University of Northampton

Volunteering for Health

Interim Evaluation Report

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Executive Summary

Overview of the Evaluation

Volunteering for Health (VfH) is a £10 million national programme funded by NHS England, NHS Charities Together and CW+, designed to harness the contribution of volunteering to health and social care at both national and local levels. In Northamptonshire, the programme is delivered by Voluntary Impact Northamptonshire (VIN), on behalf of Northamptonshire Health and Care Volunteering (NHCV), through a partnership involving health, voluntary and community sector organisations. Delivery commenced in April 2025 and is scheduled to continue until June 2027. The Northamptonshire evaluation is delivered by the Institute for Social Innovation and Impact (ISII) at the University of Northampton (UON), and provides a locally focused assessment of the programme, recognising the importance of understanding local context, alongside the national evaluation. The evaluation examines progress against three core programme aims:

- Embedding volunteering strategically within the health and care system
- Developing and improving volunteer infrastructure
- Improving the diversity of the volunteer workforce.

This Interim Report covers activity and evidence gathered between April 2025 and June 2026. It therefore represents an assessment of progress rather than a final judgement on programme impact. The evaluation will continue through to 2027, with further data collection intended to strengthen the evidence base, particularly around health outcomes, system-level impact and sustainability.

Evaluation Methodology

The evaluation uses a mixed-methods approach aligned with the six national VfH performance areas, with the findings in the report aligned with these areas:

- Contribution to reducing local health inequalities
- Alignment with the Northamptonshire ICB Joint Forward Plan
- Alignment with NHS England and CW+ requirements
- Progress against the original Theory of Change (ToC)
- Evidence of monetary savings for the NHS
- Wider social impact of VfH.

The evaluation combines the programme's existing data with primary research undertaken by the ISII. This includes analysis of NHS and VCSE data, volunteer recruitment and retention information, training and EDI data, organisational information, conference outputs and Steering Group observations. A bespoke impact measurement framework based on the University of Northampton's Social Impact Matrix© and the programme's Theory of Change has been used to assess outputs, outcomes and wider social impact.

Primary data collection to date includes a volunteer survey, which had generated 26 usable responses by June 2026, and six semi-structured interviews with Steering Group members, Test and Learn (T&L) project leads and a VfH partner organisation lead. The evaluation team has also undertaken discussions with delivery partners between December 2025 and June 2026. Quantitative data has been analysed using Excel and SPSS, with descriptive statistics and, where appropriate, wider statistical analysis, whilst the qualitative interview data has been analysed thematically. Findings have been triangulated across quantitative and qualitative sources to strengthen the credibility of the evaluation. As this is an interim evaluation, the evidence base has some limitations. In particular, demographic data is incomplete, the volunteer survey sample remains relatively small (this will be built up across the next 9 months), and the evaluation team does not yet have access to all relevant health-outcomes data. Consequently, the findings should be interpreted as evidence of emerging impact and programme contribution, rather than definitive evidence of long-term causal outcomes.

Key Results and Findings

Scale and Contribution of Volunteering:

The programme has already generated substantial levels of volunteering activity. Between April 2025 and March 2026, there was an average of 730 active volunteers at any one time, alongside an average of 51 inactive volunteers. Across the programme, 2,653 volunteers had been engaged and 49,829.75 volunteering hours had been recorded. This represents more than 30 full-time equivalent (FTE) staff based on a 1,650-hour working year and demonstrates the significant additional capacity volunteering provides to participating organisations. The contribution also extends beyond the direct provision of volunteer hours, with the first round of five Test and Learn Pilots (T&LP) engaging 118 active volunteers who contributed 13,273 hours of support. The pilots demonstrated the potential of volunteering to extend organisational

reach, supporting people experiencing disadvantage, providing routes into employment and strengthening community connections. The evidence also indicates that volunteering can provide important non-clinical support to people using health and care services, as volunteers contribute through befriending, transport, practical support, and community engagement following discharge from hospital. Such activity can help people maintain recovery plans, reduce isolation and encourage earlier engagement with health services.

Volunteer Experience, Wellbeing and Self-efficacy:

Volunteer experience across the programme has been highly positive, with survey respondents reporting particularly strong experiences in relation to flexibility, clarity of roles, willingness to recommend volunteering to others and the quality of training received. The strongest evidence of individual benefit related to wellbeing and self-efficacy, with volunteers reporting high average scores for the impact of volunteering on life satisfaction (8.50/10), worthwhile activity (8.42/10), happiness (8.27/10) and overall wellbeing (7.73/10). Indeed, 40% of respondents reported a significant positive change in wellbeing (scores in the 9-10/10 range), and no respondents reported a negative impact on wellbeing (classed as less than 5/10). A similar pattern was identified for general self-efficacy, with an average score of 7.78/10 and 40% of respondents reporting a significant increase (scores in the 9-10/10 range). The qualitative evidence reinforces these findings, highlighting improvements in confidence, motivation, employability, skills and personal development.

Health Inequalities and Inclusive Volunteering:

VfH is making encouraging progress towards reducing local health inequalities by supporting volunteering among groups that can experience barriers to both volunteering and healthcare. The T&LPs have engaged people with lived experience, minority ethnic communities, people experiencing social isolation, neurodiverse individuals and people facing multiple disadvantages. These approaches demonstrate the value of volunteers who understand the communities they support, as they can help build trust, improve access to services, encourage earlier intervention and strengthen community connections. However, the overall volunteer population remains less diverse than the programme would ultimately seek. Among volunteers for whom demographic data was available, nearly 40% were aged 66 years or over, while only 10% were under 25 years (albeit still leaving 50% of volunteers of working age). Almost 80%

of volunteers were female, and 72.7% of volunteers identified as White, with 9.1% identifying as Black[1]. The programme's Inclusive Volunteering Training Programme and Toolkit is therefore particularly important. Developed through co-production with delivery partners and people with lived experience, the training aims to improve accessibility, challenge assumptions about who can volunteer and strengthen inclusive volunteer management. Feedback from the 16 participants who had completed the training thus far was highly positive, with 100% rating the content and trainers positively, 68.8% reporting increased knowledge, and 81.3% stating that they intended to make organisational changes to improve inclusion.

Organisational and System-level Impact:

VfH has strengthened volunteer infrastructure across participating organisations through new resources, training, peer-learning, governance arrangements and partnership activity. The Volunteer Strategy, Volunteer Charter and Good Practice Volunteer Management Toolkit provide a more coherent framework for volunteering across the county. The T&LPs demonstrate how relatively small-scale investment can generate organisational benefits, including improved recruitment, clearer volunteer roles, better training and safeguarding, greater organisational capacity and stronger community reach. Networking and peer-learning have also enabled organisations to share solutions to common challenges and reduce duplication. There is however, a distinction between strengthening the infrastructure around volunteering and achieving full strategic integration within the health system, with the latter remaining less developed (at least as far as the data collated thus far suggests).

The programme is strongly aligned with the emerging priorities of the Northamptonshire Integrated Care Board (ICB) Joint Forward Plan, particularly around prevention and early intervention, community capacity, neighbourhood working, person-centred support and collaboration between statutory and voluntary sector organisations. Nevertheless, changes to ICB structures and leadership, the development of the new Neighbourhood Care model, uncertainty around commissioning responsibilities and the future role of the VCSE sector within this, have slowed progress towards embedding volunteering at a systemic level. The research data identifies a particular need for clearer leadership and accountability for

[1] Importantly, demographic data was not collected for 51.6% of the volunteer population, limiting the strength of conclusions that can currently be drawn about EDI.

volunteering across the health and care system. Without this, there is a risk that volunteering remains peripheral to strategic planning, despite the contribution it is already making to services and communities.

Volunteer Passport and Data Challenges:

The ambition to create a more connected volunteering ecosystem through the Volunteer Passport has not yet achieved the expected level of uptake. Evidence suggests that this is partly because organisations have different onboarding, training, safeguarding and risk-management requirements. A single shared model therefore does not necessarily meet the needs of all organisations, whilst data sharing represents a wider challenge for organisations/partnerships. Differences in data systems, governance, collection practices and organisational priorities have resulted in inconsistent data quality, thus limiting the ability to demonstrate system-wide health outcomes and making it difficult to attribute changes directly to volunteering. Improving data collection and interoperability will therefore be essential both to the future management of the programme and to demonstrating its value to commissioners.

Social Impact and Economic Value:

The interim evaluation provides strong evidence of substantial social value, although it is important to distinguish this from direct cashable savings to the NHS. Based on the value of volunteer hours, volunteer training, wellbeing improvements and increased self-efficacy, the evaluation estimates an indicative monetised social impact of £3.39 million, after applying 30% reductions for attribution and 30% for deadweight[2]. This calculation demonstrates the scale of value associated with volunteering, but should be regarded as an indicative social impact estimate rather than a direct measure of NHS savings. The evaluation does not yet have sufficient health-outcomes data to establish whether volunteering has directly reduced NHS expenditure, hospital admissions or other healthcare utilisation. Further health-outcomes data is expected to become available during the next phase of the evaluation, providing an opportunity to strengthen this analysis and establish the extent to which volunteering contributes to measurable health and system outcomes.

[2] The gross estimated impact is £8.48 million without attribution and deadweight reductions.

Summary and Recommendations

The interim evaluation concludes that VfH is progressing positively and has established strong foundations for longer-term impact. The programme has increased volunteer capacity, strengthened organisational infrastructure, supported more inclusive approaches, generated positive outcomes for volunteers and developed stronger relationships between voluntary and statutory organisations. Its greatest immediate strength lies in building the capacity and capability of the volunteering ecosystem, but the programme is also showing promising evidence of contribution to health inequalities through community-based prevention, early intervention and trusted local relationships. The principal challenge is now to translate this strong programme-level activity into sustained system-level integration. This will require greater clarity about the strategic role of volunteering, stronger leadership and accountability, improved data-sharing arrangements, stronger referral pathways and a clear route to sustainability beyond the current funding period.

Key Recommendations:

The evaluation makes the following eight recommendations based upon the data gathered thus far. For the VfH Programme:

- Continue strengthening the evaluation framework, particularly the consistency and completeness of outcome and demographic data, and secure access to health-outcomes data.
- Build on the success of the T&LPs through a more systematic approach to peer-learning, knowledge exchange and dissemination of effective practice.
- Continue investment in the Inclusive Volunteering Training Programme and Toolkit and expand its reach across statutory and voluntary sector organisations.

For the Third Sector:

- Continue developing inclusive recruitment approaches that reach under-represented communities while recognising the different barriers affecting potential volunteers and the distinction between formal and informal volunteering.
- Improve routine collection of EDI data so that participation, representation and gaps can be monitored more effectively.

For the Wider Health and Care System:

- Embed volunteering more explicitly within health and social care workforce planning, prevention and population-health strategies.
- Strengthen referral pathways between NHS services, primary care, community organisations and volunteers to maximise the potential of volunteering to support prevention and early intervention.
- Establish how successful VfH models can be sustained beyond June 2027 through future commissioning and partnership arrangements.

The next phase of the evaluation will be critical. Continued volunteer research, further interviews with stakeholders and Round Two of the T&LPs, alongside the gathering of improved health-outcomes data (and engagement with the ICB), will enable a more comprehensive assessment of impact. As the wider health and care system develops, this evidence should also help determine how volunteering can be embedded sustainably within Northamptonshire's emerging neighbourhood-based model. Overall, the evidence to date supports a positive assessment of VfH, with the programme delivering meaningful value to individuals and organisations, even if the systemic impact remains somewhat limited.

1. Overview

1.1 VfH Programme Overview

Volunteering for Health (VfH) is a £10 million nationwide programme funded by NHS England, NHS Charities Together and CW+, the official charity of Chelsea and Westminster Hospital NHS Foundation Trust. The programme is aimed at harnessing the power of volunteering for health and social care needs, both at a national and local level. In Northamptonshire, the delivery of the local VfH programme was awarded to Voluntary Impact Northamptonshire (VIN), on behalf of Northamptonshire Health and Care Volunteering (NHCV).

The project partners include VIN, Northamptonshire Healthcare NHS Foundation Trust (NHFT), Mental Health Northants Collaboration (MHNC), Northamptonshire Community Foundation (NCF), Northamptonshire Black Communities Together (NBCT), the General Practice Alliance (GPA), Northampton General Hospital, Kettering General Hospital, and wider stakeholders across health and social care. The four delivery partners for the project are MHNC, NCF, NBCT and the GPA, whilst the other partners sit on the steering group. The project was funded in late 2024, with delivery commencing in April 2025 and ending in June 2027.

