benefits, including for employment.

"I think with volunteering...you pick up skills and training...and that could lead to job opportunities"

"I'm looking for full-time work and because I'm from a housing background it gives me something to put on a CV"

They were less explicit about direct health, mental health and well-being benefits of participating in Over2You. However, they did identify a range of salutogenic benefits (social determinants) associated with positive health and well-being such as building social connections, confidence and self-esteem and an increase personal sense of coherence (i.e. self-efficacy).

"I'd been off work due to stress...and personal reasons...it boosted my confidence"

Volunteering beyond Over2You

Over2You is a time limited programme and volunteers were disappointed that the project would come to an end in 2017. However, they consistently said that they would continue to volunteer beyond the life of the project if suitable opportunities could be identified, and many made an explicit commitment to continue volunteering in a health and social advocacy role.

"It's made me want to do more volunteering...I become involved in a health champions project...that's providing training on drug and alcohol, and mental health, lots of things like that...and I've got some contacts to see about doing volunteering with young people in my area...so its pushed me in another direction"

The transformational nature of volunteering

Volunteers consistently highlighted the personally transformational experience of volunteering with Over2You. Many volunteers had experienced prolonged ill-health (including mental health issues) and had participated in Over2You as part of their recovery process. These transformation experiences are highlighted in the quotes below and Craig's story that follows.

"What you've got in you...it helps to bring that out...and learn new areas you can excel in areas that you probably wouldn't know (if you weren't volunteering)"

"I'm now doing spectacular things...I did a presentation at an information session...since I was ill would never stand up in front of even a few people...and now I'm quite happy to stand up in front of quite a number of people and do the information sessions...and that's pretty spectacular for me"

"A lot of people think volunteering, oh that's charity shops and sitting around drinking a brew all day...but what we're doing is actually making an impact"

Craig's story

Craig started volunteering with Over2You while he was recovering from a serious mental illness. *"I was getting better...but still doing a lot of sitting around...I thought this would get me out and about without it being full time...to improve my own confidence and speaking...I was also dead interested because I'm one of the ones who when they visit the doctor always moans about them being late or something, and I thought it would be really interesting to see what people thought on the frontline."*

Craig's volunteering for Over2You has increased his confidence no end. He is now a resident board member for his Housing Association: *"I went to the full committee (board) meeting...with the Chief Executive...I was confidently putting my point across...I think now I'm too much of a loud voice so they've put me on the committee as a resident member"*

Summary

Overall then, the data has highlighted a number of positive outcomes for Over2You volunteers. These include:

- Improvements in **general well-being** for around half of volunteers, and improvements in **mental well-being** for between a fifth and two-fifths across a range of different measures.
- Improvements in **health related quality of life** for around a fifth of volunteers, and improvements in **general self-reported health** for around two-fifths of volunteers.
- **Volunteering through Over2You was highly additional.** Almost two-thirds had not been involved in formal volunteering prior to getting involved in Over2You but nearly half are now volunteering at least once a week a further quarter are volunteering at least once a month.
- Indications that some volunteers **moved 'closer' to the labour market** following their involvement with Over2You. Engaging in volunteering helped improve the skills, experience, confidence and motivation related to finding paid work for between a third and nearly half of volunteers across a series of different measures.
- There is very good evidence that participants' **knowledge, understanding and confidence about the health and social care system, along with their expectations of it**, improved considerably following their engagement with Over2You. Between two-fifths and half of volunteers reported improvements across a range of measures.

The positive benefits of volunteering for Over2You are reinforced by the qualitative evidence, which, in particular highlights the transformational benefits of volunteering. By volunteering for Over2You people with longstanding health and mental health problems were able to use it as part of their recovery process and went on to achieve things that they would not have thought possible prior to their involvement with the project.

3.2. Outcomes for health and social care service users

Evidence about outcomes for health and social care service users (and their carers) was collected from participants in the information and advocacy sessions, where participants completed a short questionnaire, and captured from volunteers based on their experiences of delivering audits and information and advocacy sessions.

