Volunteering
england

By Simon Teasdale

Health check

A practical guide to assessing the impact of volunteering in the NHS

Institute for
Volunteering
Research

N A V S M

Acknowledgements

We would like to take this opportunity to thank the eight NHS trusts involved at various stages in the project. Thanks are also due to all the volunteer managers and members of staff who worked on the project. Finally, and most importantly, thank you to all the people who took part in the service evaluations, and took the time to express their views.

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Foreword

By Stephen Ramsden

There is a long-established tradition of volunteering across the NHS. Those of us working in the service can see that voluntary help really does add to the quality of care that our patients receive. It can make such a difference when someone has just a little more time to spend chatting, the more so because patients know that the time energy and skills are given freely. The Board of Directors at the Luton and Dunstable Hospital NHS Foundation Trust encourages initiatives to increase the number of individual volunteers at the hospital and the contributions made by partner organisations.

However, while few would doubt that volunteers bring huge benefits to the patients and staff they work with, there is little evidence to say precisely what those benefits are. In an effort to remedy this knowledge gap, Volunteering England (VE) embarked on a pioneering project to evaluate the impact volunteers have on the many different stakeholders involved in delivering healthcare.

Luton and Dunstable Hospital welcomed this opportunity to evaluate formally the services provided by our volunteers and hoped it would support our belief that volunteers make a difference to patients, visitors and staff. The evaluation would give staff the opportunity to reflect on the help that volunteers provide and perhaps raise the profile of the potential for volunteers to further improve the patient experience. Volunteers would be able to have their say anonymously about their volunteering, information, which could be useful in planning new services and managing current voluntary services.

It has proved a hugely valuable experience, highlighting areas that the voluntary services department can improve on, for example working with staff to expand the initial support that new volunteers receive in clinical areas. The overwhelmingly positive results from both the patient and staff evaluations provided formal recognition for our volunteers.

Using the results of its pilot assessments, VE has developed an assessment system that other trusts can now use with confidence. This report provides a step-by-step guide to that system. It takes volunteer managers through the critical early stages of deciding what to evaluate and why, to looking at how they will gather and disseminate this information.

I would encourage any trust that wants to maximise the benefits of volunteering to undertake an impact assessment. But one word of warning – be ready for the bad news as well as the good, and be prepared to do something about it.

Volunteers have massive potential to enable us to provide more flexible, patient focused healthcare. They are a resource we cannot afford to waste.

Stephen Ramsden

Stephen Ramsden
Chief Executive
Luton and Dunstable NHS Foundation Trust

By Janet Lloyd

The National Association of Voluntary Services Managers (NAVSM) welcomes this report and the tools it provides to help NHS trusts evaluate their volunteering services as it highlights the need for a strong, well-managed service.

The trusts involved in these pilot evaluations have seen how the services described affect patients, volunteers, staff and the wider community. Volunteers involved were pleased to see their contribution recognised.

NAVSM members who took part in this project were gratified to have their work evaluated as it shows what they achieve with few resources and how much proper support and recognition can enhance their achievements.

Volunteering has never had a higher profile but we know that volunteers are more effective when they are well-managed, and that this takes time and funding. We hope this report supports other NHS trusts who wish to evaluate their volunteering services systematically.

J Lloyd

Janet Lloyd
Chair of NAVSM

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About the project

Assessing the impact of volunteering in the NHS was an 18-month project involving the evaluation of the volunteering programmes in six NHS trusts using the Volunteer Impact Assessment Toolkit (VIAT)[1]. In October 2006 eight pilot study trusts were selected to take part in the project. Over the next 18 months the Institute for Volunteering Research (IVR) worked closely with the pilot study organisations to undertake a service evaluation. Six of the pilot study organisations completed the service evaluations, and the subsequent reports for most of these and the questionnaires used can be found on the Volunteering England web site[2].

This report is designed to work alongside the tools on the website to inform others wishing to carry out a similar process. The report is structured to outline how IVR carried out the wider impact assessment project. Within this framework, a series of case studies demonstrate to the reader how IVR and/or the individual trusts carried out a range of tasks within the impact assessment process. These examples highlight bad as well as good practice so that the reader can learn from our mistakes. Learning from our own experience has enabled us to conclude each section with a series of top tips designed to aid those wanting to undertake an impact assessment of volunteering within other NHS trusts.

This report disguises the trusts used as case studies to enable us to show examples of bad practice as well as good. However, it should be noted that in most cases the mistakes made were by the Institute for Volunteering Research rather than the individual trusts. The project has been a learning experience for us too. Thanks to that learning we are in a position to help advise others. However, the key lesson for us was that things don't always go to plan. It is hoped that this report will help simplify the process of impact assessment for other trusts carrying out the process.

Simon Teasdale
Impact Assessment Officer, Institute for Volunteering Research

July 2008

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[1] Institute for Volunteering Research (2004) Volunteering Impact Assessment *Toolkit a practical guide for measuring the impact of volunteering* London: Institute for Volunteering Research

[2] http://www.volunteering.org.uk/WhatWeDo/Projects+and+initiatives/volunteeringinhealth/Impact+Assessment/

1 Why carry out an impact assessment?

'The NHS simply would not function without its vast number of volunteers who help care for patients in many different ways across local communities.'
(Department of Health 2004)[3].

While the above statement may indeed be true, there is no research-based evidence to support it. Volunteering England (VE) has a website devoted to anecdotal evidence suggesting volunteering in the National Health Service (NHS) has a significant positive impact on a wide array of stakeholders[4]. Speaking regularly to volunteer managers in the NHS we regularly heard stories about how the volunteers provided an invaluable service, but they wanted evidence to back this up. Meanwhile, the political climate is more favourable towards using volunteers to deliver public services than at any time since the beginning of the NHS 60 years ago. To help volunteer managers test the claims and to demonstrate the value of their work, VE successfully applied for funding from the Department of Health's Section 64 budget to carry out an impact assessment of volunteering in six NHS trusts. The work was to be based on the Volunteering Impact Assessment Toolkit (VIAT)[5]. The longer term aim was to encourage other trusts to carry out their own impact assessments so as to build up a more detailed picture of volunteering across the NHS.

For the individual trusts taking part in the project, motivations were more diverse. Some were clear about what they wanted; others perhaps saw the opportunity to carry out a free service evaluation and had given little thought to why they wanted to do it or what the long-term goals were. As a consequence, the service evaluations worked better in some trusts than others. As Case Study 1 suggests, being clear about what you want from your service evaluation is important when it comes to structuring the project and ensuring clear outcomes.

CASE STUDY 1

KNOW WHAT YOU WANT

A volunteer manager at one of the pilot study trusts was fairly new to his post. Since starting, he had introduced additional volunteers who tended to be younger and more ethnically diverse than the existing volunteers. He was aware that some of the volunteers were resistant to these changes. The volunteer manager also felt that volunteering in the trust wasn't supported or appreciated at a higher level. He wanted to take part in the impact assessment project to:

a) ascertain the feelings of long-standing volunteers to the recent changes
b) demonstrate the value of volunteering to the trust board
c) demonstrate the value of volunteering to the volunteers.

