Volunteering England

By Simon Teasdale

In good health

Assessing the impact of volunteering in the NHS

Institute for Volunteering Research

NAVSM

Volunteering England runs a health and social care project aimed at advancing the use of volunteers in the National Health Service (NHS). A key part of this project has been to increase our understanding of who volunteers in the NHS, why and with what effect.

To this end, the Institute for Volunteering Research (IVR) carried out a series of service evaluations with six NHS trusts to assess the impact of their volunteering programmes. These were funded by the Department of Health (DH) and carried out between autumn 2006 and spring 2008. The trusts involved in the project included acute hospitals, mental health trusts and a primary care trust.

This summary report identifies the key issues that emerged from the service evaluations to indicate to other trusts the value they might gain from conducting a similar evaluation of their volunteer programmes. However, the findings drawn from each trust cannot be generalised to all trusts or other areas of the NHS.

Further guidance on how to conduct a service evaluation of a volunteering programme are available in the accompanying guide for managers, details of which can be found at the end of this summary report.

Study design

The project was designed to test how best to apply IVR's Volunteering Impact Assessment Toolkit (VIAT) within the NHS. VIAT has been developed over the past three years to enable organisations to assess the difference involving volunteers makes. It provides model questionnaires and focus group structures which were adapted and expanded to suit these pilot studies.

The project also drew on IVR's Volunteer Investment and Value Audit (VIVA) to assess the economic value of volunteering.

The aims of each pilot study were to:
> evaluate the trust's volunteering programme with a view to improving service delivery
> design service evaluation methods for use in volunteering programmes elsewhere in the NHS
> contribute to the development of VIAT.

The methodology used was designed to focus on individual case studies so the findings do not necessarily apply to other trusts or the NHS as a whole. Nonetheless, they throw up some interesting themes that trusts might like to consider when evaluating their own volunteer programmes.

Key themes

Volunteering in the pilot study trusts was unevenly distributed and managed. Some had few or no volunteers while one had more than 500. In five out of the six trusts, volunteers were managed by one or more dedicated volunteer services managers who sometimes had a team of support staff. Other models of volunteer management do exist within the NHS. For example, some trusts add the role onto a member of staff's job description, while others contract out volunteer management to a third sector provider such as the WRVS, a Friends organisation or a local Volunteer Centre.

Why volunteer?

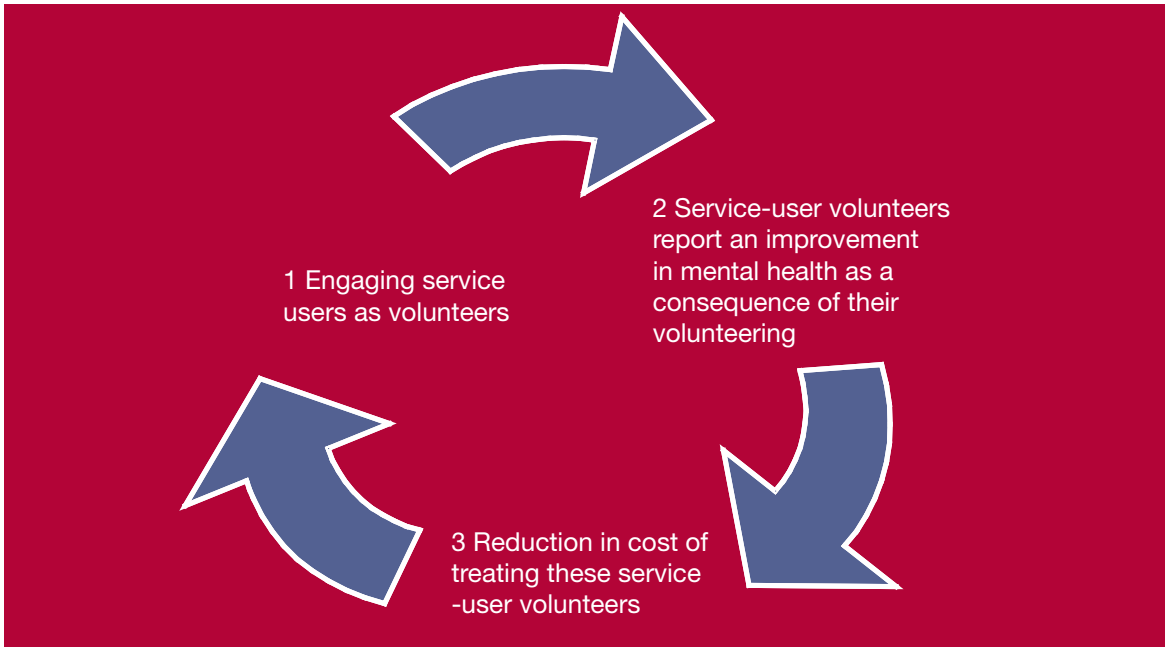
Motivations for volunteering in the NHS ranged from altruism to better employment prospects. Older volunteers tended to cite helping others as their primary motivation, and a notable minority wanted to give something back to the hospital where they or a loved one had been treated. Retired volunteers also talked about wanting to get out of the house, meet new people and give structure to their retirement.

Younger volunteers tended to be more motivated by career ambitions citing, for example, the need to gain work experience in a hospital or the opportunity to improve their English skills. However, volunteers from all age groups talked about feeling better knowing they had been able to help others.