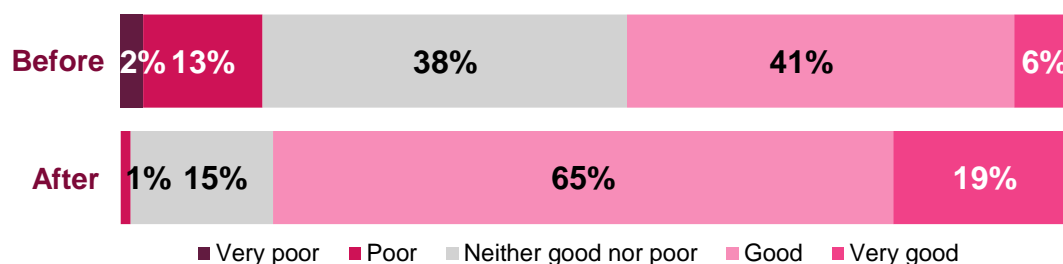
Information and advocacy sessions

People attending information and advocacy sessions were asked to complete a short questionnaire, with some questions answered before the sessions, and others once the sessions were complete, in order to understand any immediate changes associated with the sessions. The analysis presented explores responses collected from sessions held between September 2015 and March 2017.

Knowledge and understanding of the health and social care system

Respondents were asked before attending the Information & Advocacy Sessions how they would rate their knowledge and understanding of the health and social care system. They were asked the same question again following the end of the session. Figure 3.18 below shows how less than half of people felt their knowledge and understanding before the session was 'good or very good' but, after the sessions this had increased to more than four-fifths.

Figure 3.18: Knowledge and understanding of the health and social care system before and after attendance

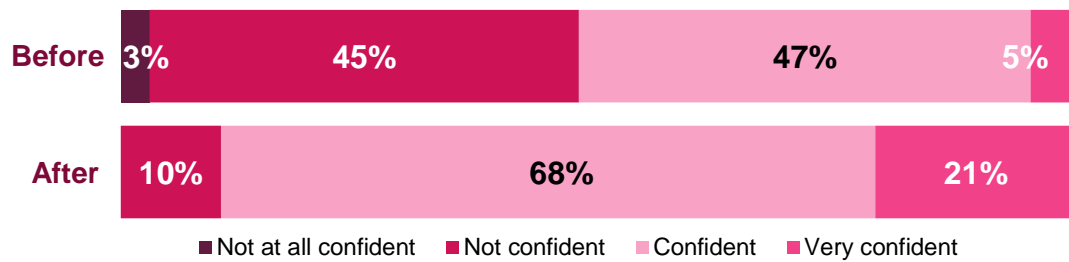


Base: 296 (Before), 288 (After)

Confidence finding their way around the health and social care system.

Respondents were also asked before and after the sessions how confident they were in finding their way around the health and social care system. As Figure 3.19 shows, only around half of respondents felt confident before the sessions but after the sessions a much larger majority of attendees (89 per cent) said they felt confident.

Figure 3.19: Confidence with finding your way around the health and social care system

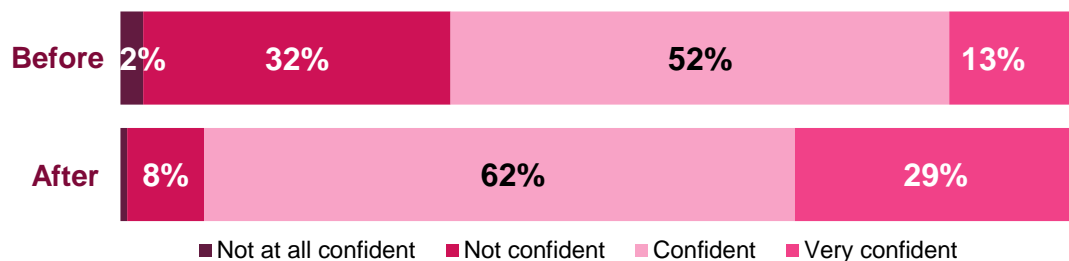


Base: 296 (Before), 287 (After)

Confidence speaking up for themselves and/or others with issues to do with the health and social care system

When asked before the sessions how confident they were with speaking up for themselves and/or others with issues to do with the health and social care system, almost two-thirds of attendees said they were either 'confident' or 'very confident' but after the sessions this had increased to just over nine out of ten respondents who felt confident.

