

Auntie Pam's Service Evaluation 2014

Owen Richardson & Sarah Thurgood

Public Health Intelligence

Kirklees Council



Contents

What is Auntie Pam’s? 2

How well is Auntie Pam’s doing? 4

Who benefits from Auntie Pam’s? 4

Auntie Pam’s four-year summary at a glance..... 5

Outcome 1: Number of women who access the Auntie Pam’s service..... 6

Outcome 2: Increased resilience to poor health behaviours and negative lifestyle circumstances 9

Outcome 3: Improved emotional well-being, self-esteem and motivation 12

Outcome 4: Number of women who successfully train as peer support volunteers 15

Outcome 5: Increased access to appropriate and timely services required by clients 17

Outcome 6: Clients and volunteers involved in and influencing children’s and maternity services planning, development and delivery 19

Auntie Pam’s awards 24

Next steps..... 25

References 26

Appendix: 27

 1. Brief Resilience Scale..... 27

 2. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)..... 28

 3. Client Satisfaction Questionnaire (Jun 14 onwards)..... 29



What is Auntie Pam's?

Auntie Pam's is a Kirklees-wide pregnancy support service provided by Kirklees Council, launched in 2010 and located in Dewsbury town centre. It provides a place for women of child-bearing age to get information, have a cup of tea, exchange baby clothes and equipment, register for the Healthy Start vitamins scheme, and obtain integrated support on issues including infant feeding, sexual health and stopping smoking. The service is underpinned by a one-to-one peer support system delivered by volunteers, and has links with supporting services within and outside the council and the NHS. Auntie Pam's reinforces the vision and values of Kirklees Council, specifically in supporting vulnerable families and working together with communities and the voluntary sector.

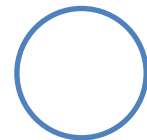
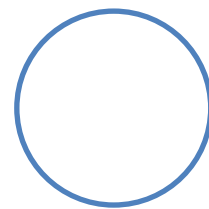
Auntie Pam's is part of the Infant Mortality and WoCBA (Women of Child-Bearing Age) Public Health programme. The programme has incorporated, at its core, health behaviour change principles around smoking (particularly during pregnancy), physical activity, diet and alcohol. The programme also includes work around genetic inheritance and women's health, and working with communities and services to improve appropriate and timely access to service provision. The WoCBA population are seen as key influencers for family and social networks, and work themes within the programme are designed and developed to ensure this influence is acknowledged and encouraged, enabling a longer term, generational behaviour change outcome model.

The Auntie Pam's model takes a holistic asset based approach to health and well-being. *"Asset based working puts a positive value on social relationships and networks, on self-confidence and efficacy and the ability to take control of your life circumstances. It highlights the impact of such assets on people's wellbeing and resilience and thus on their capacity to cope with adversity, including poor health and illness"* (Foot, 2012). Clients and volunteers are supported with "whole-life" circumstances including aspects of social, economic and financial circumstances. Auntie Pam's one-to-one peer support offers individuals the chance to identify and talk through issues, prioritise needs, identify goals and solutions, and this support can help to improve personal circumstances. Addressing and finding solutions to lifestyle problems and challenges often motivates women to continue assessing personal and family behaviours and recognise the benefits of change. *"The capacity and motivation to choose healthy behaviours are strongly influenced by mental wellbeing as well as by socioeconomic factors"* (Foot, 2012).

Peer supporters are trained to work through basic motivational change cycles (Prochaska & DiClemente, 1983) that can lead to improved health and well-being in the short, medium and long term. Women are signposted to more appropriate support services and networks where needed, or offered continued support within Auntie Pam's.



Positive
Confidence **Helpful**
Supportive **Listening**
Reassuring
Welcoming **Friendly**
Advice
Future



**Words used by clients to describe
Auntie Pam's Dewsbury**

How well is Auntie Pam's doing?

An evaluation was carried out in June 2014 to determine how well the service was meeting its initial objectives, including assessment of performance in six main outcome areas. These will be discussed in more detail in the following sections.

1. Number of women who access the Auntie Pam's service (single and repeat visits).
2. Increased resilience to poor health behaviours and negative lifestyle circumstances.
3. Improved emotional well-being, self-esteem and motivation.
4. Number of women who successfully train as peer support volunteers.
5. Improved and/or increased access to appropriate and timely services required by clients.
6. Clients and volunteers involved in and influencing children's and maternity services planning, development and delivery.

The evaluation process began by identifying which types of data were available and how these provided evidence for the above outcomes. To build this picture we combined data from several sources:

- Client satisfaction questionnaires;
- Client/volunteer database designed specifically to capture and report data tailored to the outcome measures;
- Client feedback postcards;
- Validated scales measuring psychological wellbeing and resilience.

Who benefits from Auntie Pam's?

The main beneficiaries of the Auntie Pam's scheme are likely to be those women of child bearing age whose circumstances and/or lifestyle choices put them at a health disadvantage, along with women with limited previous experience of pregnancy/childbirth/parenting. By supporting young, first-time mums-to-be and those living in the most deprived areas, Auntie Pam's may contribute to reducing health inequalities. A range of key indicators covering the first four years of Auntie Pam's are summarised on the next page.

Auntie Pam's four-year summary at a glance

207 new clients

40% returned for at least 1 more visit

68%
first-time mums

Ethnicity

Where from

- 55% Dewsbury
- 22% Batley
- 13% Spennings

Age

30% under 20

456 Referrals to other services

3 in 4 related to benefits, rent or **money**

Rank	Referral to...	No. of referrals
1	Income support	54
=2	Tax credits	35
=2	Child tax credits	35
4	Surestart maternity grant	32
5	Job centre plus – enquiries	31
=6	Fusion Housing	29
=6	Maternity allowance	29
8	Healthy Start Vitamin Scheme	27
=9	Child benefit	20
=9	Housing benefit	20

Most common conversation topics

Topic	First visit (%)	Return visit (%)
Support/Advice	~40%	~35%
Lifestyle	~5%	~5%
Health	~40%	~35%
Circumstances	~15%	~25%

Outcome 1: Number of women who access the Auntie Pam's service

Why is this important?

Every contact is an opportunity for Auntie Pam's volunteers to provide support, guidance and referral signposting to enable the improvement of the health, emotional wellbeing and circumstances of clients and their families. The more people visiting Auntie Pam's the greater the potential impact of the service.

How is this measured?

A database captures first visit and return visit details for each client.

What have we found?

