

Senior Companion Survey Pilots

Summary of the Process and Findings

November 2007

In 2007, Project STAR pilot tested three surveys developed by a Senior Companion Program (SCP) working group: the Respite Caregiver Survey, the Companionship/Outreach Assessment, and the Independent Living Skills Assessment. Following is a summary of the process and findings.

The Surveys

The *Respite Caregiver Survey* was designed to assess the extent to which the respite service provided relief for caregivers. Caregivers whose loved ones received visits from Senior Companions are the data source. The survey can be administered as a paper-and-pencil questionnaire or as a telephone survey conducted by program staff.

The *Companionship/Outreach Assessment* was designed to determine the extent to which the service provided companionship for the client. The data source is the client who received visits from a Senior Companion, or if the client is unable, a family member can complete the assessment for them. The assessment was designed as a paper-and-pencil questionnaire.

The *Independent Living Skills Assessment* was designed to assess the extent to which the service provided assistance to the client with activities of daily living and ability to remain in living at home. The data source is a caseworker or supervisor who oversees the client-volunteer match and has first-hand knowledge of the client's needs. The assessment was designed as a paper-and-pencil questionnaire.

Pilot Method

In March 2007, Project STAR contacted the California state office and discussed the possibility of piloting three surveys developed for optional common measure work plans. One SCP program volunteered to pilot the *Respite Caregiver Survey*; a second SCP program piloted the *Companionship/Outreach Assessment*. The third survey, the *Independent Living Skills Assessment*, was not appropriate for assessing SCP services in California because state agencies provide the bulk of independent living services. However, an SCP program in Connecticut was able to pilot this assessment. Project STAR contacted the Connecticut state office in August 2007, and arranged to work with the program in September.

Project STAR administered the *Respite Caregiver Survey* over the telephone with a sample of eight caregivers. The caregivers were asked to complete the survey two times, between April 11 and 27, 2007, so data could be obtained to check the reliability of the survey. If respondents answered the same way the first and second time, this would provide evidence for the instrument's ability to measure outcomes consistently. Six of the eight caregivers completed the survey a second time.

Project STAR

Senior Corps

Project STAR trained one staff person and one intern from the second California SCP program to administer the *Companionship/Outreach Assessment* to clients and/or their family members. Assessments were collected from eight clients and two family members between April 23 and May 25, 2007; most were collected in person, but some were completed over the phone. The two data collectors kept notes of their experience and briefed Project STAR after completing all the assessments. In this case, data on reliability were not collected (i.e. respondents did not do assessments twice). It was decided that the burden on the respondent, an elderly homebound individual, would have been too much.

The SCP director of the Connecticut program, with the assistance of Project STAR, distributed *Independent Living Assessments* to supervising staff at stations where Senior Companion volunteers served. These staffs were asked to complete an assessment about the particular services provided to the client by the Senior Companion. Sixteen (16) respondents completed 26 assessments (one per client) between September 11 and October 1, 2007. In this case also, data on reliability were not collected due to time and resource constraints.

In addition, to learn more about the validity of the instrument (does it measure what it is supposed to measure and not something else?), Project STAR asked respondents open-ended questions about the instrument itself. Project STAR interviewed six respondents of the *Respite Caregiver Survey*, eight respondents of the *Companionship/Outreach Assessment*, and nine respondents of the *Independent Living Skills Assessment*. Respondents were asked if they had any problems completing the survey, if they understood how to answer the questions; if questions were difficult, unnecessary or too sensitive, or the language unclear; if choices allowed them to answer as they intended; and if there was anything they would change about the survey.

Project STAR also interviewed five program directors and site supervisors from each of the two programs (three for the Respite Caregiver Survey and two for the Companionship/Outreach Assessment) as a check on the validity of the instruments.¹ Interview questions were similar to the respondent interview questions, but program directors and site supervisors were also asked if they would ever use the instrument to measure outcomes for their program; all five respondents indicated they would.

Pilot Test Timeline

March: Contacted California state office and identified two SCP programs

April 11-May 16: Data collection for Caregiver Respite Survey

April 23-May 25: Data collection for Companionship/Outreach Assessment

June: Data analysis and instrument revision (Caregiver Respite Survey and Companionship/Outreach Assessment)

August: Contacted Connecticut state office and identified one SCP program

September 11-October 1: Data collection for Independent Living Skills Assessment

October: Data analysis and instrument revision (Independent Living Skills Assessment)

¹ In the case of the third instrument, Independent Living Skills Assessment, the data source (respondent) was the supervisor or a caseworker, and all nine were interviewed.

Reliability and Validity

Reliability has to do with the reproducibility or stability of the data. The measurement tool should produce the same results after repeated trials, if nothing has changed. For example, a scale produces reliable data if it gives the same weight every time the same (unchanging) object is placed on it.

Validity refers to the accuracy of the data. The measurement tool should measure what it purports to measure and not something else. For example, a measurement tool that claims to measure reading ability should not measure confidence in reading ability instead, which may be related but is not the same thing.

Both reliability and validity are a matter of degree. In this case, a quantitative analysis was conducted to determine reliability (*Respite Caregiver Survey* only), and qualitative data were analyzed to assess validity (all three instruments).