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[3] Department of Health (2004) *Improving working lives. The value of supporting staff who volunteer* London: Department of Health

[4] http://www.volunteering.org.uk/WhatWeDo/Projects+and+initiatives/volunteeringinhealth/

[5] Institute for Volunteering Research *(2004).Volunteering Impact Assessment Toolkit: a practical guide for measuring the impact of volunteering* London: Institute for Volunteering Research

Because the volunteer manager had a clear idea of why he wanted an impact assessment, the process was fairly straightforward. The supplementary questionnaires from VIAT were adapted for the purposes of this trust. The aim was to cover as a wide a range of impacts as possible to demonstrate the full impact to the key stakeholders. The questions were adapted over a series of meetings between the IVR impact assessment officer, the volunteer manager and one of the volunteers. The volunteer involved had considerable influence with her colleagues. At one point many of the volunteers were resistant to carrying out an assessment of the economic impact of volunteering as they felt their work shouldn't be seen in terms of pounds and pence. Having a representative involved in the design of the project partly allayed the fears of the volunteers, and she was eventually able to persuade them the economic analysis would be a useful way of demonstrating their value to the board when presented alongside the supplementary data showing their social impact.

Having a clear idea of what the end product was to be used for helped frame the data analysis, and comparisons were made between the existing volunteers and the more recent cohort. The analysis also showed the areas in which the disaffected volunteers were placed and their reasons for worrying. This enabled the volunteer manager to talk to all the volunteers in these areas, and to explain his motivates for widening the volunteer base. He was able to convince these volunteers that they were still valued, and to explain his reasons for wanting to attract a more diverse range of volunteers. This process was aided by the volunteer manager sending a copy of the final report to all volunteers, alongside a letter thanking them for all their work. According to the volunteer manager, one of the older volunteers thanked her profusely for taking the time to show her the impact of her role.

The final report also had an impact on the way volunteering was seen within the trust. The data analysis showed that half of the volunteers enrolling at the trust in the twelve months since the new volunteer manager had started were from a black or minority ethnic (BME) background. The voluntary services department was highlighted by the trust as an example of how a foundation trust was able to involve all sections of the local community in delivering services. The findings from the report were highlighted in local and national media with the help of the VE communications team.

CASE STUDY 2

ONE TRUST'S RATIONALE FOR TAKING PART

Written by the head of a team managing volunteers in one of the pilot study trusts

To make decisions about future funding for volunteering across the trust, the board requested an evaluation of the volunteer activity currently taking place. We needed to document what activity was happening, where and at what cost. We also needed to assess the impact of that activity and what benefits and value we were adding to trust service delivery.

The VIAT pilot offered the perfect response to that request and gave the additional benefit of VE support in assessing and evaluating the data that we collected.

The VIAT gave us a framework and structure to use for collecting the data and gave us a start point in terms of the questionnaires that we used. We were able to amend the questionnaires to meet our specific needs and also to reflect our environment and our target groups most effectively.

The VE collation and interpretation of the data and production of the report was a

huge bonus in terms of resource and also in terms of the objectivity of assessment that resulted from an outside body producing the final output.

The report findings have been presented to the board to demonstrate the quantity, quality and value of the volunteering activity across the trust. This has enabled the board to make an 'in principle' commitment to support volunteering going forward and will now act as the basis for our proposals for the development of volunteering in support of service user recovery in line with trust strategic developments.

In other trusts, benefits arising from carrying out an impact assessment included:

- an increased profile for volunteering within the trust
- paid staff becoming more aware of the contribution of volunteers through taking the time to fill in a questionnaire
- volunteers gaining increased satisfaction through seeing the results of their work, and talking to paid staff and patients (where volunteers were involved in carrying out the field work)
- patients and service users becoming aware that some of the services they received were provided by volunteers
- an increased profile for a trust's volunteering programme in the wider community (two of the trusts involved were featured in a national newspaper, and one of the individual reports was referred to in Hansard).

Not all the consequences of the impact assessment process were positive. At a number of trusts, questionnaire responses were accompanied by letters stating that the survey was a waste of time and money. For example:

> *'This questionnaire is pointless, the questions are excruciating, what a waste of NHS money that could be better spent on services to patients.'*

At trusts where there was no clear rationale behind the impact assessment, the project turned out less well. At one trust a senior member of staff had decided it would be a good idea to carry out a service evaluation of volunteering. Unfortunately, nobody wanted to take responsibility for the project. Over a six-month period three members of staff had responsibility pushed onto them. The questionnaires lay unused in a box as nobody bothered to send them out. The wasted cost of designing the project and printing the questionnaires was considerable.

1.1 The cost of carrying out an impact assessment

The Volunteering Impact Assessment Toolkit (VIAT) was designed to enable organisations to assess the impact of their volunteering programmes without employing a researcher. Given that most trusts have their research and audit teams, the first step to take when planning an impact assessment should always be to speak to them. It may be that they can carry out some or all of the assessment. At the very least they should be able to provide advice on how to carry out the project. Before proceeding it is important to be aware of the potential cost.

Table 1 shows the costs of carrying out an impact assessment at one of the pilot study trusts. This assessment was carried out on a shoestring budget. It would be difficult to do it for less. In addition to the total cost of £146.50, 60 hours of staff time and 37 hours of volunteers' time were spent on the project. Of the staff time, around 50 hours was my time. While some volunteer managers may be able to carry out data analysis and report writing, most would need to get somebody else to do this. As a general rule, the cost of employing a research agency to carry out the work would be approximately £500 a day. Assuming seven hours in a day, this would add £3,571 to the total cost. This reinforces the point that for most volunteer managers, it is essential to ask the research or audit team for help.

Table 1: Cost of carrying out impact assessment of volunteering at a hospital trust

Activity	Cost (£)	Estimated cost of services provided in-house (£)	Staff time (hours)	Volunteer time (hours)
Study design stage Adapting questionnaires, asking volunteers what questions they would like, piloting questionnaire with volunteers. Designing final questionnaires	-	-	16	4
Printing of questionnaires (150 x 8 pages volunteer, 100 x 8 pages staff, 100 x 4 pages patient) (photocopying 1400 sheets at 2p each)	-	28	-	3
Printing of 350 reply paid envelopes	52.50 (15p each)	-	-	-
Postage 140 second class responses at 40p each assuming 40% response rate. If stamps are provided with each questionnaire this cost increases to £140	56	-	-	-
Addressing envelopes and inserting questionnaires	-	-	-	8
Handing out questionnaires to patients and staff	-	-	-	6
Training volunteers to administer surveys to patients	-	-	2	-
Administering surveys to patients	-	-	-	16
Inputting responses into spread sheet for analysis	-	-	16	-
Data analysis	-	-	8	-
Report writing	-	-	16	-
Printing final report (200 copies)	-	8 10 paper copies of 40 pages at 2p each	2 distributed via email	-
TOTAL	£108.50	£36	60	37

The research/audit team should also be able to advise you as to whether a project needs to be managed under the NHS Research Governance Framework for Health and Social Care (RGF). IVR had no experience of working with the NHS before this project, which led to some delays in negotiating the RGF. Under normal circumstances, an organisation intending to carry out research or audit within the NHS would allow up to six months extra for negotiating ethical approval and managing the project under the RGF. With regard to this project, the study design had been finalised and funding was in place before anybody realised that the project might need managing under the RGF. This resulted in considerable disarray as we attempted to negotiate with our local research ethics committee. This meant the project could not start when planned and we had to work hard to keep the trusts on board while we waited for approval.

In the event, Camden and Islington Research Ethics Committee agreed that the project should be classified as service evaluation (see appendices), and hence would not be subject to the strict level of governance applied to research in the NHS[6]. A standard protocol for submission to the various trusts is included in appendix one. This was adapted for the specific purposes of each trust where applicable and may prove useful for those needing to write their own submissions.

TOP TIPS

WHY CARRY OUT AN IMPACT ASSESSMENT?

