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An evaluation of the Department of Health's Health and Social Care Volunteering Fund

FINAL REPORT

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Introduction

The Health and Social Care Volunteering Fund (HSCVF) is an innovative programme that was established in 2009 by the Department of Health (DH) to build organisational and community capacity for volunteering through a national and local grant scheme. The HSCVF has offered both funds and tailored support to health and social care projects delivered by Voluntary, Community and Social Enterprise (VCSE) organisations. The HSCVF is managed by a partnership led by Ecorys and with expertise from leading national voluntary sector organisations: Attend, Community Service Volunteers (CSV) and Primetimers. To date the HSCVF has funded a total of 157 local and national projects, of which 114 are currently live.

This report presents findings from an evaluation of the HSCVF with a specific focus on the 2010/2011 national and local projects, conducted by a team from the Institute for Health & Wellbeing at Leeds Metropolitan University. It presents evidence on the extent to which, how and in what ways the HSCVF programme has built organisational and community capacity across the national and local HSCVF projects, as well as on the health and social outcomes that resulted.

Evaluation aims and objectives

The overarching aim of the evaluation was to ascertain the extent to which the HSCVF aims and objectives were met and how it contributed to the wider strategic objectives of the DH Strategic Vision for Volunteering. Specific evaluation objectives were:

1. To investigate how and in what ways organisational and community capacity has been built in the national and local HSCVF projects.

2. To identify the ways in which HSCVF local and national projects have contributed to the wider programme and DH strategic objectives.

3. To assess the extent to which the HSCVF programme has enhanced the capability of organisations to recruit, support and retain volunteers and whether this led to an improved volunteer experience.

4. To examine whether receiving HSCVF support has enabled VCSE organisations to develop new connections and/or strengthened partnerships within local health and social care systems.

5. To map the health and social impacts of the HSCVF in communities and neighbourhoods where HSCVF projects are being delivered.

6. To explore whether and how successfully the HSCVF has added value to mainstream provision.

Evaluation methods

The evaluation, which focused on 94 local and 13 national projects from the 2010/2011 funding rounds, used a Theory of Change approach. This approach helped to make explicit the links between programme goals, the different contexts in which the HSCVF is being implemented, and the role of capacity building as a mechanism for meeting strategic objectives at individual, organisational and community levels.

Evaluation data were collected using a mixed-method approach involving:

- Desk-based review of narrative reports and monitoring data from the HSCVF projects

- Three learning & evaluation workshops that involved a total of 54 project staff and volunteers

- Eight in-depth case studies of HSCVF projects (two national and six local) involving a total of 75 participants, combined with eight interviews with stakeholders working at a national level

- Volunteers' Views Survey - an online and paper-based survey which was completed by 623 volunteers from 70 out of the 107 projects involved (the return rate was 40%).

Results from all data sources were then triangulated and synthesised using the evaluation framework.

Key Findings

Capacity building

The HSCVF ensures alignment of national policy priorities to the development and delivery of volunteering projects. The evaluation has identified three main ways in which the HSCVF has built capacity and promoted volunteering across the different levels of the fund, from programme to project level:

- Acting as a lever to move forward; the HSCVF offered the funds, legitimation and space that enabled projects to develop and take risks in moving from an idea to delivery.

- Strengthening VCSE organisations; the HSCVF offered a significant opportunity to shift from a pattern where VCSE organisations lacked the resources, time and capacity to focus on anything other than delivery, to building an infrastructure to enhance volunteer management and grow volunteering.

- Learning and development; the HSCVF favoured a culture of learning through its formal support package, through sharing information, learning and experience between projects, and through training and skills development not directed by the HSCVF but often started within projects as its result.

These three mechanisms of capacity building had an impact on both the volunteering projects and the organisations hosting them. At the project level,

the HSCVF represented a 'fuel injection' that enabled new volunteering projects to get off the ground and allowed for staff and volunteer recruitment. The key role of the volunteer coordinator proved to be itself a capacity building mechanism within projects. At the organisational level, capacity building led to significant outcomes, such as the development of a volunteer management policy and establishing or reinforcing networking across and within different organisations. These changes were particularly evident in organisations for which the HSCVF projects represented a significant part of their activity: 'small projects, big difference'.

Volunteer engagement and experience

More than half of 2010 projects and around a third of 2011 projects increased their organisation's volunteer base by 50% or more. Volunteers came from diverse backgrounds and some HSCVF projects successfully recruited volunteers from disadvantaged communities. HSCVF projects and the training offered in the course of volunteering were well received by the volunteers; 89% of the respondents to the Volunteers' Views Survey rated their projects as either excellent (56%) or above average (33%). Volunteers, in both the case studies and survey, reported a range of social and health benefits gained from volunteering including increased confidence, having a sense of purpose, new skills and personal social support. There was also good evidence that participation in HSCVF projects was strengthening networks between volunteers and the wider community at large. Over 50% of the respondents to the Volunteers' View Survey reported that they had increased their contacts with their network of friends, people of their own neighbourhood/community, and people from other cultural/religious communities since starting volunteering for a HSCVF project. Just under a third (29%) reported that their contacts had increased in all three types of social networks.

Making a difference in communities

HSCVF projects work across diverse communities and address a range of health and social care needs. There was qualitative evidence that HSCVF projects were making a difference in communities: through strengthening community capacity and building networks of skilled, empowered volunteers drawn from those communities of interest; through peer support where volunteers brought unique insights and helped connect with others sharing similar problems; and through outreach to people not in touch with services. Some volunteers were using their informal networks to cascade information to their friends and neighbours.

Despite the positive outcomes of capacity building mechanisms, the HSCVF projects still perceived sustainability at the end of the funding period as a significant challenge, particularly given the difficult funding climate for the sector.

Conclusions and recommendations

There is a connection between the wider DH strategic objectives and the outcomes of the HSCVF projects, which is evidenced by a clear pathway from participation in the HSCVF programme to developing volunteer support, then volunteer recruitment and eventually community activity. Where it works well, the HSCVF builds organisational capacity, whatever the size of the projects. The HSCVF has an important role in continuing to develop and fund projects, whether local projects or national projects with local implementation models, as these often provide the people-centred services that complement statutory provision and reach those most in need.

The HSCVF has helped VCSE organisations to access new networks and partnerships, although securing long term funding was recognised as challenging. Support should continue to be directed at helping projects to get funding from local commissioners. Transitional funding could ensure that good work is not lost.

HSCVF projects have successfully recruited volunteers, improved their support, and reached groups not in touch with services. The report makes a number of recommendations: the key role of the volunteer coordinator should be taken into account in funding packages; networking and knowledge exchange between projects could be further strengthened; and learning about good practice on volunteer support in health and social care should be disseminated to inform practice, policy and commissioning.

The Report

1 Introduction

Volunteering is the route through which many citizens make a contribution to health and social care in their communities (Low et al., 2007). Volunteers in health and social care services can promote accessibility, diversify services, enhance the support provided to service users, carers and families, and provide a feedback mechanism (Neuberger, 2008; Volunteering England, undated). In peer education and peer support, volunteers bring first-hand knowledge and through their life experience help others learn new skills or cope with conditions, for example through expert patient programmes (Kennedy, Rogers, Gately, 2005). Volunteering can also promote social inclusion and address health inequalities by reaching out to and empowering individuals and communities who face barriers to health and wellbeing (South et al., 2011). The act of volunteering is associated with significant health and social benefits for those individuals involved. A range of positive outcomes have been reported including improvements in self-rated health status, quality of life, family functioning and social support, psychological distress and depression (Casiday et al. 2008). In some cases becoming a volunteer is a transformative experience, enabling individuals to step into employment, education or new roles (Sheffield Well-being Consortium undated).

Current policy reflects the pressures on statutory and third sector organisations to deliver better quality care in partnership with local people, but all within a challenging economic climate (Naylor et al. 2013). Volunteering offers a way to draw in community assets and insights. A recent Kings Fund report (Naylor et al. 2013) estimates that around three million people regularly volunteer within the health and social care sector (including hospitals and palliative care), many of these supporting older people. There is, however, a recognised need to build organisational and community capacity to involve volunteers effectively and to embed volunteering into the fabric of health and social care services.

The Department of Health (DH) Strategic Vision for Volunteering endorses the unique contribution of volunteering to society and provides a strategic framework to develop volunteering in health, public health and social care (Department of Health, 2011a). The Vision for Volunteering sets out the challenges around four themes:

- Leadership

- Partnership working to build community capacity

- Commissioning for better outcomes and increased social value

- Volunteer support to build more inclusive volunteering experiences.

1.1 Department of Health's Health and Social Care Volunteering Fund

In 2009, the Department of Health (DH) established an innovative capacity building programme - the Health and Social Care Volunteering Fund (HSCVF) - with the aim of enabling voluntary, community and social enterprise (VCSE) organisations to play a more effective role in addressing health and social care needs, alongside and in partnership with statutory services in their localities. This replaced the previous Opportunities for Volunteering Fund (Department for Health 2011b). The HSCVF has aimed to build organisational and community capacity for volunteering through a national and local grant scheme, offering both funds and tailored project support to a portfolio of health and social care projects. The programme has sought to be a catalyst for change at both strategic and project level (see Table 1). The fund is managed by a partnership led by Ecorys and with expertise from leading national voluntary sector organisations - Attend, Community Service Volunteers (CSV) and Primetimers.

Table 1.   HCSVF programme priorities

Strategic level	Project level
• Making a contribution to the DH Strategic Vision for Volunteering (2011).	• Helping projects make links with commissioners and statutory services.
• Meeting DH Strategic Objectives – including the Vision for Adult Social Care, NHS strategic developments and developments in public health and mental health.	• Helping projects fill gaps in current service provision and reach hard to reach target groups.
• Supporting funded projects to work alongside new commissioning arrangements in health, public health and social care.	• Assisting projects complement and add value to existing NHS provision. • Developing and disseminating good practice in volunteering.
• An improved volunteer experience in funded projects through better volunteer management and improved recruitment, support for volunteers.	• Helping to build capacity within organisations and supporting co-production.
• Enhancing the capacity and capability of health, public health and social care sector organisations at a neighbourhood level.	• Building healthy and resilient communities and supporting the Big Society.
• Building healthy and resilient communities and supporting the Big Society agenda.	

To date the HSCVF has funded a total of 157 local and national projects, of which 114 are currently live at the time of reporting (August 2013). For further details of projects see: http://volunteeringfund.com/map

1.2 Evaluation aims and objectives

The Institute for Health & Wellbeing at Leeds Metropolitan University was commissioned to carry out a programme evaluation of the HSCVF, focusing on the 2010/11 national and local projects. The overarching aim of the evaluation was to ascertain the extent to which the HSCVF's aims and objectives have been met and how it has contributed to the wider strategic objectives of the Department of Health around commissioning, volunteer support, community capacity and partnerships. Specific evaluation objectives were:

1. To investigate how and in what ways organisational and community capacity has been built in the national and local HSCVF projects and to identify effective capacity building approaches.

2. To identify the ways in which HSCVF local and national projects have contributed to the wider programme and DH strategic objectives.

3. To assess the extent to which the HSCVF programme has enhanced the capability of organisations to recruit, support and retain volunteers, including those from less advantaged or marginalised groups, and whether this had led to an improved volunteer experience.

4. To examine whether receiving HSCVF support has enabled voluntary, community and social enterprise organisations to develop new connections and/or strengthened partnerships within local health and social care systems, including as part of commissioning arrangements.

5. To map the health and social impacts of the HSCVF capacity building programme in communities and neighbourhoods where HSCVF projects are being delivered.

6. To explore whether and how successfully the HSCVF has added value to mainstream provision.

1.3 Evaluation approach and Theory of Change

HSCVF is a capacity building programme, allowing for local adaptation and variation. The evaluation used a Theory of Change approach to help make explicit the links between programme goals, the different contexts in which the HSCVF is being implemented and the role of capacity building as a mechanism for meeting strategic objectives (Judge and Bauld, 2001). Using this approach helped identify the causal chain from capacity building processes to subsequent outcomes at individual, organisational and community levels (see Figure 1).

Figure 1. Theory of Change for HSCVF evaluation

- HSCVF Programme - Capacity building linked to DH strategic objectives
- Projects - national/local - Supported through funding and support package
- Capacity building processes in projects - *mechanism for change*
- *Intermediate organisational outcomes*
- Improved volunteer engagement & support
- Strengthened partnerships and networks
- *Long term Outcomes*
- Health, public health and social care outcomes for individuals and communities
- Added value to mainstream provision

The main evaluation methods were:

- Desk-based analysis of documentary evidence from project reports and other monitoring data

- Three learning & evaluation workshops involving project staff and volunteers

- Case studies of six local and two national projects, involving interviews and focus groups with a total of 75 participants. The sample included VCSE staff and managers, projects leads, volunteer coordinators, volunteers and external partners and commissioners.

- Interviews with stakeholders operating at strategic/programme level, including HSCVF fund managers, HSCVF partners and a DH policy lead.