Figure 3.20: Confidence with speaking up for yourself and/or others about issues to do with the health and social care system

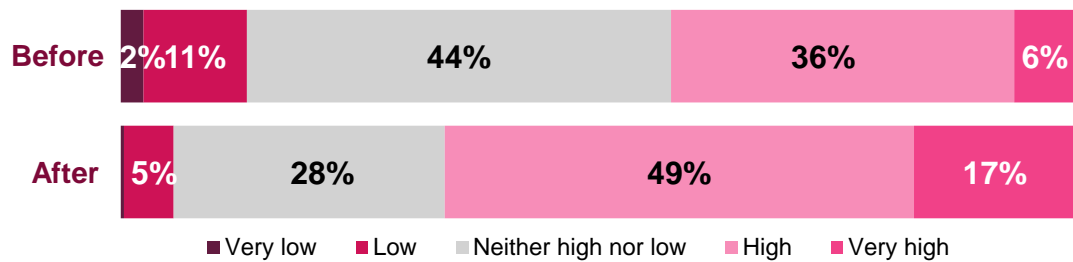


Base: 295 (Before), 286 (After)

Expectations the health and social cares services

Participants' expectations of the health and social cares services that attendees of the sessions also have increased following attendance at the sessions. Before the sessions just over two-fifths had either 'high' or 'very high' expectations, with this rising to two-thirds once the sessions were complete.

Figure 3.21: Overall expectations about the health and social care services that you receive

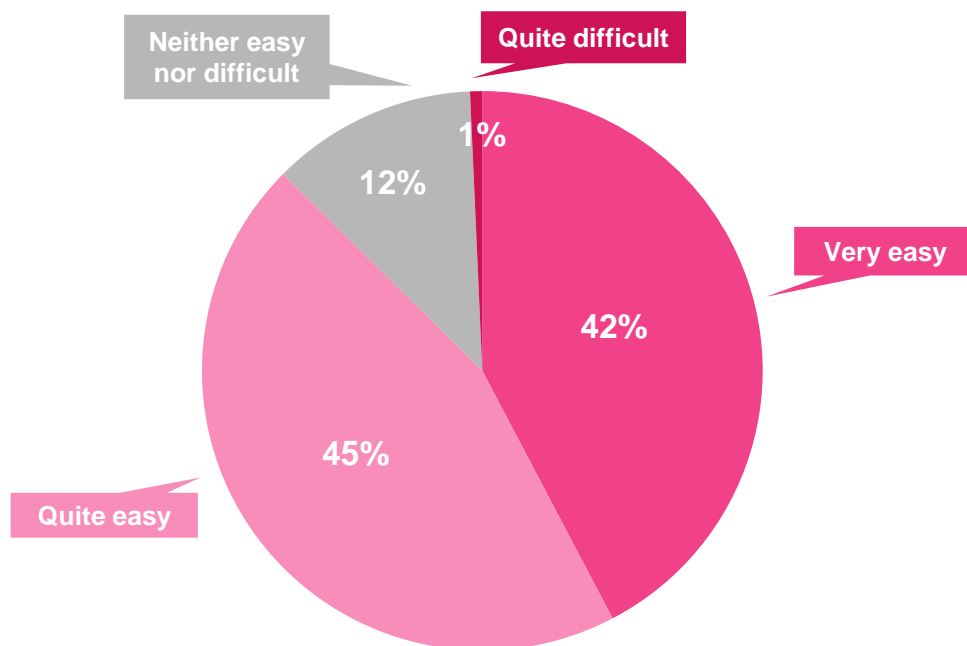


Base: 295 (Before), 289 (After)

Views about the information and advocacy sessions

Respondents were overwhelmingly positive when asked how easy or difficult they found it to understand the session they had attended. Just two respondents felt the session they attended was 'quite difficult' to understand with the majority (87 per cent) stating the sessions were either 'quite easy' or 'very easy' to understand.