1. **Be clear about what you want from an impact assessment.**
2. **Ask your research or audit department for help designing and carrying out the project.**
3. **Be clear about the cost in terms of time and resources.**
4. **Ask your audit team for advice as to whether the project should be managed under the Research Governance Framework.**
5. **Build in extra time to your project timetable to allow for a decision to be made regarding research governance.**

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[6] For a useful outline of the distinction between research, audit and service evaluation see NHS Research and Development Forum (2006) *Notes on developing procedures within NHS organisations for appropriate authorisation and management of research and related projects* www.rdforum.nhs.uk

2 What you want to know

After selecting the pilot study trusts, the individual service evaluations were tailored to their specific purposes. In each case, the project followed a broad framework. This sees the impact of volunteering as falling on a range of different stakeholder groups:

- the trust
- paid staff
- volunteers
- patients/service users
- the wider community

The early pilot studies attempted to examine as wide a range of impacts as possible on all the different stakeholders. While this proved useful in terms of gaining a general understanding of the impact of volunteering within the NHS, it tended to generate masses of data (survey responses, interview schedules etc) with no specific themes for framing the answers. In the later pilot studies, we learned from this and were able to tailor the assessment to focus on more specific impacts on identifiable stakeholders.

For example, one trust wanted to assess the impact of volunteers who were helping feed patients who could not feed themselves. This resulted in a study design that would involve comparing weight loss among patients who needed help eating. The study design planned to compare the weights of patients in a ward where the feeding volunteers were placed with patients in a ward where there were no feeding volunteers. Before the study design could be fine-tuned, the service evaluation had to be cancelled as most of the volunteers left the programme. We were particularly disappointed as this seemed to offer the opportunity to look in detail at a specific aspect of a trust’s volunteering programme, and a specific impact on a clearly defined stakeholder group.

Although this pilot study could not be completed, it did help provide a framework for designing individual impact assessments. This focused on identifying:

1. aspects of the trust’s volunteering programme to evaluate
2. stakeholders and beneficiaries of volunteering to assess
3. impacts to assess.

As a general rule, concentrating on volunteers who deliver a specific service to a clearly defined stakeholder group allows for a more focused impact assessment, which enables you to answer a specific question. However, it may be that this also moves into the realm of research rather than service evaluation (see chapter one).

Case Study 3 shows how a more focused approach to impact assessment helped deliver more specific results.

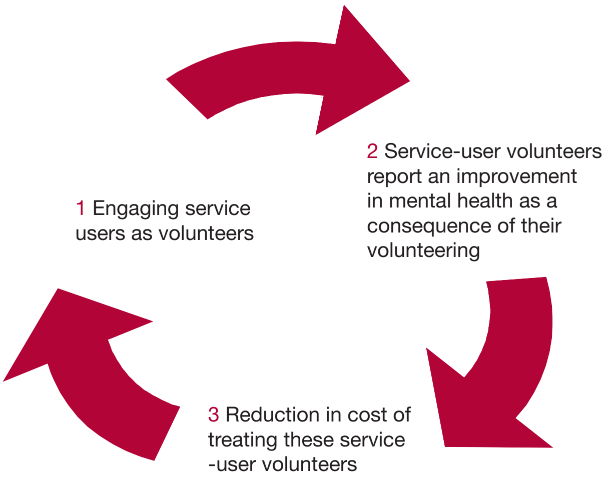
CASE STUDY 3

A FOCUSED APPROACH TO IMPACT ASSESSMENT

One of the earlier pilot studies had indicated that service users who volunteered in a trust tended to report a greater positive impact on their health, and on their employment prospects as a consequence of volunteering. When IVR began working with a mental health trust, one of their aims was to evaluate the impact of volunteering on service users participating in the trust's volunteering programme.

The questionnaire for volunteers was structured to distinguish service users from other volunteers when analysing the data. The results made for striking reading. More than half of the service-user volunteers reported an improvement in mental health and well-being resulting from their volunteering. While this was an important impact on the service-user volunteers themselves, it was also seen as having a broader impact on the trust and the wider community. Figure 2.1 demonstrates this impact. The self-reported improvement in service-user volunteers' mental health was seen by paid staff as leading to a reduced bill to the trust for treating them. In turn, this benefits the wider community through a reduction in the level of taxes needed to pay for treatment.

Figure 2.1 The impact of involving service users as volunteers



We also wanted to examine how volunteers felt they were supported in their roles as we were aware that some stakeholders were resistant to volunteering within the pilot study trusts. Being aware of potential negative impacts and using the impact assessment process to uncover them can help improve services. For example, in most of the trusts we found a sizeable minority of paid staff who were resistant to the notion of involving volunteers at they perceived it as way of replacing paid staff and delivering services more cheaply. Most of the pilot study trusts were keen to gauge the level of staff resistance to using volunteers, and hence the studies were structured to help do this.

TOP TIPS

WHAT YOU WANT TO KNOW

1. Identify which part(s) of the volunteering programme you want to evaluate.

2. Identify which beneficiaries of the volunteering programme you want to focus upon.

3. Gather together representatives from the different stakeholder groups to discuss the key impacts (positive and negative) you would like to focus on.

4. Tailor your impact assessment to focus on these key impacts.

5. Be aware that impacts you haven't envisaged may appear as a result of the assessment process.

3 Getting the answers

This chapter gives a brief overview of the range of research techniques we used in the pilot studies. Any good research methods text book will explain these techniques in more detail. The further resources section at the end of this report provides details of the books we found most useful. The individual reports for the pilot study trusts available on the VE website also provide a more detailed overview of the research techniques employed.

3.1 Calculating an economic value of volunteering

In all of the pilot studies we carried out an economic evaluation of the impact of volunteering. This followed the widely used approach laid out by Kathy Gaskin in VIAT, and outlined in a bulletin freely available from the Institute for Volunteering Research[7]. This Volunteer Investment and Value Audit (VIVA) works by calculating the total number of hours donated by volunteers and applying a notional value (usually the median wage) to the volunteers' time. This economic value is then divided by the total cost of supporting volunteers (including salaries for volunteer managers, training, expenses etc). This gives the VIVA ratio, which is expressed as a number (e.g. 7). This number tells us the notional return on a £1 investment in the volunteering programme. Thus a VIVA ratio of 7 tells us that for every £1 spent supporting volunteering, £7 of value is created.

When carrying out the VIVA in the individual trusts, it became apparent that trusts that devoted more resources to supporting volunteering received a lower VIVA ratio. In practice, a trust that spent nothing supporting volunteering and had only one volunteer would receive the highest possible VIVA ratio. However, the VIVA ratio told us nothing about the quality of volunteering or to whom the value accrued. For an individual trust, the VIVA ratio can be useful in tracing changes over time but it is not appropriate to compare trusts using this approach. Therefore it was important to use other measures to evaluate the quality of volunteering.

3.2 Using surveys to assess impact

The Volunteering Impact Assessment Toolkit (VIAT) focuses primarily on survey research. A survey is a useful tool for gaining the views of a large number of people. Adapting the questionnaires in VIAT for use in the NHS involved sitting down with volunteer managers and volunteers to identify which questions were useful, which needed adapting, and what new questions needed asking. In most cases, volunteer managers were reluctant to add in new questions. In many cases, the questions in VIAT were seen as using a language that would prove incomprehensible to volunteers and patients. However, on the whole the questionnaires in VIAT formed the framework on which the surveys were based. These questions tended to be closed ended, that is respondents are asked to tick a box corresponding to the answer that most closely represented their opinion. Closed ended questions are appropriate when you are aware which impacts you wish to focus upon. A more exploratory approach would utilise open ended questions so that respondents can highlight what they feel are the key impacts of volunteering. However, open ended questions require a lot more time spent analysing responses (see chapter four). In the surveys we conducted, we tended to use closed ended questions. They are particularly appropriate where a large number of responses are expected.