- Volunteers' Views Survey – a questionnaire-based survey of volunteers administered on-line and by paper copy through projects. In total 623 volunteers took part in the survey (the return rate was 40%).

Results were then synthesised using the evaluation framework (see section 10 for more details of research methods).

1.4 Structure of the report

This report presents findings across the evaluation and is organised thematically to follow the Theory of Change. Section 2 explores the assumptions underpinning the HSCVF as a

national programme. The next section presents findings on how capacity building processes operated as a mechanism of change through the national programme and at project level. Findings on short term and medium term outcomes are presented in sections 4-6, moving from organisational impact in VCSE organisations to volunteer experiences and finally to the contribution made to community health and social need. The final sections discuss findings from across the evaluation to highlight influencing factors and points of learning. The conclusions are summarised and recommendations presented in section 8. Finally details of the research methodology are described in section 9.

2 The HSCVF – a grant scheme with a difference

The HSCVF operates on a number of levels; as a national grant scheme, as a capacity building programme, and through the portfolio of national and local projects and their activities. This section reports on stakeholder views of the fund as a national programme linked to policy priorities. Findings are drawn from the national interviews and learning & evaluation workshops and from the desk-based review.

2.1 Goals and expectations

The HSCVF was seen as a fund with a difference because of the focus on capacity building in the third sector, which contrasts with grant-only programmes. Those working at national level, some of whom had experience of managing aspects of the previous Opportunities For Volunteering fund (Department of Health 2011b), highlighted the differences between the two funds. The Volunteering Fund was seen to be about capacity building and tailored support, with room for creativity and innovation, compared to an approach based on grant management. The overall goals were to make voluntary, community and social enterprise (VCSE) organisations stronger and more sustainable, thereby leaving a legacy at end of the funding period, and to support volunteering. Interviewees working at a national level emphasised the importance of volunteering as a means of building stronger communities. The HSCVF contributed to this goal by increasing the profile of volunteering, encouraging a more diverse volunteer base, and supporting good practice on volunteer management.

> '*So it was to open the pot of funding up to a wider range of organisations, it was to help develop a more diverse volunteer base within those organisations to help deliver the projects, it was to encourage good practice around volunteer-led activities and delivery and it was to help organisations to move forward in terms of what their organisation was doing*.' (National stakeholder)

At a national level, there was a consensus around expectations that the fund would move projects forward, rather than simply grow activities, and that there should be room for innovation and testing out ideas.

> '*It's either to try out a new project or it's to try out an existing idea with a new audience or in a new way or whatever. But it's obviously looking at what are the needs locally and how to use volunteers in meeting that need and what lessons can be learnt from that. And then there's a sort of a wider picture about where do we go in the future, how does that organisation, if that thing does work, become sustainable and ensure that it's able to deliver it in the future.' (National stakeholder)*

At project level, workshop participants spoke of different expectations for the HSCVF, some emphasising the learning aspects and distinctive features of the fund and some the role of funding in enabling project delivery.

2.2 Link to strategic policy objectives

The value of volunteering was a central theme and the HSCVF increased the profile of volunteering at a national level. While both national interviewees and workshop participants discussed the changing policy landscape and the different ways volunteering could be viewed, there was a general consensus that the HSCVF gave a strong signal about the importance of volunteering in health and social care. It also highlighted the role of volunteering in building healthy, more resilient communities.

> '*I think it has helped to retain a focus on the importance of volunteering in the four years that it's been going. During that time …countless different programmes come out from different places and this is one that's been constant, committed to. So I think from that perspective it's given a sustained focus on volunteering and community action as being something that's important.*' (National stakeholder)

The HSCVF was seen as very closely aligned to national policy priorities in health and social care. This was achieved partly through the strong working relationship between Ecorys as the fund manager, the other partners, and the Department of Health. This partnership approach involved regular feedback and enabled the HSCVF to be matched to current policy priorities, with the final signoff occurring at ministerial level. One interviewee described the fund as "a vehicle" through which the Department of Health "supports volunteering and supports good practice within communities". The link between strategic objectives and local activities was achieved in part through the selection of projects which reflected funding themes (Table 2).

The focus on supporting volunteering in local communities was key. Local projects, which were generally small-scale and hosted in local VCSE organisations, were seen as making up a very important part of the HSCVF as this was where capacity building was focused. Expectations about the national projects differed because the national VCSE organisations were assumed to have an organisational infrastructure that would allow them to develop transferable learning linked to policy objectives, although in some instances support through the HSCVF was both welcomed and needed.

Table 2. Local projects by funding theme

Themes	N	%
2010 projects (n=43)		
Addressing Social Care priorities	7	16
Health inequalities	9	21
Both themes	27	63
2011 projects (n=51)		
Patient-led NHS	7	14
Delivering better health outcomes	6	12
Improving public health	13	26
Improving health and social care	25	49

Source: HSCVF project monitoring forms

2.3 Being a HSCVF project

Overall the opportunities created by the HSCVF were welcomed by the projects. Many project staff described the relationship that they had with the funders, both Ecorys and the other partners, in very positive terms. Funders were supportive and responsive, even if on occasions, from the perception of some case study projects, information took a while to come through.

This supportive, flexible approach, with opportunities for dialogue with funders, was identified as important in creating a positive experience for projects, and was contrasted with other grant schemes.

'*Definitely there's been ongoing support throughout it, and the offer of attending workshops, networking, looking at partnerships, looking at sustainability and evaluation, is a real benefit, compared to other pieces of funding, when you're just left to get on with it*.' (London workshop, Focus group 3)

Many workshop participants felt that having the Department of Health stamp of approval was significant and led to greater recognition from others outside of their organisation. One project worker described how their small project had gained national recognition which made them "feel like you're connected". The 'badge' of being a Department of Health HSCVF project served to increase the credibility of projects with external agencies and enabled some projects to attract media interest. However, at grassroots level working with volunteers, what mattered was the activity not who funded it.

Key findings – the HSCVF as a national programme

➢ The HSCVF is more than a grant scheme; it is characterised by the focus on capacity building in VCSE organisations, the potential for innovation and the support given to volunteering.

➢ The HSCVF is explicitly linked to national policy priorities and having the HSCVF sends a strong signal about the value of volunteering and building stronger communities.

➢ Being an HSCVF project is a positive experience and project staff welcome the support given through the fund.

3 Capacity building through the HSCVF

The HSCVF is a capacity building programme linked to achieving broader health and social goals. The evaluation has sought to understand how capacity building processes have worked and whether they have been an effective change mechanism. The HSCVF has provided both grant monies for up to three years and a support package comprising action learning networks, training, support consultancy, an organisational diagnostic and an online forum. Participation in the support package is optional for national projects, but mandatory for local. The overall objective has been to strengthen VCSE organisations and enable them to work better with volunteers and communities.

This section presents findings on ways in which capacity has been built through the HSCVF and explores which capacity building approaches have worked well. Findings on the organisational impact are reported in section 4. Results from the national interviews, the learning & evaluation workshops and the desk-based review have been grouped into three overarching themes. These themes represent the main ways capacity building works across the different levels of the fund from programme to project level.

3.1 Lever to move forward

A strong cross cutting theme across both national interviews and workshops was how receiving funding, support and at times recognition through the HSCVF acted as a lever for change. Typically this moved a project from an idea to delivery. While money was important, the other factors were legitimation and the space to develop and take risks. All these factors combined to give projects an impetus to move forward, at whatever stage of planning they were at, as illustrated by the following quotations.

> '*There are some things that won't happen unless the money comes in. It's not because it's all about the money, it's because they need some initial impetus. The pump-priming as they've called it, to actually get going, to actually move.'* (Leeds workshop, Focus group 4)

> '*So it gave us the opportunity just to do something that we were planning to do anyway. So we didn't have to invent a project to get the money, it actually funded something we wanted to do anyway, which was good.'* (London workshop, Focus group 1)

Workshop participants saw the HSCVF as an essential source of funding. The funding climate for the voluntary sector as a whole was viewed as increasingly difficult and therefore participants were very positive about the availability of a source of funding in a period of wider austerity. Funding allowed for service expansion, employment of staff and investment in volunteer support. The three year funding gave time to develop and pilot activities and to take risks. One person described having a "breathing space" for their

organisation to develop the project. Another welcomed the time to "really get our heads round it, and push it forward and really build up a good case over those three years".

3.2 Strengthening organisations

In both the national interviews and the workshops, participants discussed the dual purpose of the HSCVF as both a grant scheme and a means of offering support to VCSE organisations. Both elements were seen as useful and part of a whole package. Initially, there had been some scepticism about the value of the support package, particularly with the first round of funding where it was very much a new concept. More information about what the fund offered had been provided for the second round.

A key theme from the interviews with national stakeholders was the HSCVF being underpinned by values related to learning, accreditation, personal growth and organisational development, supported by people with relevant expertise.

> '*I see our role as unashamedly and honestly sharing anything and everything that we know to help their organisation be successful because frankly there's no point if their project is successful and the rest of the organisation has fallen over….I'm trying to create not only a sensible project but a robust container for that project to be held within.*' (National stakeholder)

Workshop participants tended to stress the essential role of funding for delivery; however there was recognition that the HSCVF represented a shift from a single focus on delivery to building an infrastructure to support and grow volunteering in grassroots organisations. Participants described the normal pattern where VCSE organisations lacked the resources, time and capacity to focus on anything other than delivery of activities. One national interviewee described a "constant hand to mouth cycle" where VCSE organisations "never have the time to think about their own sustainability, their own structures". In this context, the HSCVF offered a significant opportunity to enhance volunteer management.

At project level, capacity building processes stimulated by the fund included:
- developing volunteer policies
- expanding the range of volunteer opportunities
- formalising support for volunteers
- creating volunteer support networks
- strengthening finance systems.

One important way in which the fund built capacity was by providing sufficient resources to have a dedicated volunteer coordinator post. This was a cross cutting theme in the

workshops, national interviews and also in the case studies (see section 4). The role built capacity by expanding approaches to recruiting, training, managing and mentoring volunteers, by building the confidence of volunteers, and by developing volunteer policies. The importance of having a dedicated volunteer coordinator was linked to the view that investment in volunteering was not cost free as volunteers needed support.

3.3 Learning and development

The HSCVF has included some formal training for 2010 and 2011 projects, but learning and development went beyond participation in training and the evaluation found that a culture of learning was central to capacity building processes at national and project levels.

> '*So I guess it [the fund] is a fulcrum or a network for want of a better expression for sharing that expertise and enabling local projects to benefit from that understanding.*' (National stakeholder)

> '*Learning about the project that you're within. Learning about the people that you volunteer with. And learning about…moving forward in a direction which benefits you, and the organisation*.' (London workshop, Focus group 3)

Learning occurred through the:

- formal support package – the action learning networks, organisational diagnostic and support consultants

- sharing information, learning and experience between projects

- training and skills development within the projects.

Support package

Not all elements of the support package worked for all projects and all people. Workshop participants offered a range of views on the usefulness and value of training undertaken. Some found that training sessions aided learning by providing a wealth of knowledge and good opportunities to network with other projects. Others suggested that the basic level of training was more suited to those with limited experience in the sector and the time costs of mandatory training needed to be taken into account. Similarly, there were mixed views on the value of the organisational diagnostic and the role of the support consultant in providing tailored support to projects. Some participants reported that the support package had been very useful in stimulating thinking and offering a wider perspective in their organisation, others were less sure of the value. A cross cutting theme was the quality of the relationship with the individual support consultant as this was a critical factor in the success of the support package.

> '*I think the support sessions themselves, I mean, personally think the greatest benefit was reflecting back on your own working practice and then sort of sparking and*

stimulating new ideas. You might reach a specific blocker and it just gets you to look back at the way in which you've been working and ways around that, developing new ideas.' (Leeds workshop, Focus group 4)

Sharing learning between projects

As well as the formal support package, shared learning has taken place through the HSCVF operating as a network of those with experience and expertise. Most workshop participants found this aspect useful as they gained support from peers and help with common problems. In contrast, others felt that there was little common ground between projects. One individual suggested that networking within the scope of the fund needed to be more focused and "engineered" for it to be more useful; for example, matching projects working in similar fields.

'I think that they've [training sessions] been really useful in terms of just general discussions about everyone having similar problems and experiencing similar barriers…like 'what have you done about that? How have you dealt with this?' And that's been really, really useful.' (Leeds workshop, Focus group 2)

Attempts to encourage online networking were not generally viewed as successful. Most workshop participants had never used the online forum because they simply did not see a need for it or did not have time. Identifying other projects nearby was potentially useful but the most that anyone had done was to access the website on a few occasions.

Skills development within projects

The desk-based review found that local and national projects developed training programmes and courses that created learning opportunities and skills development for their staff and volunteers. This training was not directed by the HSCVF, although it may have been informed by what the projects learnt through the support package, e.g. the Organisational Diagnostic Tool. The projects' internal training covered various topics, depending on the main objectives of each project, including first aid, safeguarding, mental health, policies and understanding service user needs. Overall, both in local and national projects, the training was focused on empowering volunteers, that is building their skills, enhancing their volunteering experience and contributing to their delivery of the role. Training around peer support projects had a focus on increasing volunteers' awareness of their clients, as well as increasing their confidence and motivation to participate in the project.