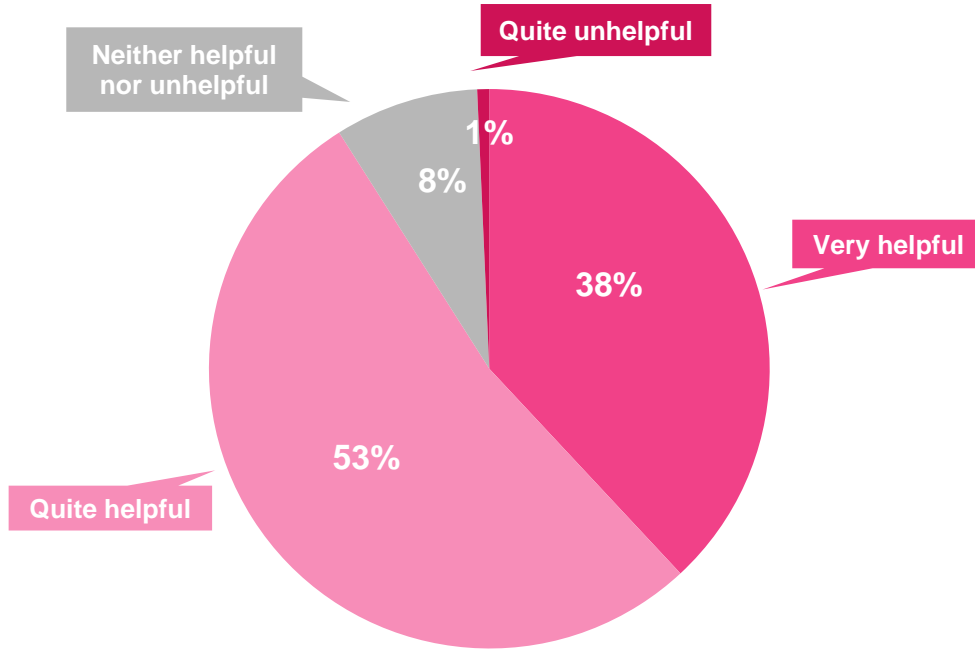
Figure 3.22: Ease or difficulty of understanding the sessions



Base: 286

The vast majority of respondents (91 per cent) also felt that having the sessions delivered by a health and social care service user like themselves was helpful. Just one respondent felt this was unhelpful.

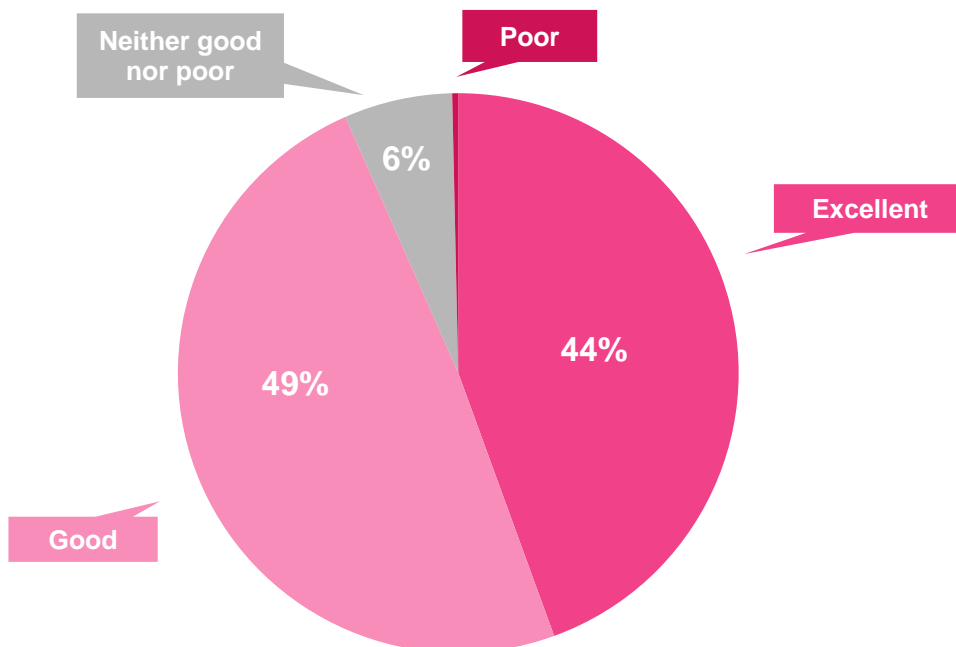
Figure 3.23: Helpfulness or unhelpfulness of the sessions being delivered by a health and social care service user