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[7] Gaskin, K (2003) *VIVA – the volunteer investment and value audit. A self-help guide* London: Institute for Volunteering Research

Once the surveys had been designed, we needed to decide who to send them to. In all trusts we tried to identify every volunteer and sent them a questionnaire each. In general, response rates were around 40 per cent – that is for every ten questionnaires sent out four were returned (for a glossary of terminology used in survey research see appendix two). The response rates were boosted by measures such as including a reply paid envelope, sending them out with a personalised letter from the volunteer manager, explaining the purposes of the survey, and publicising the survey in the regular volunteer magazine.

Surveying members of staff proved more problematic. It would have proved very expensive to survey all paid staff in a trust. Instead we attempted to identify those working closely with volunteers. As a general rule, people with a relevant interest in the survey proved more likely to respond. Therefore the findings relating to staff in the pilot studies represented only the views of those people identified as working closely with volunteers. Measures taken to increase staff response rates included volunteers delivering the questionnaires by hand and explaining the purposes of the survey, a personal letter from the volunteer manager, an article in a trust newsletter, and a letter from a senior person in the trust.

Finally, in three of the pilot study trusts, surveys were used to ask patients/service users about the impact of volunteering. The survey approach tended not to work well with patients. Many were unaware that the people helping them were volunteers. Where patients were aware, it proved difficult for them to separate out the impact of volunteers in providing their treatment. Surveying patients worked better where the volunteers were clearly identifiable and performed a recognisable service. For example, at a mental health trust, befrienders worked regularly with patients in a high security hospital. The patients understood that the befrienders were unpaid. Given more time, we may have been able to better structure patient/service user questionnaires and make more use of closed ended questions. However, we had less pre-existing understanding of the impact of volunteering on service users and hence, found open ended questions revealed more informative data.

3.3 Interviews

Interviews can be a particularly useful method for evaluating the impact of volunteers. In essence, if you want to know what somebody thinks about something – ask them. When carrying out work in the pilot study trusts, we conducted regular meetings with volunteer managers in each of the trusts. In a sense these were a form of interview, as we were trying to find out information that could help structure the impact assessment process.

Interviews were also used as an assessment method by some of the pilot study trusts. They ranged from structured to relatively unstructured. For example, when paid staff were helping patients at the high security hospital to answer their questionnaires (see Case Study 3), they read the questions to them. This is a form of structured interviewing, following a process whereby all interviewees are asked the same questions. The alternative approach, used in one of the trusts, is to take a more unstructured approach, simply asking the interviewee how volunteering impacts on them, and using prompts to steer the interview in a certain direction (for example: how has volunteering affected your health?). Most interviews tend to fall between the two extremes (structured and unstructured).

Structured interviews can be particularly useful as a way of encouraging people to respond. People are more likely complete an interview than a questionnaire. Semi-structured interviews are particularly useful as a more exploratory technique – perhaps to identify which impacts of volunteering should be focused on in a survey. Thus our meetings with the volunteer managers were a form of exploratory semi-structured interview. Semi-structured interviews can also be particularly useful when attempting to understand why something is occurring. For example, at one of the pilot study trusts, we found that service users who volunteered were more likely to report a positive impact on health, employment prospects, social inclusion, and feeling valued. Case Study 4 shows the results of a semi-structured interview with one of these service-user volunteers, which helped to explain these findings. The interview was conducted by talking through the results of the survey with the interviewee. The interviewee was then asked to talk about the impact of volunteering with reference to these findings. No other prompts were used. The transcript presented as Case Study 4 is the interviewee's own account written up by himself after the interview was completed. It was published in *Society Guardian* on 7 June 2007.

CASE STUDY 4

A VOLUNTEER'S VIEW OF THE IMPACT OF VOLUNTEERING

I am 54 and have been HIV positive for 20 years. I left full-time work for health reasons eight years ago. For a while afterwards, I felt a sense of relief.

Working full-time, feeling ill and having to comply with a complex drug regime is exhausting. However, finding myself with vast stretches of time to fill and a sudden loss of structure to daily life, I soon realised that lack of purpose could be as damaging as too much stress.

Even though I have many caring and understanding friends, I felt left out of things with nothing much to say. Social and cultural events and holidays became meaningless in a homogenised world which lacks the accomplishment associated with personal effort. Luckily my health, although very bad at times, has never been bad enough for me not to care about these issues.

My feelings at the time were of low self-esteem, lack of confidence, aimlessness, guilt and a sense of loss. I thought it far too soon to be retiring and losing all career prospects. And although I was receiving my own pension from my previous employers, I was also receiving some benefits, which made me feel unpleasantly dependent. I worried obsessively about money.

This cocktail of negativity all led to a general feeling of panic mixed with exaggerated morbid fears caused by having too much time on my hands. I found that by doing less, it became increasingly difficult to do anything. And I was getting little exercise, so I felt bad both mentally and physically.

I decided to take some action and was offered excellent support by my own doctor and by the mental health unit at Chelsea and Westminster Hospital. Voluntary work and part-time education were suggested as possible ways to improve my mental health.

On a visit to Baltimore, a friend of mine showed me the vast range of work carried out by voluntary organisations over there. I saw people from all backgrounds, many suffering from health problems, cleaning up litter from city streets, helping the homeless and giving support to hospital services. Their enthusiasm and sense of purpose was infectious. I realised there were probably the same opportunities at home, and that volunteering could be my salvation.

Walking past the hospital one day I noticed the offices of the St Stephen's Volunteers and the Information Exchange. I walked in and applied for a role as an information volunteer. St Stephen's offers support for HIV-positive patients at the Chelsea and Westminster Hospital. The Information Exchange, which is based in the outpatients' clinic at the hospital, provides information for patients and hospital staff about HIV and related issues.

At first I volunteered twice a week and the work was very light and uninvolved. That was enough for me at the time and it felt like a great achievement. I immediately benefited from the structure given to my week. I started feeling more integrated into society and slowly regained confidence and self-esteem.

Life seemed more balanced and enjoyable. Volunteering stimulated other interests. After endless complaints from friends that my garden looked like an overgrown wasteland, I finally started to do something about it. Unintentionally I was getting more exercise and developing an interest in horticulture.

I enrolled for a part-time horticulture course at my local college and, after two years, successfully completed it. Regular volunteering and a new interest that provided regular exercise were making a huge difference to my mental and physical health. I felt like I had something to offer the world again.

In time my involvement with the Information Exchange grew. I will always be grateful to the volunteer manager for the chance he gave me. Suddenly, momentum began to build and I started to enjoy the responsibility and challenge.

At that time, new HIV medications and an easier drug regime with fewer side effects were improving my general health. Mentally, I began to feel much more confident and no longer inferior to others. I tried to develop and promote the information service, which by now was well established. Through this work I realised how important it is to feel accepted and to be part of a team.

I no longer feel aimless. I have a sense of purpose and achievement and feel I am contributing to society. I am aware of my skills and recently found that they compare favourably to those required for a range of paid jobs. For me this is important to know. However, I also realise now, for the first time, that the value of work cannot be measured only by money.

Volunteering for the St Stephen's Volunteers has opened up so many possibilities for me and changed my life for the better. I feel lucky to be not only a patient at the Chelsea and Westminster Hospital but also to have had a chance to contribute towards it.

Volunteering here has been an enlightening experience. Not only has it improved both my mental and physical wellbeing but I have learned a lot about myself and life in general.

