

# Appendix 9

## Benchmarking Framework

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### Introduction

To support continuous improvement and consistency across our volunteering initiatives, we are introducing the Volunteers for Health Northants Benchmarking Framework—a self-assessment tool for partners across our network. This framework enables organisations to evaluate their practices across six key areas: Volunteer Role Diversity, Recruitment & Onboarding, Support & Supervision, Retention & Progression, Impact & Value Recognition, and Equity & Inclusion. By scoring each area and sharing good practice examples, we can identify strengths, address gaps, and foster a culture of learning and collaboration.

### Summary

- **Volunteer Role Diversity:** Encourages a range of roles, co-designed with patients and accessible remotely, where relevant.
- **Recruitment & Onboarding:** Promotes multi-channel recruitment, tailored role matching, and a standardised onboarding checklist.
- **Support & Supervision:** Sets expectations for regular supervision, informal support, and accessible staff during volunteering hours.
- **Retention & Progression:** Tracks long-term engagement, supports transitions into paid roles, and standardises exit feedback.
- **Impact & Value Recognition:** Introduces tools to measure volunteer impact, includes staff feedback, and promotes annual recognition.
- **Equity & Inclusion:** Focuses on demographic matching, geographic equity, and accessibility for disabled or housebound volunteers.

### Implementation

- Use this framework as your self-assessment tool.
- Score each area (e.g. Red/Amber/Green) to identify strengths and weaknesses in your services.
- Share best practice examples across the Volunteers for Health Northants network.
- Update annually to reflect evolving needs and innovations.



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## Volunteer Role Diversity

Benchmark	Good Practice	VfH Standard	RAG Rating
Variety of roles	Offers therapeutic, practical, administrative, and career-path roles; includes peer/group support	Categorise role types, e.g., Admin support, Ward roles.	
Role co-design	Roles developed in consultation with service users, volunteers; tailor roles to individual skills and goals.	Encourage patient, staff, volunteers to co-design in all new roles, where appropriate.	
Remote roles	Includes home-based roles such as telephone befriending, patient safety partners, and advisory roles.	At least 1 remote-accessible role per project or provider, where funding is available	

## Recruitment & Onboarding

Benchmark	Good Practice	VfH Standard	RAG Rating
Recruitment channels	Uses multiple platforms: websites, events, word-of-mouth, and printed materials in community spaces and libraries	Use at least 2 platforms and printed role descriptions. Recruitment materials are jargon-free with plain language.	
Drop-out management	Pre-induction conversations to assess fit; roles tailored to individual needs; strong communication during onboarding reduces drop-out.	Pre-induction conversations to assess fit and signposting to alternative role/organisations if relevant	
Onboarding process	Includes DBS checks, references, statutory training, induction days, and suitability assessments for patient-facing roles.	Standardised onboarding checklist across VfH partners including T&L projects.	

## Support & Supervision

Benchmark	Good Practice	VfH Standard	RAG Rating
Supervision	Quarterly 1:1 supervision, open-door policy, and access to specialist support when needed.	Minimum: quarterly supervision + open-door policy.	



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<b>Informal support</b>	Informal check-ins, goal setting, and debrief sessions after stressful events.	Encourage informal check-ins and role reviews. Pastoral care is available for volunteers if needed and built in your workforce policies as standard.	
<b>Volunteer office hours</b>	Support available during volunteering hours; monthly drop-in sessions for volunteers.	Align volunteering hours with staff availability & capacity.	

## Retention & Progression

Benchmark	Good Practice	VfH Standard	RAG Rating
<b>Long-term retention</b>	Volunteers remain for 5+ years; some serve for decades; strong sense of purpose and connection.	Track retention annually; aim for 3+ years average, with volunteers transferring within roles and organisations.	
<b>Progression to staff</b>	Many volunteers transition into paid roles; volunteering seen as a pathway to employment.	Create pathways for volunteering to career.	
<b>Exit interviews</b>	Exit interviews and feedback collected to learn from departures.	Standardise exit feedback process across VfH.	

## Impact & Value Recognition

Benchmark	Good Practice	VfH Standard	RAG Rating
<b>Volunteer impact</b>	Starting quality-of-life and recovery assessments; volunteers make a visible difference in patient and carer wellbeing.	Develop end-of-life support & personal resilience training for related roles	
<b>Staff morale</b>	Increased volunteer involvement improves staff morale and reduces workload.	Include staff feedback in volunteer evaluations.	
<b>Recognition</b>	Annual recognition events and informal appreciation activities.	Annual recognition events or awards per provider.	



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## Equity & Inclusion

Benchmark	Good Practice	VfH Standard	RAG Rating
<b>Demographic matching</b>	Volunteers matched to service user interests and backgrounds where possible.	Encourage demographic and interest-based matching.	
<b>Geographic representation</b>	Targeted recruitment in areas with low volunteer uptake; identified gaps in rural and underserved locations.	Targeted recruitment in underrepresented areas.	
<b>Accessibility</b>	Home-based roles for neurodiverse volunteers and those with mobility issues; flexible roles for those with health conditions.	Ensure roles for disabled, neurodiverse, or housebound volunteers.	
<b>Leadership</b>	Policies, vision, mission in place. Staff and Trustees receive training. Staff is encouraged to deal with sensitive issues confidently	Leadership reflects the diversity of the community served built in your governance and regularly reviewed. Safeguarding policies are clear and enforced	

## Data & Evaluation

Benchmark	Good Practice	VfH Standard	RAG Rating
<b>Data</b>	EDI data is collected ethically, transparently, and with cultural sensitivity.	Data is anonymised where needed. Reporting is evidence-based and reflects volunteers experience	
<b>GDPR</b>	Compliant with principles	GDPR principles are embedded in your policies. Issues are tracked and corrected	
<b>Impact</b>	Volunteers have a voice	Volunteer voice is included in strategies, processes, service development. Feedback is used to improve services	