Base: 289

Positively, 93 per cent of respondents to the questionnaire rated the overall quality of the session they attended as either 'excellent' or 'good'. There was only one respondent who felt the quality of the session they attended was 'poor'.

Figure 3.24: Rating of the overall quality of the session attended



Base: 288

Qualitative data

The qualitative evidence from Over2You volunteers highlighted benefits for both the participants in the audit process and for volunteers themselves as users of health and social care services.

Audit participants

Volunteers discussed how participants in the audit process experienced real benefits from being involved. This was particularly the case for care home residents, who really seemed to value the opportunity for someone to talk to and be listened to about their experiences of receiving care.

"People are very reticent at first, but after 5-10 minutes of talking, when you've got rapport with them...and they know that they can say things in confidence about the things they've been moaning about for year, they love it"

"Once you've gained their trust they'll open up and say so much more than when you just give them a questionnaire to fill in...it's that one on one, when you sit and chat to them"

"The service users get an opportunity to sit and have a chat with you about their experience...quite often quite bad...and we can pass on information to them and help them out. People open up and you're actually writing down very important and confidential information...and they're so happy that someone's listening"

Over2You volunteers

As users of the health and social care system, and as carers or family members of other users, Over2You volunteers themselves developed a better understand of the system and felt better able to engage with and navigate it more effectively. Of particular importance was an increase understanding of and confidence to advocate for themselves and others around issues of concern.

"Sometimes I'm not necessarily happy with the care that's given...but I didn't know much about the services and how I could speak-up...so it was a great opportunity to learn about the whole healthcare system and see what could be changed"

Summary

Overall the data shows that participants in information and advocacy sessions reported improvements in their understanding of and confidence navigating the health and social care system having attended as session. They also reported improvements in confidence to advocate for themselves and others within the system, as well as greater expectations of the system as a whole. This reflects positively on the sessions as a vehicle for introducing service users to health and social care services and what they should expected and are entitled to as service users.

This is reinforced by the qualitative findings which demonstrate how audit participants and volunteers themselves gained significantly from the Over2You process. Volunteers in particular highlighted the importance of the process being user-led and understanding services from a service user perspective.

Lessons for health and social care volunteering

Over2You has been a unique and innovative project to empower service users to provide feedback and improve quality across the health and social care system. As such it is important that the evaluation draws out key lessons for policy makers and practitioners to inform future delivery. This chapter highlights a series of learning points based on the range of evidence gathered from project partners, volunteers, and wider stakeholders.

4.1. The potential of volunteers as independent user-led advocates

Over2You has highlighted the potential of volunteers to play an active role as user-led advocates of quality and effectiveness within the health and social care system. Their independence from both frontline service delivery and the statutory administrative and oversight functions of health and care services meant service users felt able to speak openly and honestly about their experiences without fear of reprisal.

However, it is important to recognise that in order to fulfil this role volunteers required considerable training and ongoing support. Training included statutory and legal issues (such as safeguarding), the nature of the health and social care system, and wider developmental needs, such as effective communication and listening. A number of volunteers expressed an interest in more opportunities to gain accredited training and qualifications through Over2You, particularly if they were transferrable or relevant to other health and care settings.

In addition, volunteers undertaking this type of work require strong support from a paid member of staff who can provide advice and guidance throughout the process, and be a source of formal and informal supervision (as with paid members of staff working in health and social care).

Importantly, the quality audit and review process undertaken by projects like Over2You should be viewed as additional and complementary to, not instead of, statutory regulation and oversight (e.g. the role of the Care Quality Commission).