Case Study 4 demonstrates the power of using interviews for explanatory purposes. The final reports for the pilot study trusts intersperse statistical evidence with quotations taken from open ended questions to help illustrate the statistic. For example, a report might read:

> *Table 7 demonstrates that 90 per cent of respondents either agree or strongly agree that they receive sufficient information and / or training to undertake their volunteering:*
>
> *‘I found that the training courses, and knowing that when I needed support it would always be there, gave me confidence’.*

Where interviews are used to help explain a phenomenon, they are able to go beyond merely illustrating, or supporting, a statistic, and can help explain why the statistic occurs.

3.4 Focus groups

The previous sections suggested that the surveys we carried out to assess the impact of volunteering on patients and service users didn’t work that well. Having realised this we changed strategy for the later pilot studies. In one of the primary care trusts we decided to adopt a narrow focus on a single group of service users helped by volunteers at a mother and babies play group. This approach meant that we couldn’t generalise our findings to all service users or, indeed, all volunteers. However, we were able to undertake a more detailed analysis of the impact of the volunteers on a sub-set of service users.

We chose to undertake a focus group involving the mothers attending the group, as this appeared to be the best way of involving as many service users as possible. It was hoped that by getting the group to discuss the impact of volunteering among themselves, they would be able to draw out themes that we wouldn't have considered. Prior to the focus group, an informal semi-structured interview was conducted with the person from the PCT who created the group. This enabled us to uncover the stated aims and the intended impact of the group:

Benefits to mothers:

- increased social networks
- a reduced risk of post-natal depression
- information on healthy foods
- information on where to buy healthy food cheaply.

Benefits to babies:

- better parents
- an easier induction into nursery due to early social interaction
- improved learning experience
- healthy food
- introduction to baby sign language, leading to earlier communication with parents.

The group was asked to comment on these impacts, and to suggest other impacts not covered by the interview. All the group members attended. The focus group was run by a member of staff from the PCT who was studying for a research qualification and was keen to apply her new skills.

We felt that the focus group had been more effective than surveys in gaining the views of service users. For a useful discussion on carrying out focus groups, see the chapter by Katharine Gaskin in *Close Work* (Alcock and Scott, 2005[8])

TOP TIPS

GETTING THE ANSWERS

1. The VIVA method is useful in creating figures to demonstrate the value of investing in a volunteering programme.

2. When carrying out surveys keep them as short as possible.

3. Ask for advice from your research/audit team on constructing questions. You may also want to borrow or adapt the questions used in the pilot studies[9].

4. Response rates can be boosted by providing reply paid envelopes, a personalised letter, and by publicising the project as widely as possible.

5. Preliminary interviews are a useful way of deciding which themes (or impacts) a structured survey should focus on.

6. Follow up interviews can help you to analyse/understand results from a survey.

7. Focus groups are a useful method of ensuring a range of stakeholders' views are represented.

8. Offering a token payment to participants is good practice as a way of valuing their time and effort. It can also encourage more people to take part.

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[8] Alcock, P and Scott, D (2005) *Close work: doing qualitative research in the voluntary sector* West Malling: Charities Aid Foundation

[9] See http://www.volunteering.org.uk/WhatWeDo/Projects+and+initiatives/volunteeringinhealth/Impact+Assessment/Impact+Assessment+Questionnaires.htm

4 Writing up your findings

After carrying out the impact assessments in the pilot studies, we were left with a mass of data – either survey or interview – that needed sorting into a presentable format. This chapter examines approaches to analysing quantitative and qualitative data, and writing it up in an accessible format.

4.1 Quantitative data analysis

VIAT offers a traffic light scoring system to help those new to research analyse their data. In general, a positive response receives a green light while a negative response receives a red light. If responses are predominately red, VIAT recommends action should be taken to improve that aspect of the volunteering programme. However, in the pilot studies, we analysed the responses using SPSS for Windows. This allows more sophisticated analysis of the data.

Through our analysis it became apparent that questions about volunteers tended to receive a favourable response. For example, in one trust more than half of paid staff felt that volunteers reflected the diversity of the local community. However, the volunteer profile of respondents to the survey was 100 per cent white, 75 per cent female and 85 per cent aged 55 and over.

A similar bias also appears to have affected the volunteer surveys. For example, in one trust 40 per cent of volunteers agreed that they could claim expenses if they wished to. The trust in question had a policy of not paying volunteers' expenses.

It is thus likely that a 'social desirability' bias has affected the surveys. In essence this refers to people tending to give a favourable response to questions relating to volunteers because to do otherwise might suggest a degree of mean-spiritedness. This meant that when analysing the data, it is important to compare responses to different questions rather than just looking at data on its own. In relation to the diversity example provided above, while at first glance it appears that a 50 per cent approval rating is acceptable, when comparing this with responses to other questions, it becomes apparent that this is actually a relatively low approval rating. In the same study 87 per cent of paid staff were satisfied with the amount of services provided by volunteers and 93 per cent were satisfied with the quality of services.

To counteract this social desirability bias, for two of the trusts we calculated mean scores for each response or variable. This involved giving a score to each response. Thus for the statement 'the volunteers make my visit to hospital a more enjoyable experience', a response of strongly agree scored one, while a response of strongly disagree scored five. SPSS then calculated the average or mean score for each variable. This could also be done using Excel or even a calculator. From this it is possible to deduce which questions or statements receive the most and least positive responses. When following this process, it was important to reverse the scoring system for negatively worded questions.

It was also important to be aware that not all questions would be expected to receive a favourable response from all participants. For example, at one of the hospital trusts less than half the volunteers agreed that volunteering had improved their employment prospects. The mean score for this variable was much higher than for other variables, indicating a less favourable response. However, most of the respondents to the survey were retired, and as such were unlikely to be looking for paid employment. Using SPSS (this can also be done using Excel, or even by hand if there are few responses), it was possible to examine only those respondents of working age (under 65), and we found this group had a much lower mean score. The next stage involved looking only at those respondents who highlighted furthering their employment prospects as a motivation for volunteering. The mean became notably lower to the extent that, for this group, one of the most important impacts of volunteering was perceived to be the development of new skills and enhanced employment prospects.

4.2 Qualitative data analysis

Just as computer software can aid the process of quantitative data, packages such as ATLAS can help with qualitative data analysis. However, where relatively small amounts of data are obtained, I preferred to do it by hand. As a general rule, this involved going through interview transcripts, or responses to open ended questions, and identifying themes. These were then coded so that responses could be presented in tabular or quantitative form. Case Study 5 gives an example showing how we coded the qualitative data from the interview in Case Study 4.

CASE STUDY 5

ANALYSING QUALITATIVE DATA

The interview transcript stands alone in demonstrating the impact of volunteering on the interviewee. It also offers insights into how volunteering might help other people in a similar situation. The table below identifies all the impacts of volunteering the interviewee highlighted:

Structure to my life
More integrated into society
Regained confidence
Regained self esteem
More balanced life

More enjoyable life
More physical exercise
Stimulated other interests

Improved physical health
Improved mental health
I felt I had something to offer the world again
Enjoying increased responsibility
Enjoying new challenges
Feeling accepted

Being part of a team
No longer feel aimless
Sense of purpose
Sense of achievement
Feel like I am contributing to society again
Gaining new skills
Awareness of skills
Awareness that the value of work is not measurable solely in financial terms
Opened up new possibilities
Changed my life for the better
Able to contribute to […] Hospital
Enlightening process
Learned a lot about myself
Learned a lot about life in general

These can be collapsed into more general categories, for example: adding structure or meaning to life; reintegration into society; improved confidence and self esteem; improved health; development of employment and life skills; and improved self awareness.

Conducting more interviews with other volunteers might enable new themes to be drawn out. It could also give an indication as to which are common themes and which are specific to this volunteer. Repeating this process for all interviews would uncover a wider range of impacts than might be expected to be found using pre-coded questions. There is also an argument that the impacts highlighted by this process would be those most important to the volunteers as they have not been prompted to the same extent as they would be by a questionnaire.