The first client visited Auntie Pam's Dewsbury on 29th March 2010. Since then, a total of 207 new clients have visited. Of these, 83 clients (40%) returned for at least one more visit, 11 clients (5%) returned more than 10 times, with one client returning 61 times. In total there were 391 return visits, with a median number of return visits amongst returning clients of 2. The client database shows that more than two-thirds (68%) of Auntie Pam's clients were first-time mums. In addition, 30% of clients were under 20 years of age at the time of their first visit and 65% were under 25 (with 81% under 30 years of age and 93% under 35).

Of those Auntie Pam's clients with a Kirklees postcode, more than half (55%) were from Dewsbury, with 22% from Batley and 13% from Spen. More than a third (36%) of Auntie Pam's clients live in areas within the most deprived IMD decile (areas ranked as the most deprived 10% for the whole country, based on scores for income, employment levels, health deprivation and disability, education/skills/training, barriers to housing/services, crime and disorder, and living environment), with two thirds of clients (67%) living in areas within the most deprived two deciles.

The most common client ethnicity was White British (83%), followed by Pakistani (5%), and any other White background (4%). The ethnic profile of return visitors was similar to the overall client ethnic profile.

One in four clients (25%) visited Auntie Pam's as the result of a word of mouth recommendation, 21% discovered Auntie Pam's as they walked past, and 20% were told about Auntie Pam's by their midwife. Relatively small numbers of clients heard about Auntie Pam's via promotional material (6% from leaflets, 5% from posters and 3% from the web site). A further 19% of clients heard about Auntie Pam's through other services, including Sure Start and Kirklees College.

What does this tell us?

GP-registered population data from March 2014 shows a total of 79,000 women aged 18-44 living in Kirklees (34,420 in North Kirklees). Using the last four years of available birth data (all births, 2009-2012, Office for National Statistics), Kirklees has an average of 5,784 births per year (2,752 births per year in North Kirklees). The actual number of Auntie Pam’s clients represents a small proportion of potential clients, as indicated by the overall pregnancies in the region. However, the client profile shows that Auntie Pam’s is effective at reaching young, first-time mums-to-be and those living in the most deprived areas.

Ethnic minorities appear to be under-represented amongst Auntie Pam’s clients, when compared with Kirklees population ethnicity from the 2011 census (Figure 1).

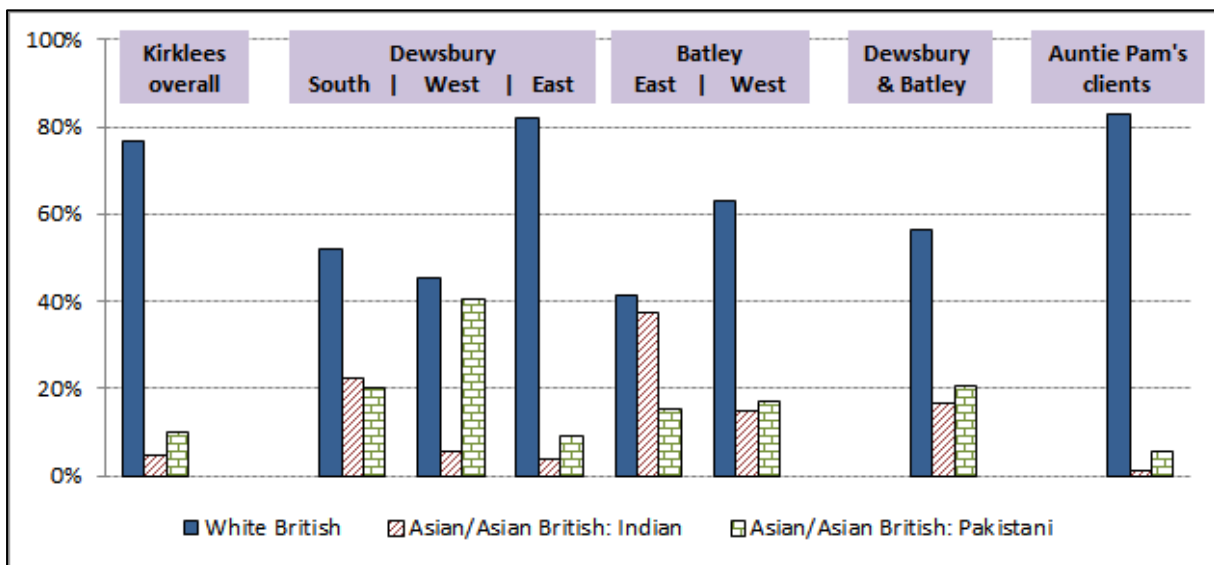


Figure 1: Ethnicity as a proportion of total population from the 2011 census for Kirklees and the Dewsbury and Batley wards separately and combined (three largest ethnic groups only)

Auntie Pam’s is designed to be an open access service to all women of childbearing age in Kirklees. The broad focus of the WoCBA programme is on healthy pregnancies for all women, which includes reference to consanguinity and genetic risks. Previous interventions have also targeted ethnic minority populations in key areas such as physical activity, food and diet, healthy pregnancy and access to services, for example the distribution of a Ramadan healthy eating guide, women-only swimming sessions, and identifying barriers to uptake of cervical screening in South Asian women.

Women choose to use the service, and decide if it meets their individual needs.

A range of methods have been adopted to promote the Auntie Pam’s service, including: a mirror sticker campaign in ladies’ pub toilets; a bus poster campaign; an illuminated poster; posters and regular leaflet drops in local shops; handing out leaflets at the ‘Dewsbury by the Sea’ event; articles in local newsletters, brochures and newspapers. While this promotional



activity has undoubtedly raised the profile of the service in the local community, the highest number of clients heard about Auntie Pam's as the result of a personal recommendation. This demonstrates the importance of word of mouth in promoting services and interventions. The location and appearance of Auntie Pam's in Dewsbury have also been key factors in attracting new clients.

The high proportion of clients visiting Auntie Pam's as the result of a personal recommendation suggests that existing clients and volunteers have a positive view of the service. More traditional marketing methods (leaflets, posters, web site) appear to have drawn in relatively few new clients, although clients may use the web site to get additional information about the service. There are several possible explanations for this: traditional marketing approaches may be less effective for this type of service; current promotional material is not reaching the target demographic population; or the information captured on how clients heard about the service contains insufficient detail. It is suggested that additional information could be gathered from clients and following future promotional campaigns to evaluate the effectiveness of the various marketing approaches.