4.2. Capturing a service user perspective

Over2You volunteers and wider stakeholders valued the project for its ability to capture a range of service user perspectives about health services and represent these to delivery and management staff. A common reflection from stakeholders involved in the evaluation was that, despite the range of statutory quality review and oversight functions that already exist, the voice of the service user was seldom sufficiently heard during these processes.

4.3. Low awareness and understanding of services and advocacy

The evaluation has identified low awareness and understanding of health and social care services and opportunities to advocate with the health and social care system. This was the case for Over2You volunteers, audit participants and attendees at information and advocacy sessions. The evaluation findings demonstrate how Over2You has successfully improved understanding and raised awareness for the people it has supported and engaged with, but the initially low levels of awareness and understanding could be indicative of a wider systemic issue within health and social care services that needs to be addressed.

4.4. The importance of qualitative perspectives

The quality audit and review process involved a primarily quantitative questionnaire but Over2You volunteers explained how they were able to use it as a guide for a broader set of qualitative discussions about health and care services. This illustrates how quantitative measures of quality, whilst important, can mask important qualitative detail about people's experience of services and how they can be improved. Volunteers were keen to emphasise the importance of service users' stories and narratives in explaining how services could and should be changed, and would have liked more opportunities to capture these during the audit and review process.

4.5. Understanding outcomes for volunteers over a longer time span

This evaluation has necessarily captured outcomes over a relatively short time period. Although it has been possible to identify positive outcomes many need to be understood over a longer time span. This is particularly the case for the health and well-being of volunteers, as for many, participating in the project was part of a recovery from poor health, mental health and well-being, the full benefits of which may not be realised for a number of years. Similarly, for the services audited and reviewed, engaging with Over2You was start of a long journey to improve services and take a more user oriented approach.

4.6. The role of housing associations in health and social care services

Many housing association tenants are also health and social care service users so it makes sense for housing associations to play a central role in the design and delivery of health and social care services. Over2You provides an example of how housing associations can support their tenants to understand and engage with key services through volunteering, but there a variety of other ways in which housing associations are involved. However, at the moment understanding of their involvement in health and social is limited and has not been extensively mapped, and this could be a valuable exercise.

4.7. The sustainability of Over2You

As a three year programme it seems unlikely that Over2You will continue in its current form in two of the three areas beyond the term of the funding. More positively,

in Sheffield SYHA will continue to deliver outputs associated with the Department of Health funding for another 12 months, and Over2You will continue to operate until 2021 as part of the Big Lottery funded Age Better in Sheffield programme.

Initially, the project partners had hoped to develop Over2You as an independent organisation operating a social enterprise model (or similar). However, a viability study undertaken as part of the programme suggested that three years wouldn't be long enough for Over2You to gain the momentum it needed to be self-sustaining. The hope is that through the additional three years of funding provided by the Big Lottery Fund SYHA will be able to further scope the viability for Over2You to continue as a social enterprise model from 2021 onwards. .

If Over2You does not continue beyond 2021, there is a danger that the learning from the programme will be lost, and the potential for longer term outcomes and impact will not be realised. Regardless of this long term outcome the Department of Health and other health and social care stakeholders should begin to consider now how a sustainable model of volunteer led health and social care advocacy can be developed and resourced, building on the lessons of this successful pilot.

Conclusion and recommendations

Over2You was an innovative approach to volunteer-led co-production, co-delivery and person-centred quality audit in health and social care established with funding from the Department of Health 'Health and Social Care Volunteering Fund'. It was a partnership between three housing associations: South Yorkshire Housing Association; St Vincent's Housing Association, and Gentoo. This report has provided key findings from an independent evaluation of Over2You. This final section summarises these findings and makes recommendations for policy and practice.

