



Carers UK Volunteering
Impact Evaluation: Final report
September 2016

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1. Introduction

This report presents the findings from the research and impact measurement support provided to Carers UK volunteering programme as part of the Nesta Social Action and Innovation Fund (CSAIF). This report is one output from the evaluation and support that ran from April 2015 to October 2016. It focusses predominantly on the rationale, methodology, key findings and evidentiary quality of the data collected during this evaluation, and recommendations for future improvements.

Carers UK

Carers UK exist to make life better for carers. It delivers a range of services and types of support to carers to achieve this including;

- A membership offer where carers can join and receive regular information access to the services and become part of a movement for change
- An advice and listening support service that operates nationally
- A forum for members to post or access information
- A policy and campaigns team that works at a strategic level to improve support available for carers and advocate carers rights
- A volunteering programme that operates across the organisation to reach, connect and support carers via a range of activities.

The organisational activity is aimed at community groups, carers and professionals working in the care profession to improve knowledge and awareness, influence and improve the support available for carers and ultimately make life better for carers.

Through support from Nesta and the Centre for Social Action Innovation Fund, alongside wider resource from the organisation, Carers UK is undergoing a process of embedding volunteering and social action into the whole organisation. This means that through a process of change management, Carers UK is continually adding, evolving and developing how it uses volunteers in its services.

These developments within the volunteering programme started in September 2014, and will establish an integrated country-wide social action programme to enable volunteers to support carers across the range of support, action and interventions through a variety of roles.

Aims and objectives of the evaluation

This evaluation and support was designed to:

1. Assess the effectiveness of the current monitoring and evaluation framework at capturing the impact of the service and evidencing relevant outcomes



2. Explore the value of the interventions provided by volunteers to carers accessing the service
3. In economic terms, explore how sustainable the current volunteer programme is and make recommendations around the scaling of the programme.

Volunteering programme at Carers UK

The Carers UK volunteering and social action programme is designed to help support the objective of reducing the likelihood of carer breakdown. It aims to achieve this by ensuring that more carers and families are better able to manage their caring role along with their health and wellbeing. The programme works towards this overarching aim by helping to ensure that carers feel more:

1. Valued and respected by the care profession, the government and the public
2. Confident in their caring role
3. Emotionally, financially, and practically supported

To achieve this, Carers UK use volunteers throughout the organisation to engage with beneficiaries or to support the organisation in the following ways;

1. The **Online Forum** is moderated by volunteers, and provides advice, information and **support to carers**, and also **connects** carers to one another
2. The **Advice and Listening Support** service is staffed by staff members with volunteers answering calls to provide listening **support** to carers as well as **connecting** them to specialist support or formal advice
3. Carers UK volunteers **reach** out to carers and carers UK members in the community to raise awareness of carers needs, available **support**, and to **connect** carers to Carers UK, and other appropriate services. This is conducted by distributing literature or promotional material or sharing their own experiences at meetings and events.
4. Carers UK **campaigns for change** and volunteers form an important part of this activity by sharing their experiences to **reach** and **connect** with carers and the wider community. Volunteers contribute to this by sharing their caring experiences through media opportunities to **reach** the community, and feeding into **awareness raising** events and giving a voice to carers.
5. Carers UK aim to influence the level of **knowledge and awareness** of professionals in relation to the needs and circumstances of carers. Volunteers contribute to this by **reaching** professionals by attending meetings and events where professionals are present and sharing their experiences.
6. Volunteers also play an important part in organisational **support** and development with specific roles to help shape the direction of services and provide support to the running of the organisation.



For Carers UK it is important to have a monitoring and evaluation process in place that allows them to understand and assess the contribution that these different volunteer activities make. Prior to Renaishi's involvement, Carers UK had developed a Theory of Change for the volunteering programme with the overall outcome of 'reduced likelihood of carer breakdown' through activity that supports the maintenance of carers' wellbeing. Three categories are used to describe how the different volunteering roles can improve outcomes for different groups of beneficiaries (including communities, professionals, and carers):

- **Reach**
- **Connect**
- **Support**

Framework and rationale

There are a number of considerations that needed to be taken into account when developing the approach to the evaluation.