1.2 Evaluation Brief

Whilst the VfH programme has a national evaluator, there is a need for local evaluation in Northamptonshire to ensure local contexts are considered in assessing performance against the three main programme aims (below), and that the nuance of local context is understood. This evaluation will occur through analysis of partner data on impact, volunteering and efficacy to examine if:

1. Volunteering is embedded into the system at a strategic level
2. Volunteer infrastructure is developed and improved
3. The diversity of the volunteer workforce has been improved

This Interim Report covers the delivery of the VfH programme from April 2025 through to June 2026. The Final Report will be published in July 2027 and present the findings for the full programme timeline (April 2025 to June 2027). For a full overview of the research aims and methods, please see section three.

2. Literature Review

2.1 Introduction

Volunteering as a form of healthcare system support has a long history both globally and in the UK, traditionally supporting patients and health services through companionship, hospital function, community engagement and fund-raising (NHS England, 2019; World Health Organisation (WHO), 2016). Whereas in the past this support was provided on an ad-hoc basis in the UK, including across both the health and social care sectors, volunteering has increasingly been seen as a key strategic tool for supporting integrated care, improved health outcomes and community participation and integration (NHS England, 2019; NHS England, 2023). The NHS Long-term Plan published in 2019 presented volunteers as a key resource for supporting neighbourhood services and Primary Care Networks (NHS England, 2019). Globally, the World Health Organisation (WHO) has argued that effective health systems must engage more with communities, becoming more person-centred and accounting for social and community factors (not just economic) (WHO, 2016). In the UK, this movement can be seen through the development of integrated care systems [i.e. Integrated Care Boards (ICBs)], which bring together the NHS, local authorities and third sector organisations to address population-level health inequalities (Department of Health and Social Care, 2022).

The emergence of the pandemic in 2020 had both positive and negative impacts on volunteering. Initially it prevented volunteer engagement (at least in person) whilst the NHS was busy dealing with the acute emergencies presented by Covid-19. However, the rapid mobilisation of the NHS Volunteer Responders programme illustrated public appetite to support healthcare systems, whilst showing the need for strong infrastructure, governance and collaborative working patterns (NHS England, 2023). Nevertheless, despite growing recognition of the potential contribution of volunteering, it is important to recognise that volunteers should not become replacements for staff (Mundle, Naylor and Buck, 2013), and that outcomes for patients require specialised care especially around emotional support/welfare (NHS England, 2023; Louch, O'Hara and Mohammed, 2017). The VfH programme was very much established with this mantra in mind, support for but not replacement of healthcare systems and staff.

2.2 Embedding Volunteering Strategically within Healthcare Systems

As was noted earlier, whilst volunteers have provided valuable contributions to health systems for decades, the ad-hoc and localised nature of many volunteering programmes has meant significant variation in performance and limited the ability of health providers to maximise their contributions and impact (Rochester et al., 2010). The aforementioned NHS Long-term Plan (NHS England, 2019) and the creation of ICBs (Department of Health and Social Care, 2022) have helped to formalise the use of volunteers nationally, and to demonstrate their role in wider, integrated ecosystems of community-embedded support, rather than just as an additional workforce resource. The NHS Volunteering Taskforce showed that volunteering should be embedded within organisational leadership, workforce planning and service improvement approaches, whilst the critical importance of senior leadership buy-in was also highlighted (NHS England, 2023). Prior research has highlighted the importance of clearly defining volunteer roles, connecting activities to organisational objectives and of integrating management support for volunteers (see Wilson, 2012 as an example).

Internationally, the WHO (2016) has also argued that community-engaged and people-centred care can improve trust, responsiveness and accountability. In the UK, despite some improvements in the systemic integration of volunteers to deliver community-engaged and people-centred services, it can be argued that volunteering ecosystems remain fragmented (Mundle et al., 2013). As an example of strategic volunteering, the NHS Volunteer Responders programme recruited 450,000 of volunteers to deliver medication, offer companionship and deliver food, but noted issues in maintaining volunteer commitment, referral pathways and coordination across the system (NHS England, 2023). Improving volunteer engagement and referral pathways is an area that the Volunteer Passport, created through the VfH programme, has sought to address, but as will be identified later, this has not secured adequate buy-in from third sector partners. In England, research has illustrated that the contribution of third sector organisations to healthcare is strong, particularly through community-based support such as social prescribing (Southby and Gamsu, 2018). In Northamptonshire, the contribution of volunteers to programmes of support, such as social prescribing, has been significant, with the Spring social prescribing programme in particular showing volunteer engagement and high potential social impact (Hazenberg et al., 2024).

2.3 Developing and Improving Volunteer Infrastructure

Effective volunteering is not just about volunteer willingness to engage, it is also about the infrastructure and systems that surround volunteering including recruitment, governance, training, supervision, leadership and evaluation mechanisms (Wilson, 2012; NHS England, 2023). Prior research on volunteering demonstrates that organisational support is central to volunteer retention and effectiveness, with volunteers more likely to remain engaged when they experience meaningful roles, adequate support and recognition from organisations (Wilson, 2012). Within healthcare settings, such support is critical as volunteers frequently interact with patients, families and vulnerable groups, in what can be difficult and stressful situations. Indeed, the NHS Volunteering Taskforce identified the need to balance safe recruitment with accessible processes that allow people to contribute more easily (NHS England, 2023).

Training and role clarity are also crucial, as volunteers require appropriate support and education around key issues such as data protection/confidentiality, safeguarding and effective communication (Bang, et al., 2023). This is especially important when dealing with the aforementioned need to ensure that volunteers do not become a replacement for trained, clinical staff (Mundle et al., 2013), especially as budgets and economic conditions worsen. Digital systems can support these governance and management processes, and indeed the pandemic somewhat accelerated this, enabling flexible participation and support that can be delivered anytime and anywhere (NHS England, 2023). This is not just the case for supporting volunteers, but also for supporting the third sector organisations that recruit and mobilise them, an area that has been evident in VfH through the new Northamptonshire Inclusive Volunteering training programme launched in February 2026 (discussed later in this report). These partnerships with third sector organisations can extend the reach of volunteering and support more integrated models of care (The King's Fund, 2021), ensuring that new communities can be reached, whilst engaging volunteers in service delivery in innovative ways (Mundle et al., 2013).

2.4 Improving Volunteer Equality, Diversity and Inclusion (EDI)

Volunteering as an activity is one that research suggests is not equally open to or undertaken across different socioeconomic groups; indeed, in the UK volunteer participation has generally included older adults, people from wealthier backgrounds, and people with more time on their hands (i.e. the retired or economically inactive) (Rochester et al., 2010). The National Council for Voluntary Organisations (NCVO) has highlighted persistent inequalities in volunteering

participation, with barriers including financial constraints, caring responsibilities, disabilities, access to transport and a lack of awareness of opportunities (NCVO, 2023). This research, however, conflates two distinct types of volunteering, that of the formal and informal. Indeed, informal volunteering (supporting family, friends or local communities) is an area that women, ethnic minorities, working-class communities, and protected characteristic groups are very active in delivering, especially in poorer communities (Dean, 2022). Some care is therefore required in ensuring that narratives around volunteering are not only focused on formal positions and that they are not exclusionary.

This is not to denigrate or minimise the contribution of those that currently engage in the volunteering ecosystems, far from it, but rather it is a recognition that in some areas a wider demographic of volunteer, including those with lived experience of health conditions, could better support patients and beneficiaries. Such approaches could improve health outcomes, by utilising service-users and communities as co-producers of healthcare, rather than merely as passive recipients of support (Batalden, 2018). This is, nevertheless, a tricky area, as it must also be recognised the pressures that volunteering can place on people's private, family and working lives, whereby people from lower income communities, or those with significant care responsibilities, nay mot be able to engage in volunteering without negatively impacting their own lives (Southby and South, 2016). Therefore, balance and recognition of these tensions is required in the design of volunteer recruitment, support and delivery systems.

The NHS Volunteering Taskforce identifies EDI as an important priority for the future of NHS volunteering, arguing that organisations should develop approaches that better reflect the populations they serve (NHS England, 2023). Internationally, the WHO (2019) has shown that local volunteers with lived experience and knowledge of their communities, can improve communication, trust and engagement, especially for those populations that traditionally face barriers in accessing healthcare services/systems. This is clearly a complex area, and one that needs to be approached both with a recognition of the need for greater EDI in volunteer populations, but also the challenges that some populations will face in being able to engage or resource volunteering aspirations, as well as their role in informal volunteering that may not be picked up by formal data channels (Dean, 2022).

2.5 Impact of Volunteering on Health Systems and Outcomes

The impact of volunteering in healthcare is not just about hours completed or people engaged, but rather whether tangible outcomes are delivered to improve patient experience and/or outcomes. Volunteering impact is also prevalent for the NHS providers and third sector organisations that they engage, often leading to potential cost-savings for the government or third sector. However, calculating these outcomes and impact can be challenging, as has been shown previously in health and social care settings (see Millar and Hall, 2013 as an example). For patients, volunteers can become a key focal point for engagement, reducing social isolation and loneliness, and helping them to navigate complex healthcare systems and referral pathways. The impact of this should not be underestimated, with studies showing the significant impacts of social isolation, especially for the elderly, with increased survival rates of as much as 50% for those that are not isolated and supported (Holt-Lunstad et al., 2010). This support can also be vital in in primary healthcare settings such as hospitals, with volunteers being able to provide emotional reassurance, whilst freeing-up clinical staff to carry out their primary functions; albeit there is a need to again ensure that volunteers respect boundaries and do not act to replace healthcare staff (Hotchkiss et al., 2014; Mundle et al., 2013). The impact of this on volunteers' own wellbeing and isolation can also be very high.

Volunteering can also contribute to health system resilience, with outpatient/community support for patients and beneficiaries, an area that align well with the modern focus in the UK on integrated care and community support (The King's Fund, 2021). The evaluation of volunteer-led monetary outcomes/savings for healthcare services and wider society remains challenging, but evidence does exist. Volunteers contribute substantial unpaid time that carries direct economic value (whether calculated at the minimum wage or higher rates commensurate with healthcare staff). However, frequent volunteering has also been shown to improve wellbeing, increase community cohesion and strengthen trust in services (Wilson, 2012; Fujiwara, Oroyemi and McKinnon, 2013). Indeed, Fujiwara, Oroyemi and McKinnon (2013) in work for the Department for Work and Pensions calculated that wellbeing improvements from frequent volunteering could be worth as much as £13,500 per year to society (at 2011 prices), which uprated for inflation to 2026 levels equates to over £20,500 (annualised inflation rate of 2.77%). This is an area that both this local evaluation of the VfH programme, as well as the national evaluation being undertaken, seeks to address and quantify.

2.6 Summary

Volunteering is increasingly recognised as a strategic component of modern healthcare systems, moving beyond traditional supportive roles towards contributing to integrated care, community engagement, health improvement and systemic resilience. Evidence from the UK and international literature highlights that effective volunteering requires strong strategic leadership, appropriate infrastructure, clear role definition and collaboration between statutory services and the third sector. However, challenges remain, particularly in ensuring equitable access to volunteering opportunities, developing more diverse volunteer populations and measuring the full range of outcomes generated for patients, volunteers and health systems. When appropriately embedded and supported, volunteering can enhance patient experience, reduce social isolation, strengthen community connections and provide valuable support to healthcare services, while complementing rather than replacing the paid workforce. This also brings potential cost-savings to public services and society more widely, in ways that can be quantified through volunteer time, improved wellbeing and better patient outcomes. The evaluation of the VfH programme in Northamptonshire seeks to explore these areas in more depth, and this Interim Report represents the first step in this evaluation journey, that will conclude in June 2027 with the publication of the Final Report.

3. Research Aims and Methods

3.1 Overall Research Design

The research has been aligned with the six overall performance targets of the national VfH programme. These areas underpinned the impact evaluation framework that is developed by the research team, utilising a Theory of Change (ToC) approach. These six areas are:

1. Contribution to reduction of local health inequalities
2. Alignment to Northants ICB 5-year forward plan[3]
3. Alignment to NHSE, CW+ funding requirements
4. Meeting of original ToC Outcomes
5. Evidence of monetary savings for the NHS
6. Social Impact of VfH Project across the system

Further to this, the research is centred on three core research aims (outlined below), aligned with the core elements of the programme delivery model.

1. **Impact evaluation from 'Test and Learning pilot' (T&L) projects:** Understand the efficacy and impact of the T&L Pilot projects[4]. Specifically, to understand
   a. Volunteer experience and capacity
   b. Impact of volunteer involvement on staff
   c. Impact of volunteers support on service users
   d. Impact of volunteer's support on organisations that work with them
2. **Impact and data from delivery partners:** Utilising primary data captured by the research team and data gathered by delivery partners, understand the efficacy and impact of partner delivery. Specifically, centred on
   a. Support and training for organisations supporting minority communities to promote EDI (NBCT)
   b. Support and training for organisations supporting individuals with spectrum, disabilities, and neurodiversity (MHNC)
   c. The development/expansion of the Volunteer Passporting system (GPA)[5]

[3] See: https://www.icnorthamptonshire.org.uk/updates/icb-fiveyear-joint-forward-plan-now-published-10067/
[4] Based upon primary data gathered, as well as NCF mandated end of grant reports received from the projects.
[5] The passport allows volunteers to work across multiple organisations without having to repeat the same basic training and aims to enhance the service experience for volunteers, not for profit organisations and Primary Care Networks in Northamptonshire.