Key findings

Overall, Over2You delivered well against a series of stretching output targets. Of particular note, the project partners collectively:

- Recruited **223 new volunteers who were users of health and social care services**. These volunteers carried out quality audits and reviews of health and social care services and supported the delivery of information and advocacy sessions to other users of similar services.
- Attracted **more than 500 health and social care users, and the family members, friends and carers, to information and advocacy sessions**, where they learnt about their rights as service users and how to advocate more effectively within the system for themselves and others.
- Carried out **more than 250 quality audits in health and social care settings**, helping to ensure that service users voices were heard and acted upon by service providers

Over2You aimed to improve outcomes for a range of key stakeholders in the project and the wider health and social system and there have been some notable findings presented in this report

Outcomes for volunteers:

- **Well-being:** the evaluation identified improvements in general well-being for around half of volunteers, and improvements in mental well-being for between a fifth and two-fifths across a range of different measures.
- **Health:** the evaluation identified improvements in health related quality of life for around a fifth of volunteers, and improvements in general self-reported health for around two-fifths of volunteers.
- **Volunteering:** the evaluation revealed that volunteering through Over2You was highly additional. Almost two-thirds had not been involved in formal volunteering prior to getting involved in Over2You but nearly half are now volunteering at least once a week a further quarter are volunteering at least once a month.

- **Employment:** the evaluation found that some volunteers moved 'closer' to the labour market following their involvement with Over2You. Engaging in volunteering helped improve the skills, experience, confidence and motivation related to finding paid work for between a third and nearly half of volunteers across a series of different measures.
- **Health and social care services:** the evaluation found very good evidence that participants' knowledge, understanding and confidence about the health and social care system, along with their expectations of it, improved considerably following their engagement with Over2You. Between two-fifths and half of volunteers reported improvements across a range of measures.
- **The transformational benefits of volunteering:** by volunteering for Over2You people with longstanding health and mental health problems experience enhanced recovery and went on to achieve things that they would not have thought possible prior to their involvement with the project.

Outcomes for broader health and social care users:

- Participants in information and advocacy sessions reported **improvements in their understanding of and confidence in navigating the health and social care system**. They also reported **improvements in confidence to advocate for themselves and others** within the system, as well as greater expectations of the system as a whole.
- Quality audits undertaken by Over2You volunteers in variety of health and social care settings have **provided a range of person-centred feedback on how these services could be improved from users' perspectives**. Evidence about how this feedback has been used to improve services suggests that settings have responded positively to feedback from audits.
- The qualitative findings demonstrate how **audit participants and volunteers themselves gained significantly from the Over2You process**. Volunteers in particular highlighted the importance of the process being user-led and understanding services from a service user perspective.

Recommendations for policy and practice

Over2You provides a positive example of how volunteers can play an active and engaged role in the development and delivery of health and social care services. However, through their piloting and delivery of the Over2You model the project partners have also encountered a range of challenges from which policy makers and practitioners alike can take some important lessons. We provide a series of recommendations below based on these lessons:

- **Resources and sustainability:** many users of health and social care services are vulnerable and require considerable support and encouragement to become and stay involved in volunteering. This need is particularly acute for volunteering in formal health and social care settings. As such, any future investment in similar models to Over2You would need to be effectively and sustainably resourced.
- **Evaluating outcomes and impact:** this evaluation has identified a number of short term outcomes but these need to be understood over a longer time span to fully assess the long term impact of the project. This would require longer term tracking of beneficiaries and services that is beyond the scope of this evaluation or the partners involved in delivering the project.

- **Training and support:** any future programme to involve volunteers in health and social care advocacy will need to ensure that participants receive appropriate training to engage effectively and appropriately. This includes training around statutory requirements and regulations such as safeguarding alongside training to develop key skills in areas such as communication and listening. In addition, support and supervision of volunteers will need to be resourced sufficiently, particularly if volunteers are vulnerable health and social care service users themselves.
- **Embedding a service user perspective:** Over2You has highlighted the importance of embedding a service user perspective in the audit and review of health and social care services. Many service users do not understand how to navigate services effectively or how to speak-up effectively about the changes that need to be made. Projects such as Over2You enable seldom heard voices to reach key decision makers in ways that are not possible through other more formal mechanisms.