As the volunteering programme is still in development it was important to design an evaluation and programme of support to ensure that the investment was as beneficial as possible to the needs of Carers UK at this time. An early decision was taken to focus some of Renaishi's support on helping the team develop useful monitoring and evaluation processes, and embed a system that is helpful in the longer term. This means that not all of the investment was focussed on demonstrating the impact of the programme thus far, but instead setting the team up to be able to do this in a more robust way in the future.

There are a variety of different ways that beneficiaries come into contact with Carers UK and the volunteers. The contact with beneficiaries can either be one off or repeated depending upon the circumstances and the type of needs and contact with the organisation. Each element of service delivery is distinct in terms of contact points, activity and the extent and type of volunteer involvement.

Consequently, there is no single cohort of beneficiaries who can be tracked as moving into Carers UK to receive a defined programme of activity or period of intervention over a set time frame to allow for systematic monitoring of outcomes. As such a creative methodology was designed by Renaishi to help develop the programme and to implement an impact measurement framework that flexes to the requirements of the service delivery. This is explained more fully in the next section.

Carers UK have several different groups of beneficiaries including professionals who come into contact with carers, community groups, and individual carers and members of Carers UK. Within the scope and scale of this evaluation it was not possible to focus on the impacts of the volunteering programme on all groups of beneficiaries. In collaboration with Carers UK it was decided that the priority of focus for this evaluation in terms of beneficiaries would be those carers who access the different aspects of Carers UK such as the Membership, Forum, Listening support, and the community based volunteering activities.



2. Methodology

This evaluation and support project took a mixed methods approach, gathering both quantitative and qualitative data from multiple sources. The project was divided into three phases over the eighteen month period from April 2015 to October 2016.

Phase one

Desk research

To develop understanding of the context, aims and objectives of Carers UK, a comprehensive review of organisational documentation was conducted. This included previous evaluations, organisational strategies, and available data and collection mechanisms. In addition, Renaishi reviewed relevant literature and policy documents relating to caring to put the work of the organisation into context.

Staff interviews and observations

A deep dive into the volunteering team was conducted to develop further understanding of the aims and objectives of the volunteering programme and its relationship to the wider organisation. This involved eight qualitative interviews with Carers UK staff members to explore the services Carers UK deliver, and the contribution volunteering makes to these.

Renaishi worked with Carers UK to sample a range of appropriate participants to interview in order to gather a range of perspectives from interviewees with different roles and responsibilities, and varying contact with volunteers. Renaishi then purposively sampled further staff members to fill gaps in knowledge from particular parts of the organisation – for example, members of the senior management team and HR team.

An exploration of current data collection mechanisms, and the methods for communicating with volunteers and beneficiaries was also undertaken by spending time with the volunteering team to observe their work and gather process data.

Interviews with volunteers

To explore the experience of volunteers in various roles across the programme, Renaishi conducted qualitative interviews with 10 active volunteers.¹

The respondents were volunteers who opted into the research process and Renaishi sought prior consent to speak to them about their experiences.

¹ Ambassadors 4, Listening Support 2, Local Awareness 2, Forum Moderators 1, Office Volunteer 1.



These interviews explored:

- Volunteers motivation for volunteering
- Methods of recruitment
- Training and support mechanisms
- The value of volunteering for Carers UK
- Strengths and challenges of the role
- Perceptions regarding the process of reporting back their volunteering activity for monitoring and evaluation purposes.

There was not an opportunity to randomly sample volunteers, or to ensure an even spread of interviewees across the entire volunteering programme. However, the research team made every effort to include the opinions of a range of volunteers with different experiences across the five different roles in the time available. The interviews provided descriptive data about the experiences of those who participated. However, it cannot be used to generalise to the larger population of volunteers. For example, we do not have data from those volunteers who are perhaps less engaged with Carers UK than those who opted into taking part in the research.

Phase two

Review of data collection monitoring and evaluation system

Specifically to answer the research question relating to the effectiveness of the current monitoring and evaluation system, Renaissi assessed the current data collection mechanisms across the different strands of Carers UK volunteering activity.