Outcome 2: Increased resilience to poor health behaviours and negative lifestyle circumstances

Why is this important?

Resilience is the ability to adapt compassionately in the face of adversity; it includes letting go, learning and growing, as well as finding healthy ways to cope. Instead of relying on others to do something on their behalf, those clients with increased personal resilience know how to solve problems themselves or who to ask for help (Smith-Osborne & Whitehill Bolton, 2013; Ahern, Kiehl, Lou Sole & Byers 2006; Smith et al, 2008).

How is this measured?

Since May 2014, a resilience score has been captured using the Brief Resilience Scale (Smith et al, 2008, see appendix 1). By asking clients to complete the questionnaire at their first visit and at one or several return visits, it may be possible to identify changes in resilience levels over time.

To understand the variety of issues faced by this population, the volunteers record topics of their conversations with clients. These topics are matched to keywords and are inputted into the database after first and return visits. Identifying the issues that clients experience can help to demonstrate how poor health behaviours and negative lifestyle behaviours may be associated with reduced resilience. Support and guidance can then be offered in these areas with the aim of increasing and building resilience. In addition, client feedback has been sought in the form of comments postcards, providing qualitative supporting evidence.

What have we found?

From a total of 26 questionnaires completed (by 19 clients, 14 on their first visit to Auntie Pam's), the average resilience score was 3.15 (out of a maximum of 5), with a 95% confidence interval of 2.91 to 3.43. Unfortunately, there is insufficient data to establish changes in resilience over time using this measure. The most common keywords used by clients on their first and return visits were as follows:

Rank	First visit	Return visit
1.	Emotional support	Emotional support
2.	Own health during pregnancy	Swap shop
3.	Unborn baby's health	Partner
4.	Swap shop	Other children
5.	Benefits	Own health during pregnancy

Figure 2 shows the categories of keywords used by clients in their first and second visits.

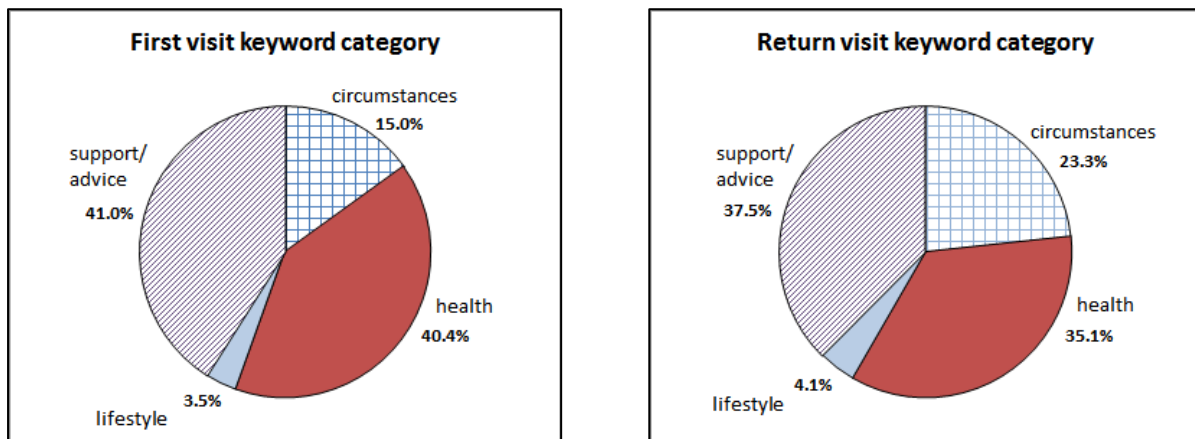


Figure 2: Categories of keywords used by clients during conversations at first and return visits

Feedback from clients gives us additional qualitative data on resilience:

“It has been a pleasant and productive visit. Auntie Pam's has been helpful. I feel less stressed and more positive about my pregnancy and hospital visits. It's been good to meet other mums and mums to be”. (Client)

“Auntie Pam's were great, very friendly, find them very easy to talk to compared to doctors, feel embarrassed when I ask questions so I don't [ask] then I worry so it's nice to feel comfy talking to someone”. (Client)

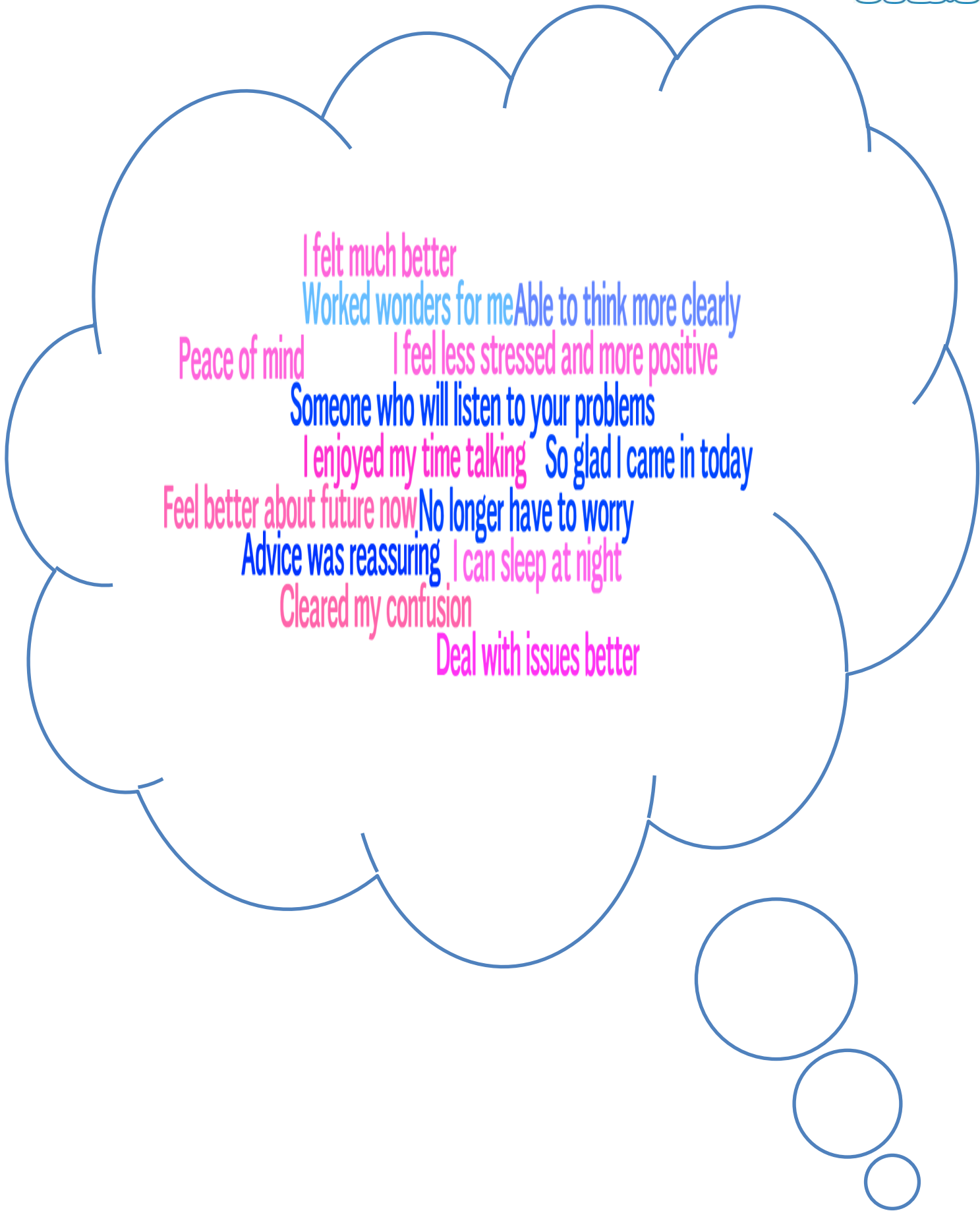
“I came to Auntie Pam's Dewsbury not knowing where to turn with benefit advice. I went away feeling more positive and able to think more clearly and deal with issues better”. (Client)