Mostly training was delivered in sessions that were undertaken either through group participation/group exercises, volunteer workshops, or shadowing of staff members. Most projects delivered their own induction training that included information about the project and around policies and procedures, although some projects outsourced their training to larger charities or external companies and some delivered accredited training (e.g. NVQs or units of a diploma). Overall, training was delivered with the aim of allowing skills to develop and find full expression. A word count of the most recurring words from the

sections on training in the narrative reports illustrates that both local and national projects tended to use similar words/concepts to describe their experiences (see Table 3).

Table 3.   The top ten most frequently recurring words in narrative reports on training[1]

Word order	2010 local projects	2011 local projects	2011 national projects
1st	Support	Skills	Skills
2nd	Sessions	Support	Support
3rd	Induction	Sessions	Working
4th	Skills	Health	Health
5th	Working	Programme	Opportunities
6th	Awareness	Roles	Local
7th	Course	Working	Credits
8th	Peer	Induction	Time
9th	Health	Learning	Areas
10th	Mental	Community	Organisation

Source: HSCVF national and local projects - narrative reports: sections on training

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[1] Words such as 'volunteers', 'staff' and 'training', which were by far the most frequently used, were removed from the count to help showing the relative importance of the words used to describe the actual content of the training

Key findings – capacity building through the HSCVF

➢ Capacity building works across different levels of the HSCVF from national programme to project level; what is done within projects is as much part of the change process as taking part in the national programme.

➢ There are three main ways capacity is built: through the funding acting as a catalyst to move from idea to project delivery; through strengthening VCSE organisations and supporting them to grow; through encouraging a culture of learning. These mechanisms are all interlinked and mutually reinforcing.

➢ VCSE organisations typically lack time and resources to focus on building their organisations and their volunteer base. The HSCVF gives them the opportunity and means to develop a project and put in place good volunteer management systems.

➢ Learning occurs through the formal elements of the support package but also through networking between projects. Sharing information and experiences is seen as very valuable and can help with solving common problems in projects.

4 Organisational impact and networks

Having identified the main capacity building mechanisms in the previous section, this section looks at the impact of capacity building at project level. The evaluation involved a series of in-depth case studies of funded projects where it was possible to gather evidence on whether and how the HSCVF has impacted on service delivery. These case studies provided a holistic view of what has been happening on the ground in local areas. In this section, themes from the cross-case analysis are presented, supported by findings from the learning and evaluation workshops, national interviews and the desk-based review. The focus is on understanding outcomes for VCSE organisations and changes in external partnerships. Evidence on volunteer engagement is presented in section 5.

4.1 Case study projects

There were six local projects and two national projects and these reflected a diverse range of organisations, activities and populations (see Table 4).

Table 4. Case study projects

Case study	Summary of project
Calderdale Parent and Carer's Council Local project - 2010	Based in a parent-led organisation, the project trains volunteers to work intensively with families of children with disabilities to empower them to identify their own needs.
Maternity Outreach Project (Leeds) Local Project - 2010	The project aims to reduce infant mortality and complications in pregnancy and childbirth. Volunteers from local BME communities raise awareness of health issues and promote early engagement with maternity services.
'My Care, My Choice' Wirral CAB Personal Budgets Project Local project - 2011	The project aims to provide people with information and advice about personal budgets and is hosted within a local Citizens Advice Bureau. Volunteers enter the project as existing CAB volunteers or as new volunteers.
Recovery Coach Project (Sheffield Alcohol Support Services) Local project - 2011	A peer-led support programme for people in recovery from alcohol and drug addiction. The project works on a model of one-to-one coaching using volunteers who are in recovery themselves.
Compass Connect (Faithworks, Wessex) Local project - 2011	A community-based befriending project for older people. Volunteers are recruited from the local community and trained then paired up with an older person.
Foleshill Women's Training (Coventry) Local project - 2011	Based in a deprived neighbourhood, the project aims to improve BME women's health by tackling health inequalities. Volunteer health champions raise

	awareness of healthier lifestyles and access to different types of health support.
Place2Be National Project - 2011	Place2Be is the leading provider of school-based emotional and mental health services, working in areas of high disadvantage. The project involves training volunteer counsellors to work in schools to provide early intervention mental health support.
Age UK: Maximising Older People's Personal Budget Use [Older People's Budgets] National project - 2011 (field work in one area)	The project aims to raise awareness of personal budgets with older people and support older people through the personal budget journey. Both peer volunteers who have experience of personalised budgets and also non-peer volunteers are involved. The project runs in several parts of the country.

4.2 Impact on volunteering projects

There was strong evidence of increased capacity at project level either through extending an existing project or starting a new one. The initial impact of funding on all of the case study local projects was considerable not least because these projects did not exist before the funding became available. Primarily the funding acted as a 'fuel injection' enabling new volunteering projects or extended services to get off the ground. This was a theme also echoed by workshop participants, particularly in relation to small local projects where it was often a case of 'small project, big difference'.

'When we put the project proposal, actually from the beginning we thought that this is what we need to do, we are delivering the project and everything. So it's given us the workers and given us some of the resources for volunteers to do the travelling, childcare and all this so that's helped us as well as some of the training and support we'd got is huge.' [Maternity Outreach]

'To be able to expand and to start Compass Connect. We knew it would be popular and within sixteen weeks we had seventy referrals come straight through that quickly, so it took momentum quite quickly.' [Compass Connect]

Funding enabled staff recruitment, primarily in the form of a dedicated project lead or volunteer coordinator. This person acted as a catalyst, kick-starting volunteer recruitment and engagement, and therefore the role itself was a capacity building mechanism within the projects (see section 3.2). Typically volunteer numbers increased at this point which positively impacted on service delivery and project capacity. The volunteer co-ordinator/lead was therefore a key person who was integral to the success and sustainability of the project, both at inception and on an on-going basis.

'…really she's [the volunteer coordinator] been so pivotal to us expanding and getting so many more volunteers. We've got loads of volunteers now, many more than we

thought we were going to have. We've got three of them here today who come into the office regularly. That wouldn't have happened before, if [name] hadn't been here, it was all very ad-hoc, bits and pieces here and there, because there was nobody who was in charge of it or who had the skills to retain people and look after them properly.' [Calderdale Parent and Carers]

The impact of the volunteer coordinator role was a strong cross cutting theme in the evaluation. There was evidence of increased capacity to manage both the volunteers and the volunteering experience more effectively. Findings from the desk-based review and the national interviews highlighted that problems with recruitment of a volunteer coordinator was a factor in holding back project delivery.

National project 2011 Narrative report	*We experienced significant delays with recruitment affecting project delivery. We had to re-advertise for the Development Worker role and this person will start in May 2012. Although these delays have had a significant impact on the delivery it has ensured that we recruited the right people for the roles and created the opportunity to re-visit the programme budget to reflect project need.*

A cross cutting theme, in both case studies and workshops, was how the HSCVF led to volunteers becoming more central to the work of the organisation, with investment in volunteer management. In the case study projects, methods of volunteer recruitment and retention were enhanced and became more strategic and robust. Most of the projects adopted more formalised systems of support and monitoring of volunteers. In some instances, the funding provided the necessary financial resources to support volunteer recruitment.

'The volunteering fund has meant that I've been able to economically recruit volunteers as I've got the resources there that's allowed me to effectively recruit volunteers of the right type and maintain that volunteer base.' [Older People's Budgets]

Funding was used to recruit and train volunteers leading to increased capacity and greater sustainability. The number of volunteers increased across the case study projects and volunteer attrition rates seemed to be relatively low. Findings from desk-based review, however, showed that having initial difficulties with volunteer recruitment was a common issue for both national and local projects.

Local project 2010 Narrative report	*We have always experienced difficulties in recruiting volunteers as learning disabilities is considered to be not an attractive area to be involved with. However, following our attendance at the Volunteer Management training session…we have changed our approach and have designed a poster showing how we can help volunteers rather than asking them to help us.*

Increasing volunteers had an impact on project delivery, which in all case studies, was completely dependent on the volunteers. Participants described how volunteers were absolutely central to the life of the projects.

'Without volunteers on the ground, our whole model is based upon the fact we are able to deliver the service by using volunteers. We can't afford to use paid counsellors….So having volunteer capacity is the life and blood of the organisation, it's the oxygen; it's all of those things.' [Place2Be]

'There would be no service delivery if there were no volunteers so it impacts entirely having a team of volunteers….there is a finite number of groups and meetings I can go to to talk about personal budgets, so without the volunteers there is no way I could go and talk to the quantity of people that I talk to.' [My Care, My Choice]

4.3 Impact on organisations

The impact at the organisational level varied across the case study projects. For some organisations, the project was a significant part of organisational activity and had enabled development of staff and systems that went beyond the immediate project delivery to affect other parts of the organisation. One participant described how it added to the organisation's credibility and gave them "*more work and more volunteers as well as staff, so it's positive for the organisation*".

When the project was a 'small cog in a big wheel', there was less of an impact. In two of the case study projects funding was received by a small proportion of the organisation and therefore the impact on the whole organisation was inevitably less. In contrast, the Recovery Coach project was seen as the flag ship project within the wider service provision and now key to the future vision of the wider organisation. One participant described how it had raised their profile: "*it's put us on the map… it's had a real impact on the organisation*".

Overall, while the funding component of the HSCVF had a demonstrable impact across the board, the impact of the support package in the case study projects was less consistent. At times the training available through the support package was accessed by higher management rather than by the project leads. Where training was made available at a local level, this was cascaded down to the volunteers by the project lead. In general,

the support package was seen as valuable although, for different reasons, not all projects managed to take full advantage of what was on offer. Nonetheless, the desk-based review, national interviews and workshops, all provided a number of examples of significant organisational change, such as the development of a volunteer management policy, following training or work with the support consultants.

4.4 Development of partnerships and networks

The strengthening of partnership working with commissioners and other external stakeholders has been encouraged within the HSCVF as a means to secure sustainability. There was evidence from the case study projects that partnerships were formed and strengthened across and within different organisations. In some cases, funded organisations already had good connections and were well established; however, funding helped improve aspects of joint working, such as volunteer training, as well as further networking and promotion of the project.

> *'What it has enabled us to do has not so much develop new partnerships but it's actually helped us to continue existing partnerships which to be fair we wouldn't have been able to do without the funding because…[name] did so much mapping and scoping that she built up some fantastic working relationships with other women's organisations or organisations who support women predominantly through their work.' [Foleshill Women's Training]*

Participants spoke of how the profile of the projects and their organisations had been raised and external stakeholders were more likely to make referrals. At the time of the case study interviews, two projects had managed to obtain additional funding from other sources and expand their service provision (commissioning is discussed further in section 6). In some cases the HSCVF opened doors because of the link to the Department of Health. This was also a theme in the narrative reports, where the prestige of the fund and the support package were both reported as facilitating factors in establishing or reinforcing networking.

> '*It's allowed us to be able to help more people in the community. I think also when I've been out speaking because we've said its part of the Department of Health funding, I don't know whether the Department of Health has opened up the doors a little bit. The hospitals seemed to be a bit more engaging, all the GPs because 'that's NHS' you must be ok then*.' *[Compass Connect]*

The evidence of impact on external partnerships varied across the case study projects and it was difficult to tease out the difference the HSCVF made to existing partnerships. In some projects, external stakeholders reported very different experiences. Outcomes from networking included the development of strategic relationships and formation of new partnerships as well as continued connections strengthened.

'The person who has been doing the work has been able to attend the meetings locally… so her face is known and her work is known to the commissioners'. [Maternity Outreach]

'I think it's had a significant impact on the organisation, it's improved our volunteer experience and our use of volunteers and our position with the local areas in terms of building the partnerships and having the capacity to be able to focus on those partnerships, but the results … have been a direct impact on delivering growth.' [Place2Be]

The desk-based review confirmed the evidence from the case studies on enhanced networking. Across both the 2010 and 2011 rounds of funding, projects developed links and often partnerships with local institutions and other community organisations. The type of organisations varied depending on the project goals; however, in most cases involved several different agencies, including statutory and voluntary sector organisations. Relationships were often established both at the strategic and at the operational levels. Relationships at the strategic level entailed actions ranging from building connections with managers to creating or joining relevant steering groups, those at the operational level entailed starting or reinforcing partnerships aimed at delivering specific community services.