3. **Impact and data on volunteering across health and care participating organisations:** Understand the efficacy and impact of volunteering across the health and social care system[6]. Specifically, on
   a. Volunteer experience and capacity
   b. Impact of volunteer involvement on Staff
   c. Impact of volunteers support on Service users
   d. Impact of volunteer s support on organisations that work with volunteers

3.2 Theory of Change

A Theory of Change (ToC) is a comprehensive roadmap that outlines changes (both desired and expected) that can occur within a specific context (Centre for Theory of Change, 2019). A robust ToC can help identify the steps necessary for long-term impact and provide valuable insights that can be used to develop and enhance services. Through consultation with VIN and the VfH project partners, the ISII assessed the existing ToC to map it against programme delivery, in order to identify specific impact areas that can be targeted in the evaluation. The ToC provides a first stage of understanding what the outcomes and impacts of the VfH programme are across different areas, and crucially how these can be monetised into savings for society.

Figure 3.1 below details the ISII's approach to impact measurement, based upon the ToC model created within the project, a systematic data review of VfH's current datasets, the comprehensive literature review on volunteering in health and social care (see section two), and the use of impact measurement and proxies.

Figure 3.1. Research Flow

[6] This will naturally focus on the four delivery partners within the VfH programme, so as to ensure realistic data capture and analysis within this ecosystem subset.

3.3 Data review and SIMF framework

The ISII has reviewed and cross-examined existing quantitative data provided by VIN and the VfH partnership, alongside the ToC to identify any gaps or missing data. This approach draws on the University of Northampton's Social Impact Matrix© to create a bespoke impact measurement approach centred on the volunteering delivered. Our approach to impact measurement is aligned with the European Commission's best practice guidance for impact measurement - GECES[7].

The Social Impact Matrix© allows for the development of a bespoke measurement framework. It builds on McLoughlin et al.'s (2009) SIMPLE methodology, which focuses upon the measurement of outputs, outcomes and impact. According to this framework, an *output* can be defined as the direct and easily identifiable outputs of a programme (i.e. the number of volunteers). Outputs are augmented with longer-term benefits called *outcomes* that represent positive changes to participants' states of mind that will enhance their lives and psychological well-being in the long run (i.e. improved wellbeing, greater self-efficacy, improved health locus of control). The framework also seeks to articulate *impact*, an even longer-term benefit relating to the wider impact on society resulting from the intervention programme (i.e. savings through better health and social care outcomes, volunteering value created, such as reducing hospital admissions, A&E visits or enabling an individual to remain at home). Such an approach allows for the calculation of fiscal proxies, utilising elements from Social Return On Investment methodologies, that can be attached to the social impact, allowing VIN and the VfH partnership to demonstrate to stakeholders the savings that their work provides to the wider society.

The primary and secondary data gathered for this purpose has been drawn from:

- **NHS Reports:** Data gathered on volunteers that are directly linked to VfH funded initiatives, as aligned with NHS England reporting requirements.
- **VCSE survey data:** Existing survey data gathered through the VfH programme.
    - Focused on service provision, volunteer recruitment and retention, training, EDI, and volunteer feedback.
    - Organisational data on staff welfare and upskilling through training programmes, qualifications and personal development.

[7] See: https://op.europa.eu/en/publication-detail/-/publication/0c0b5d38-4ac8-43d1-a7af-32f7b6fcf1cc

- **VfH Conference:** Data/insights gathered at the partner conferences held in April 2025 and May 2026.
- **Steering Group:** Observations and meeting notes/minutes shared for those already held.

3.4 Primary Data Capture

The existing data outlined in the last section is complemented by primary data gathered by the research team, in order to fill in gaps around data provision. These are as follows:

- **Steering Group:** Primary observations gathered from a member of the research team attending the meetings (held every two months) to understand strategic discussions and decisions.
- **Volunteer Survey:** A survey has been designed to explore the impact of the VfH programme on volunteers, which explores volunteering demographics, activity, wellbeing, self-efficacy, EDI, and challenges/reflections. The survey was launched in June 2026 and will remain open until June 2027. To date, 26 individuals have completed the survey[8].
- **Semi-structured Interviews:** To date, interviews have been held with six individuals, focused on programme delivery, the test and learn pilot projects and the new volunteer support training programme developed for partner organisations. These include:
  - VfH Steering Group Members (n=2)
  - Project leads for the round one Test and Learn pilot projects (n=3)
  - VfH Partner Organisation Lead (n=1)

This primary data was also complemented by discussions/meetings held with key delivery partners between December 2025 and June 2026, as a means of building the research team's knowledge of the VfH programme.

The overall research design outlined in this section is illustrated in figure 3.2 overleaf, with the intention that all data areas will be captured and analysed by the end of the project and presented in the Final Report (July 2027).

[8] 27 individuals completed the survey, but one response had no answers, hence 26 usable individual datasets were received.

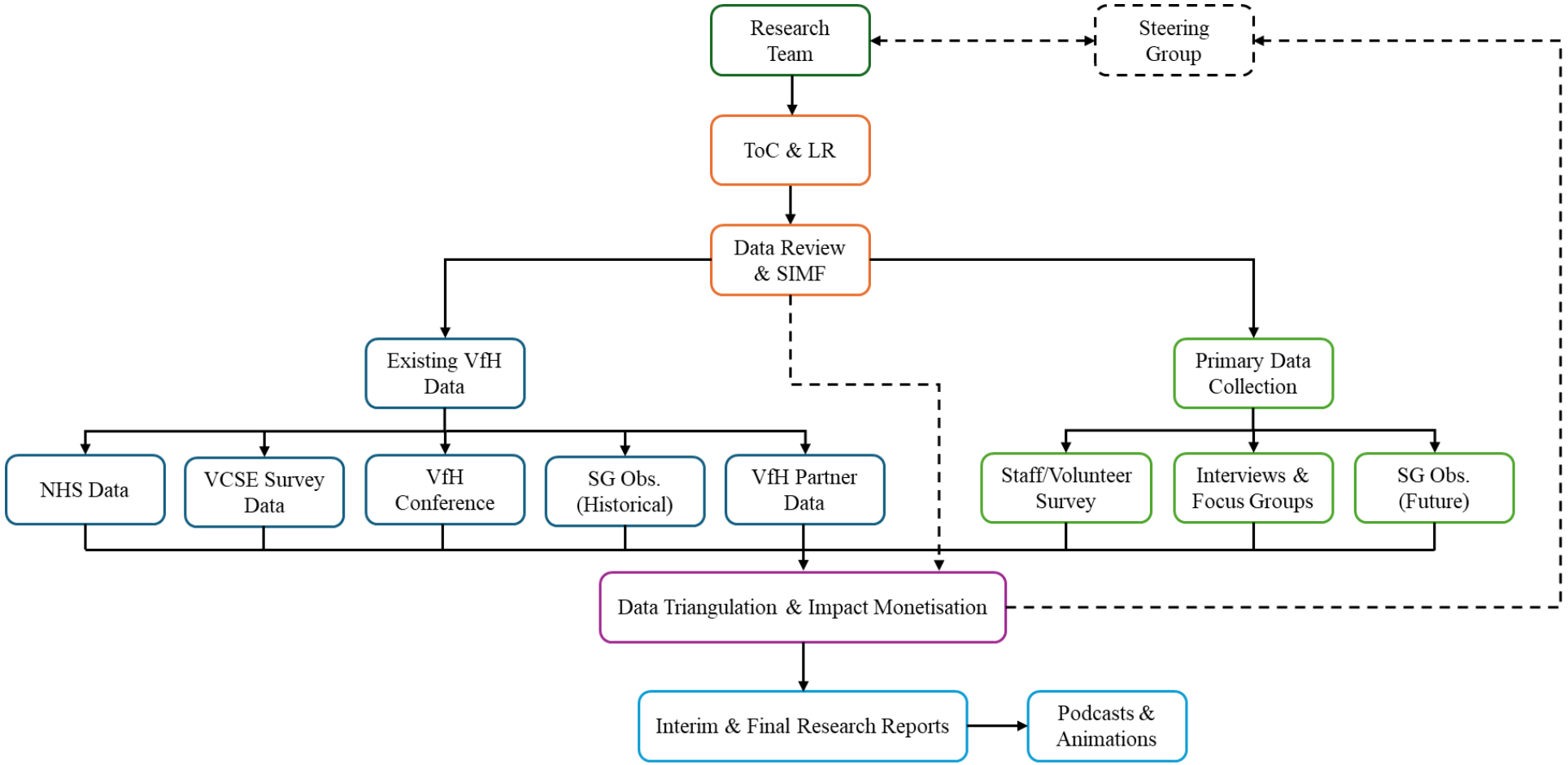

Figure 3.2. Research Meta-view

3.5 Data Analysis

The quantitative data gathered by the research team or shared by the VfH partners, was input into and analysed in both Microsoft Excel and IBM's Statistical Package for the Social Sciences (SPSS) v29.0. Descriptive statistics were utilised and where applicable, wider statistical analysis approaches are utilised including paired-sample t-test, one-way Analysis of Variance (ANOVAs) and cross-tabulation Chi-square tests. The interviews were analysed utilising a thematic analysis approach (Braun and Clark, 2006). This approach identifies patterns within qualitative data (Maguire and Delahunt, 2017), allowing researchers to familiarise themselves with the transcripts, generate codes and define categories and themes (Braun and Clark, 2006). Triangulation of the qualitative and quantitative data occurred to strengthen the credibility and validity of the evaluation findings (Denzin, 2017). Quantitative data on volunteer participation and outcomes were interpreted alongside qualitative evidence from participants' experiences and perspectives, providing a comprehensive understanding of the programme's effectiveness (Creswell and Plano Clark, 2007).

4. VfH Data Analysis

This section presents the data gathered to date (up to June 30th 2026), drawn from the secondary data and reports produced within the project, as well as the primary data captured by the research team through interviews and the volunteer survey. The data here is presented thematically, rather than through a quantitative or qualitative data, with the different data types used to support findings in each section through a process of triangulation. These areas will now be discussed in turn.

4.1 Overall Volunteering Data

Volunteering data is collected by VfH partners during delivery and collated by VIN, in relation to overall volunteering amounts (as measured in hours), demographic data including age, sex, disability, ethnicity, religion and sexual orientation (see Tables 4.1 - 4.6). The data overall reveals that there is an:

- Average of 730 active volunteers at any one time for the period between April 2025 and March 2026[9]:
    - Average of 51 inactive volunteers in same period
    - 93% of volunteers are therefore actively engaged
    - Total pool of 2,653 volunteers engaged overall
- A total of 49,829.75 volunteering hours have been provided across this time period:
    - This equates to an average of 68.26 hours per year, per volunteer
    - It is equivalent to over 30 FTE staff in the sector[10]
    - This is equivalent to £608,421.12 of value at minimum wage (£12.21 per hour in 2025/2026). Section five will explore the wider social impact of this volunteering in more detail
- Marketing across the website and social media has delivered strong engagement, including[11]:
    - Webpage engagement (662 total hits):
        - 363 views for the Toolkit page
        - 176 views for the Charter page

[9] Data is not yet available for Q5 of the project (April 2026-June 2026).
[10] Based on a work year of 1,650 hours.
[11] Data gathered between February-June 2026 following the web launches; for the social media data this is for the January-June 2026 period.

- 123 views for the Strategy page

- Social media engagement (2,753 total views):
  - 2,064 Facebook views
  - 350 Instagram views
  - 339 LinkedIn views

A demographic data breakdown for overall volunteering is provided below in tables 4.1 to 4.6[12]. For age, the data shows that nearly 40% of volunteers are over 66 years of age, whilst only 10% are under 25 years (Table 4.1).

Age						
Sub-data	*< 16*	*16-25*	*26-65*	*66+*	*PNS/Not disclosed*	*Not Collected*
Totals	0	153	767	603	1	1129
Overall Total	2653					
Valid Total	1524				N/A	N/A
Total %	0.00%	5.80%	28.90%	22.70%	0.00%	42.60%
Valid %	0.00%	10.00%	50.30%	39.60%	0.10%	N/A

Table 4.1. Volunteer Age[13]

A total of 193 volunteers out of the 2,653 engaged declared a disabiulity (7.3%), albeit data was not collected from 1,298 individuals engaged, whilst 1,150 volunteers were not asked this question. Nevertheless, for those that did respond, physical and other disabilities accounted for the majority (64.4%) (Table 4.2).