What does this tell us?

An average resilience score for young female women using the Brief Resilience Scale is between 3.53 – 3.57 (Smith et al, 2008) so the Auntie Pam's sample tended to have a lower resilience score than may be expected for this population.

A change in the profile of conversation keywords may be indicative of a change in the relationship between the client and Auntie Pam's (for example, building rapport and trust). It may also suggest that the specific issues triggering the initial visit have been dealt with and the client is ready to consider broader issues.

Comparing categories of keywords used during first visits with those used during return visits, there appears to be a slight shift away from keywords relating to health and support/advice towards keywords relating to social and financial circumstances.



I felt much better
Worked wonders for me
Able to think more clearly
Peace of mind
I feel less stressed and more positive
Someone who will listen to your problems
I enjoyed my time talking
So glad I came in today
Feel better about future now
No longer have to worry
Advice was reassuring
I can sleep at night
Cleared my confusion
Deal with issues better

A few ways clients said Auntie Pam's had improved their psychological wellbeing

Outcome 3: Improved emotional well-being, self-esteem and motivation

Why is this important?

As stated by the developers of the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS), mental well-being is defined “as a person’s psychological functioning, life satisfaction, ability to develop and maintain mutually benefiting relationships and includes the ability to maintain a sense of autonomy, self-acceptance, personal growth, purpose in life and self-esteem. Staying mentally healthy is more than treating or preventing mental illness” (Stewart-Brown & Janmohamed, 2008).

How is this measured?

Since May 2014, the psychological wellbeing score of clients has been captured using the WEMWBS questionnaire (Stewart-Brown & Janmohamed, 2008; see appendix 2). By asking clients to complete the questionnaire at their first visit and at one or several return visits, it may be possible to identify changes in wellbeing over time. This scale has not been designed to identify people who have a mental illness and does not have a cut-off level to divide the population into those who have ‘good’ and those who have ‘poor’ mental wellbeing (Stewart-Brown & Janmohamed, 2008). However, a mean score for a population group can be measured with the scale. In addition, client feedback has been sought in the form of a comments postcard, providing qualitative supporting evidence and a customer satisfaction questionnaire.

What have we found?

From a total of 40 questionnaires completed at various stages of the clients’ journeys, we found an average wellbeing score for all clients of 50.6 (out of a maximum of 70), with a 95% confidence interval of 46.9 to 54.3. For clients from Dewsbury the average score was 49.7, with a 95% confidence interval of 44.4 to 54.8. Unfortunately, we do not currently have sufficient data to establish changes in psychological wellbeing over time using this measure. However, in future it will be possible to calculate mean scores for different groups of people, or for the same people at different time points. Clients were also asked on the customer satisfaction questionnaire whether Auntie Pam’s reduced their worries, 80% strongly agreed followed by 16% who said they agreed.

Feedback from clients and volunteers gives us additional qualitative data on wellbeing:

“I found this place extremely welcoming. They helped me find answers to the questions that had been literally keeping me awake for days. Nowhere I went before could help me including my doctors”. (Client)

“Our client was very depressed and had endured a painful childhood. She now visits Auntie Pam's twice a week and has come on leaps and bounds. Has much more confidence in herself and looking after her children. She now has lots of laughs and is very bubbly and home life is much happier. She is totally different to the girl who first came into Auntie Pam's. We all feel so pleased at Auntie Pam's that we have all helped her in such a massive way”. (Volunteer)

“Auntie Pam's is a great place to go. It is nice to know that you can go and talk to someone who will listen to your problems. Have a friendly chat and drink. They make you feel so welcome and reassure you things will be okay”. (Client)

“If someone comes in quite distressed and they go away feeling calmer and with a smile, it's a really nice thing to see.” (Volunteer)

What does this tell us?

WEMWBS is used in the annual Health Surveys for England, commissioned by the Health and Social Care Information Centre. The latest available results (from the 2012 survey) show a mean score of 52.2 for the adult female population in England. WEMWBS was also used in a 2012 survey of the Kirklees population (Current Living in Kirklees, CLiK). For the local WoCBA population the average score (based on 3214 responses) was 47.6, with a 95% confidence interval of 47.2 to 47.9. For the Dewsbury WoCBA population (based on 421 responses) this was 45.3 with a 95% confidence interval of 44.4 to 46.1. The WEMWBS score for Auntie Pam's clients is slightly lower than the female population score for England and slightly higher than the score for the Kirklees WoCBA population (although both fall within the Auntie Pam's 95% CI range). Figure 3 compares the Auntie Pam's WEMWBS score with these other sources.