In their narrative reports, many projects reported how the HSCVF helped them in establishing or reinforcing their networking. This was the outcome both of the prestige of the fund itself and the support package. Increased capacity to network often led to positive outcomes, such as a stronger referral system, increased credibility with commissioners, and increased confidence and trust among partners. One 2011 project reported that they already worked with the NHS 'but this project has helped us to strengthen our relationship further', while another project reported that once it became public knowledge that they had obtained HSCVF funding they were approached by the NHS to train some of their volunteers. A word count of the most recurring words in the sections on networking in the 2010 and 2011 reports shows the main characteristics of project networking activities. The words 'local', 'service', 'health', and 'working' were the most frequently used. Figure 2 is a word cloud derived from the 2011 reports, where the bigger the size of the word displayed the higher the number of times it was used.

Figure 2. Word cloud of the top 100 most frequently used words in sections on networking from the 2011 narrative reports

able accessing across action activities adult agencies already area authority aware become befriending Birmingham boards borough both building cancer care carers centre changes check clinical closely commissioners commissioning community contact council county Derbyshire Devon direct disabled discussion enabling Enfield engage established events existing forum funding future good group health help hospital hscvf information initial lead learning links local made making managers many meetings mental more network number opportunity coordinator organisations partners partnership pathways people positive practice primary professionals promote public recent referral relationships schools sector services social statutory steering strong support team term time together trust very voluntary workers working

Key findings – organisational impact and networks

➢ In-depth case studies of national and local projects show how HSCVF funding has an impact by enabling new volunteering projects to be established or services to be extended.

➢ HSCVF funding and support helps projects develop better volunteer support systems which in turn lead to increased capacity as more volunteers help with project delivery. The role of the volunteer coordinator is critical in improving recruitment and management of volunteers.

➢ Volunteers are central to the life of projects so investment in volunteering has an impact on community-based health and social care services.

➢ Capacity building through the HSCVF makes a big difference for smaller local projects and VCSE organisations.

➢ The prestige of being awarded a Department of Health grant enhances the credibility of the projects with commissioners and other organisations.

➢ Improved networking leads to organisational outcomes such as more referrals or services being commissioned.

5 Volunteer engagement

One of the primary objectives of the HSCVF has been to strengthen volunteering through building the capacity of local VCSE organisations to recruit, support and retain volunteers, including volunteers drawn from disadvantaged communities. This section reports on evidence primarily from the desk-based review, the Volunteers' Views Survey and the case studies where volunteers were able to discuss their experiences in focus groups and interviews.

5.1 Patterns of volunteer engagement

In their first year of activities, the 2010 local projects recruited a total of 517 new volunteers who carried out a total of 11,856 extra volunteering hours, whereas the 2011 local projects recruited 687 new volunteers and created 20,335 extra volunteering hours[2]. Overall, in both funding rounds, the majority of projects recruited up to 10 new volunteers (see Table 5). More than half of 2010 projects and around third of 2011 projects increased their organisation's volunteer base by 50% or more (See Table 6). In both funding rounds, only three local projects (representing 7% of the projects in 2010 and 6% in 2011) were not able to recruit any volunteers at the end of the first year of funding.

Table 5. Number and percentage of projects with new volunteers

Number of new volunteers	2010 (n = 43)		2011 (n = 51)	
	No of projects	%	No of projects	%
< 10	24	56	28	55
11-20	10	23	15	29
21-50	9	21	6	12
51-80	0	0	2	4

Source: HSCVF project monitoring forms

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[2] The 2011 HSCVF call offered more money (up to 50k over 3 years) compared to the 2010 call (up to 35K over).

Table 6.   Percentage increase in volunteers in 2010 and 2011

Percentage increase of volunteers	2010(n = 43)		2011 (n = 51)	
	No of projects	%	No of projects	%
≤ 10%	4	9	14	28
11-50%	16	37	21	41
51-100%	14	33	9	18
> 100%	9	21	7	14

Source: HSCVF project monitoring forms

Monitoring data on volunteer numbers were available for eight national projects; five of these overestimated the number of new volunteers they were able to recruit in the first year, and three projects underestimated the number of new volunteers recruited, with one project underestimating by 100% and two by less than 20%.

Evidence from the case studies and workshops confirmed the finding that the HSCVF was linked to increased volunteer recruitment. In the case study projects, HSCVF funding resulted in local organisations being able to expand and diversify their volunteer base. In some cases, there was a significant increase in volunteers; for example, the Recovery Coach project completely changed their volunteer pathway and at the time of the interviews had gone from 16 to 43 peer volunteers.

5.2 Who volunteers?

The Volunteers' Views Survey was completed by 623 volunteers; 468 completed online (response rate of 40%) and 155 completed a paper copy (see section 9 for more details). The results gave a good picture of who is volunteering in HSCVF projects.

Around three quarters of volunteers (74%) were women and over four fifths described themselves as White (74% White British and 8% of Other White backgrounds), of the remaining 18%, 8% were Black (8%) and 5% were Asian. About 13% of volunteers regarded themselves as disabled. As expected, there was a wide range of age groups volunteering. A higher proportion of participants was found in the age groups 30-39 (19%) and 40-49 (21%), which only partially compares with the Citizenship Survey 2010-2011, in which the proportion of those who engaged in formal volunteering at least once in the last year was highest among people in the 35-49 (43%) and 50-64 (42%) age brackets (Communities and Local Government, 2011). About half of the volunteers (49%) had either a degree (34%) or a higher educational qualification below degree level (15%). The majority were not in employment (62%), with 15% wholly retired and 13% unemployed.

Respondents ranged from those who had one month of volunteering experience to people who had been volunteering for 18 years, the median being about 10 months. About 42% volunteered for other organisations apart from the HSCVF project. Participants from the 2010 funding round were more likely to be volunteering for other organisations compared to participants from the 2011 funding round[3], which suggests that there were more participants new to volunteering in the 2011 funding round compared to the 2010 one.

Table 7 shows that the majority of the participants (55%) volunteered for 6 hours or more in the four weeks prior to completion of the survey. The national survey of volunteering (Low et al., 2007) reported that, on average, formal volunteers spent 11 hours helping in the previous four weeks.

Table 7. Hours spent in volunteering in the last four weeks

Number of hours volunteering	%	Cumulative %
None	8	8
Less than one hour	4	12
1-5 hours	30	42
6-10 hours	23	65
More than 10 hours	35	100
Total (n=611)	100	

Source: Volunteers' Views Survey

There was some variation in hours volunteering across gender[4], age groups[5], and employment status[6], but not across ethnic backgrounds[7]. Men were more likely to volunteer more than 10 hours compared to women. Younger volunteers (aged 16-29) were more likely to volunteer for less than 5 hours in the last four weeks, whereas volunteers aged 50-59 were more likely to volunteer for more than 10 hours.

The five most common volunteering activities undertaken were:

- befriending (45%)

- giving advice, information, counselling (38%)

- practical help (33%)

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[3] χ^2 (2, N = 605) = 14.446, p = .003, Cramer's V = .155.
[4] χ^2 (3, N = 596) = 10.10, p = .018, Cramer's V = .130.
[5] χ^2 (12, N = 558) = 26.59, p = .009, Cramer's V = .126.
[6] χ^2 (18, N = 596) = 49.98, p < .001, Cramer's V = .167.
[7] χ^2 (6, N = 578) = 3.051, p = .802.

- visiting people (32%)

- organising, helping run events (25%).

5.3 The volunteer experience

A cross cutting theme in the evaluation was the difference the HSCVF made to VCSE organisations' ability to recruit and train volunteers and support personal development. Projects, both national and local, were enabled to focus upon their volunteers and to create a positive experience for them. This finding was supported by volunteers participating in the learning and evaluation workshops and the case studies and by those responding to the survey.

Overall, the vast majority of the participants (89%) rated their project as either excellent (56%) or above average (33%) (see Figure 3).

Figure 3. Experience of volunteering
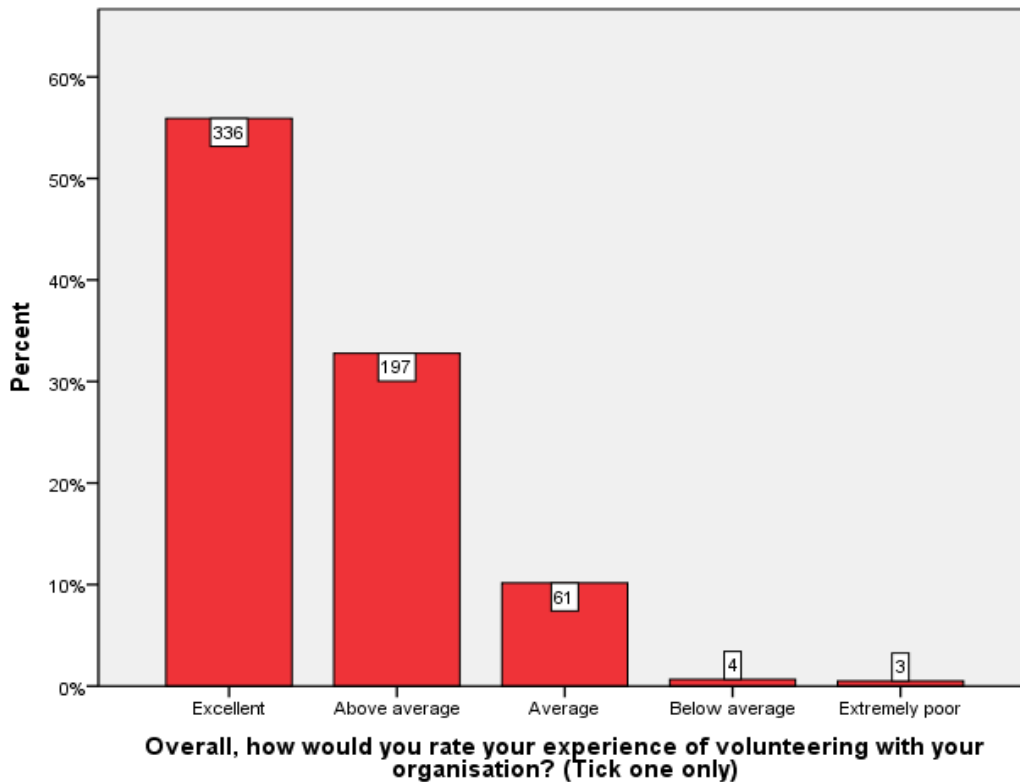
Source: Volunteers' Views Survey

Table 8.   Volunteering – opportunities, training and support (Row percentage)

	Strongly agree/ Agree	Undecided	Disagree/ Strongly disagree
I'm given the opportunity to do the sort of things I'd like to do (n=611)	89	8	3
I can cope with the things I'm asked to do (n=610)	95	3	2
My efforts are appreciated by the organisation or people I volunteer for (n=612)	94	3	3
In the course of my volunteering, I have received training that helps me in my role as volunteer (n=605)	88	6	6
In the course of my volunteering, I have received support to help carry out my voluntary work (n=607)	87	7	6
I have someone to contact if I have a problem with my voluntary work at my organisation (n=613)	98	1	1
I get bored or lose interest in my involvement (n=601)	3	5	92
I find it difficult to balance my volunteering commitments with my other commitments (n=604)	15	15	70

Source: Volunteers' Views Survey

The learning, support and opportunities open to volunteers were mostly viewed positively. Participants felt that the projects they volunteered for mattered to them, that they felt appreciated by their organisations, and that they were happy with the training and support they received in the course of their volunteering (see Table 8).

Training received in the course of volunteering was rated very highly by volunteers, with 94% (n=540) of those who had received training rating it 'very helpful' or 'fairly helpful'; 7% stated that they did not receive any training. Overall, this result compares with the percentage of volunteers (96%) who evaluated their training as 'very adequate' or 'fairly

adequate' in the national survey of volunteering (Low et al., 2007). The qualitative findings also showed the clear value of training and skills development through volunteering, especially accredited training. Gaining experience and qualifications is of personal value and brings benefits to the volunteers.

> '*We have a paper qualification at this level which will stand you in good stead. The volunteering, if you wanted to work in something else would be very, very good*.' [Place2Be]

> '*But also the volunteers have an induction training as well which is separate and then they have regular sort of support and supervision…and what we try and do is identify other training needs because one of our champions might want to gain IT skills, they might want to develop their English, so we try and identify the pathways for them as well*.' [Foleshill Women's Training]

The vast majority of the volunteers (86%) needed advice and support when they started volunteering with their HSCVF projects and over half (55%) answered 'sometime' as their current need of help and support. The support given by the HSCVF projects was again rated very highly, with 91% of volunteers rating it as 'very helpful' or 'fairly helpful'. Nonetheless, there were a large number of suggestions made to an open question: 'What do you think would be needed to help new volunteers to be properly supported?'. One common response was the need for more personalised training and support to help volunteers cope with the role and understand the needs of the people they would be helping.

Participants in the case studies and workshops often highlighted the personal support received through the project which had made a difference to their experience.