Reliability

As noted previously, the *Companionship/Outreach Assessment* and *Independent Living Skills Assessment* were not tested for reliability. However, the *Respite Caregiver Survey* was tested with a very small sample (n=6), using a test-retest method, and results showed a high degree of reliability. The correlation coefficient for this survey is .81. A coefficient of .70 or higher is generally considered acceptable.

Validity

All three instruments were systematically assessed for content validity (i.e. appropriateness of items) through interviews with respondents, program directors, and site coordinators. In addition, Project STAR added one general question at the end of each of the instruments asking respondents if they were satisfied with the service. If respondents gave positive answers to most/all of the items, they should also report that they were satisfied with the service. If respondents were inconsistent in their responses (e.g. a negative answer to the satisfaction question but positive answers to the others), this would indicate a possible problem with the survey. For all three instruments, almost every respondent answered this question consistently with their other responses, adding to the evidence for the validity of the data collected with these surveys.

The qualitative data collected through interviews indicated that the instruments were collecting valid data; that is, questions measured what they were supposed to measure and, for the most part, were relevant to the service provided, particularly with the *Companionship/Outreach Assessment*. However, interviews also showed how the instruments could be improved. For example, because not everyone understood the open-ended question included at the end of each of the instruments asking for a story, the term “example” was added for clarity (“please share a story or example...”). Following is an explanation of the main revisions.

Respite Caregiver Survey

During interviews conducted for the *Respite Caregiver Survey*, it was discovered that for some respondents, some of the vocabulary was problematic. Challenging terms included: “respite,” “sense of well being”, and “stress.” Revisions were made to the survey to improve comprehension: the term “relief” was added to “respite,” “my life is better” was added to “sense of well being,” and “worry” was included with “stress.”

A space for the name of the Senior Companion, rather than simply the phrase “the Senior Companion volunteer”, was also included to help focus the respondent on the service provided by the individual SCP volunteer, especially for those respondents who see other volunteers regularly.

Interviews with respondents also revealed that two of the items were problematic for caregivers who did not live with the homebound senior receiving visits from a Senior Companion. The items asked if the respite services provided by the Senior Companion volunteer allowed the caregiver to (1) attend to personal tasks and (2) get more rest. The caregiving context was not the same for these respondents; they were responsible for the senior but the senior could be left alone. These survey items were not revised after the pilot because only a few respondents had difficulty with these questions. However, program directors should take note; the instrument may not be less effective for caregivers who do not live with the senior.

Companionship/Outreach Assessment

Interviews conducted for the *Companionship/Outreach Assessment* indicated that the response options “strongly disagree” and “strongly agree” were confusing for some respondents. These terms were replaced with “disagree a lot” and “agree a lot,” which respondents understood well. Additionally, a space was added for the name of the Senior Companion to assist respondents who may have difficulty remembering names, or those who have other volunteers visiting them.

Independent Living Skills Assessment

Question 1 of the *Independent Living Skills Assessment* asks supervisors/caseworkers to indicate which of the listed activities of daily living clients were able to manage with help from a Senior Companion. Survey and interview data indicated that the agree/disagree scale in question 1 was problematic. None of the respondents “disagreed” with any of the items (although some left items blank), and some noted they found the question difficult to answer. Therefore, to improve the validity of the data collected with this instrument, question 1 and the response options were revised to ask respondents: (a) if clients received help from the Senior Companion in each area, and (b) if yes, how important was that help to the client’s ability to manage activities of daily living.

Several respondents reported that the one-on-one socialization provided by Senior Companions was an important service and thought an item addressing this issue should be added. Because all Senior Companions provide socialization through companionship, this was problematic. Instead, an open-ended question was added asking respondents if there was another important area, not listed in the activities of daily living, that they wanted to comment on.

Several respondents also thought questions about satisfaction with the Senior Companion’s service should be added. Program directors may want to add questions as part of their program monitoring efforts, but to avoid lengthening the instrument, only one open-ended question was added at the end of the instrument to give respondents an opportunity to provide general comments.

What can we say?

The pilot tests were positive in that all three instruments seemed to collect accurate data. Where the data indicated reliability and validity could be strengthened with modifications to the instrument, the revisions were made. In summary, we can say that:

- A small pilot test conducted in Northern California provided evidence that data collected with the *Respite Caregiver Survey* has an acceptable level of content validity and reliability.
- A small pilot test conducted in Northern California provided evidence that data collected with the *Companionship/Outreach Assessment* has an acceptable level of content validity.
- A small pilot test conducted in Connecticut indicated that data collected with the *Independent Living Skills Assessment* has an acceptable level of content validity.

Conclusion

The pilot tests reinforced the importance of selecting instruments that are appropriate to the population served and service provided. The *Respite Caregiver Survey* was designed to measure relief provided for *live-in* or *full time* caregivers; thus, data collected from these respondents would be more valid. In addition, some questions may be culturally inappropriate for some populations. For example, one program director felt it was unnecessary to ask Vietnamese and new immigrant Asian families one of the questions on the *Respite Caregiver Survey*, “I am able to continue to provide care to a homebound loved one for at least 6 months”, because these respondents wouldn’t consider *not* taking care of a family member in their home. The *Independent Living Skills Assessment* assumes that Senior Companions assist clients in some activities of daily living, such as fixing meals or helping with errands such as shopping or light household chores. If a Senior Companion is asked only to provide company for the client, then this assessment would not be appropriate to measure outcomes.

In other words, individual program directors should judge whether data collected with these instruments will be valid to measure outcomes for their service activities.