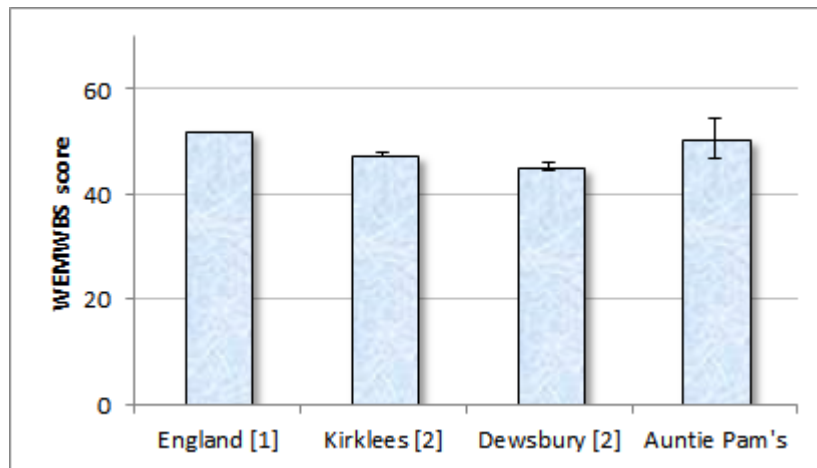


Figure 3: Mean WEMWBS scores for Auntie Pam's clients and other relevant populations. Error bars indicate 95% confidence intervals, where available.

Note: [1] Adult female population, Health Survey for England 2012; [2] Women of child-bearing age only, CLiK Survey 2012

The quotes we have gathered suggest that Auntie Pam's contributes to improved psychological wellbeing by allowing the clients time and space to discuss their issues, and generally helps them to feel better about themselves, their pregnancy and other aspects of their life. However, the WEMWBS should be incorporated into the ongoing evaluation as a robust measure of psychological wellbeing.

Outcome 4: Number of women who successfully train as peer support volunteers

Why is this important?

A key factor in the operation of Auntie Pam's, identified in the initial market research, is that the project should be led by volunteers, with clients supported by peers. Alongside the benefits to clients, this provides a host of potential benefits to the volunteers, including improved awareness of health-related issues, self-esteem and opportunities for further education and training. More women successfully completing the volunteer training gives a larger pool of staff to draw from, assisting in the smooth running of the service, increasing its sustainability and providing volunteer-related benefits to increased numbers of people.

How is this measured?

A database records details of volunteer activity, including start date and training completion date.

What have we found?

A total of 157 volunteers have volunteered at Auntie Pam's, including 58 who are currently active (of which 8 are senior volunteers). Details of length of service and additional qualifications gained by volunteers are shown in Figure 4. Six people started at Auntie Pam's as clients, and have subsequently overcome a range of personal challenges to become volunteers.

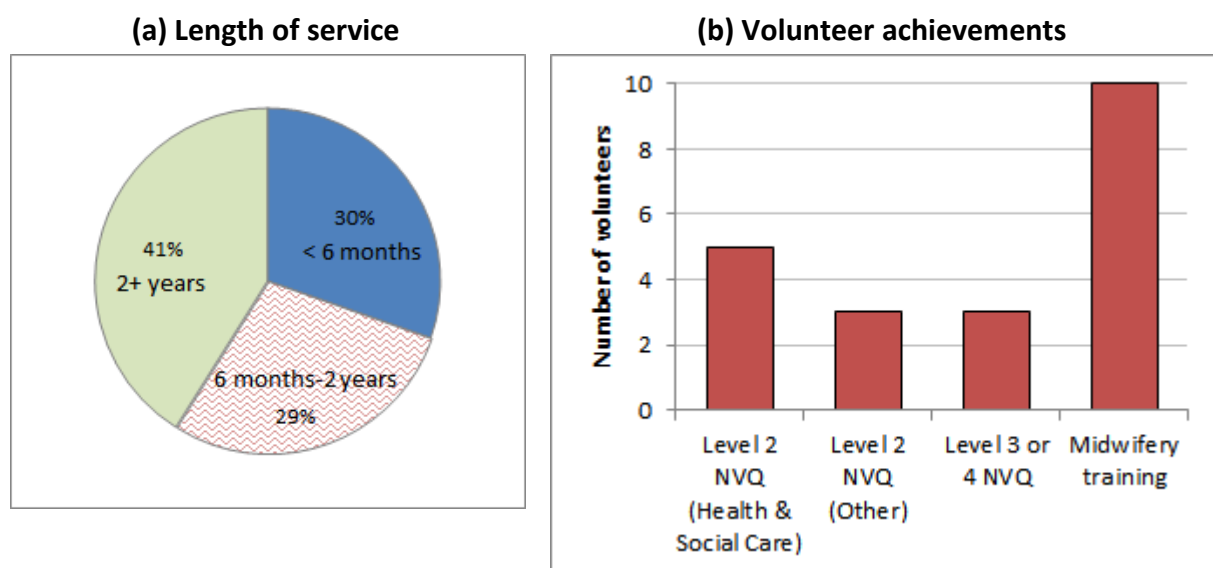


Figure 4: (a) Length of service for current volunteers; (b) Number of volunteers gaining additional qualifications during their time at Auntie Pam's

Of those volunteers that have left Auntie Pam's, 20 people stopped volunteering due to family commitments and 18 people stopped because they had got a new job. In total, 62 volunteers failed to attend after training.

A few comments from volunteers:

"The language barrier made me feel intimidated. [The client] came again and I did it [dealt with her query]. It really challenged my confidence and assertiveness. Now I can deal with any client confidently". (Volunteer)

"I am now hoping to become a volunteer myself. I now know that there are people to help and no longer have to worry. They also provided me with baby stuff I didn't have". (Client)

"I've just been offered a permanent job working [Monday to Friday], which means I get to have all the school holidays off with my babies, but unfortunately means I have to leave Auntie Pam's. I have enjoyed every second of it. Spending the past year at Pam's has given me the confidence to get back out into the big wide world and find a job. Taking with me my personal experiences and also training I have received through Pam's which is going to help me tremendously in my new journey". (Volunteer)

What does this tell us?

The opportunity for women living in Kirklees to become a volunteer at Auntie Pam's has proven popular, with approximately one volunteer recruited for every 1.3 clients. Volunteers appear to be using their time at Auntie Pam's to acquire new skills; some have taken the opportunity to gain qualifications, improving their employment prospects or enabling them to go on to further education. The large number of former volunteers, currently undertaking midwifery training, suggests that Auntie Pam's has provided new opportunities and impetus for those wishing to take this career path.

Although 39% of volunteers did not continue to volunteer after training, by completing the training their knowledge and awareness of a range of health and pregnancy-related issues have increased. Retention of volunteers is a common challenge for all volunteer-led schemes, with one study citing a dropout rate of 50% immediately following completion of training (Yanay & Yanay, 2008). In this context, the post-training volunteer dropout rate at Auntie Pam's does not appear to be excessively high.