4.3 Presenting the findings

In the final reports conducted for the pilot study trusts, we presented all the data gathered from the impact assessments. This was so individual trusts could choose which findings to use in internal or external reports. Presenting data as a series of statistics makes for difficult reading. Where possible we illustrated or explained the statistics using qualitative data from open ended questions. Statistics are also easier to understand when presented in tabular or graphical format. We tended to use pie and bar charts in the final reports. One of the pilot study trusts suggested that the bar and pie charts could be coloured red, green and amber, corresponding to the traffic light system outlined in VIAT.

Findings were grouped into categories or themes. This became easier as we conducted more assessments and developed a better understanding of the different range of impacts. We also outlined the methods used to carry out the assessments and reproduced the questionnaires on our websites. This is to enable other people to replicate the process if they want. Finally in each report we included an executive summary and a page of key findings. These were designed in order that the pilot study trusts could produce a four-page summary of the impact assessment. As anybody who has ploughed through this report will probably realise by now, unless you have a genuine interest in how the evaluation was carried out, it is better to read a summary report.

TOP TIPS

WRITING UP YOUR FINDINGS

1. Be aware of how you intend to analyse your data before beginning an impact assessment.

2. If you have no experience of data analysis, ask your research/admin department for help or ask for training in using Excel.

3. Include an outline of how you carried out the assessment to help others learn from the process.

4. Ask volunteers and other stakeholders for help interpreting your findings.

5. Try to avoid selecting quotes that illustrate what you want to say, instead look for examples of quotes that reflect common themes by analysing qualitative data properly.

6. Try and be as concise as possible when writing your report.

7. Produce a four-page summary for those whose interest is unlikely to extend to reading a report as long as this one.

5 Disseminating findings

Chapter one discussed the need for trusts to be clear about the objectives and intended purpose of their impact assessments. Our role in working with the pilot study trusts was to carry out the evaluation, analyse the data, and write up the final reports. What happened next was up to the individual trusts. Most tended to use the reports for internal purposes. For example, one trust gave a copy of the report to all the volunteers, another trust used the report to persuade the board to carry on funding the project. At one hospital trust, a scheme was set up to provide volunteers with certificates acknowledging their contribution. The mother and baby group referred to in section 3.4 has been provided with extra volunteers to help out.

Although in most cases the reports have been used to influence service development and practice within a trust, this wasn't always the case. At one of the pilot studies, a Volunteer Centre was providing services to a primary care trust. This report highlighted the extent to which service users were dependent on volunteer befrienders and the excellent role carried out by the volunteers. However, it also highlighted that many volunteers felt unsupported in their roles. The administration system was poorly managed, for example, many of the people who replied to the survey had been to the Volunteer Centre to register their interest in volunteering but had not been contacted since. Perhaps unsurprisingly, the report hasn't seen the light of the day. However, it would be nice to feel that it has impacted on the way services are delivered by the Volunteer Centre.

Some pilot study trusts also used the report for external purposes. At one trust, applications to the volunteer services department rose significantly following a report of the impact of volunteering in the local media. Almost all the pilot study trusts released details of the impact assessment findings to local and national media. Case Study 6 is an article I wrote for *Society Guardian*. It attempts to present the findings in a non-sensationalist way. This is perhaps a consequence of research training that demands the presentation of a balanced picture. However, sometimes once a report is in the public domain, there is little that can be done to influence how it is used. An example of a more sensationalist approach to reporting findings can be found at:

http://www.csv.org.uk/News/Press+Releases/Press+Releases+Nottinghamshire.htm

CASE STUDY 6

RELEASING FINDINGS TO THE MEDIA

Changing faces
Society Guardian, Friday 1 June 2007

As national Volunteers Week begins today, Simon Teasdale looks at the changing profile of volunteers in the NHS

If you were to ask someone to picture a hospital volunteer, most would come up with an image of an altruistic female retiree, working tirelessly to serve patients. But a recent study, carried out by the Institute for Volunteering Research, suggests that while this image of volunteering is still recognisable, things are rapidly changing.

At Chelsea and Westminster Hospital NHS Foundation Trust, since a new volunteer service manager was recruited, half of all the volunteers joining the hospital are from a black and minority ethnic background.

Many of the new recruits are seeking to gain experience in a hospital setting to improve their employment prospects. They range from foreign medical students to the long-term unemployed. Over the last year, nine volunteers at the hospital have moved into full-time employment within the trust.

There appears to be an unofficial career path from volunteer to permanent employment contract via the hospital staff bank. The skills and experience that the volunteers learn in their roles make them ideally suited to working at the hospital.

However, the altruistic motive is not dead, a number of those moving into employment continue to also volunteer at the hospital. Indeed, it is important to note that the majority of volunteers at the hospital are there primarily to help the patients, and often to repay the hospital for the excellent care provided to themselves or a loved one.

Of course, not all volunteers are able to move into employment. Chelsea and Westminster Hospital's volunteers include a high proportion of people classing themselves as having a disability (14 per cent). While this is in line with national data for those reporting a disability, it is significantly higher than in previous surveys of volunteers.

For many of these people, paid employment is not an option, at least in the short term. Volunteering at the hospital is able to provide them with structure to their lives. It also boosts their self-esteem, and makes them feel appreciated, and can open access to new social networks.

One volunteer says: ‘When I first started volunteering my self esteem was quite low. By volunteering this has improved and I have had chance to progress and meet new people.’

Perhaps a less expected benefit of volunteering is improved health. Overall, 18 per cent of the volunteers report that their physical health has improved as a result of their volunteering. Even more impressively, one in three reports an improvement in their mental health.

When the data is analysed looking only at volunteers classifying themselves as disabled, the results are striking. Half of all disabled volunteers report an improvement in both physical and mental health as a result of their volunteering. The improvement in mental health appears more significant, with three-quarters of those reporting a positive impact stating that their mental health and well being has increased greatly.

An increase in the numbers of ethnic minority volunteers, as revealed in the findings, can also have benefits for the patients. At Luton and Dunstable Hospital NHS Foundation Trust, 22 per cent of the volunteers speak at least one language other than English. The 15 different languages spoken by the volunteers range from Polish to Punjabi. One in nine of the volunteers uses a language other than English in the course of their volunteering at the hospital. This would suggest that the high proportion of patients for whom English might be a second language are able to chat to volunteers in their own language.

Many of the volunteers are working at the reception desk, or as pathfinders showing patients around the hospital. It is already known that a friendly face and a chat can make a visit to hospital a less intimidating experience. It is particularly encouraging that at Luton and Dunstable Hospital, this is the case for patients who don't speak English as a first language.

While it is important not to read too much into single case studies, it would appear that the voluntary services at these hospitals are producing wider social benefits that go beyond simply helping the patient or fundraising. For some volunteers, volunteering offers a chance to improve employment skills, and move into the workforce. For other people, it appears to improve their physical and mental health.

It would appear that volunteering in the NHS might provide unforeseen opportunities to combat social exclusion through improving a volunteer's range of friendships, providing employment opportunities, and helping them manage their disabilities.

Simon Teasdale is an impact assessment officer at the Institute for Volunteering Research

TOP TIPS

DISSEMINATING YOUR FINDINGS

1. It may be useful to produce two reports, one for internal and one for external use.

2. It is good practice to send a copy to all people involved in the service evaluation.

3. Don’t hide from difficult findings; use them to develop and improve services.

4. Where possible, try to include examples of good and bad practice so that people can learn from your experiences.

5. Speak to your media team about releasing findings to the press.

6. Volunteering England will be happy to discuss hosting your impact assessment report on its website. Please contact Sheila.Hawkins@volunteeringengland.org for details.