[12] Data not collected for 51.6% of all volunteers in relation to demographic/EDI characteristics.
[13] This does not include the Library Plus Summer Reading Challenge which does include volunteers aged under-16 years of age (see section 4.5).

Disability									
Sub-data	*Learning difficulty*	*Chronic illness*	*Mental health*	*Neurodi-verse*	*Physical disability*	*Sensory disability*	*Other disability*	*PNS/Not disclosed*	*Not Collected*
Totals	16	11	24	0	44	10	88	12	1298
Overall Total	1503								
Valid Total	205								
Total %	1.10%	0.70%	1.60%	0.00%	2.90%	0.70%	5.90%	0.80%	86.40%
Valid %	7.80%	5.40%	11.70 %	0.00%	21.50%	4.90%	42.90%	5.90%	N/A

Table 4.2. Volunteer Disability

For the sex of participant volunteers, for the 1,526 for whom data was gathered, the majority (nearly 80%) were female, with the remainder male (just under 20%) (Table 4.3).

Sex						
Sub-data	*Male*	*Female*	*Other preferred*	*Unknown*	*PNS*	*Not Collected*
Totals	304	1215	0	5	2	1127
Overall Total	2653					
Valid Total	1526					N/A
Total %	11.50%	45.80%	0.00%	0.20%	0.10%	42.50%
Valid %	19.90%	79.60%	0.00%	0.30%	0.10%	N/A

Table 4.3. Volunteer Sex

Ethnicity data was gathered from 1,473 of the 2,653 volunteers engaged, revealing that nearly three-quarters of volunteers (72.7%) were white, with the next largest ethnic group being black individuals (9.1%), see Table 4.4 overleaf.

Ethnicity												
Sub-data	*White*	*White non-British*	*Other White background*	*Black*	*Mixed White & Black*	*Other Black background*	*Asian British*	*other Asian background*	*Chinese*	*other ethnic*	*PNS*	*Not Collected*
Totals	1071	31	44	134	33	11	65	10	0	16	58	1181
Overall Total	2654											
Valid Total	1473											N/A
Total %	40.40%	1.20%	1.70%	5.00%	1.20%	0.40%	2.40%	0.40%	0.00%	0.60%	2.20%	44.50%
Valid %	72.70%	2.10%	3.00%	9.10%	2.20%	0.70%	4.40%	0.70%	0.00%	1.10%	3.90%	N/A

Table 4.4. Volunteer Ethnicity

The religion data (n=1,205) revealed a strong faith-based community engaged in volunteering, with less than 20% of volunteers identifying as atheist. The most prevalent religious groups were Christians (55.9%), followed by Other Beliefs (5.6%) and Hindu (2.5%) and Muslims (2.3%) (Table 4.5).

Religious belief											
Sub-data	*Atheist*	*Buddhist*	*Christian*	*Hindu*	*Islam*	*Jains*	*Jewish*	*Sikh*	*Other belief*	*PNS/Not disclosed*	*Not Collected*
Totals	233	3	673	30	28	0	10	0	68	160	1338
Overall Total	2543										
Valid Total	1205										N/A
Total %	9.20%	0.10%	26.50%	1.20%	1.10%	0.00%	0.40%	0.00%	2.70%	6.30%	52.60%
Valid %	19.30%	0.20%	55.90%	2.50%	2.30%	0.00%	0.80%	0.00%	5.60%	13.30%	N/A

Table 4.5. Volunteer Religion

Sexual Orientation							
Sub-data	*Heteros-exual*	*Gay or Lesbian*	*Bisexual*	*Undecided*	*Other sexual orientation*	*PNS/Not disclosed*	*Not Collected*
Totals	976	11	26	4	12	85	1429
Overall Total	2543						
Valid Total	1114						N/A
Total %	38.40%	0.40%	1.00%	0.20%	0.50%	3.30%	56.20%
Valid %	87.60%	1.00%	2.30%	0.40%	1.10%	7.60%	N/A

Table 4.6. Volunteer Sexual Orientation

Finally, the data gathered from 1,114 volunteers on sexual orientation revealed that the majority of volunteers (87.6%) were heterosexual, with 2.3% bisexual and 1% gay or lesbian.

4.2 Survey Data

Data was gathered through an online survey that was sent to volunteers through delivery partners in June 2026. The survey will remain open to volunteers until the end of the VfH programme in June 2027, and for this report a total of 26 valid responses were obtained. The survey gathered data around volunteering frequency (hours per week) and duration spent as a volunteer (months). It also captured data around volunteering type and experience, impacts of volunteering on people's personal wellbeing[14] (life satisfaction; self-worth; happiness; and wellbeing), and their self-efficacy [measured using Schwarzer and Jerusalem's (1995) General Self-efficacy scale]. Finally it also captured volunteer perceptions of the inclusivity and support available within the volunteering ecosystem. These will now be explored in turn in sections 4.2.1-4.2.3.

4.2.1 Volunteer Types and Experience:

In terms of volunteering frequency and duration, the survey data revealed that volunteers had on average been in their role for 74 months ($\bar{x}$ = 74.31; SD = 56.08)[15] albeit with a large range of responses (from 3-180 months). The average amount of time volunteered per week was 4.60 hours (SD = 4.47), placing volunteers well in excess of the frequent volunteering range of over two hours per month (Fujiwara, Oroyemi and McKinnon, 2013). Volunteers engaged in a

[14] Utilising an adapted form of the government's ONS-4 survey.
[15] Standard Deviation (SD).

variety of activities, including: befriending services (N = 11; 41.8%); administative support (N = 3; 11.4%); event support (N = 3; 11.4%); health related services (N = 2; 7.6%); and other services (N = 7; 26.9%) that included driving/transport, provision of therapy, working on hospital wards and gardening. Volunteers were also asked to rate their experiences of volunteering in response to eight questions, with responses on a 5-point Likert scale ranging from 1 (Strongly Disagree) through to 5 (Strongly Agree). Figure 4.1 below details the responses across the volunteers to these questions, demonstrating a very positive perception of volunteering across the VfH partners, especially in relation to: volunteering flexibility (88.5% strongly agreed); understanding roles (84.7% strongly agreed); recommending volunteering to others (84.6% strongly agreed); and receiving suitable training (80.9% strongly agreed).

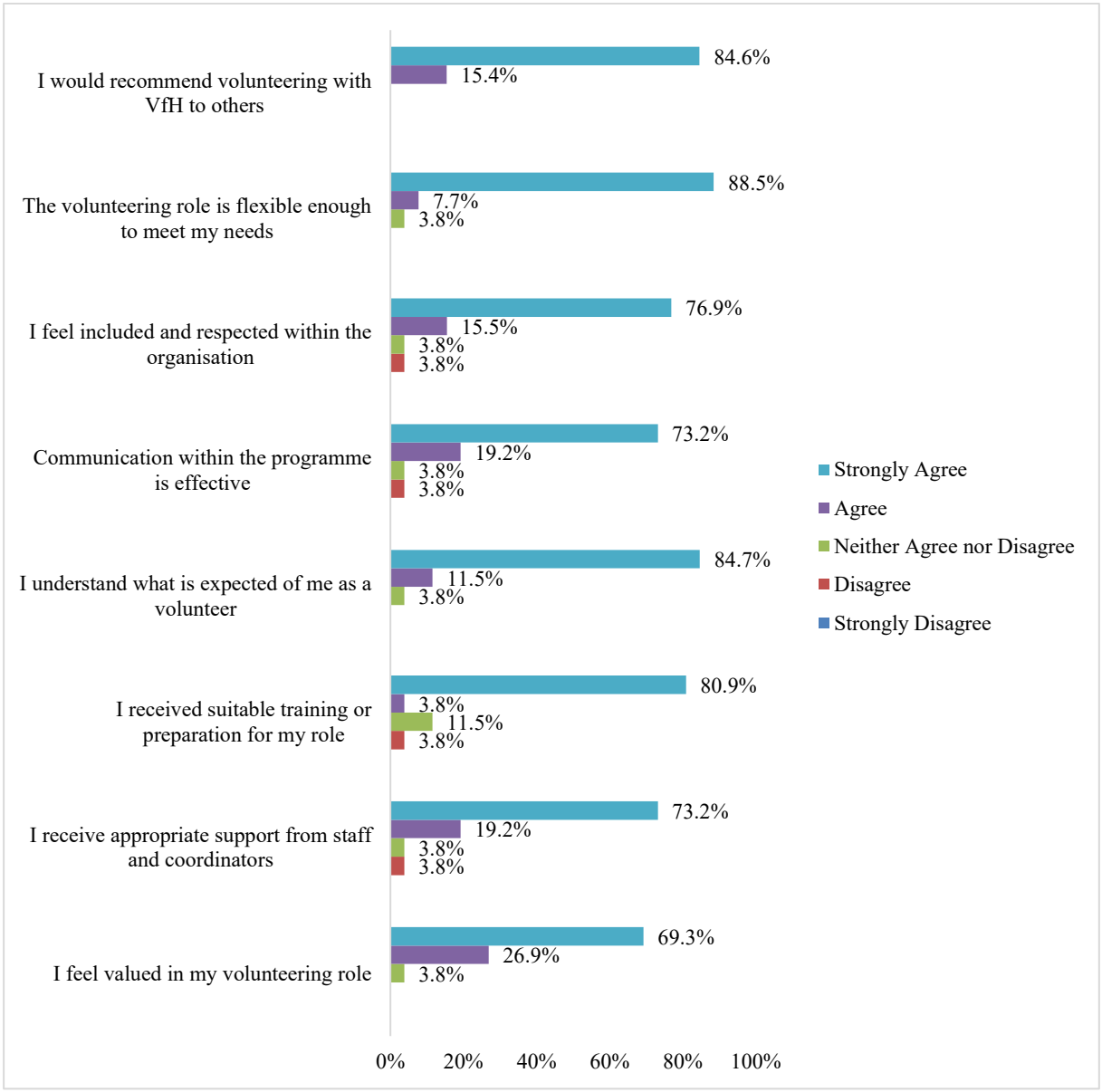

Figure 4.1. Volunteer Experience

4.2.2 Volunteer Wellbeing and Self-efficacy:

Volunteers were also asked to respond to adapted questions from the government's ONS-4 survey questions, exploring life satisfaction, self-worth, happiness and wellbeing. Respondents were asked to rate themeselves in relation to the four questions on a 10-point Likert scale ranging from 1 (Gotten much worse) through to 10 (Gotten much better). The data reveals that volunteering has significantly p[ositive impacts on all four domains, with high average scores for life satisfaction ($\bar{x}$ = 8.50), worthwhile nature of life ($\bar{x}$ = 8.42), happiness ($\bar{x}$ = 8.27), and wellbeing ($\bar{x}$ = 7.73) (see Table 4.7). Further, in relation to wellbeing (as will be explored further in section five with regard to monetised impact), 40% of respondents had reported a positive change in wellbeing in the 9-10 range. No volunteers reported a negative impact on wellbeing ($\bar{x} \leq 5.00$).

ONS Question	N	$\bar{x}$	SD
Overall, how has being a volunteer impacted your life satisfaction?	26	**8.50**	1.45
Overall, how has being a volunteer changed your perception of the worthwhile things you do in life?	26	**8.42**	1.50
Overall, how has being a volunteer impacted your happiness?	26	**8.27**	1.61
Thinking about your overall wellbeing, how has it changed as the result of being a volunteer?	25	**7.73**	1.81

Table 4.7. Volunteer ONS-4 Responses

Respondents were also asked to respond to Schwarzer and Jerusalem's (1995) 10-item General Self-efficacy scale, again utlisling a 10-point Likert scale ranging from 1 (Gotten much worse) through to 10 (Gotten much better). The data here reveals that overall, the average GSE rating was 7.78 across the 10-items that make up the GSE scale, with 40% of respondents reporting a significant increase ($\bar{x} \geq 8.50$). The value delivered by these 40% of volunteers with significant increases in GSE, will be explored in section five alongside the monetised wellbeing impacts. No volunteers reported a negative impact on GSE ($\bar{x} \leq 5.00$).

4.2.3 Inclusivity and Support:

The survey also contained six questions that explored volunteer experiences in relation to inclusivity and support, with responses on a 5-point Likert scale ranging from 1 (Strongly Disagree) through to 5 (Strongly Agree). Figure 4.2 below details the responses across the volunteers to these questions, demonstrating that: perceptions of opportunities for people from

diverse backgrounds were good (88.5% Agree/Strongly Agree). There was also 100% Agree/Strongly Agree statements for inclusive and welcoming environments, appropriate adjustments being made, being able to be oneself and overall satisfaction (100% Satisfied/Very Satisfied).