> '*I feel for us as volunteers that I've got a port of call to go to, so I've got [name] and you know, she helps me, placements and to do things, so if I need anything she gives me training. So I do think the funding's really good for having a specified volunteer coordinator.*' (Leeds workshop, Focus group 1)

> '*Looking for jobs you get very depressed I think if I wasn't coming here, I think I would be still taking my depression tablet because you don't know what to do. Coming here gives you a sense of identity makes you feel valued.*' [Foleshill Women's Training]

5.4 Volunteer involvement

The value of volunteering is a central concept for the HSCVF and the evaluation looked for evidence of volunteer involvement at different levels of the HSCVF. Participatory decision making is a key capacity building domain (Liberato et al. 2011) and was interpreted here as the open sharing of ideas and information between managers/staff and volunteers.

There has been limited participation of volunteers in the implementation of the HSCVF at national level, although some volunteers have taken part in training sessions and the national celebration events. National fund managers and support consultants also expect to meet volunteers on visits to projects. In the case studies, typically the volunteers themselves had never heard of the HSCVF and were not aware that the project they were volunteering for was funded from this, but this was not indicative of a lack of volunteer involvement at project level.

In the case study projects, many volunteers appeared to have a very active role and were highly valued. Volunteers brought added value to the projects by offering an 'insider' view and helping to recruit other volunteers by spreading the word. The volunteers often brought a wealth of experience which fed into the projects, including strategic input as well as ideas about the day to day running of the volunteering projects. For example, Calderdale Parents and Carers project was described as very much a 'parent-led' approach and many of the volunteers progressed to other roles in the organisation. The Maternity Outreach project also offered an example of volunteers running computer clubs.

> *"Some of the volunteers [are] wonderful, they are coming here running some of the sessions like internet they are going through the internet and checking, you know, using the computer. A lot of our communities were going to be affected by the recent changes and welfare benefit they have to do on-line checking." [Maternity Outreach project]*

Volunteers were often included as equal partners whose opinions were valued and whose contributions shaped the project. They were viewed as having a positive contribution to make to the project/organisation.

> *'I hope they enjoy it, we say they are part of the family and they matter to us. They are making a difference and we really value them, they are part of our staff team, we treat them the same as staff. We feel like they have that support and information.' [Compass Connect]*

> *'To be honest in my experience they all seem to be equally competent and equally active, there's no clear distinction between staff and volunteers, they all get involved.' [Foleshill Women's Training]*

In response to the statement 'Volunteers are accepted and appreciated by your organisation's paid staff', 73% of volunteers felt 'well accepted' and 23% 'generally well accepted'.

The desk-based review also found some evidence of open sharing of ideas and feedback between staff members and volunteers that helped the identification of best practices

and of lessons learnt from the project implementation. In some projects, practical and organisational issues made it difficult to involve their volunteers in planning and decision-making processes, but there were also examples of projects identifying alternative courses of action to face these issues.

Local project -2010 Narrative report	*Volunteers contributed regularly to the development of the project and to the way in which we managed feedback and volunteer support. As a result of this we tried to cut down on the paperwork involved for volunteers so feedback was encouraged on a weekly basis via email where volunteers could note what they had been doing on the visit and ask any questions. This reduced the need for more formal meetings to be arranged for volunteers and led to a more streamlined approach for monitoring and any issues could be dealt with quickly and speedily by the project manager.*

5.5 Benefits of volunteering

It is difficult to separate out the generic benefits of volunteering from the benefits which might be viewed as being specific to taking part in a HSCVF project. Nonetheless there is strong evidence from the survey and from the case studies that those volunteering in HSCVF projects, some of whom have newly engaged in volunteering activity, derive benefits from this involvement.

Participants gained many benefits from volunteering, the two most common being the sheer enjoyment of volunteering (50%) and a sense of personal achievement (47%) (see Table 9). Learning and development outcomes were also reported with over a third reporting that they had a chance to learn new skills (35%) or broaden their experiences (40%).

Table 9. Benefits of volunteering

Q: What benefits do you get from volunteering, if any?*	% (n=570)
I really enjoy it	50
It gives me a sense of personal achievement	47
It broadens my experience of life	41
I meet people and make friends through it	40
It gives me a chance to learn new skills	35
It improves my confidence	27
I am more connected to my community	26
It improves my employment prospects	20
It gives me the chance to get a recognised qualification	10
I do not feel I gain any benefits	1

*Respondents were able to choose to 3 options
Source: Volunteers' Views Survey

The outcomes for volunteers were significant across all of the case study projects. At a personal level volunteers spoke of increased confidence, increased knowledge/expertise, raised self-worth & self-esteem, having a sense of achievement and purpose, feeling empowered and listened to and feeling as if they were making a difference. Notably volunteering increased personal social support and widened friendship networks (see section 6).

'For me, it's boosted my self-confidence because I feel quite happy now that I can go and visit somebody else and give them my time and I don't begrudge giving them my time, I quite enjoy it and it makes me feel like I've got a purpose again.' [Compass Connect]

'If I wasn't a volunteer I would be stuck in a day centre, just looking at four walls basically. Whereas I can get out and meet people and it gives me a better social life.' [My Care, My Choice]

These personal outcomes were heightened in projects involving volunteers drawn from disadvantaged communities or where individuals faced difficult personal circumstances. Survey findings tended to support this; for example improvement of confidence varied with age[8] and employment status[9] with younger participants (16-29), unemployed people, carers, those permanently sick/disabled, and those who reported as their primary

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[8] χ^2 (4, N = 526) = 18.217, p = .001, Cramer's V = .186.
[9] χ^2 (6, N = 554) = 40.533, p < .001, Cramer's V = .270.

activity 'doing voluntary work' were more likely to report improvements of confidence as a benefit of their volunteering activity.

A cross cutting theme was that volunteering could have a transformative effect on individuals; it changed lives and opened doors. It also raised awareness of wider health and social care issues and sometimes brought a better understanding of volunteers' personal situations. There was strong evidence from the case studies and the workshops of individual volunteering journeys and progression (see Box 1). Volunteering was used as a stepping stone into other opportunities such as a route back into paid employment, although not all progression was about job prospects as personal development took place on many levels. Altruistic motivations of wanting to 'give back' were not necessarily in conflict with personal gains.

> *'It's that warm feeling inside of thinking I'm doing something decent here…and there is an enormous amount of feel good factor for somebody like me…on a personal level it leaves something with me, on a professional level I'm learning to do what I want to do.' [Place2Be]*

The movement of volunteers through the projects, as some people got employment or took other opportunities, could present a challenge for projects in terms of retention, but this was recognised as part of picture.

> *'…because we're seeing a lot of women who are gaining skills and gaining confidence and they're moving on, which is fantastic but then you're back to square one. So obviously it's working but then you're constantly running around trying to then get new volunteers in.' [Foleshill Women's Training]*

Box 1 provides examples volunteer journeys drawn from the Maternity Outreach project. Volunteering in this project has been life changing for some volunteers. Some were housewives who were not looking for paid employment due to cultural reasons, and volunteering helped them to reduce social isolation and access new social networks. This in turn led to increased confidence, increased knowledge and skills development. Through gaining qualifications and experience other volunteers have used the role as a springboard to further learning or other opportunities such as paid work.

Box 1: Volunteering pathways – Maternity Outreach project

*'They were coming at a stage where they…their children had grown up and they are looking to go into work and the first thing that's asked is "have you got any work experience?" for them they were looking at this as a **work experience** and also an opportunity to get out of the house and **get to know other people** and **learn something new**.'*

*'Because in the past I was very shy and I would think I can't speak English or I can't speak [about] my personal problems, [so I volunteer] **to share it** [information] **with others now**.'*

*'Some others had gone to work, some others had gone onto further volunteering or used us a **springboard to midwifery training** so it changed their lives in many ways.'*

*'After doing this voluntary we **started college** as well, **doing a teaching assistant course** we pass on the message on there … it's very helpful when you're doing story boards for school you put the volunteering things in.'*

*'Women who were doing English classes here and for them it was **the next step upwards**, you know after learning basic English, they said "OK what else can we do?"'.*

*'So definitely I've seen the increasing confidence level and many of them have actually gone on to do **further education** and there are at least 4 or 5 who have actually managed to get into **paid employment** as well as a…I'm sure volunteering for our project has definitely helped them too.'*

Key findings – volunteer engagement

➢ HSCVF projects have been able to expand and diversify their volunteer base. Volunteers come from a range of different backgrounds and some HSCVF projects have successfully recruited volunteers from disadvantaged communities.

➢ Being involved in an HSCVF project is a positive experience for most volunteers; they value highly the training and support received to help them carry out their role.

➢ The most common volunteer activities are: befriending, give advice, offering practical help, visiting people, and helping run events.

➢ Volunteers bring a wealth of experience and knowledge into HSCVF projects and their contributions are valued. Volunteers often shape what goes on in local projects but have minimal involvement in the HSCVF at a national level.

➢ There is strong evidence that people gain from being a volunteer. Outcomes for individuals include increased confidence, having a sense of purpose, new skills, widened friendship networks, feeling listened to and raised awareness of health and social care issues.

➢ Volunteering has a transformative effect on some individuals in terms of their personal development and it leads to other opportunities, such as paid employment and further learning.

6 Making a difference in communities

The HSCVF is built on the assumption that supporting and strengthening volunteering in local communities can be a means to deliver on policy priorities in health and social care. As the DH Strategic Vision for Volunteering makes clear, volunteering helps create healthier and more resilient, more connected communities, whether those communities are neighbourhoods or ones defined by particular needs or interests (Department for Health, 2011a). Notwithstanding that long term health and social outcomes at a population level will only be achieved over time and may be difficult to attribute to the HSCVF, the evaluation sought to map the direct health and social impacts that have resulted at a local level. This section draws on findings from the survey, case studies and national interviews to explore what difference HSCVF projects are making to communities. It also presents findings on how projects are adding to mainstream provision in a rapidly changing health and social care landscape.

6.1 Health and social impacts in communities

Many of the HSCVF 2010 and 2011 projects have focused on addressing health inequalities and/or improving access to information and support. Typically projects work in areas of disadvantage offering a service that is not available through mainstream provision. This entails projects and their staff and volunteers working with individuals and communities who are not accessing services or whose needs are less visible, such as carers. Many of the volunteers are themselves drawn from those communities. The ways in which projects are making a difference in communities were grouped into three themes, which are discussed in turn:

- Strengthening community capacity and networks

- Peer support – bringing an 'insider' view

- Outreach to people not in touch with services.

Strengthening community capacity and networks

A cross cutting theme has been how capacity building in VCSE organisations has led to greater community capacity. This has been achieved through investment in volunteers and where it works well has resulted in a cadre of volunteers drawn from the community of interest. The health and social outcomes for the volunteers themselves (see section 5) cannot be discounted as many of them have health and care needs or are from at risk populations. Some of the case study projects were creating a network of empowered, skilled volunteers able to address needs within their families and neighbourhoods.

> *'We've been able to train a good few hundred people from local communities, to develop their own skills and train them…[this] has made a difference to the community.' [Place2Be]*

'I think that overall they managed to embrace a wide variety of people and I think in particular the first or the second cohort was so diverse, you know they had 14 nationalities and they had like 16 languages…She [volunteer coordinator] has been able to keep the volunteers going from one cohort to the next and I know she is still in touch with earlier cohorts so I think in that sense she has managed to build a capacity in the community yes.' [Maternity Outreach]

There was good evidence that participation in HSCVF projects was contributing to social capital within the volunteer networks and stronger ties with the wider community at large. Volunteers and project staff spoke of the friendships made and the value of peer support through the project which often had an impact on their personal wellbeing.

'I've made friends out of other carers … and that's so supportive because you know, you just have a bad day, you just need to cry to someone on the phone, it's really good for that to happen.' [Older People's Budgets]

The survey results showed that since starting volunteering, the majority of volunteers had increased their contacts with their network of friends, with their people from their own neighbourhood/community, and with people from other cultural/religious communities (Figure 4). Just under a third (29%) reported that their contacts had increased in all three types of social networks.

Figure 4. Proportion of volunteers reporting changes in social networks
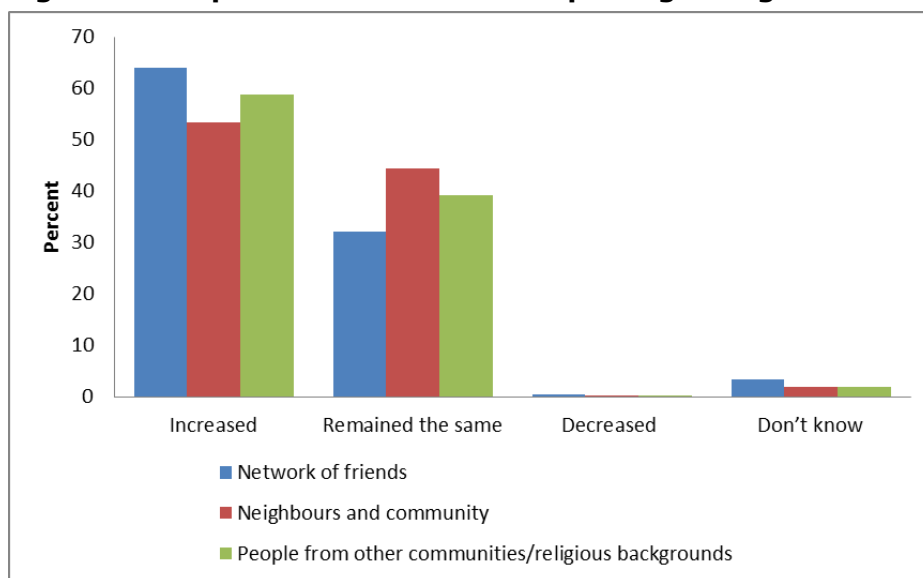
Source: Volunteers' Views Survey

Peer support – bringing an 'insider' view

While the contribution of volunteering was a strong cross-cutting theme, the specific value of peer support given by volunteers was emphasised in case study projects. The role of the volunteer was often to bring lived experience, empathy and understanding

and this connected with service users, particularly where individuals were socially isolated or not in touch with services. Volunteers acted as a bridge between different provision and signposted service users onto other means of support. There was value in volunteers who had relevant personal experience as it avoided a sense of tokenism. For example, in the two projects dealing with personalised budgets, volunteers often had first-hand experience of disability or had experience of being carers. This helped people access information and talk through issues.