Appendix one: draft protocol

A draft in this form was submitted in personalised format to individual trusts to help classify the project as service evaluation.

1. Project title

Assessing the Impact of Volunteering within the NHS

2. Details of project funder

The Department of Health (Section 64)
Contact: […]

3. Volunteering England impact assessment team

Chief Investigator: […]
Email: […]
Impact Assessment Officer: […]
Email: […]
Address (for both): […]

4. Background

The Impact of Volunteering within the NHS is largely unknown. There are no recognised criteria for evaluating volunteering impact in the NHS. Outside the NHS, a wide body of literature exists on impact evaluation and assessment of volunteering programmes (see, for example, Wainright, S no date, UK Voluntary Sector Research Group 2003, Gaskin 2003, Paton 2003). A widely accepted approach to the self-assessment of volunteering impact in small and medium-sized volunteer involving organisations is provided by the Volunteering Impact Assessment Toolkit (VIAT) (IVR 2004).

5. Aims

The Impact Assessment Project aims to adapt VIAT to the specific needs of the NHS, in order to develop a tool to evaluate the services provided by volunteers in different types of trust. This is to be achieved by undertaking a series of service evaluations in eight NHS trusts modifying the toolkit as necessary.

The study is participatory. That is each service evaluation is tailored to meet the specific requirements of each trust. The service evaluations will be carried out by the participating trusts, with assistance from VE.

Aims that are common to all trusts are:

1. Identify the extent and types of volunteering across the various trust sites.
2. Identify which volunteering programmes are managed internally (by trust staff), and which programmes are managed externally.

Each trust will also identify its own specific aims, and a study design will be drawn up by VE and the trust to meet these aims. For example, the volunteer services manager at […] Trust would like to demonstrate the impact of volunteering in the trust in order that she can persuade the board to release more funds for training volunteers, and for their expenses to be paid. This aim is to be met by adapting the patient, staff and volunteer supplementary questionnaires in the toolkit in order to build a general picture of the impact of volunteering.

Other trusts have more specific aims. For example, […] would like to test the impact of a new volunteer feeding programme. This aim is to be met by trust staff administering a tailored questionnaire in order to identify volunteers' expectations. This will be followed up after four months by semi-structured interviews with the volunteers in order to ascertain their views as to the effectiveness of the programme. These findings will be triangulated by using questionnaires with staff involved in the programme, and carers or family of patients. Existing data will be used to compare length of stay in hospital of those fed by volunteers with those in hospital a year previously. It is hoped that patterns might emerge which will lend support to a more detailed research exercise.

The processes of carrying out the eight impact assessments will be formulated into a written report. This report will identify problems with the impact assessments, and also identify areas that have worked well. The final report is expected to become a resource from which other trusts can adopt or adapt the tools used in the impact assessments to carry out their own service evaluations. The report will not be prescriptive. One of the early lessons learnt from talking to trusts is that they want to assess different areas of their volunteering programmes for different reasons. Instead the report will consist of a series of examples of how to answer different questions. It will also draw out some common lessons from the impact assessment process, for example how to balance the competing demands of science, ethics and resources.

It is expected that the processes of carrying out the service evaluations, and the results, will enable each trust to learn how to maximise the impact of volunteers.

It is also hoped that the project might lead to a database for storing the results of impact assessments in order that a source of data demonstrating the impact of volunteering within the NHS can be built up, and drawn upon. This would require separate funding.

6. Study design

The first two aims of the service evaluation are to be met using existing data. In order to define current care, trust staff will identify the extent and types of volunteering across the trust sites. They will also identify whether programmes are managed internally or externally. The data from this will be used to place an economic value for the services provided by volunteers within the trust. This will follow the methodology laid out by Gaskin (2003). Existing data will also be used to calculate the expenditure by the trust on supporting volunteers. The Volunteer Investment and Value Audit (VIVA) ratio (See Gaskin 2003) will then be calculated by dividing the economic value by the cost of supporting volunteers. This VIVA ratio tells us the notional return on a £1 investment on volunteers by the trust.

The first two aims of the study will be carried out by trust staff, and will be designed with help from VE if required.

Further aims of the study will be identified by the individual trusts. A study design will be drawn up in partnership between the trust and Volunteering England (VE) to meet these aims. VE will train the trust how to carry out the study, adapting VIAT where possible. In practice it is expected that some trusts will require more help than others, and the role of VE may move from supportive to active partner.

7. Subject recruitment

Subject recruitment is expected to vary widely between trusts. It is expected that in most trusts, one of the target populations will be the volunteers.

Recruitment of volunteers would be by virtue of sending a questionnaire to the whole target population. A covering letter will make clear that participation is voluntary, and that all responses will be confidential. Information about the purposes of the study will be provided in order that informed consent can be given.

The simple questionnaires would be publicised beforehand. This will be done by trust staff. It is anticipated that trust staff will be able to assist participants in completing the questionnaire where necessary.

The questionnaires will be written in plain English. Consultation with trust staff will help ensure that they are comprehensible to service users. It is not possible to identify non-English speakers before sending out the questionnaires. However, it is assumed that service users volunteering within the trust will have some command of English and will be able to seek help from an English speaker either within their own household or within the trust. Although this is not ideal, as there is no way of controlling how the questionnaires are translated to the respondent, it is seen as the most efficient method of gathering information from non-English speakers in NHS surveys (Picker Institute 2006).

Similarly, people with physical or mental health problems participating in the survey will be able to seek help from trust staff or members of their own household. Again, while this is not ideal, it is better than excluding them from the study.

8. Data collection

Stages one and two will be undertaken by the trusts, using existing data sources.

Where surveys of volunteers, staff or sometimes patients are involved a survey will be sent out to all members of the target population. The survey will be sent out by the trust. A reply paid envelope will be provided in order that the completed questionnaires can be returned to VE. No personal identifiers will be attached to the questionnaire. However, in order that we can identify who has yet to complete the questionnaire, each reply paid envelope will have a unique number. Nobody at VE will be able to match this number to participants’ personal details. A reminder will be sent out by the trust to those participants who have not replied after three weeks. They will be identified by virtue of VE providing the unique numbers to the trust of those yet to respond. It is hoped that a response rate of around 25 per cent can be achieved using this method of data collection. While this is not ideal, it is felt that any further follow-up would be overly invasive to service users.

The questionnaires will be based on those contained in VIAT.

9. Data handling and record keeping

Where applicable, data will be collected and retained in accordance with the Data Protection Act 1998.

With regards to questionnaires sent out as part of the service evaluation, VE will take responsibility for collecting the survey data. The impact assessment officer will input the data into SPSS for analysis. Completed questionnaires will be kept for up to six months in order to check any errors in data entry. They will then be destroyed. The SPSS datasets will be returned to the trust once they have been anonymised. Given the relatively small target population, this could involve removing potential identifiers such as ethnic origin.

The data will be stored on a secure server, which is only accessible by the impact assessment officer and the head of IT at VE. The data will also be backed up on a memory stick which only the impact assessment officer will have access to.

VE will not have access to patients' records or mailing lists of names and addresses at any time.

10. Statistical analysis

With regard to questionnaires collected as part of the service evaluation, simple statistical analysis using SPSS will be carried out. These will primarily take the form of descriptive statistics using frequency tables. For example, it may be possible to say 75 per cent of respondents stated that their volunteering has 'increased my ability to get paid work'. Simple correlation tests, such as cross tabulations will also be used to search for linear relationships between variables. More powerful techniques are not applicable due to the relatively small size of the target population.