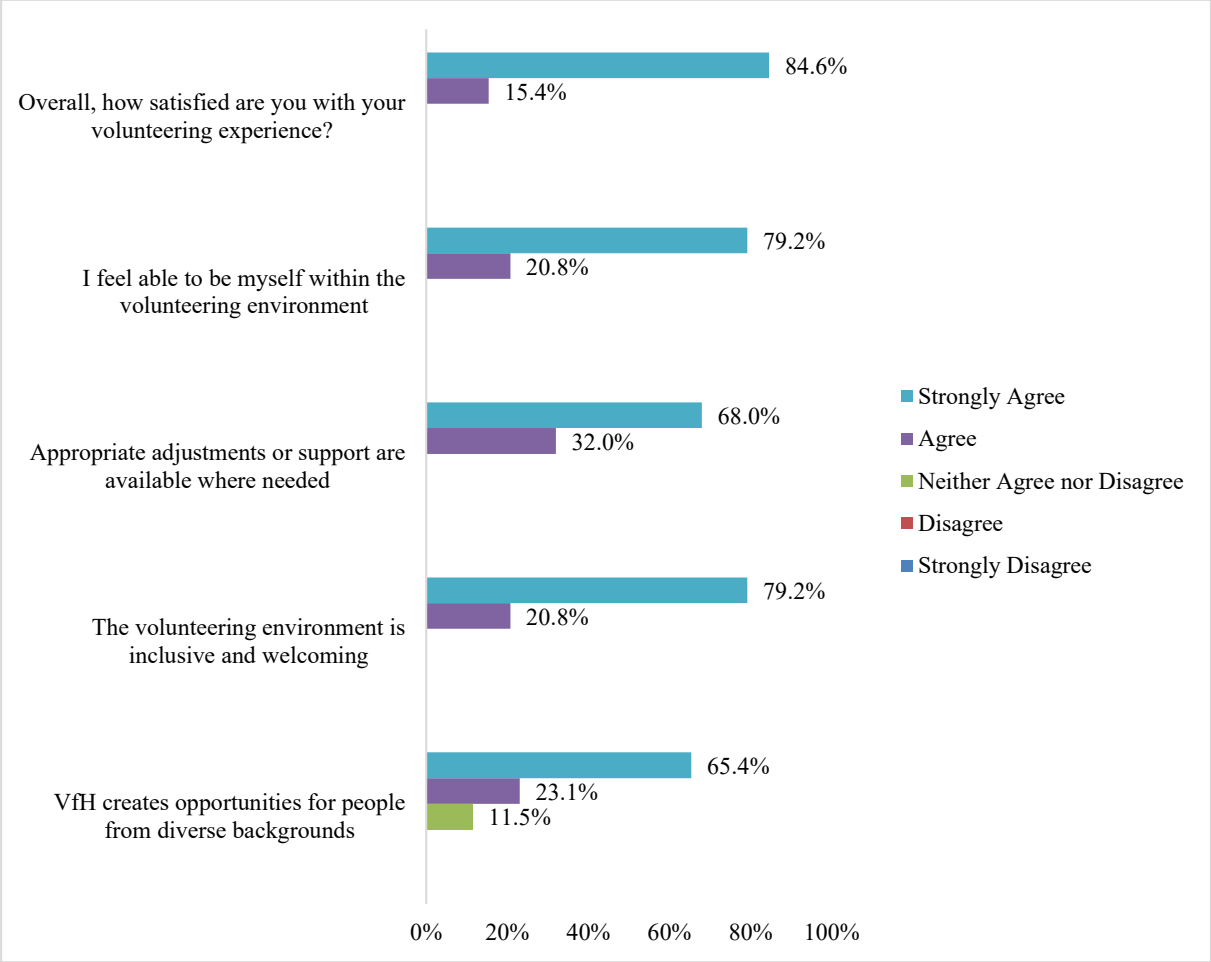

Figure 4.2. Volunteer Inclusivity and Support

The respondents were also able to highlight if they had experienced any barriers, with six respondents (23.1%) stating that they had. These ranged from communications issues, IT problems, the pandemic and health and safety, through to more positive experiences where after initial barriers the volunteering experience became very beneficial. Some exemplar quotes from these respondents are provided below.

> *"Sometimes lack of communication from certain people within the volunteer duties I perform. Which is vital for dealing with contractors and medical staff coming for*

training or meetings within the sector. On reception, it very important to have details of the above so as a volunteer I can contact the relevant department or staff member to inform them that visitors have arrived in a confidential and professional manner……Most volunteers are retired individuals who give a valuable service within NHFT to support all staff and in some cases, patients needs too." (Survey Respondent 7)

"Mainly they were IT issues and little hints about my age, meaning I was too young to be a volunteer, from some individuals. Overall, majority volunteers were good with me." (Survey Respondent 22)

"The challenges were initial ones. I came from a background of 46 years of secondary teaching, including management and felt a little resistance when I first started. I think some staff thought I was going to adopt this persona, but of course I didn't, as far as I was concerned, I was starting from the very bottom in a very different work environment. Over the three years I have worked at the hospice as a volunteer and subsequently as a qualified HCA, I have found perceptions have changed and I now feel very much part of a wonderful team. I think a few folk couldn't understand why I wanted to do what I have a multitude of reason,s but now understand my need to 'give back' and continue to do worthwhile work that is very rewarding, for my emotional and mental wellbeing and my general life journey." (Survey Respondent 12)

Overall, the survey data has shown that the VfH programme and volunteering experiences across partners in the county are very positive and highly impactful. This impact will be further explored in section five, in relation to wellbeing, GSE and volunteering value.

4.3 Test and Learn Pilot Interviews

The first round of five Test and Learn Pilots (T&LP) were managed by NCF and ran from October 2025 through to March/April 2026, and a second round of pilots will run through to the end of the VfH project in 2027 (these were selected in June 2026 and will be reported on in the Final Report). The five pilots were delivered by C2C Social Action, Moulton Community CIO, United African Association, Enfold, and Home-Start Northamptone (a summary of the projects is provided below):

- **Enfold:** Supporting individuals with autism or who are neurodiverse to volunteer.
- **C2C Social Action:** Supporting volunteers facing barriers, especially female volunteers from backgrounds where volunteering is less common.
- **Home-Start Northampton:** Supporting/training volunteers to work with families with young children (usually under five years of age), often with volunteers having lived experience of care/carer roles.
- **Moulton Community CIO:** Hyper-local model for recruiting/supporting volunteers, especially those from isolated backgrounds.
- **United African Association:** Supporting volunteering to deliver better health outcomes for older people. Volunteers are often beneficiaries also (i.e. they also access the food bank).

As part of this stream of the VfH programme, NCF hosts regular meetings as part of a peer-mentoring approach, and these are hosted every few months, alternating between online and in-person. The research team attended one of these in January 2026 to understand the core issues faced by the T&LPs, with discussions hihglighting the barriers facing different sections of the community who wanted to volunteer, including asylum-seekers/refugees, those on Universal Credit. This highlighted a need in promoting awareness amongst third sector organisations and partners of what is and is not allowed in terms of volunteer restrictions.

Further, it was argued that the interventions being run within VfH had clear impact for public bodies like the NHS, through early-intervention work reducing emergency admissions to hospitals. The three interviews that were held with T&LP leads revealed three thematic areas, including: Impact on Volunteers; Community; and Governance and Management of Volunteering. These will each be discussed now in turn.

4.3.1 Impact on Volunteers:

One of the key areas highlighted through the T&LPs was the impact on volunteers that occurred through their volunteering. These impacts included employability, with training, experience and even DBS checks contributing to helping people to secure jobs. There were also softer

outcomes including improvements in wellbeing, confidence and motivation, which grew through the volunteering work.

> *"...one of the things we're going to get is get a lot of volunteers DBS checked and get them to register when they sign in, which has also helped them because when they then go on to apply for a job, they can put this on their CV, and it's helped them get jobs and the experience. Some of them have then gone on to work to seek work in the healthcare field, which this experience has given them a pathway into. And then we provided the supporting evidence and supporting letter that this person has been through this and had this experience, and befriended this amount of people. And they also get to know the health services and the whole system better and have expressed an interest in working in that field. And then ultimately, it takes, they're off benefit, they're off for unemployment and getting work. So it's helped people get jobs, find jobs."* (T&L Participant 3)

> *"...when we talk about the impact on community, we talk about particularly within our community here, but also what they carry then out with them into their day-to-day lives as well and how that's impacting their health, their mental health, their wellbeing, their confidence, their self-esteem, their growth within the area of volunteering as well, what it's, you know, how it's impacted them in terms of their own understanding of skill sets and things that they've been learning and so on."* (T&L Participant 1)

Support and training was another key area, both in terms of upskilling and ensuring volunteers understood their roles and responsibilities, and also in ensuring that volunteers were adequately supported, not exposed to situations that would be challenging, and how is this support embedded through the whole volunteer lifecycle (recruitment, retention, post-volunteering support).

> *"But like, how do we support them? How do we, you know, because one of the things that they've heard over and over again is, well, you're not ready for this or you're not capable of that. But actually what we don't want to say to them is that we say, let's take a pause for now, but you can absolutely, the door is always open. Let's go on a journey together to kind of work through the things that might be preventing you from*

volunteering, becoming a peer mentor. So yeah, it's been, it's been, the challenges have actually been really great opportunities to learn and then we've seen some really, really positive successes too. So yeah. But it's been, I don't have to explain." (T&L Participant 1)

"So part of that's been around kind of starting with kind of what is our volunteer charter, what is our offer, you know, what are the different roles that we can offer within the organisation, developing kind of a clearer structure of what they might look like, how are we going to promote and develop those opportunities. What support mechanisms have we got in place for our volunteers that perhaps could be developed further? And how are we recruiting, etc. And for us, recruitment is a big thing. I might go off on tangent, so bear with me, but recruitment is a big thing for us as an organisation…… (T&L Participant 2)

Finally, the notion of volunteer empowerment was also identified through the T&LPs, where volunteers were gaining voice and recognition in shaping solutions to the problems that exist in their communities.

"I would say that's something, you know, some of the challenges may be around it when you're when people are in social services or in social care and in structures where, you know, they don't feel they have a lot of autonomy in their life, they don't have a lot of choices, that they feel powerless quite often, or their voice isn't really heard. And I think that's where volunteering can be quite powerful if it's done right, because you're giving them a chance to speak into, and then you want, I often say what, what's your ideas?" (T&L Participant 1)

4.3.2 Community:

One of the key areas identified in the interviews with the T&LP leads, was the importance of community, particularly the recognition that volunteers are often from the communities that they support and therefore bring valuable lived experience to their roles. The T&LP projects and the work of the volunteers engaged through them enabled greater and more effective beneficiary support, which from a health outcomes perspective can have significant impact and

savings for the NHS in the future. Indeed, one of the challenges for organisations when recruiting volunteers with lived-experience, particularly those who are current or former beneficiaries, is supporting their transition from beneficiary to volunteer, or helping them to navigate and balance these dual identities where the continue to occupy both roles.

> *"Many are living in isolation. So it's really trying to get them to access those. There's a small number of undocumented people that are living with untreated medical issues or undiagnosed medical issues, should I say, who are not aware that they are eligible to be registered with a GP. So it's kind of getting those people registered. So there's an early intervention, trying to encourage early intervention rather than late treatment, because what tends to happen, it'll be something small that builds up over years that then ends up having to be an emergency. Whereas if they'd come forward and seen a GP earlier, they could have had the treatment."* (T&L Participant 3)

> *"...things that's really emerged from this project over the six months I've been responsible for it is that previous to this, I think we only have maybe one or two ladies volunteering with lived experience and the predominant part of our volunteers have been external, so non-, I mean, non-, I'll use the word non-LEX that they, everybody has lived experience, or they weren't, we call them service users, they weren't service users within the centre. So we had probably I'd say the majority were non-service users, non-lived experience, and then we had only a small amount of ladies, who were lived experience and what this project has, one of the things I've been doing in particular, which I've really taken from this project actually, but also something that we're quite passionate about...recruiting, training and implementing volunteers into the centres who are ladies with lived experience. And that's been successful."* (T&L Participant 1)

> *"And one of the things that's been quite interesting is trying to understand what their definition of volunteer therefore is. Because they attend the group, so what's the difference between attending the group and being a volunteer at the group? And sometimes we've, you know, started to have a conversation around, okay, so putting a lanyard on saying you're a volunteer doesn't make you the volunteer. The volunteer is the actions that you do whilst you're at the group and helping to kind of make that shift from actually what is it that you can do? What are you going to, what skills can you*

develop? What can you learn? What can you, how can you grow into that kind of volunteer role? (T&L Participant 2)

The diversity of the volunteer workforce was also discussed. Some T&LP projects and other VfH partners already work in diverse communities or with individuals that have protected characteristics; however, for some reaching out to other communities was difficult, both from a volunteer but also beneficiary support perspective. This is where recruiting volunteers from different communities helps, as they can support access and spread awareness of organisations' work.