Appendix 1: Outcomes for key stakeholders in Over2You

Activities	Outcomes	Outcome timeframe	Covered by evaluation
SH1: Over2You Customers and their cares/family members			
Audits	Audit recipients are satisfied with the Over2You service	Immediate	Yes, through a review of O2U audit data
	Audit recipients experience improved quality of health and social care provision	Short term (3-6 months)	Yes, through a review of O2U follow-up audit data
Information and advocacy sessions	Improved experience of health and social care	Long term (1 year plus)	No, no scope for following-up attendees
	Improved quality of health and social care provision		
	Patients have greater voice and more control over their daily lives	Short term (3-6 months)	No, no scope for following-up attendees
	Improved health and well-being	Long term (1 year plus)	No, no scope for following-up attendees
	Patients feel safer in their health and/or social care setting	Short term (3-6 months)	No, no scope for following-up attendees
	Improvements in health literacy	Immediate/short term (3-6 months)	Yes, through surveys during the session
	Improved access to and understanding of information and advice		
	Higher expectations and aspirations about the quality of care		
	More patients have a direct payment or personal budget	Short term (3-6 months)	No, no scope for following-up attendees
Carers/family members feel more involved in decisions about the person they care for			

Carers/family members experience improved quality of health and social care provision	Long term (1 year plus)	No, no scope for following-up attendees
Improvements in health literacy of carers/family members		
Improved access to information and advice for carers/family members	Immediate/short term (3-6 months)	Yes, through surveys during the session
Cares/family members have higher expectations and aspirations about the quality of care		

SH2: Over2You Volunteers

Delivery of audits and information/advocacy sessions	Improved health and well-being	Short term (3-6 months)/long term (1 year plus)	Yes, through longitudinal surveys and qualitative interviews of volunteers
	Employment, skill or qualifications gained		

SH3: Over2You Mentors

Mentoring of volunteers	Mentors report a positive experience in their role	Short term (3-6 months)	Yes, through a focus group of mentors
	Mentors report improved personal development		
	Mentors have a better understanding of quality		

SH4: Health and social care commissioners/ providers

Receipt of audits	Improvements in quality of health and/or social care provision	Short term (3-6 months)/long term (1 year plus)	Yes, through qualitative interviews with commissioners/providers
	Improved outcomes for patients in health and social settings		

Appendix 2: Evaluation methodology

Health and well-being questionnaires

All volunteers involved with Over2You were asked to complete a questionnaire when they joined the project (baseline) and then again at several points in time whilst they were volunteering (follow-up) to see if any changes have occurred. The questionnaire covered:

- **Health, mental health, and well-being**, drawing on standardised survey measures such as EQ5D for health related quality of life, the Warwick Edinburgh Mental Well-being Scale, and the Office for National Statistics headline well-being measure (life satisfaction).
- **Understanding of the health and social care system**, including confidence to navigate services and advocate on behalf of others.
- **Experience of volunteering and work**, including soft outcome measures of progress towards the labour market.

In total 132 volunteers had completed a baseline questionnaire and 61 had completed a follow-up questionnaire by the end of the project³. The analysis presented in this report focuses on the 61 volunteers who completed a baseline questionnaire and at least one follow-up questionnaire. It presents statistics for the baseline and follow-up positions and the amount change that occurred between them.

Information and advocacy session questionnaires

Service users and carers attending information and advocacy sessions were asked to complete a short questionnaire, with some questions answered before the sessions, and others once the sessions were complete, in order to understand any immediate changes associated with the sessions. In total 298 questionnaires were completed.

Qualitative interviews and focus groups

In-depth qualitative interviews and focus groups were undertaken in each of the three delivery areas. Participants included Over2You staff, volunteers involved in delivering Over2You, strategic managers from each organisation, and stakeholders from within the local health and social care system (including audit sites). Overall more than 20 people participated in this process across the three areas.

Review of quality audits

The Evaluation Team has reviewed six quality audits undertaken in health and social care settings to date. Settings covered include a hospital department, residential homes, mental health services, and carers groups. Through these audits, Over2You volunteers spoke to 35 individuals, who were either service users, or family/friends of service users.

³ Note that a number of long-term volunteers completed more than one follow-up questionnaire. The analysis presented in this report took the most recent follow-up questionnaire and compares this to their baseline response to present outcome change by the end of the project.