'*So there's a credibility issue there as well and people want real experiences and how it's worked for them and they want to know what if I do this what will happen about that? The volunteers can give that real life experience.*' [Older People's Budgets]

'*I think when you are saying you are a carer yourself, then you just want to help other carers, that barrier goes down.*' [Older People's Budgets]

Community outreach

There is some evidence of impact at a wider community level, mostly through 'capillary action' - volunteers permeating into or having connections with communities not in touch with formal services. The survey findings show that volunteers worked with a range of groups (see Table 10), with over a third (39%) working with people with mental health conditions and older people (39%) and just under a third (31%) working with people with long term conditions.

Table 10. Which groups do volunteers work with?

	%
Black and minority ethnic groups	24
Carers	16
Children or young people	22
Disabled people	26
Lesbian, gay or bisexual people	5
Trans people	2
Older people	39
People with learning disabilities	22
People with long term conditions	31
People with mental health conditions	39

Note. Multiple response question (n=544)
Source: Volunteers' Views Survey

Funding supported reach into the local communities through networking and equipping volunteers with specific health messages. In four of the case study projects, much greater reach into the wider community was achieved than was anticipated. Volunteering also had a ripple-effect with volunteers cascading information to their families and the wider community outside of the formal volunteering role.

'These volunteers are the first step of knowledge about the whole thing. Midwives, Doctors, GP surgeries don't reach to that point. These volunteers are reaching right out into the community, and even their families it's wonderful.' [Maternity Outreach]

'…I've befriended lots of parents unofficially because you can't stop it once you start doing it. You can't see somebody trapped if you can just chat to them, even if it's just let's go down to Sainsbury's and have a quick cup of coffee and a laugh.' [Calderdale Parent and Carers]

The vast majority of volunteers responding to the survey strongly agreed that their project was making a difference in the community and reached people with need, although there was less strong agreement with the statement 'I feel valued by my community' (see Figure 5). Almost all volunteers reported that they were 'well accepted' (63%) or 'generally well accepted' (34%) by those they aim to help.

Figure 5. Volunteer views on the contribution of their project
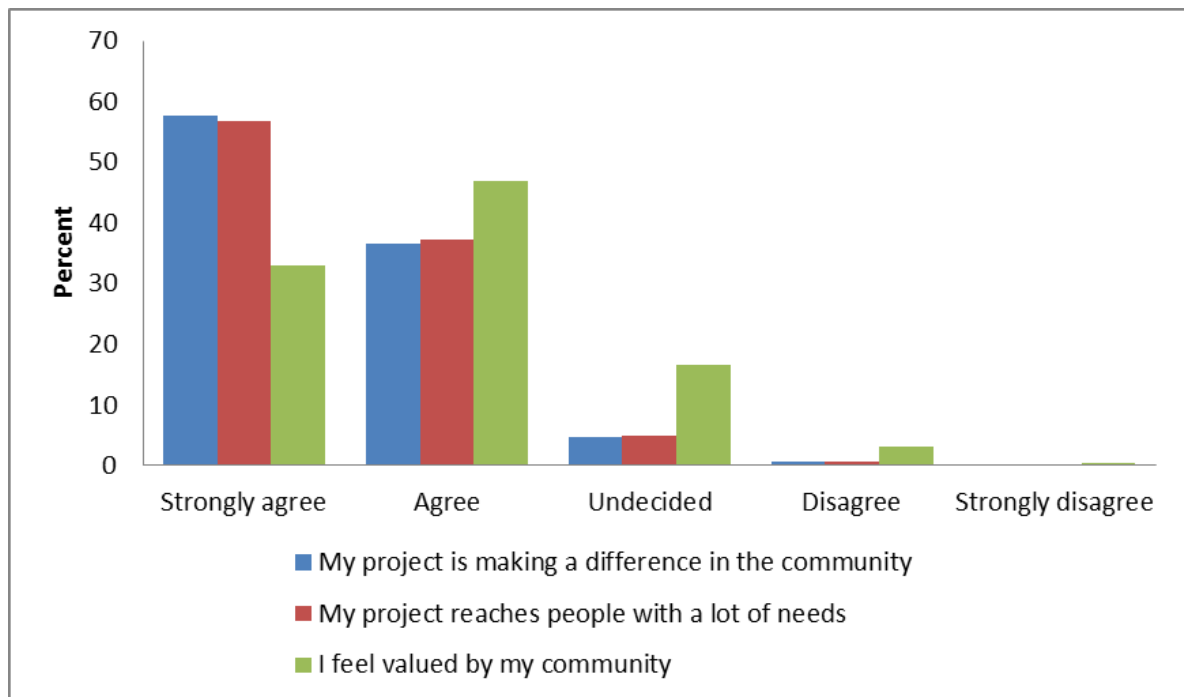
Source: Volunteers' Views Survey

6.2 Service user experiences

Although it is difficult to evidence impact on health and social needs at a community level, there was qualitative evidence about how projects made a difference to individual service users. The evaluation did not involve any data collection directly with service users, except where volunteers were also service users and in one case study project (Maternity Outreach) where two service users were interviewed. This is in part a reflection of the nature of services in the case study projects; clients were often from

vulnerable groups, such as recovering drug users, or were difficult to identify where the volunteer role was low-intensity 'out in the community'.

The case study projects provided a varied and frequently unique service or approach with direct benefit to service users. Volunteers had often been through a similar set of circumstances to the service users which facilitated authentic, meaningful engagement. The volunteers also brought expertise and insight around the issues facing communities and were therefore able to connect with and meet people 'where they are at', for example, by utilising informal networks. This resulted in increased engagement with service provision.

> '*These women are then going to women who don't come out of the house at all or don't interact with the outside world at all if this message is going to them then definitely this project has achieved what it set out to achieve is to reach the communities which are hard to reach*'. [Maternity Outreach]

Case study participants spoke of service users who had benefited from increased social and community connections; for example, reducing social isolation or accessing support and advice. Box 2 gives examples of positive health and social outcomes for service users from a befriending project (Compass Connect) where volunteers visited older people.

Box 2: Volunteers talking about benefits from a befriending scheme

> '*He said 'Oh Christmas. I don't like Christmas but I'd quite like to go to the party'. He actually came along and the long and short of it was that he hadn't been out of his flat for 18 months but because we set up the transport and he said 'you've given me hope'.*
>
> '*Even if it's just one person going once a month that gives that person that's in on their own that once a month contact with the outside world. I think it benefits them knowing that there's somebody else out there that does care. They don't feel quite so lonely then.'*
>
> '*It gives them a reason to get up every day and if there's a community event that perhaps they would like to go to but don't want to go on their own, one of us could take them and stay with them until they felt comfortable or stay for the whole time.'*
>
> '*It's bound to improve their mental health…being in contact with somebody that they can talk about whatever comes into their head, whatever they feel that they want to talk about.'*
>
> '*A lot of people have lived for a long time where they are and they've got isolated from the community and it's really nice for them to get back in and to feel that they're still a part of that community and the community still cares for them. I think it's healthy from their point of view, but it's healthy from the community's point of view as well.'*

> *'He says we've opened up a different world for him now, he's still quite frail but he's more confident in knowing that he can try things.'*

6.3 Adding value to local health systems

Findings show that volunteering models have a unique offer to the health system and can provide services and support in a way that complements statutory service provision. Often, as the case studies illustrate, projects are meeting very specific needs. Some case study projects were viewed as plugging a gap in formal service provision and to some extent 'holding up the system'. They were seen to be making a difference, but the general feeling was that more was needed. One participant described how demand was there: "work is needed but where do you get the money?". Another explained that third sector provision was essential and "I think if we weren't here, they [social services] would be much more in the papers" as people still "slip through the net".

Barriers exist that prevent some groups of people from accessing services, which in turn exacerbate health inequalities. Some of the case study projects demonstrated that volunteers could successfully raise awareness in the community, signpost to services and provide much needed, non-stigmatised support. Volunteers with the Calderdale Parents and Families Council, for example, were able to use their personal experiences to connect with parents and carers of disabled children and help them get the support that the family needed.

> *'There are major issues out there that these children are not getting the support that they need. So it's opened my eyes that way and it's also helped me with confidence and it does bring home to you that you are doing the right thing as well and that you can pass on your support, your experiences as well to other people. And when you get a kind of a sense of achievement in a way when you've signposted somebody to somewhere that's helped as well.'*

6.4 Commissioning and sustainability

Part of the HSCVF capacity building approach has been aimed at developing stronger VCSE organisations that are able to achieve sustainability at the end of the funding period. However, findings from the case studies, workshops and national interviews all indicated that this is a significant challenge, particularly given the difficult funding climate for the sector. Many workshop participants had major concerns about the availability of funding.

> *'What we're actually saying is next year actually, it's gonna be worse, and probably the year after it's gonna be worse. So, organisations like us won't be able to develop*

new ideas, won't be able to innovate and do new things, because we just don't have the capacity within your organisation. And I think that's a sad thing that core funding is just about there to survive.' (Leeds workshop, Focus group 2)

The widespread organisational change in health and social care structures frequently meant that relationships had to be renegotiated with commissioners whose own organisations were in a state of flux.

'We currently receive funding through our local PCT…but from first of April we just don't know who to speak to say what's going to happen to that funding…So the likelihood is that we'll lose probably seven to eight per cent of our funding overnight because we can't convince anybody, at the moment, who can make decisions about that funding in the future.' (Leeds workshop, whole group discussion)

Uncertainty about how the projects would be funded once the funding ceased was a cross cutting theme. Many of the case study projects reported being in a tenuous position regarding the longer term sustainability of the project and were always looking for new sources of funding. The capacity of the projects was often viewed as being constrained by limited funds, the HSCVF being seen as a relatively small amount that often only just covered the employment of a part time worker. Some of the original sample of projects selected for the evaluation had already closed. More positively, one of the national projects was getting their services commissioned through local education providers and one of the 2010 projects had got some additional funding and expected to continue the project after the HSCVF finished.

Despite a general view about the difficulties of securing funding, the HSCVF was seen as enabling projects to be in a better position to be commissioned. This was facilitated through elements of the support package, including sharing experiences with other projects. There were examples from across different parts of the evaluation of VCSE organisations that had been able to make strategic connections, reorient themselves to new commissioning arrangements and start to develop a case for funding.

'Some of them have really struggled to deal [with] commissioners and make links, but this is putting them in the right place so eventually they will get to that stage. I know it is all changing but I think they are starting to make a few relationships that are key for the future and one day they could possibly get their services commissioned...' (National stakeholder)

'Although the work has finished, the funding has finished, the scheme still operates in the neighbourhood where it is, so there's actually stuff on the ground still, which is quite good. In fact it's done more since the funding stopped than we did during the funding, because it was about setting something up really, that would have some momentum.' (London workshop, Focus group 1)

Key findings –making a difference in communities

➢ HSCVF projects provide services that are not available through mainstream provision. They work with individuals and communities who have specific needs or face barriers to health and social care.

➢ Projects make a difference in communities in three ways: by building networks of skilled volunteers; by volunteers providing peer support and by reaching out to people who are socially isolated or not in touch with services.

➢ HSCVF investment in volunteers helps strengthen community networks. Most HSCVF volunteers have increased contact with people from their own neighbourhood and with other communities since joining their project. Friendships made through the projects can lead to improved wellbeing.

➢ Some HSCVF projects have created a cadre of empowered, skilled volunteers who use informal networks to cascade information to their friends and neighbours.

➢ Volunteers bring an insider view of health and social issues. Peer support offered by a volunteer who shares similar experiences can help projects connect with service users.

➢ HSCVF projects are doing important and much needed work in local communities but face uncertainty over securing future funding from local commissioning bodies.

7 Learning from the HSCVF

The HSCVF is a relatively new grant programme. Learning has and continues to emerge from the implementation of the fund as a national programme and from within local and national projects. The changing context also shapes what happens. Using a 'Theory of Change' approach, the evaluation has explored the question of 'what works, for whom and why?' and also 'what doesn't work and why?'. This section discusses findings from across the evaluation to highlight influencing factors and points of learning.