Outcome 5: Increased access to appropriate and timely services required by clients

Why is this important?

Auntie Pam's provides opportunities for:

- raising awareness of additional benefits or financial support to which the client may be entitled;
- signposting to other supporting services within and external to Kirklees Council (including food banks, bereavement counselling, domestic violence support);
- promotion of healthy lifestyle choices (Healthy Start vitamin scheme, baby swimming sessions, etc).

Volunteers will often contact these other services on behalf of the client. Improving or increasing access to these services supports the targeted improvements in maternity outcomes, and provides opportunities for significant health improvements in the target population.

How is this measured?

A database captures occurrences of referrals to other services.

What have we found?

There were 456 referrals to other services. Three quarters of all referrals (346 referrals, 76%) related to benefits/money/rent, with food/diet/exercise (32 referrals, 7%) and furniture (26 referrals, 6%) being the next most common referral categories.



Most common referral topics for clients from Auntie Pam's Dewsbury

Some comments from clients about referrals to other services:

“Very helpful and supportive team. Cleared my confusion and advised me what benefits I can get” (Client)

“Came in for advice regarding sections and breastfeeding” (Client)

“I got a lot of advice and help for smoking and we talked about loads. I enjoyed my time talking and having cuppas” (Client)

“Had a very positive experience, learnt loads that no-one else has told me. Feeling better about the future now so thank you” (Client)

“Client lost contact with mainstream services. Phoned and rearranged with services: Midwife, counselling, housing, support worker” (Volunteer)

What does this tell us?

The types of service clients are referred to gives an indication of the broader problems they may be encountering, beyond any immediate issues relating to pregnancy. With three-quarters of referrals relating to financial assistance, this may support evidence provided in relation to outcome 1 that the majority of clients live in deprived areas. Reducing financial pressures can facilitate direct health-related benefits, including improved emotional wellbeing, reduction in fuel poverty status, and having the resources to eat more healthily. It also underpins the importance of understanding and tackling the wider social determinants of health and wellbeing.



Outcome 6: Clients and volunteers involved in and influencing children's and maternity services planning, development and delivery

Why is this important?

The service was developed, designed and is delivered by local women through a collaborative process of co-design and co-production with clients and volunteers. It is important that we evaluate whether this is still the service delivery model. The Auntie Pam's service is a direct result of local women shaping a service from their vision and needs, and requiring a service led by "someone like me".

Peer one-to-one support helps to build confidence in clients, and motivate appropriate and timely engagement with services. Auntie Pam's already works closely with Mid Yorkshire Hospitals Trust, Locala and the local authority, ensuring women's experiences and stories are heard across a wide arena, to support the future direction and shape of services.

How is this measured?

Client satisfaction questionnaires (see appendix 3), completed at the end of the client visit, provide a mechanism for measuring how well the service is meeting the needs of clients and offers clients an opportunity to influence and develop the service going forwards. The success of the service and its suitability for purpose is also highlighted by the regional awards won by Auntie Pam's and its volunteers during the first four years of the service.



What have we found?

Of the 38 clients completing the original satisfaction questionnaire (prior to June 2014), 75% said that the service provided was of excellent quality, 17% said it was very satisfactory and 6% said it was not bad. In relation to the knowledge of the volunteers, 53% strongly agreed and 42% agreed that their volunteer was very knowledgeable. When asked if their enquiry had been dealt with during the visit, 58% strongly agreed and 36% agreed. When asked if they would use Auntie Pam's again, 78% said they would definitely use the service again and 19% would probably use the service again. None of the clients felt they were ignored or kept waiting. All clients said that the volunteer knew how to handle their problem and understood the advice they were offered. 97% of clients said they were helped as soon as they entered the service and 78% said that the volunteer explained everything they needed to know. 72% of the clients said they left feeling very happy with the help they had received.

Figure 5 shows the words chosen by clients when asked about the qualities they felt stood out when speaking to volunteers.

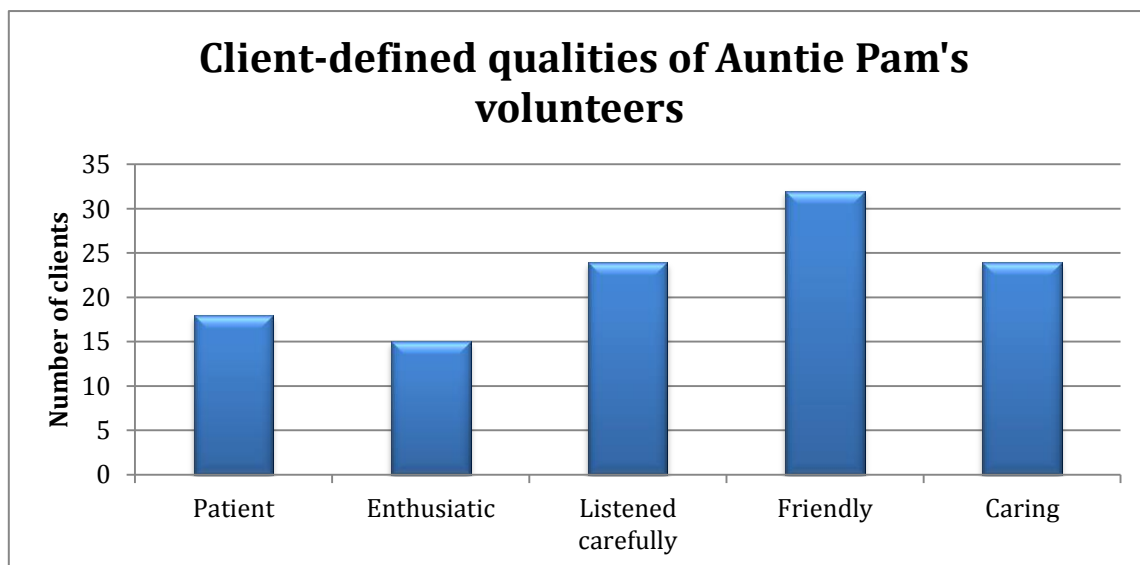
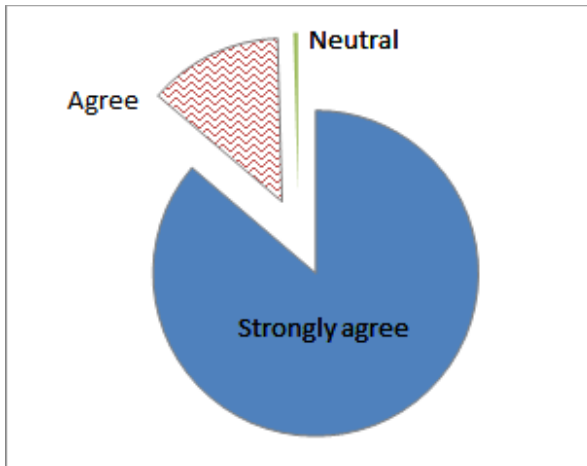