"So the... Black Asian community, it's much harder to reach. We did have a project in the past that worked with the Somali community. We had a member of that community come and approach us and we did a piece of work together. So that was a successful project." (T&L Participant 2)

"But it's, yeah, it's been good. And through word of mouth, they're kind of spreading the word because we'll find that that group of from that region, they tend to be the asylum seekers. So maybe they're kind of waiting for a decision from the Home Office. They've got the time……So it really does, it really does help us ensure that everybody is kind of included within there." (T&L Participant 3)

At a wider programme level, it was also noted that EDI was mixed depending upon the communities involved, the delivery partner and their aims, and the quality of the data gathered.

"There's several elements to that. The test tool and pilot from the year from last year, it was a little bit challenging to actually get all the EDI information because some of the volunteers simply do not or the staff do not collect that information. And that's understandable because it's not something that they actually had a focus before. From the delivery partners point of view, MHNC and NBCT in particular, they actually are very much, very much focused on their particular customers, if you like. So MHNC is focusing on neurodiversity, autism, mental health; NBCT is focusing on ethnic minorities and grassroots organizations……literally at the community level, at the real neighbourhood…level, I think that's actually representing a good, I would say attempt

to integrate disadvantaged groups and the underrepresented, quite frankly. The data obviously from the Test and Learn and the hospital, it tells you a different picture because you've got the large majority is white British and Christian and largely female, which historically is the nature of volunteering." (VfH Stakeholder – Participant 6)

Finally, there was the notion of shared volunteering and creating volunteer networks across Northamptonshire's community of third sector organisations. However, this was something that was not an option for some organisations, as their bespoke onboarding/training programmes, specific risk-management needs and focus, all meant that shared volunteering would not work for them. This could provide an interesting insight into why the Volunteer Passport system developed by the GPA has not had as much success and buy-in as was expected.

"We haven't really done much signpasting with other organisations and purely because there's not really been that opportunity. And it's one of the things that we talked about, perhaps in, was it in the year 2 conference, was around that kind of how you could share volunteers in the sense of, I mean, I don't, for me, sharing a volunteer in terms of I need my volunteers to do my training. So having that the shared training thing didn't really sit with kind of how the bespokenness of our service." (T&L Participant 2)

4.3.3 Governance and Management of Volunteering:

For the T&LP organisations themselves, volunteers obviously brought many benefits in relation to capacity, but also challenges around risk-management and how volunteer capability. Whilst in some instances volunteers could support or even replace staff, in many instances their capabilities did not allow this (for a variety of reasons) and organisations needed to ensure that they accurately understand a volunteer's capabilities in terms of safeguarding for both the volunteer and the beneficiaries supported.

"It definitely helps us reach more people because we're a small charity, where we have three full-time and three part-time staff and yet the demand on us is quite big. By the very nature of our name, the charity's name, the fact we've got African in there makes people Google, makes the social workers Google and find us. So we have far more work than we can manage. So this enabled us to kind of organize ourselves and our volunteers

in a way to help them. Many people wouldn't have been able to reach out to without this project funding. So and it also enabled us to kind of formally train, recruit the volunteers and train them, find out their areas of speciality without necessarily assigning everybody to either the food bank or the allotment. It was more one-to-one, so we were able to reach out to more people. And then through word of mouth, more people kind of approached us, so we were able to get better connections through this project. It really, really has been very, very beneficial with us and taking the workload off us as well, because then we have to deal with, we don't want to turn people away, but then we can't give 100% without the resources really, because we have a lot of other work to do." (T&L Participant 3)

"But I couldn't count them as a lead from a staffing perspective and a risk management perspective, because they would themselves need guidance and support in the event of an emergency, which is essentially what you're looking for in a leader or a facilitator. So it's about, okay, so yes, you can volunteer and yes, you can bring this and we can develop this skill set, but in terms of actually benefit to not then having a staff member, alongside, then those particular people I'm thinking of wouldn't be the right people to reduce our staffing." (T&L Participant 2)

"And we also don't want them to ever feel overwhelmed, you know, because they're carrying a lot of different complex emotions and some of these women don't have their kids with them, they're fighting to get their kids back. So when you're asking them to volunteer and they might be in a room with somebody who's got kids and they're talking about their kids or they're pregnant, they're going to go on and have another child, you've really got to be aware that actually that can have an emotional impact on them. So that you're really holding a lot. That's why I said to you, I'm really fascinated in the second year of volunteering for health around the complexity around health and so on. And then when you involve women with really different backgrounds and experiences and traumas and battles that they're fighting, really, like how do you best, and how do you help them move forward on that journey and not put them in places where they can be, you know, feel more vulnerable, more overwhelmed, more at risk." (T&L Participant 1)

One of the big imporovements delivered to organisations through the VfH programme, was around volunteer management and the systems to do this. VfH has provided resources to support with volunteer management, including the MHNC training that was explored earlier, meaning that organisations have been able to improve their management systems and suport/mentoring for volunteers.

> *"I would say that volunteering was already happening, but it was happening, and I've already shared this with the team, so I'm not saying anything that they don't know, but it was not happening in a cohesive aligned way across all the centres. They're also volunteering for health. What was really, really helpful was the resources that were provided. I also really loved the first meeting. I wish there'd been a few more meetings across the agencies. I think that was a gap…….the advice, the resources, the processes, the policy side of it. And also, I think, yeah, you know, really, I remember doing that first meeting and really listening and learning from other agencies who have also got great wisdom and maybe are further ahead in other areas and maybe we bring something in other areas. So that's been incredibly helpful."* (T&L Participant 1)

> *"So we've increased our volunteering like, majorly, really. And it's enabled us to be quite creative in how we deliver our volunteering and open up different opportunities. So like before, as I say, we had that kind of mentoring and befriending kind of approach, but now we've kind of got admin roles, we've got, you know, fundraising roles. We've got ways of kind of being involved from supporting our groups and delivering the groups or facilitating the groups with a member of the staff team. And so the level of variety has been really good."* (T&L Participant 2)

Volunteers are a human resource that can support delivery, and whilst for many organisations volunteering hours will not exceed paid staffing work, the contribution of volunteers hours to organisations could be measured in the thousands (as was highlighted earlier in relation to the overall volunteer data). This provides significant capacity enhancements to organisations, and real-terms cost-savings that can be monetised (see the social impact section later).

> *"Oh, thousands, thousands, literally thousands of hours. They really are putting in, putting in the work. I'm just kind of amazed. And you'll even find that outside of office*

hours, they're communicating with each other and doing, doing stuff, moving, helping move people, vulnerable people who've got, don't have the means to kind of pack their items and get it moved to somewhere or accompanying them to hospitals or just simply phoning in. They're just doing literally thousands of hours." (T&L Participant 3)

Finally, the T&LP leads also talked about the role that networking has played through the VfH programme, particularly in the form of shared learning, peer support and the dissemination of best practice.

"I had, I struggled with finding a cost-effective training for safety for vulnerable adults course. I really did. I spent like about 3, three or four hours one afternoon trying to find an either free or nearly a very affordable one so that all our volunteers could, and roll on that. And also the DBS thing that we were struggling because we're telling the volunteers to go into elderly people's houses. I mean, they're vulnerable. But the DBS company was saying, no, they don't need an enhanced, they need a basic DBS. And we were having to argue with them that the volunteers need an enhanced one. So it was kind of voicing those concerns with other organisations that they then gave us tips of what to do and where to go. So that was really, really helpful. And I wish I had got more involved and attended more of those meetings, because then that would have saved a lot of time and money as well." (T&L Participant 3)

Overall, the first round of T&LPs can be judged as a qualified success, with the funding supporting organisational development, increased volunteer recruitment, training and knowledge exchange and ultimately greater social impact in the communities that the T&LP organisations work. Indeed, as NCF's (June 2026) own T&LP end of year report stated *'The programme has engaged 118 active volunteers (FYTD) who have contributed a total of 13,273 volunteering hours, equating to an average of 112.5 hours per volunteer'*. As will be identified in section five, this has significant impact for organisations and volunteers in relation to the monetary value of the volunteer provision, as well as the wellbeing benefits for volunteers.

4.4 Inclusive Volunteering Training Programme and Toolkit

The Inclusive Volunteering Training and Toolkit that has been developed within the VfH partnership, led by MHNC, aims to *'Improve the practices of involving and supporting*

volunteers, challenge unconscious biases about who can/cannot volunteer, and provide ideas, tools and resources to improve practice' (MHNC, 2026). The training has two core targeted outcomes, which are to improve volunteer accessibility and to increase the diversity of people volunteering (ibid). This emerged because of a lack of suitable/equivalent training in the volunteering ecosysrtem across the county.

> *"…we thought that there would this training would probably already exist if we looked hard enough. We didn't look in terms of the bid, but in terms of then got the money started looking at it and it doesn't exist. There isn't, we couldn't find anything that was a training programme around supporting or making volunteering more inclusive, particularly to people with mental health issues, learning disabilities and autism. We could find kind of fact sheets and guides, but not an actual training programme. So we started putting that together."* (VfH Stakeholder Participant 5)

The training can be completed online (one hour) or in-person (two hours) and is aimed at organisations that support volunteers, with a focus on improving the recruitment/retention of volunteers, highlighting the value to organisations of volunteering, as well as the challenges and barriers, and good practice in volunteer management (ibid). The training is accompanied by a toolkit of information and resources from a variety of sources and was launched by MHNC in February 2026. The training and toolkit focuses on: impacting partners' Volunteer Handbooks; introducing role-carving to find roles to suit people; using the WHO's 'Integrated Care for Older People Approach' (ICOPE) framework when onboarding volunteers; and supporting organisations to create clearer volunteer role descriptions. The development was based on a co-production approach, which whilst time-consuming led to what has been perceived as a much better training offer, due to diverse and bottom-up development.

> *"I think that this* [coproducton] *is the thing that's really made a difference to how people receive the training……So, I can talk about my experience, but actually to be able to say like this is what people have told us is really, really powerful. And some of the things that people have talked about in terms of their experiences and how people can make things more inclusive, I'd not even considered, and to be able to say that these are the experiences of the people that co-produced this training and this is what would have made a difference, people are really getting it and really buying into what we're talking*

about. And if we look at the feedback in the feedback form about what people are willing, are thinking about changing. Lots of those examples come from the co-production examples we've included in the training." (VfH Stakeholder Participant 5)

As part of the programme of support, a survey was designed to understand people's experiences of the training and the value they thought it brought to them, with 16 participants responding. Of these respondents, 8 (50%) had engaged online and 8 (50% had engaged in person), and the participant feedback was excellent across the board. Participants rated the training in a number of areas (see Table 4.8 below), with consistently high ratings of Excellent/Very Good/Good for areas including location (81.2%), venue (68.7%), timing (100%), information receibed in advance (81.2%), session content (100%), session pacing (93.7%), and the quality of the trainers (100%).

Area	Very Poor	Poor	Fair	Good	Very Good	Excellent	N/A
Location	0.0%	0.0%	0.0%	37.4%	18.8%	25.0%	18.8%
Venue	0.0%	0.0%	0.0%	25.0%	31.3%	12.4%	31.3%
Timing	0.0%	0.0%	0.0%	25.0%	31.3%	43.7%	0.0%
Advanced Information	0.0%	12.5%	0.0%	25.0%	12.5%	43.7%	6.3%
Content	0.0%	0.0%	0.0%	12.5%	31.3%	56.2%	0.0%
Pacing	0.0%	0.0%	6.3%	12.5%	25.0%	56.2%	0.0%
Trainers	0.0%	0.0%	0.0%	12.5%	25.0%	62.5%	0.0%

Table 4.8. MHNC Volunteer Training Feedback

Further, 68.8% of respondents stated that the traning had increased their knowledge either a lot/quite a bit, with 81.3% also stating that they would be making organisational changes because of the training to make their volunteering more inclusive. Some of the changes resulting from the training are detailed below, and included updating handbooks, enhanced sensitivity to volunteer needs, reviewing of recruitment and management processes, and volunteer scripting.

"I will update the volunteer handbook to better meet volunteers' needs, be more inclusive and accessible. I will also improve how we share information about sessions,

including clearer details in advance about the route, meeting place, and what to expect." (Training Participant 2)

"Taking into account more sensitivity to what people want for themselves, increasing focus on joy of volunteering." (Training Participant 5)

"Review and amend the volunteer checklists. Review the procedure for volunteers transitioning back into the service as a service user, and then returning to a volunteer role. Review volunteer recruitment procedure. Review information given for the role to include location details, travel info, maps, photos, expectations on what to wear, encourage people to bring the things they need." (Training Participant 10)

"I particularly liked the suggestion about "scripting"; providing info on benefits and volunteering and giving potential volunteers lots of info beforehand such as photos of individuals they will be meeting and photos of which door to use etc - all great ideas to reduce fear of the unknown and reduce anxiety." (Training Participant 15)

The positive nature of participant experiences here is almost certainly down to the co-produced, bottom-up nature of the training design, which involved multiple third sector partners as well as people with lived experience of volunteering, often coming from diverse backgrounds or having protected characteristics.