7.1 Factors influencing impact

In order to assess the relative impact of the HSCVF, it is important to understand how contextual and process issues have influenced the implementation of the programme. Influencing factors can be grouped into those that relate to the external context and those internal to the programme.

Context

The changing landscape for health and social care and the challenges this creates for VCSE organisations were strong cross cutting themes. Participants related how profound changes across the health and welfare system were and are impacting on the voluntary sector, volunteering and most critically community needs. The main factors affecting HSCVF projects were:

- decreases in statutory sector funding available for VCSE organisations

- NHS reorganisation delaying commissioning decisions and leaving VCSE organisations having to make the case to new commissioners

- high unemployment resulting in changing patterns of volunteering

- expectations that the voluntary sector helps with the employability agenda

- cuts to statutory services creating increased demand for VCSE services to 'plug the gap'

- high levels of health and social needs in communities, in part because of economic context; for example, demand for food parcels.

The wider environment has, therefore, placed demands on HSCVF projects and, moreover, has undoubtedly made securing future funding more challenging (see section 6.4). On the other hand, the fund has been used as a means to strengthen organisations and build capabilities in staff and volunteers. Many projects have been able to respond strategically to the changing context rather than just do delivery in the way that they have always done. New projects have been able to respond effectively to changing community needs. For example, in relation to one key policy change where there was reported to be a general lack of awareness and confusion over personal budgets in the population, two of the case study projects successfully involved volunteers to get the messages across to people entitled to this type of support.

Implementation issues

Influencing factors occurred at both programme and project level. At programme level, one factor was the high profile of volunteering within the fund, with the added credibility of the Department of Health label. Legitimation to build volunteering might appear a somewhat intangible factor, but there was some evidence that projects that took a very positive, enthusiastic approach were able to capitalise on the opportunities offered by the HSCVF.

Some projects took a while to establish and one of the main factors that delayed projects was not having staff in place who could lead the project. Organisational capacity was clearly an issue that some small organisations struggled with. Delays in recruiting a volunteer coordinator, staff turnover and having a fund raiser write the bid with no connection to later implementation were negative factors. Conversely, having a volunteer coordinator was a key facilitating factor and moved projects on. The support consultant was also a key role and where positive, meaningful relationships were established, this helped organisational development.

There were a handful of projects that were not able to deliver against their original objectives. Sometimes an idea did not work, but at a programme level this was seen as acceptable as the HSCVF allowed for innovation and learning.

7.2 Assessment of programme impact

The evaluation has built an understanding whether and how the HSCVF works, by focusing primarily at project and volunteer level. It is also useful to consider what the results say about the relative impact of the overall grant programme. There is strong evidence that it has been successful as a national capacity building programme, providing useful support to both local and national VCSE organisations.

One of the key findings is about 'small project, big difference', which summarises the significant impact of the fund at a local level. By and large, local projects that were delivering on national policy priorities simply would not have existed without the fund. There is a risk, however, that the combined efforts of those projects will not amount to much in terms of national impact. The evaluation findings strongly indicate that the value of projects to the health and social care system is in their links with local communities and their capacity to support volunteer pathways for individuals. The two national case studies also illustrate these themes. The suggestion is that greater programme impact will be achieved by continuing to develop and fund local projects (or national projects with local implementation models) as these often provide the people-centred, informal services that complement statutory provision and are essential to reach those most in need. This has implications in terms of supporting successful projects to get funding from local commissioners, rather than concentrating on scaling up. Some projects are making a genuine contribution to building healthier communities, but as the findings show, grassroots volunteering cannot always be packaged up into neat, scalable delivery models. The findings suggest that it is important to maintain a focus on quality volunteer

support, as the HSCVF has done, particularly where projects are reaching and involving communities with specific needs.

7.3 Learning from the HSCVF

The HSCVF is still evolving and fund managers and partners are committed to improving the way that the fund and the support package are delivered. A number of wider points of learning were identified through the evaluation and these included:

- Flexibility, within the framework of the HSCVF, is key to programme grant management. It enables the alignment of national priorities with local needs in a way that helps VCSE organisations respond to the challenges facing the sector. The HSCVF gives VCSE organisations much needed 'space' to be able to successfully develop their projects and volunteering within those projects.

- The experience of the HSCVF confirms the importance of having an infrastructure in place to support volunteering. Participants emphasised that funding is required to invest in volunteers and then activity and growth in volunteer numbers will follow. Funding is vital to make projects happen.

- There is potential for the support package to be better tailored to project needs so that it fits with the development needs of the organisation and is timely. A new bursary scheme is aiming to give more tailored support and is currently being evaluated.

- Networking is valuable as it enables learning to be shared between projects facing similar issues. There is scope to strengthen this element of the fund, to ensure learning is 'recycled' and informs practice.

- Securing future funding is challenging and can be a huge learning curve for some VCSE organisations. The HSCVF has already responded to development needs around sustainability. The evaluation highlighted the importance of preparing a case and building links with commissioners over time. Long term impact needs to be evidenced.

- Peer models of volunteering work well, especially where combined with outreach. Volunteers with similar life experiences to service users can help projects understand community needs better and help people access services.

- There are range of volunteer pathways and many projects actively encourage personal development of volunteers. It is helpful to have some flexibility in terms of the range of volunteer roles on offer, from high (e.g. one-to-one support) to low intensity volunteering (e.g. making cups of tea) because volunteers have different circumstances and aspirations.

- There is scope for strengthening volunteer involvement in the HSCVF at a national level because this would strengthen the link between local action and strategic priorities. Many projects already involve volunteers in shaping their services but there is also scope for developing channels to feed in volunteer insights into local service planning as part of the commissioning process.

7.4 A new capacity building model

The HSCVF offers a distinctive capacity building approach. The evaluation has identified the main capacity building elements and how they work together along a causal chain from national priorities to local action. Based on the three overarching themes (lever to move forward, strengthening organisations and learning & development), a new model is proposed that makes explicit the links between the different levels of change: programme, project and community. Valuing volunteering is shown as the thread that links the national strategy to community action through the projects. Key themes are labelled, using bold type to indicate where there was particularly strong evidence. The model shows how when capacity building occurs across each level, a range of individual and community outcomes can result.

Figure 6. HSCVF - Capacity building model

Capacity building model -
national strategy to local action
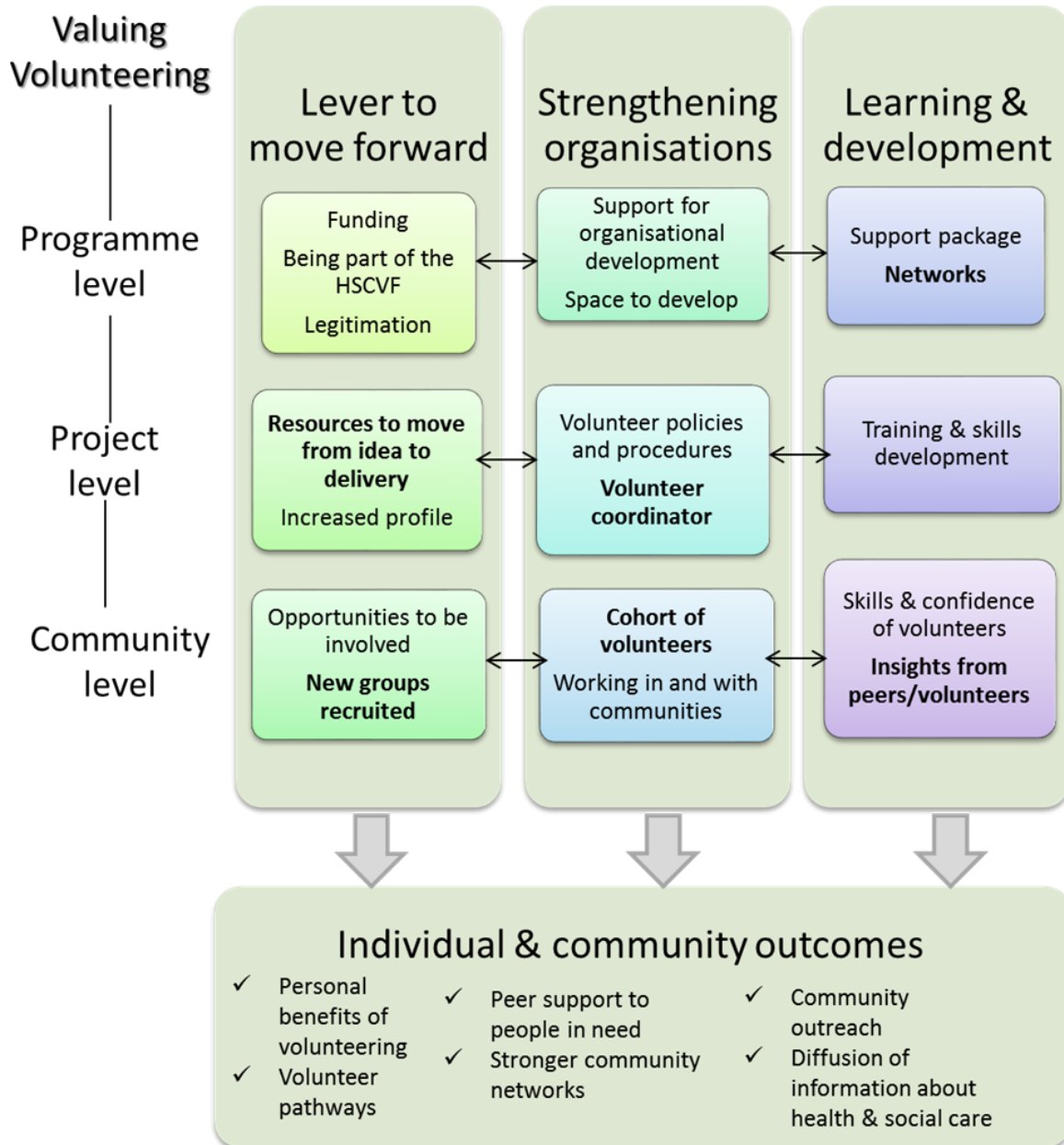
Key findings –context and learning

➢ The wider policy context, less statutory sector funding and the changes in health and social care are impacting on VCSE organisations and the communities they serve.

➢ Securing funding is difficult with the changes in health care commissioning arrangements, but the HSCVF is helping projects respond strategically and build a convincing case for commissioners.

➢ The HSCVF has an important role in funding small local projects that add value to mainstream provision because they successfully connect with disadvantaged communities.

➢ VCSE organisations need to develop an infrastructure to support volunteering – the HSCVF has been a means for organisations to invest in volunteers.

➢ Funding is critical but tailored organisational development (e.g. support consultant) and networking between projects are also facilitating factors.

➢ A new capacity building model is proposed which shows how capacity building results in outcomes at national, project and community levels. The way the HSCVF is able to connect local action with strategic priorities is one of the strengths of the fund.

8 Conclusions

The evaluation has provided a comprehensive assessment of the ways in which capacity has been built and volunteering promoted through the HSCVF. Evidence has been gathered about the steps from national programme to social action in communities. There was good triangulation across the different research methods and data sources. With reference to the evaluation objectives, the following conclusions can be drawn.

(1) There is a connection between strategic goals and the development and delivery of local and national projects. The common thread is valuing and supporting the contribution of volunteering.

(2) Organisational capacity has been built through the funding acting as a lever to move forward, by strengthening volunteer management and through learning and development. Where it works well, there is a clear pathway from participation in the national programme to developing volunteer support, and then volunteer recruitment and community activity. Volunteers themselves are a mechanism to increase community and organisational capacity.

(3) VCSE organisations have used the space and support provided by the HSCVF to access new networks and partnerships. Securing long term funding is recognised as challenging, especially given the changes in health and social care system, and projects need to build a case and continue to engage with commissioners in order to ensure sustainability.

(4) HSCVF projects have successfully recruited volunteers and volunteer support has generally improved. Volunteers report very positive experiences and value the training and support received which helps them carry out their roles. Volunteers gain many benefits from taking part; for many, volunteering opens up new opportunities and leads to increased wellbeing.

(5) Volunteers are able to reach groups not in touch with services and connect with people in meaningful ways. Some of the HSCVF projects involved peer support and this helped bring a valuable 'insider' perspective into services. Volunteering also strengthens community networks and builds much needed social support. There was strong evidence that HSCVF volunteers have more contact with friends, families, and their own and other communities, since joining their project.

(6) Small HSCVF projects can add something very distinctive to local health and social care systems. Some projects help people with needs access services, others plug a gap or help people support each other. The HSCVF as a national grant scheme has helped projects get off the ground, and continues to support their development, but ultimately the contribution of these projects needs to be recognised and supported by local commissioners and service planners.

Overall the HSCVF has proved an effective approach to strengthen volunteering in local communities. Investment helps VCSE organisations be better at volunteer management and more able to involve volunteers in meeting health and social care needs.

