

**HelpForce Insight & Impact Framework: Guidance**

This guidance is designed to provide detail on the HelpForce Insight and Impact (I&I) documents that can be used by NHS trusts to collect and use data for the purposes of: a) continuous improvement, and b) measuring the impact of volunteering services. As a part of the Volunteering Innovators Programme, Helpforce will be closely supporting you with the development of these documents. Please contact your Regional Lead for more information or if you require additional support.

The I&I documents include:

1. **Overview of I&I planning document** to summarise your volunteering innovation and outcomes.
2. **Outcomes mapping document** to summarise all the potential outcomes that can be created as a result of the volunteer service.
3. ***Theory of Change*** to map out intended impact of the volunteer activity.
4. Detailed data collection plan (“***data return sheet***”) to help capture the who, what, when, and how of data collection,
5. ***Question banks*** to support the patient/volunteer/staff survey design.
6. **Overview of I&I planning document**

The purpose of the Overview of I&I planning document is to provide an initial flavour of what your volunteers do and what benefits they aim to bring to patients, staff, themselves and the wider hospital as part of your project with Helpforce. It covers:

* **Innovation description:** An outline of the intervention, what problem(s) it is trying to solve, and how it will be scaled during this project
* **Potential outcomes:** A list of all potential benefits for patients, staff, volunteers, and wider system outcomes (they do not all need to be measured!)
* **Research questions and prioritised outcomes:** A set of questions you want to answer with the research/evaluation during this project, and an initial list of which outcomes of the above list you would need to measure to answer these questions
1. **Outcomes mapping document**

The purpose of the outcomes mapping document is to support initial discussions about which outcomes should be prioritised for measurement and in what ways you might be able to collect relevant data. It consists of the following:

* **Meeting write up:** A write up from the first Insight & Impact meeting with Helpforce, including recommendations and next steps from Helpforce.
* **Outcome mapping tables:** A table for each of the four potential beneficiary groups (patients, volunteers, staff, system), each including the volunteer-related activities, potential impact outcomes, initial ideas on how to collect relevant data, and a quick insight as to what the importance of measuring each of the outcomes would be.

The completion of the outcomes mapping document will help with the development of your Theory of Change (C) and your data return sheet (D).

1. **The Theory of Change**

The purpose of the Theory of Change is to visually map out the intended impact of the volunteers at the trust. The diagram consists of 4 essential components:

* **Activities:** A description of each of the trust’s official volunteer roles
* **Intermediate outcomes:** A set of impact outcomes that are intended to be achieved through the activities and that are essential stepping stones to the ultimate goals
* **Ultimate goals:** A small set of high-level impact outcomes that the volunteer roles ultimately aim to achieve
* **Causal arrows:** Arrows leading from activities to intermediate outcomes to ultimate goals, symbolising what causes what impact

The Theory of Change is an essential tool to outline the volunteers’ intended impact and to support decision-making around what intermediate outcomes and ultimate goals may be measured. Not all outcomes and goals necessarily need to be measured. Particularly where resources are tight, measurement efforts will focus only on key outcomes or goals.

In addition to informing impact evaluations, Theories of Change are also a useful communication tool to convey internally or externally what volunteers are doing and what impact they are intended to have. Theories of Change can also support further improving volunteer services, particularly when there is data available for some or all of the outcomes or goals.

Theories of Change are live documents that can change as the volunteer roles or the intended impact change. [Here](https://www.nesta.org.uk/toolkit/theory-change/) is some additional guidance on how to develop a Theory of Change.

1. **The data return sheet**

The purpose of the data return sheet is to plan in-detail what data will be collected and how. It is an Excel file that includes both operational data (inputs or outputs, e.g. numbers of volunteer hours), and impact data (outcomes or goals, e.g. reduced Length of Stay).

Each row addresses one input or output, intermediate outcome, or ultimate goal (the latter two should be drawn from the Theory of Change for consistency). The various columns then support trusts to plan and action how data for each row will be collected. This includes:

* What tools will be used to collect the data (e.g. a brief staff survey)
* Who will administer the tools (e.g. volunteering team is responsible for coordinating the survey, and volunteers distribute the survey)
* How frequently data will be collected (e.g. ongoing daily data collection for 4 weeks)
* Who the data will be collected from (e.g. staff on ward X where volunteers operate)
* If any comparison data will be collected (e.g. staff on ward Y where no volunteers operate)
* How the data will be collated and analysed (e.g. data entry through volunteer into trust system, monthly review and analysis of gathered data)

The data return sheet serves to support the planning of the data collection, to facilitate discussions with all parties involved in the data collection, and to action the data collection. It is a live document that can change as the data collection methodology changes.

1. **The question banks**

The question banks collate a selection of key questions relevant to patients, staff, and volunteers. They have been created by HelpForce, drawing on relevant existing surveys where possible. They act as a key resource in designing tools that are relevant to each trust and the intended impact of their volunteers. They are designed to support the quality and consistency of data within and across trusts as they promote using the same questions across trusts where applicable.

Generally, Trust surveys are designed by HelpForce with guidance from trusts as to what data is useful and feasible to collect.

The question bank covers the following outcomes:

* Staff
	+ Releasing time to care
	+ Feeling informed about volunteer roles
	+ Perceived volunteer helpfulness
	+ Volunteer service improvement suggestions
* Volunteers
	+ Impact on volunteers (human capital, wellbeing, social capital, economic capital)
	+ Quality of volunteering experience
* Patients
	+ Mood
	+ Discharge-related outcomes
	+ Anxiety
	+ Social interaction
	+ Mealtime support satisfaction
	+ Nutritional intake
	+ Mobility
	+ Satisfaction with volunteers

If there are any questions about these documents and their purpose, please contact your Regional Lead or Jullie Tran Graham on jtg@helpforce.community.