"No, they were really, they were all amazing. I think the only thing was it took more time than we, you know, we'd anticipated in terms of putting the training together. You know, it would have been really quick for me to sit down and write, you know, to a training session from my own experience. But it would not have been anywhere near as valuable. So there was a, you know, it's meant that the training has only been launched in the last couple of months, whereas we would have liked to have launched it probably last year. But the benefit definitely outweighs outweighs that. And, you know, we're now running, we've got, we've got a year to run the training." (VfH Stakeholder Participant 5)

The training was also deemed to have met the expectations of the participants (93.8%), with 100% willing to recommend it to others. Some opportunities for improvement were highlighted in the feedback, including a new focus on onboarding of volunteers, more practical examples and follow-up afterwards, and longer sessions with more space for discussion and shared learning.

> *"I was looking for support with onboarding volunteers with diverse capability and needs across the organisation and this wasn't included."* (Training Participant 7)

> *"The sessions needs to be longer and with some discussion."* (Training Participant 8)

> *"More Examples - those given were a great way to understand and take in the information. Mental Health/Neurodiversity and Learning Disabled (or preferred language) are deeply complex - so maybe follow on or check in webinar to share practice /or examples could be useful?"* (Training Participant 9)

Overall though the launch of the training and toolkit can be deemed a success, and this will be monitored moving forwards to assess the efficacy as larger numbers of organisations are engaged. Changes have been made based on delivery experience and the participant feedback, as was acknowledged by one of the training leads.

> *"So up until this point, we have made tweaks after almost every session. So, and that might be about the fact that, so for example, when we tried the online training to begin with, we had got like group whiteboard so that we could have breakout rooms, all that kind of stuff. And actually, it just, the text's not there, it's too laggy, right? The session doesn't flow, people are not sure when to speak, when not to speak, etc. So we've reduced the group size to just six for an online training session. And it's much more discussion based. You know, there's we're not trying to use all the IT stuff that we can. That's meant the sessions play much better. We've also made changes so that we've got sort of almost two versions of the online of the face-to-face group so that we could. If we've got a bigger group, we can do discussion groups and breakout and all the rest of it. If we've got a smaller group, we'll just, you know, sit around the table and have a bit more of a structured chat, informed chat."* (VfH Stakeholder Participant 5)

4.5 Case-study: Summer Reading Challenge (Library Plus)

The Summer Reading Challenge is a free annual library programme that encourages children aged 4–12 to continue reading throughout the summer holidays. Children are challenged to read six books of their choice, helping to maintain literacy skills, boost confidence and foster a lifelong love of reading. Through themed activities, events and rewards, the challenge makes reading fun and accessible while encouraging families to engage with their local library and community.

It provides valuable volunteering opportunities for young people aged 14–24, helping them develop confidence, resilience, wellbeing and practical skills for employment. Through supporting children and families in libraries during the summer holidays, volunteers gain valuable experience in communication, teamwork, organisation and customer service while making a positive contribution to their communities. Volunteers receive a dedicated training pack and support from library staff, helping them develop the knowledge and confidence needed to succeed in their role.

4.5.1 Building Confidence, Wellbeing and Resilience

For young people, volunteering provides the first step towards future education and employment, offering opportunities that may otherwise be difficult to access. Through the Summer Reading Challenge, volunteers gain hands-on experience in a professional environment, working with library staff and engaging with children and families. Beyond skills development, the Summer reading Challenge has impact on confidence, wellbeing and resilience. By contributing to a nationally recognised reading initiative, young people can gain a sense of purpose, achievement and belonging. They build meaningful social connections and contribute to their communities by inspiring children to read.

Volunteering helps young people step outside their comfort zone, solve problems and adapt to new situations. These experiences help them develop the confidence and perseverance needed in education, employment and everyday life. The Summer Reading Challenge also provides opportunities to gain transferable skills that are highly valued by employers, including:

- Communication and customer service
- Teamwork and collaboration
- Leadership and responsibility

- Time management
- Problem solving

These experiences can strengthen CVs, support college or university applications and help young people prepare for future employment.

4.5.2 Impact

The Government's Young People and Work: Interim Report highlights the challenges young people face in accessing work experience and developing the skills needed for employment, reinforcing the importance of opportunities that build confidence and workplace readiness. The Summer Reading Challenge responds to these challenges by providing structured volunteering opportunities that allow young people to gain practical skills, build resilience and develop the confidence needed for future education, training and employment. The Summer Reading Challenge in Northamptonshire has reached a growing number of young people in recent years, increasing from 98 volunteers contributing 1,189 hours in 2024 to 113 volunteers contributing 2,397 hours in 2025. Between 2024 and 2025:

- Volunteer numbers increased by 15%.
- Volunteer hours increased by 102%.

The significant growth in volunteering hours demonstrates the value of the Summer Reading Challenge in Northamptonshire (see section five for a monetised estimate of this value).

4.6 NHS Reporting

The VfH partnership, through VIN, has also been collating progress reports submitted to the NHS, detailing outcomes achieved by the partnership, in addition to the challenges faced with relation to greater integration of volunteering services and support, and wider engagement in the health sector at a strategic level. This section provides a summary of these updates and the key challenges identified within the partnership itself (rather than through this evaluation report and data), and is based largely on the latest update provided to the NHS in June 2026, as well as interviews gathered from key stakeholders. In including this section, this evaluation seeks to highlight the reflective practices that are ongoing within the VfH partnership and the key trends that delivery stakeholders are identiying.

4.6.1 Outcomes and Provision

The impact and support that volunteers provide is seen to be critical to supporting healthcare systems with non-clinical support and also in supporting patients/individuals after discharge or when requiring care in the community. These volunteers act as a glue to supporting and maintaining people's recovery plans, wellbeing, as well as logistics and the flagging of any issues or problems.

> *"What they bring is mainly the non-clinical element of the clinical support, the non-clinical support that they actually give to patients, to service users. When you actually have someone that has been discharged from hospital, for example, and they have a recovery plan. but they actually live somewhere, they live on the ground or the rural, there is no transportation, there are no logistics, then the befriender becomes crucial to that recovery element of it. The phone call that they actually have with a remote support person, volunteer. But that also becomes a crucial element to that person's, to that patient's recovery. That's what I think they bring. And at the community level, what they bring is also the emotional recovery of having had an operation and not having anybody to actually give them to give them support, physical and emotional. So that's what I think volunteers do actually bring in."* (VfH Stakeholder – Participant 6)

VfH has managed to deliver coordinated infrastructure, including a 'Volunteers for Health Strategy', a 'Volunteer Charter' and a 'Good Practice Volunteer Management Toolkit'. Alongside these strategic documents, governance arrangements, shared partnership structures and collaborative working groups have strengthened relationships between third sector organisations and statutory partners in health and social care services. However, despite these successes formal integration into health system governance has not yet been achieved, for reasons that are elaborated on later in this section. Significant progress has also been in strengthening organisational capability through shared learning, training and workforce development. The aforementioned Inclusive Volunteering Training Programme and Toolkit has provided early successes and positive outcomes. Further, peer-learning/mentoring, annual conferences and collaborative training activities have contributed to developing organisational capability, particularly among smaller voluntary organisations that often lack dedicated volunteer management expertise. These activities illustrate an emerging culture of continuous

learning that is reinforced through the activiites of the Steering Group and the wider partnerhsip work.

4.6.2 Systemic Challenges

One of the main aims of the VfH programme was to provide better systemic integration of volunteers and third sector provision into healthcare systems across the county. As was noted:

> *"I would say they're mainly about building the capacity, the capability of the partnership and the wider sector to make a difference at system level i.e. to embed. The other focus is also on proving the value, evidence and the value of the voluntary sector, specifically of course of health volunteering around how the volunteers actually make an impact on those priorities from the ICB from the NHS and I think it's one of the things that actually where I believe we're going to be able to prove quite substantially and robustly what the impact is and will be."* (VfH Stakeholder – Participant 6)

However, significant challenges remain here that limit implementation and threaten long-term sustainability, including the uncertain policy/services environment across the county, especially with the ongoing changes and restucture to the leadership and operations of the ICB. This has been combined with the ICB's new focus on developing Northamptonshire's New Neighbourhood Care model, which has created uncertainty regarding governance arrangements, commissioning responsibilities and opportunities for third sector involvement. The fact that this neighbourhoods model is still in development and is to be originally piloted in several areas of the county, means that the VfH programme is effectively trying to embed its own volunteering support within healthcare structures that are fluid and uncertain. This has not been conducive to strong systemic impact, and consequently, progress towards embedding volunteering at a systems level, has been slower than originally anticipated. As was noted by one of the VfH stakeholders:

> *"The main one is that by the ICB is becoming larger, the local attention is slightly diluted…for it not to be as important as it should be in their eyes to actually commission at the original level. So that's one thing. And that also actually cascades down to the element, the aspect of who is actually being funded, who is actually being producing and working on the health outcomes outside of course the GPs and hospitals etc. So*

that's the second bit. The third bit is that there is again clarity about what will be or what is the the function of what they want the VCSE to play in this new merger. And and of course, from my VfH point of view…what are the funding arrangements and what are the conditions for us to actually continue this in any way, shape or form actually because having this steering group, having a partnership moving forward beyond June next year, I don't think it would actually work the way what I think the NHS wanted to work, i.e. focused primarily on hospital volunteering and system volunteering rather than or more so than community volunteering. That is going to be the challenge and I think that is a challenge now of proving that how are we going to bridge that gap between them focus on bringing health care to the community and us coming into that into that system to provide non-clinical services." (VfH Stakeholder – Participant 6)

Closely linked to this uncertainty is the absence of clear leadership and accountability for volunteering across the health system. The VfH June 2026 update report to the NHS highlighted fragmentation between statutory organisations and a lack of a coherent functions responsible for volunteering and third sector integration. This has led to organisations encountering difficulties aligning priorities, sharing responsibility and making coordinated decisions, reducing the opportunities for volunteering to become truly embedded within strategic planning. This has the danger of reinforcing the perception volunteering remains peripheral rather than integral to health service delivery, despite the many successes that have been highlighted elsewhere in this report around volunteer integration, outcomes and delivery.

4.6.3 Finances and Data Management

Financial sustainability represents another major challenge for the VfH partners and third sector organisations engaged in the health sector across Northamptonshire. These sustainability issues are exacerbated by short-term, disparate funding contracts that lack a clear horizon, and that thus limit long-term planning and organisational confidence. It can be argued that the expectations placed upon third sector organisations in the health sector continue to rise, especially given the increasing focus on integrated care agendas, corresponding financial and/or human resource investment has not materialised. This is to a. point to be expected, given te pressures on public budgets, but it has caused problems for third sector organisations in growing and supporting their volunteer workforce, and indeed in sustaining their own staffing levels. At a time when beneficiaries needs are ever-more complex and where solutions need to involve

multiple providers/agencies, this limits collaborative potential, in a way that could limit improved health outcomes.

Finally, there remians multiple barriers to collaboration, especially around data-sharing and management. Differences in organisational priorities, governance arrangements, data systems and operational practices continue to hinder consistent partnership working, with variable data collection breadth, depth and quality across different organisations. This greatly limits the development of robust, system-wide evidence that can be used to improve health outcomes, identify deficiencies and to influence service commissioners. Similarly, data sharing infrastructure and interoperability remain underdeveloped, while volunteer concerns regarding information sharing have delayed ambitions for volunteer mobility between organisations (i.e. the lack of success/engagement with the GPA's Volunteer Passport system). Of course, such barriers are to be expected in a new partnership model such as VfH, especially where different organisational cultures exist and trust needs to be built over time, but it is still a limiting factor within VfH. This also relates to the evaluation, with different types of dasta quality across partners meaning that it is not easy to identify volnteer enabled improvements to health outcomes (albeit this is something that the evaluation team hope to solve in the coming 12 months).