8.1 Recommendations

- Consider the balance between local and national projects, and if such a distinction is useful. The HSCVF works best when it builds capacity whatever the size of the project.

- Further strengthen networking and knowledge exchange between projects. Sharing learning is very much valued and helps solves local problems, but this aspect could be enhanced. Suggestions raised in the evaluation include matching projects with similar approaches and using alumni from the fund to help mentor and train those new to the HSCVF. There is scope to build the HSCVF as a strong network of grassroots projects.

- Programme support should continue to be directed at helping projects make a case for future funding. Given the scale of changes to health and social care structures, there is scope for transitional funding to ensure good work is not lost. The HSCVF has to date focused on helping projects prepare for this new commissioning environment; there is also a need to 'educate' commissioning bodies about the contribution and evidence around these projects. Small local projects with high levels of volunteer involvement often provide the people-centred services that complement statutory provision and reach those most in need.

- Learning about good practice on volunteer support in health and social care should be disseminated to inform practice, policy and commissioning. The key role of the volunteer coordinator should be taken into account in funding packages.

- Funding should continue to be available for projects involving peer volunteers as these projects have a unique offer for health and social care. Funding should be sufficient to enable peer projects to support a cohort of volunteers, who may themselves lack confidence or have health and social care needs. While not all projects will involve volunteers drawn from the communities they serve, peer projects are an important part of the HSCVF portfolio and commissioners need to be informed about the benefits of this approach.

- Consider how feedback loops can be created in projects, in the national programme and in local health economies to allow volunteer insights to inform planning. Projects should be encouraged to proactively collate volunteer experiences and consider using these as part of building a case – people's personal stories often illuminate key issues. Volunteer involvement in national celebration events is seen positively but more volunteers could be involved in the training and networking as this would allow learning to be shared between volunteers, staff and all the HSCVF partners.

- Long term impact needs to be evidenced. This could be achieved a number of ways: through longitudinal research, through further programme evaluation or through a common reporting framework. The size of many of the local projects will limit the evidence gathered, but use of a common reporting framework and key indicator set could allow for some cross comparison and give a sense of impact across the HSCVF portfolio. Ideally this would need to be complemented by further programme evaluation and a repeat volunteer survey. There is scope for longitudinal case studies that are able to capture some of the community and organisational impacts over time.

9 How we did the research

9.1 Desk based review

The aim of the desk-based review was to provide a rigorous synthesis of monitoring data collected via the HSCVF. The primary data sources were the yearly narrative reports for local projects, where 43 projects from the 2010 funding round and 51 local projects from the 2011 funding round reported on their progress and achievements across aspects such as training, volunteer recruitment and project management, and also the narrative reports for the national projects, which were less detailed. National projects were expected to carry out individual project evaluations, but only one evaluation report was available at the time of the review (October 2012).

The yearly narrative reports of the 2010 and 2011 local and national projects were analysed using framework analysis (Ritchie, Spencer and O'Connor, 2003). The framework of themes was drawn from the nine domains of capacity building identified by Liberato et al. (2011) in their systematic review of measuring capacity building in communities:

- learning opportunities and skills development

- resource mobilization

- partnership/linkages/networking

- leadership

- participatory decision-making

- assets-based approach (building on community strengths)

- sense of community

- communication

- development pathway (an infrastructure to develop and deliver projects).

Data from each report were extracted and mapped systematically onto the framework. Themes were then summarised onto a matrix and patterns explored, leading eventually to a narrative synthesis. Quantitative data on volunteer recruitment were analysed using SPSS 20 statistics package to explore whether there were associations with factors such as organisation size. The statistical significance of relationships was checked using Fishers' Exact test for categorical data and Pearson correlation for continuous variables.

9.2 Workshops

The learning & evaluation workshops were designed to bring together people with direct experience from both national and local projects to help build an understanding of effective capacity building approaches, to share successes and to highlight pathways to outcomes.

Three learning & evaluation workshops were held in September, October and December 2012. In total 54 people attended the workshops: 15 participants at the initial workshop in Leeds, 19 at the workshop in London, and 20 at the final workshop in Leeds. All local and national projects were invited to participate in the workshops and projects were encouraged to send delegates from different stakeholder groups including volunteers as well as staff. The workshops used reflective and participatory methods so that participants could share insights with each other. The workshops were structured to include:

- Speed-networking – where projects had a chance to discuss their project and its achievements

- Focus groups where participants discussed their experiences and expectations as part of a HSCVF project

- A capacity building exercise – ranking measurement domains

- A reality-check exercise to explore the impact of context on HSCVF projects.

Focus group and whole group discussions were digitally recorded with permission and notes/flip charts recorded other exercises. All data were analysed using framework analysis (Ritchie, Spencer and O'Connor, 2003), using an initial framework of themes identified from the first readings of transcripts and notes. Coded data was then mapped to an integrative framework that combined categories from both national interviews and workshops.

9.3 Case studies and national interviews

Case studies of HSCVF national and local projects were used to gain an in-depth understanding of capacity building processes at project level and the impact on the different stakeholder groups involved within specific social contexts (Yin 2008).

A total of eight projects (two national and six local) were selected to be case studies (see section 4.1 for summary of projects). The primary criterion for case study selection was the percentage increase in newly recruited volunteers since the HCSVF funding began to give a spread across projects that had seen a substantial growth in volunteer numbers to ones where volunteer recruitment was low. The secondary criteria were to ensure a diverse sample with representation across both the 2010 and 2011 funding rounds, a mix of projects from rural and urban areas, and a spread across HSCVF funding themes (based on health and social care priorities). Once a project had agreed to take part, recruitment took place through the project lead or manager.

A total of 75 participants were interviewed across the eight case studies using face-to-face interviews and focus groups with volunteers (see Table 11). The external stakeholders were identified by the project and mostly were individuals who had worked with the project directly, e.g. delivered some training, or who represented local commissioning organisations. Interview schedules were designed to cover topics such as:

- expectations of the HSCVF

- capacity building in VCSE organisations

- engagement of volunteers – recruitment, training support

- local connections and partnerships

- volunteering contribution to social and health issues facing communities

- commissioning and future directions.

Interviews were also undertaken with nine stakeholders operating at strategic/programme level (see Table 11) and covered a range of topics on capacity building processes and implementation.

Table 11. Participants - case studies and national interviews

Type of participants	Number
Case studies	
Staff	22
Volunteers	39
Service users	2
External stakeholders	12
TOTAL – case studies	**75**
National interviews	
Ecorys	3
HSCVF partners (Attend, CVS, Primetimers)	5
Department of Health	1
TOTAL – national level	**9**

All interview data were transcribed verbatim. NVIVO qualitative data management software was used to support analysis. In line with the principles of qualitative research (Mason 2002), all data were coded using an initial coding framework drawn from interview questions and emerging themes.

Analysis of case studies involved both within case and cross case analysis (Yin 2008). Case study reports were developed for each case study, which described the context, project history, activities and structure, and summarised the data (with quotations) across the different thematic categories. Cross case analysis was then undertaken to explore patterns focusing on the different levels of impact. Finally, a narrative summary was produced that synthesised key points from the cross case thematic analysis.

The national interview data were analysed using framework analysis methods (Ritchie, Spencer and O'Connor, 2003). Coded data were mapped onto a framework that was

common to both the workshop data and national interviews. This allowed patterns to be explored using the framework matrix in relation to capacity building processes.

9.4 Volunteer survey

The Volunteers' Views Survey was a 37-item self-administered questionnaire that was developed, based on the available literature (e.g. Low et al. 2007), by the research team (see project web site for copy of questionnaire). The questionnaire consisted of four main sections:

- 'Volunteers' motivations, activities and tasks', which included five questions on the participants' motivations to volunteer, who they volunteered with and for how long.

- 'Benefits of volunteering', which included six questions on whether the participants got benefits from volunteering and, if so, which ones.

- 'Training experiences', which included 14 questions on participants' experiences of training and support in the course of their volunteering.

- 'Volunteers' background', which included 12 questions on participants' socio-demographic backgrounds.

The questionnaire, which was generated using the software SNAP, was administered online and on paper and used both closed and open questions. Closed questions that explored experiences of volunteering were designed in a multiple choice format, whereas questions that explored opinions consisted of 5-point Likert scales. The survey was piloted with the HSCVF User Reference Group.

All volunteers who participated in a local or national project funded through the HSCVF were eligible to take part in the survey. Participants were recruited through project leads, who delivered invitations to complete the survey from the research team either through email lists or through direct distribution at volunteer meetings. There were no incentives to participate.

The Volunteers' Views Survey was completed by 623 volunteers; 468 completed the online version and 155 the paper one. Overall, 65% of the HSCVF projects involved in the evaluation took part in the survey. In total, 58 projects administered the online survey, of which 18 both the online and the paper version; 12 projects administered only the paper version. It was not possible to involve 37 projects, despite attempts to contact project leads. The return rate for the online questionnaire was 40% which was calculated based 49 projects who returned information on how many volunteers they invited to complete the survey online. It was not possible to calculate a return rate for the paper version because of the multiple recruitment strategies used by projects.

The completed questionnaires were exported from the software SNAP to the statistics package SPSS 20. Percentages were calculated for all the responses. Where appropriate, measures of central tendency and dispersion were computed to summarize the data and

to understand the variability of scores. All percentages were adjusted to reflect missed items or non-completion.

Chi-square tests of independence and t-tests or Pearson correlations, for continuous variables, were computed to check the relationship between relevant questions and demographic and socio economic characteristics. The alpha level was .05. The strength of the chi-square relationships was assessed through the Cramer's V measure, whereas Pearson r correlation was used to calculate the effect sizes of t-tests. The usual guidelines regarding effect sizes were adopted (Field, 2005). For cross tabulations, adjusted standardised residuals were calculated to determine what factors specifically contributed to group differences.

9.5 Synthesis of results

The results from each component of the data collection were synthesised using an evaluation framework based on the initial Theory of Change (see Figure 1). Findings were mapped onto the framework and cross cutting themes highlighted. A narrative account was then produced to mirror the Theory of Change (Figure 7). Using a Theory of Change approach made explicit the links between programme goals, capacity building processes and subsequent outcomes at individual, organisational and community levels (Connell & Kickbush, 1998; Judge and Bauld, 2001). The triangulation of different data sources and methods strengthened the evidence produced.

Figure 7. Synthesis of evaluation results
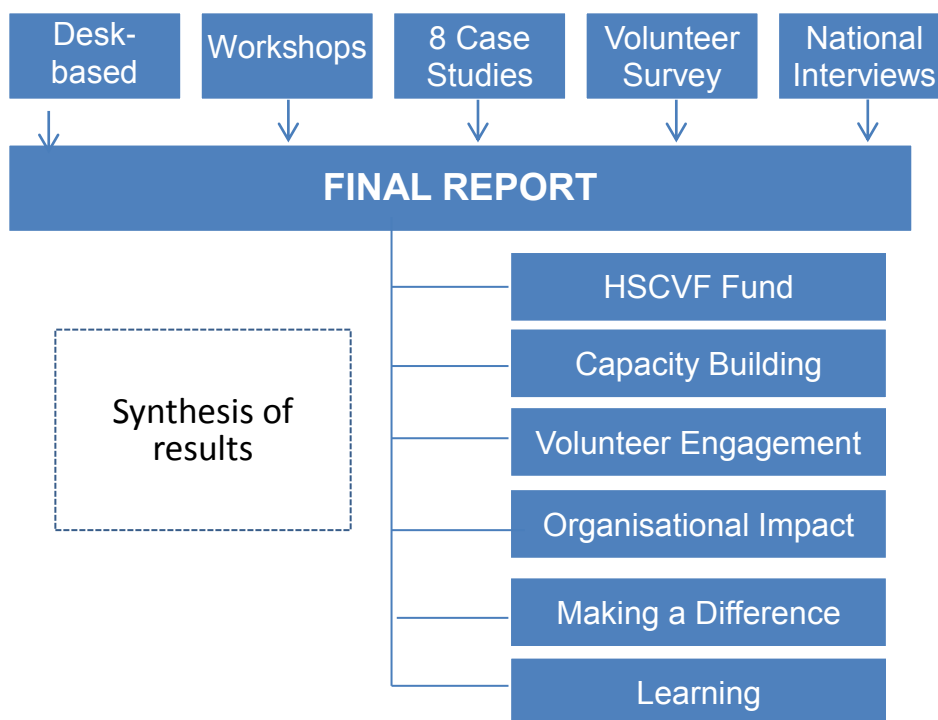
9.6 Research ethics

The evaluation received ethical approval through Leeds Metropolitan University ethics procedures. The evaluation conformed to recognised ethical practice by ensuring:

- informed consent – written consent was obtained from all those participating in workshops and interviews; consent to participate in the online survey was assumed based on completion of the survey.

- confidentiality and anonymity- no individual has been identified in reporting of results

- secure information management – through password protected University systems

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