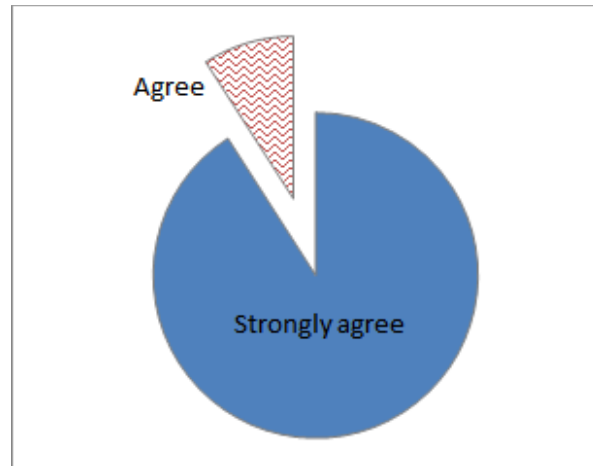
Figure 5: Number of clients selecting each of five qualities when describing Auntie Pam's volunteers

Figure 6 shows results from key questions in the current customer satisfaction questionnaire (June 2014 onwards). The only question receiving any negative scores (not shown) related to travelling to Auntie Pam's, where 9% of clients felt they had to travel a long way to get to Auntie Pam's.

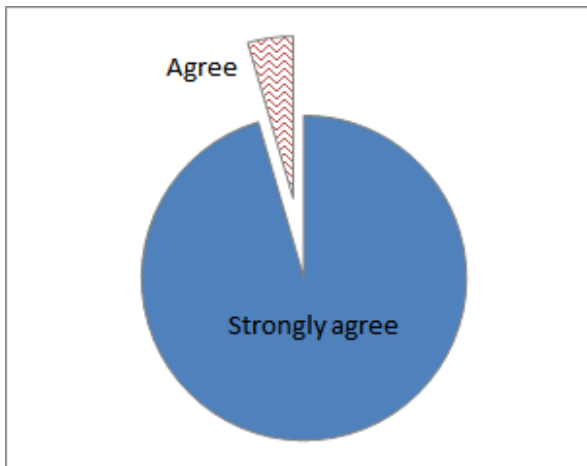
Staff knowledgeable/good customer skills?



Would recommend Auntie Pam's to others?



Would use Auntie Pam's again?



Satisfied that needs were met?

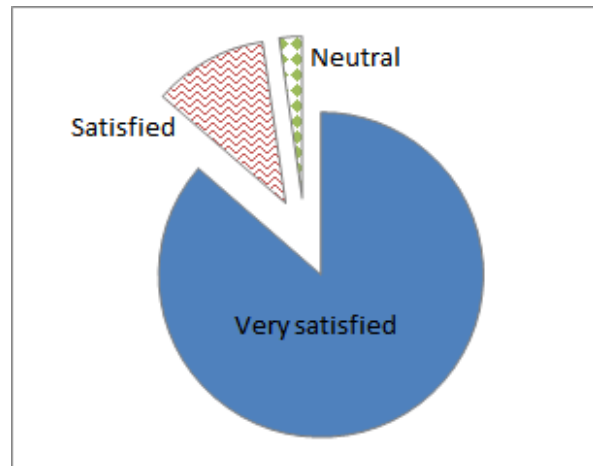


Figure 6: Responses to selected questions/groups of questions in current satisfaction questionnaire

Client Satisfaction quotes:

“I know that I will be able to drop in if I need any help” (Client)

“Felt welcome and able to talk to all here, feel better about future now. Thank you” (Client)

“Auntie Pam's is the best support group I have ever been to. I think there should be more Auntie Pam's about as they have worked wonders for me and my unborn son. All I can say is a massive thank you to all the staff” (Client)

“It is very eye catching from outside and from inside it is a very relaxing and colourful environment. I think the displays inside are fantastic and need more of it. I am happy with what you are providing for young teenagers who are pregnant” (Visitor)

"I like the idea of the "your journey" and the colour scheme. It is really relaxing and it's good because you can bring your children there and there is a lot of privacy" (Visitor)

Feedback and suggestions quotes:

"Uncle Stan's - There should be more ways for dads to get involved. Investigation into what will get dads interested" (Partner of Client)

"I think that Auntie Pam's is very good. I think where it says Auntie Pam's outside there should be a title saying pregnancy advice so people know what it is" (Visitor)

"I think Auntie Pam's is really comfortable and cosy. I would recommend other people to come for advice and help. It's a bit hidden away as to where it is but overall it's quite nice" (Visitor)

"Something outside to let people know what it is, activities and classes for the women and friends, more staff" (Visitor)

What does this tell us?

Auntie Pam's is providing visible support within the Dewsbury community, which is being recognised by other local organisations. Many clients attending Auntie Pam's have told us that they are receiving the support they would expect from the service and they feel much better about their pregnancy as a result of attending. Feedback gathered via satisfaction questionnaires suggests that clients are very happy with the service being offered and the level of knowledge displayed by volunteers. Staff and volunteers make changes to the service based on the feedback of clients and visitors. For example, the database was adapted to reflect that men may also access the service for support.