11. Safety assessments

Patient safety is not expected to be compromised in most trusts as the service evaluations involve the analysis of existing data that does not require the collection of personal identifiers. Most trusts are expected to carry out simple surveys of staff, volunteers and sometimes patients. Postal surveys will not compromise patient safety.

It may be that some trusts would want to carry out simple interviews with staff or volunteers. Occasionally a trust might want to interview patients. If this is the case then VE will strive to ensure that each trust seeks approval from the appropriate body (research governance committee, local research ethics committee or audit department). Although this would be the responsibility of the individual trust, VE has a moral obligation to ensure that ethical considerations are reviewed where appropriate.

12. Research governance, monitoring and ethics R&D approval

Following consultation with our ethics advisor, VE has classified the project as a series of service evaluations. This is because in each trust:
> it is designed and conducted to define current care (care is understood in this context to mean the services provided by volunteers within the trust)
> it is designed to answer the question: What standard does this service achieve?
> it measures current service without reference to a standard
> it doesn't involve a new treatment
> it doesn't involve allocation to treatment groups
> it does not involve randomisation.

(See ERIC 2007)

Thus it does not require REC review. Nonetheless, the project will be managed in accordance with the principles of the research governance framework. Please see Appendix A for further information.

The wider project also doesn't require submission to a REC or research governance committee. This has been confirmed by the chair of the local REC […].

13. Finance

The Impact Assessment Project is funded by the Department of Health under Section 64. Total funds available are £68,624. The majority of this goes towards paying the impact assessment officer. However, significant funds are available to contribute to the costs of postal surveys. The project is expected to run for 18 months from October 2006.

VE will meet the costs of employing an impact assessment officer to train trust staff in adapting and using VIAT. VE will also contribute to the costs of the assessment, specifically for reply paid envelopes and data entry and analysis.

No payments will be made to participants.

14. Indemnity (details)

VE has an insurance policy in place to cover negligence by any of its staff involved in the project.

It is not anticipated that harm can be caused to participants as this is a postal survey.

15. Reporting and dissemination

The processes involved in undertaking the service evaluation will be included in VE's final report. The final report will consist of a study detailing how the eight service evaluations were carried out, and how the data was analysed. The aim is to produce a document which all NHS trusts can use as a learning resource. This will help them to carry out their own impact assessments. It will also move towards a common standard for carrying out impact assessment of volunteering within different types of NHS trust.

The report will be disseminated at conferences, both in-house, and externally. It will also be made freely available in electronic form and at cost price in paper form.

Each trust is expected to produce a report evaluating the impact of volunteering within the trust. If both parties agree, VE may use some or all of these reports in the appendices to our main report.

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17. Appendix A: Research, Audit, or Service Evaluation. A quality research culture (attached).

18. Appendix B: Volunteering England Equal Opportunities Policy (attached).

19. Appendix C: The Volunteering Impact Assessment Toolkit (VIAT) (attached).

Appendix two: glossary of terminology used in survey research

Technical term		**Stakeholder**		
		Volunteers	**Paid staff**	**Service users /patients**
Population	All the people under investigation	All volunteers at the hospital	All paid staff at the hospital	All patients at the hospital
Sampling frame	The list or database of the population, used to select the sample.	The volunteer manager’s database	The staff database	Database of patients
Sample	A subset of the population. Derived from the sampling frame, aims to tell us something about the wider population		Technically this would include all those members of staff selected to take part in the survey (the survey sample). In practice, it is also used to refer to those who actually respond to the survey (the respondent sample)	
Random sample	A subset of the population selected at random. If the sampling frame is accurate and the sample is drawn from the sampling frame randomly (see random sampling), we can have more confidence that the sample will reflect the characteristics of the population		A sample consisting of every tenth member of staff selected at random would represent a random sample	
Case	The unit of analysis	Volunteer replying to survey or interview		
Variable	Attribute of the case	Response to a question – each case will have a number of variables	As for the volunteers	As for the volunteers

Technical term		Stakeholder		
		Volunteers	**Paid staff**	**Service users /patients**
Census	A survey of the whole population	Requires an up-to-date sampling frame	As for the volunteers	As for the volunteers
Random sampling	Attempt to gain the views of a representative sample by asking a proportion of the population selected by a random method	Give each volunteer an identifying number and select half of the numbers using a raffle (this can easily be achieved using computer software)	As for the volunteers	As for the volunteers
Stratified sampling – proportionate	Divides the population into groups, and selects a random proportion from each group. This can be useful for ensuring that all groups are represented	For example, if we know that one in 10 of the volunteers are from a BME background, we could effectively conduct two random samples – one of the non-BME volunteers, and one of BME volunteers. For both groups, the same proportion of the sampling frame would be selected	As for the volunteers	As for the volunteers
Stratified sampling – disproportionate	This differs from proportionate stratified sampling in that we would survey a higher proportion of one group than the others. When analysing the data, it is important to take the stratification into account	As regards the above case, if we know that there are 10 BME volunteers out of 300 in the sampling frame, we might survey all of them to try and ensure that some respond. If we only surveyed one in five (i.e. two) it is possible that neither will respond	As for the volunteers	As for the volunteers

Technical term		**Stakeholder**		
		Volunteers	**Paid staff**	**Service users /patients**
Quota sampling	A method of stratified sampling where selection is left to the interviewer. The non-random selection process causes problems in generalising from the data. However, in some cases this may be compensated by ensuring that one group who tend not to reply to surveys (e.g. men) are fully represented			Each interviewer is asked to survey five male and five female patients helped by volunteers
Theoretical sampling	Relates to qualitative research, and involves selecting cases to study on the basis that they will further understanding of a concept		Survey all staff working with volunteers on the basis that they have a greater understanding of the concept – i.e. the impact of volunteering. This might be followed up by in-depth interviews with key staff deemed to have the greatest understanding	Conduct a focus group of service users of a group wholly run by volunteers. Although not representative of the population, it is argued that these people will be able to offer the greatest understanding of the concept as it is easier to look at volunteering in relative isolation

Further resources

Introduction to impact assessment
IVR *(2004).Volunteering Impact Assessment Toolkit: a practical guide for measuring the impact of volunteering* London: Institute for Volunteering Research

Wainwright, S (2003) *Measuring impact: a guide to resources* London: NCVO
http://www.ncvo-vol.org.uk/asp/uploads/uploadedfiles/1/455/measuringimpactguide.pdf

Research design
Robson, C (2002) *Real world research* (second edition) Malden MA: Blackwell
(Chapters four to seven)

Questionnaire design
De Vaus, D (2002) *Surveys in social research* (fifth edition) London: Routledge

Foddy, W (1993) *Constructing questions for interviews and questionnaires* New York: Cambridge University Press

Sampling and survey methods
Mason, J (1996) *Qualitative researching* London: Sage
(See chapter five for a discussion of theoretical sampling)

Moser, C and Kalton, G (1979) *Survey methods in social investigation* (second edition) London: Dartmouth

Interviewing
Mason, J (1996) *Qualitative researching* London: Sage
(Particularly chapter three)

Robson, C (2002) *Real world research* (second edition) Malden MA: Blackwell
(Chapter nine)

Focus groups
Gaskin, K (2005) ‘Be aware, be very aware: philosophical, ethical and political issues in qualitative research’ in Alcock, P and Scott, D (2005) *Close work: doing qualitative research in the voluntary sector* West Malling: Charities Aid Foundation

Data analysis
Mason, J (1996) *Qualitative researching* London: Sage
(Particularly chapters six and seven)

Robson, C (2002) *Real world research* (second edition) Malden MA: Blackwell
(Chapters 13 and 14)

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