Service-user volunteers

In some pilot study trusts volunteers were current or former patients and service users. Two trusts, in particular, had formalised the role of patient volunteer and the patients and service users involved in these programmes reported significant health benefits as a result. At one hospital trust a group of service users with HIV had set up a volunteer group to provide support and information for others with HIV, and half of this group reported improved physical and mental health.

At a mental health trust where 40 out of 93 volunteers responding to the survey were current or former service users, more than half (58 per cent) reported improved mental health as a consequence of their volunteering. Indeed, the results from this trust suggested the benefits of volunteering to service users were more widespread and included skills development and enhanced employment prospects. This in turn was seen as impacting on the trust through reduced treatment costs for some patient volunteers, as in the figure below which outlines a model that could be tested elsewhere.



Forging closer links with the local community

Analysis from one of the pilot studies suggested local communities could also benefit from trusts engaging volunteers. For example, NHS volunteering can encourage local people to participate in the delivery of services and perhaps enable them to enhance their skills. In the case of mental health trusts, volunteering can be a means of increasing the community's understanding of mental health issues. In other trusts, some volunteers were able to combat social isolation through volunteering.

Benefits to patients

Assessing the impact on patients was problematic. In part this was because of the difficulties in obtaining patients' and service users' views of volunteers. For example, in many cases patients were unaware that services were being delivered by volunteers. In addition, participating trusts deemed it inappropriate to survey patients on the subject of volunteering, perhaps because it would be hard for patients to comment critically on people who gave their time free of charge to help them. Some trusts also felt it would be too intrusive to survey patients.

However, at a high security hospital and at a project for elderly disabled people, service users reported that volunteers were often the only people they saw who weren't paid to help them. These volunteers appeared to have a positive impact on service users. For example, some of the elderly disabled people reported that they could not continue to live independently, in their own homes, without volunteers' help. And at the high security hospital paid staff felt that the volunteers had a positive impact on patients' health making it easier for them to reintegrate into the community after their release.

Not all paid staff were positive about volunteering programmes. In other trusts some felt volunteers got in the way and even provided a poor service. For example, in one mental health trust that placed service-user volunteers on the switchboard, reception staff said the unprofessional service that callers received was damaging to the trust.

Replacing paid staff

A minority of volunteers felt they were being used as cheap labour to deliver services that the state should fund. A vociferous minority of staff in most pilot trusts picked up this point. Up to one in five expressed concerns that trusts were using volunteers to provide services that were traditionally provided by paid staff. Some said it was fine in the short term as a means of keeping costs down but should not be relied on as a long-term measure.

Concern about job substitution was stronger in trusts where volunteers were given administrative duties to perform. Volunteering tended to receive most support from paid staff when volunteers were current or former service users.

The value of volunteering

Five of the pilot trusts tested out IVR's Volunteer Investment and Value Audit (VIVA). They calculated that the economic value of volunteering averaged around £700,000 a year in hospital trusts, £500,000 a year in mental health trusts and £250,000 a year for the primary care trust. These figures were calculated by applying a notional, median, hourly wage to the sum of hours of volunteer work in each trust.

A further analysis of the figure showed that, for these five trusts, a nominal £1 investment in a volunteering programme yielded an average return of between £3.38 and £10.46. However, this return did not accrue wholly to the trust. Rather the economic benefits appear to have been spread among patients, service users, volunteers, the trust, the wider community and, to a lesser extent, paid staff.

The studies suggest a need for further caution when using VIVA; while it offers a simple, economic analysis of volunteering, it does not calculate wider benefits. VIVA calculates return on investment by dividing the economic value of volunteering (the total hours multiplied by a notional, hourly wage) by the amount spent on volunteering. However, in these service evaluations the higher returns on investment tended to occur when volunteering received less financial support. This is at odds with evidence from surveys and interviews which suggested that less money spent on volunteering resulted in fewer benefits – although not necessarily financial ones. For example, the

trust with the highest VIVA ratio didn't pay volunteers' expenses, while the trust with the lowest VIVA ratio provided some volunteers with training to enable them to support patients in a high security hospital. And yet survey evidence suggested that this service was of benefit to patients way beyond its simple financial value to the trust.

What trusts can do now

Trusts involved in the pilots clearly gained huge benefit from their volunteering programmes although the results of the evaluations also suggest there are issues they need to be aware of, such as the views of paid staff. The trusts that undertook these service evaluations can use this information to refine and develop their volunteering programmes.

The project's aim now is to encourage more trusts to use the tools that have been developed to evaluate their own volunteering programmes. By gathering this sort of data trusts, patients and volunteers can leverage the maximum benefit from this valuable resource.

Volunteer managers who would like to take this further can find more information in the accompanying report, *Health check: a practical guide to assessing the impact of volunteering in the NHS*. This is available from Volunteering England, Regent's Wharf, 8, All Saints Street, London N1 9RL.

Ethics and research governance

This project was classified by the chair of Camden and Islington Community Local Research Ethics Committee as service evaluation and should not be managed as research. Therefore, it did not require ethical review by an NHS research ethics committee or approval from the NHS research and development office. The project was subjected to ethical review by members of the IVR advisory group and members of Volunteering England's health and social care project reference group.

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This work was funded by the Department of Health as part of Volunteering England's work to promote and enhance volunteering in health and social care settings.

The Department of Health published *Towards a strategy to support volunteering in health and social care: consultation* last month to inform development of a long-term strategy to build on existing best practice, share innovation and learning, and build partnerships that lead to sustained involvement of volunteers through an increasingly diverse range of services in statutory and non-statutory settings across the health and social care system.

For further information, please email volunteeringstrategy@dh.gsi.gov.uk

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