Client comments taken from
customer satisfaction
questionnaires

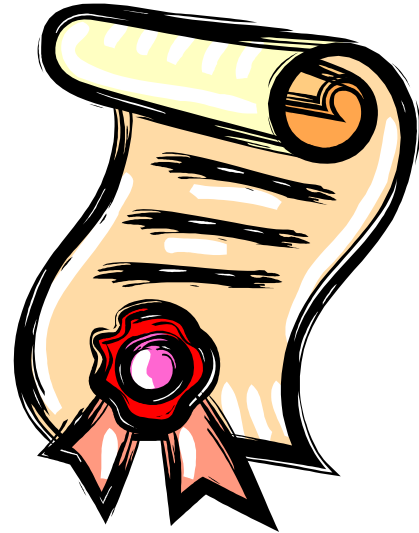
Auntie Pam's awards



2011
Community Group of the Year
(Kirklees Council Adult Learning)



2012
Inspiring and Celebrating Volunteers
(Kirklees Council/Volunteering Kirklees)
Outstanding Women Award Finalist*
(Kirklees Women's Alliance)
Northern Star Award*
(NHS Kirklees Staff Awards)
Volunteering Photo Award Finalist
(Volunteering Kirklees)



2013
Kirklees Volunteering Quality Award
(Kirklees Council/Volunteering Kirklees)
Inspirational Women in Kirklees*
(NHS Stepping up Staff Awards)



2014
Examiner Community Award Finalist
(Huddersfield Examiner/Ramsdens Solicitors)
Commitment to learning – Adult Learners
(Adult Learners Week Award Certificate of Achievement)
Supporting Others in Learning*
(Kirklees Council Adult Learning)
Emley Community Award - Community Hero*
(Simon Reevell MP/Arqiva)
Inspirational Women in Kirklees Award*
(Volunteering Kirklees)



*Individual Volunteer or Staff Award

Next steps...

Findings from this evaluation will be used to celebrate the success of Auntie Pam's and will be fed back into the scheme, to ensure it is in the best position to meet its stated objectives.

At the time of writing, there is insufficient data from the wellbeing and resilience surveys to assess changes in scores over time, therefore survey results cannot currently be used to draw conclusions around the impact Auntie Pam's may be having on emotional wellbeing or resilience. Baseline measures have been made, and the evaluation will be revisited in 6-12 months in order to assess effects over time. The questionnaires used will be reviewed regularly and alternative methods of information gathering will be trialled, to ensure the maximum amount of appropriate, high-quality evidence is acquired with the minimum impact on the service.

To aid future evaluation, it would be beneficial to carry out in-depth interviews with selected Auntie Pam's clients about their needs and expectations. A process to capture follow-up information around referrals would be very useful, and further evidence may be acquired by making contact with those clients that have visited Auntie Pam's once but have not returned.

In relation to marketing and publicity of the service, one approach could be to ask current clients what communication methods would work best for attracting new clients. Following this the database may be adapted to identify those clients coming to Auntie Pam's as a result of specific marketing campaigns.

In order to make Auntie Pam's more appropriate for black and minority ethnic groups to access volunteers and information, a community champion model for volunteers is being considered.

Alongside this evaluation, a cost-benefit analysis (CBA) is currently being carried out for the Auntie Pam's service. Once complete, a link to the CBA summary will be added to this document.

Kirklees Council is launching an Auntie Pam's service in Huddersfield in Autumn 2014, mirroring the volunteer-led peer-support approach taken in Dewsbury and taking into account the specific needs of the local population. The same methods will be used to capture data relating to clients and volunteers, and an initial evaluation of this service will be scheduled for one year following launch.

References

Ahern, N. R., Kiehl, E. M., Lou Sole, M., & Byers, J. (2006). A review of instruments measuring resilience. *Issues in comprehensive Pediatric nursing*, 29(2), 103-125.

Foot, J. (2012) What makes us healthy? The asset approach in practice: evidence, action, evaluation. <http://www.janefoot.co.uk/downloads/files/healthy%20FINAL%20FINAL.pdf> [Accessed 02/09/14]

Health & Social Care Information Centre, 2012 Health Survey for England (<http://www.hscic.gov.uk/catalogue/PUB13218>). [Accessed 05/09/14]

Office for National Statistics, birth data files sent directly to Kirklees Public Health Intelligence team, 2009-2012.

Office for National Statistics, 2011 Census. Ethnicity breakdown from ward profiles on Kirklees Observatory web site (<http://observatory.kirklees.gov.uk/kirkleesprofiles>). [Accessed 15/07/14]

Prochaska, J.O., & DiClemente, C.C. (1983). Stages and processes of self-change of smoking: Towards and integrative model of change. *Journal of Consulting and Clinical Psychology*, 51, 390-395.

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15(3), 194-200.

Smith-Osborne, A., & Whitehill Bolton, K. (2013). Assessing resilience: A review of measures across the life course. *Journal of evidence-based social work*, 10(2), 111-126.

Tennant R, Hiller L, Fishwick R, Platt S, Joseph S, Weich S, Parkinson J, Secker S, and Stewart-Brown S (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health & Quality of Life Outcomes*, 5 (63)

Yana, G.V & Yanay, N. (2008). The decline of motivation? From commitment to dropping out of volunteering. *Nonprofit Management & Leadership*, 19, 65-78.



Appendix:

1. Brief Resilience Scale

Instructions: Use the following scale and **circle** one number for each statement to indicate how much you disagree or agree with each of the statements.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

-
1. I tend to bounce back quickly after hard times.....1 2 3 4 5
 2. I have a hard time making it through stressful events..... 1 2 3 4 5
 3. It does not take me long to recover from a stressful event..... 1 2 3 4 5
 4. It is hard for me to snap back when something bad happens..... 1 2 3 4 5
 5. I usually come through difficult times with little trouble..... 1 2 3 4 5
 6. I tend to take a long time to get over set-backs in my life..... 1 2 3 4 5
-

2. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

© NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.



3. Client Satisfaction Questionnaire (Jun 14 onwards)

How are we doing?

Thank you for completing this questionnaire about your experiences at Auntie Pam's Dewsbury. This will help us to make improvements so we can give the best possible service to you.

All responses are anonymous.

Once completed, please put the questionnaire in the pink 'Ask Pam' box.

Date of Visit: _____ Name of volunteer(s): _____

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Staff greeted me and offered me help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff were friendly and cheerful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff answered all my questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff explained the support available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff were very knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My needs were understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice I was given was top quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auntie Pam's reduced my worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't have to travel far to get to Auntie Pam's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend Auntie Pam's to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would use Auntie Pam's again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How long did you have to wait to speak to someone?

- I was seen straight away
- 5 minutes
- 10 minutes
- 15+ minutes
- I didn't manage to see anyone

What are your favourite things about Auntie Pam's?

Was there anything that stood out about your experience at Auntie Pam's?

Overall, how satisfied were you with your visit?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

Any comments?

Overall, how satisfied were you with the support offered?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

Any comments?

Overall, how satisfied were you that your enquiry/issue/needs were dealt with when you left Auntie Pam's?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

Any comments?

Thank you for completing this questionnaire