5. Indicative Social Impact

The indicative social impact calculations for this Interim Report are based solely on the volunteer driven added value produced, as the research team does not yet have access to some of the health outcomes data produced through VfH (this will hopefully begin to emerge in September 2026). The volunteer impact is based on the value of volunteer hours to organisations (third and public sector) as measured against the national minimum wage of £12.21 per hour (for the 2025-2026 financial year) and £7.55 per hour for 16–17-year-olds. Further, it is based on the wellbeing uplift calculations brought about by frequent volunteering of £13,500 (at 2011 levels) (Fujiwara, Oroyemi and McKinnon, 2013), which uprated to 2026 levels is worth £20,537.68. As the survey data showed that 40% of respondents had experienced a significant uplift in wellbeing (scores of 9-10), then this ratio was applied to the 730 volunteers averaged across the year (this was not done for the youth volunteers in the Library Plus case-study as they did not do enough hours to be classified as frequent volunteers). The cost of training volunteers was also factored in as this is borne by the third sector organisations, but this directly supports health and social care provision within the public sector, with research identifying that the average cost per volunteer is around £1,600 per annum. Finally, uplifts in General Self-efficacy of £1,017 per year per volunteer (Cox et al., 2012), uprated for inflation to £1,504.62 (2012-2026) was also included for the 40% of volunteers who reported significantly increased GSE (scores of 8.50 or above). Alternative Attribution and Deadweight reductions of 30% each were applied to account for impact that could be attributed to other organisations/programmes or that would have occurred anyway despite VfH. This led to the following impacts being calculated:

- Adult Volunteers:
  - Minimum wage value of 49,829.75 hours at £12.21 per hour = **£243,368.50**
  - Training costs for 730 adult volunteers at £1,600 per person = **£467,200**
  - Frequent volunteering value for wellbeing for 730 adult volunteers at £20,537.68 per person = **£2,398,801.02**
  - GSE uplift for 730 adult volunteers at £1,504.62 per person = **£175,739.62**
- Youth volunteers:
  - Minimum wage value of 2,397 hours at £7.55 per hour = **£7,238.94**
  - Training costs for 113 youth volunteers at £1,600 per person = **£72,320**
  - GSE uplift for 113 volunteers at £1,504.62 per person = **£27,203.53**

This provides a total monetised social impact of **£3,391,871.61** for VfH when accounting for attribution and deadweight (gross impact of £8,479,679.02). This is illustrated below in Figure 5.1.

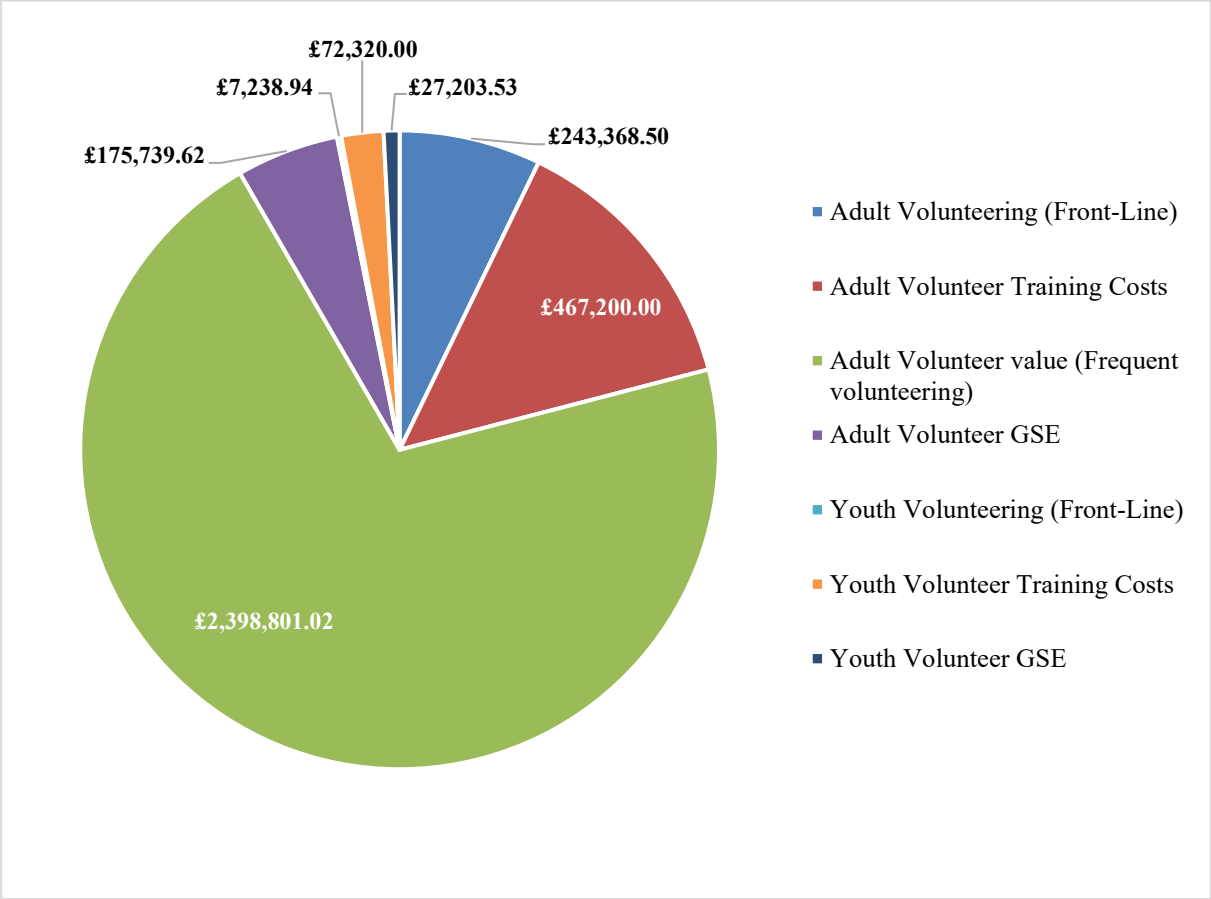

Figure 5.1. Illustrative Monetised Social Impact

6. Summary and Recommendations

The research and programme data reported in section four, and the impact data calculated in section five, has provided an overview of the efficacy and impact of the VfH programme to date. This has shown that the programme has started well, delivering strong impact and increasing the support for volunteers, and the organisations that support/recruit them, across the county. At a strategic level more needs to be done, but this is a systemic issue that sits within the wider context of changes to the county's health structures and new programmes being developed by the ICB. Nevertheless, the overall trajectory is positive, and this section will highlight the key findings, recommendations drawn from the data gathered to date, and next steps for the research over the next 12 months, culminating in the final report due in July 2027.

6.1 Key Findings

The report has highlighted the positive impact and performance of VfH over the last year, and this section will now consiuder this in relation to the six key outcome areas that the VfH programme was designed to support, namely: Contribution to reduction of local health inequalities; alignment to the ICB's 5-year forward plan; alignment to NHSE and CW+ funding requirements; the meeting of the original Theory of Change Outcomes; evidence of monetary savings for the NHS; and the social impact of the VfH Project.

6.1.1. Contribution to reducing local health inequalities

The programme is demonstrating encouraging progress towards reducing local health inequalities through targeted engagement with communities that traditionally experience barriers to healthcare access and volunteering. The Test and Learn Pilots have successfully engaged individuals with lived experience, minority ethnic communities, people experiencing social isolation, neurodiverse individuals, and those facing multiple disadvantages. The early-stage evidence suggests that volunteers are supporting earlier engagement with health services, reducing social isolation and improving community connections. The research aims to be able to support better evidence of demonstrable reductions in health inequalities in the coming 12 months, but at this stage it appears that the programme is creating important foundations for this through community-based prevention, early intervention and trusted local relationships.

6.1.2. Alignment with the Northamptonshire ICB's Five-Year Forward Plan

Emerging evidence demonstrates strong alignment with the priorities of the Northamptonshire ICB's Joint Forward Plan. The VfH programme supports prevention and early intervention, strengthens community-capacity, promotes integrated neighbourhood working and enhances collaboration between statutory and voluntary sector partners. The development of stronger volunteering infrastructure, investment in community organisations and the focus on person-centred support, are consistent with the wider ambitions of the Integrated Care System to improve outcomes, whilst addressing demand across health and care services. Nevertheless, there remain challenges with how VfH and volunteering in general is placed within and supported through the system, and this uncertainty places limits on the effectiveness that volunteers and programmes that support them, can have.

6.1.3. Alignment with NHS England and CW+ funding requirements

The programme is progressing well against the national objectives established by NHS England and CW+. The evidence gathered thus far demonstrates positive progress in embedding volunteering more strategically across the local system, especially in improving volunteer infrastructure through training, resources and governance, and promoting greater equality, diversity and inclusion within volunteering opportunities (albeit data gaps here remain). The development of the Inclusive Volunteering Training Programme and the toolkit, the wider partnership working (including the Steering Group) and the T&LPs, all provide evidence that VfH in Northamptonshire is delivering against the strategic focus of the national programme, whilst responding to local needs and priorities. The sharing of data and findings between the local and national evaluation teams has also begun, which may help top provide new insights here.

6.1.4. Progress towards the original Theory of Change outcomes

The interim findings indicate that the programme is achieving many of its anticipated short- and medium-term outcomes. Volunteers consistently report positive experiences, high levels of satisfaction, improved wellbeing and increased self-efficacy. Delivery partners described improvements in volunteer management, organisational capacity and partnership working, whilst the first round of T&LPs demonstrated innovation in engaging new volunteer groups and strengthening community support. Although many of the intended long-term outcomes, including sustained system transformation and measurable health improvements, require

additional time and longitudinal evidence, the programme appears to be progressing in line with its Theory of Change and stated aims.

6.1.5. Evidence of monetary savings for the NHS

The interim evidence provides strong indications of potential economic value but limited evidence of direct cashable savings to the NHS at this stage (due to the current lack of data around health outcomes that should begin to become apparent from September 2026 onwards). Over 52,000 volunteer hours (including the youth volunteering at Library Plus) have already been delivered, representing substantial workforce capacity and significant replacement value when calculated using national wage estimates (equivalent to over 31 FTE staff). Interview data further suggests that volunteers are supporting earlier intervention, reducing pressure on statutory services and enabling organisations to extend their reach. However, attributing direct reductions in NHS expenditure or healthcare utilisation requires further longitudinal health outcomes data, which will be explored over the next 12 months.

6.1.6. Social impact of the VfH programme across the system

The programme is already generating significant social value across volunteers, delivery organisations and local communities. Volunteers report improved wellbeing, greater self-efficacy, improved life satisfaction and happiness, stronger social connections and enhanced employability, whilst organisations describe increased capacity, stronger governance, improved volunteer management and wider community reach. The co-produced Inclusive Volunteering Training Programme has strengthened organisational capability and encouraged more inclusive volunteering practices and should continue to deliver on this support in the coming year as the training and toolkit are rolled out to more organisations. Collectively, these findings indicate that the programme is producing benefits that extend well beyond volunteer numbers alone, contributing to stronger community resilience and a more integrated health and social care system. This is demonstrated even at this early data stage by monetised social impact of nearly £3.4 million through volunteer contributions, training, as well as improved wellbeing and self-efficacy.

6.2 Interim Recommendations

The following eight recommendations are made based upon the data gathered thus far, and are presented at three separate levels: the VfH Programme level; the Third Sector level; and the wider Health System lvel. They will now be discussed in turn.

6.2.1. VfH Programme

At the programme level the research suggests three key recommendations to improve delivery:

1. Continue strengthening the programme's evaluation framework to improve the consistency and completeness of outcome and demographic data across all delivery partners, as well as providing access to evidence of improved health outcomes.
2. Build on the success of the T&LPs by embedding mechanisms for peer-learning, knowledge exchange and dissemination of effective practice across the partnership. Indeed, an overt system for doing this would be well received by T&LP delivery partners based on the interviews held thus far.
3. Continue investment in the Inclusive Volunteering Training Programme and Toolkit, expanding its reach across statutory and voluntary sector organisations. This could include delivery into wider sector partners with potentially large numbers of volunteers (i.e. large employers like the University).

6.2.2. Third Sector

Across the third sector, the research suggests two key recommendations to improve delivery:

1. Continue developing inclusive recruitment approaches that engage volunteers from under-represented communities, whilst recognising the differing barriers faced by potential volunteers (and the differences between formal and informal volunteering).
2. Improve routine collection of Equality, Diversity and Inclusion data to better understand who is participating and where gaps remain.

6.2.3. Health System

At the Health System level, the research suggests three key recommendations to improve delivery:

1. Continue promoting and embedding volunteering within the health and social care system workforces, as well as within the prevention and population health planning delivered within the Integrated Care System.

2. Strengthen referral pathways between NHS services, Primary Care, community organisations and volunteers, so as to maximise early intervention opportunities.
3. Consider how successful models emerging from the VfH programme can be sustained beyond the current funding period through future commissioning and partnership arrangements.

6.3 Next Steps

The research will continue over the next 12 months, with further data collection to be completed. These areas of research activity include:

- Volunteer interviews and continuation of the volunteer survey
- Steering Group interviews
- Attending the national conference in Birmingham (September 2026)
- Further interviews with Round 2 T&LP organisations
- Collate health outcomes data and monetise this impact where possible
- Engage in interviews with the ICB and wider stakeholders

The research team are confident that with this additional data, wider impacts can be calculated and more in-depth insights into the functioning of the VfH programme can be obtained. Alongside the changes occurring at the systemic level (the enlargening of the ICB and clarity around the scope/reach of the neighbourhood health initiatives), this should make the role of volunteering in the county and its impact on health and social care services, much more apparent, as well as highlighting pathways for the sustainability of the VfH and volunteering model beyond June 2027.

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