As the volunteering is broad in nature there are many opportunities for collecting data to evidence outcomes. Renaissi closely analysed the Theory of Change to assess the effectiveness of the current monitoring and evaluation system. This included:

- Establish existence and positioning of each volunteer role
- Review relationship between roles and activity
- Determine whether the activity is working to **Reach-Connect-Support**
- Determine whether the focus of each outcome is 'local' or 'national'
- Review the outcome themes within each layer of the TOC
- Identify the target group that each outcome relates to
- Review each outcome to establish:
 - Which volunteer roles work towards the outcome?
 - Which activities drive the outcome?
 - What evidence is collected to evidence the outcome?
 - How, when, and via which mechanism is the evidence collected?
 - What is the quality of the evidence for this outcome?

Renaissi analysed existing data collection mechanisms to assess their appropriateness and effectiveness to evidence the desired outcomes in the Theory of Change, including:



- The online Volunteer Hub (launched in September 2015), designed to communicate with volunteers and enable them to communicate with each other and feedback their activity to Carers UK
- Surveys that assess the volunteers' experience of their roles
- Organisational data collected by the volunteering team and the listening support service
- Surveys to assess the quality of the different parts of the service
- The existing membership survey

In the early phase of the evaluation overall findings regarding the effectiveness of the monitoring and evaluation framework were presented to the Carers UK team alongside principles for good practice data collection and recommendations for improvement. Renaishi worked with the Carers UK volunteering team to implement some of these recommendations.

Development of tools to capture data

Renaishi supported Carers UK to develop additional data collection mechanisms in line with the recently implemented good practice principles. These are outlined in more detail on page 15 of this report. Other key findings relating to this element of the evaluation can be found in the other outputs from this evaluation including the slide pack and the toolkit.

As mentioned on page 4, the innovative service delivery mechanism, and contact with beneficiaries does not neatly lend itself to using pre and post surveys for evaluation purposes. Therefore the various data collection mechanisms implemented across the volunteering programme to evidence the activity, outcomes and impact include periodic data collection and regular interval surveys designed to evidence change over time.

The evaluation findings draw on data from the following tools:

- Survey regarding the quality of the Forum - distributed by Carers UK to all Forum users in December 2015. There were 376 responses to this survey which is a 12% response rate
- Survey regarding the quality of the Listening Support service – distributed in December 2015 to those who called the listening support service who indicated that they were happy to have a survey sent out to them. There were 8 responses to this survey, a 7.7% response rate
- Surveys of members recruited by volunteers – distributed by Carers UK in December 2015 to all members who had been recruited by Carers UK volunteers. There were 55 responses to this survey, a 29% response rate
- Survey of Carers UK membership to explore contact with Carers UK and wellbeing scores – distributed in June 2016 by Carers UK to the entire membership. There were 747 responses to this survey, a 4.7% response rate.
- A database to evidence indicators for each subordinate outcome on the Theory of Change – used by the volunteering team to collect data in December 2015 and then again in June 2016



- An economic modelling database to analyse the costs associated with each volunteer role and type of activity – used by the volunteering team to collect data at the end of the 2015/16 financial year
- Surveys of volunteers regarding the quality of their experience and their wellbeing scores – distributed by Carers UK to all active volunteers in June 2016. There were 102 responses to this survey which is a 11.5% response rate

Phase 3

Focus group with volunteers

To explore the volunteer user journey, the touch points with Carers UK, and the barriers to reporting for the different volunteer roles, Renaishi conducted a focus group with a group of seven active volunteers across the different roles and activities. This enabled the research team to understand volunteer experiences of connecting with Carers UK, to establish the obstacles to reporting, and make suggestions for improvement.

Participants were contacted by Carers UK using an information sheet designed by Renaishi to explain the aims and objectives of the research and to offer the opportunity to participate. A sample of those who opted in were contacted according to their volunteering role to try and ensure that a range of volunteers were included in the sample. Due to the busy nature of the volunteers' schedules and routines, it was necessary to include those volunteers who could easily access a central London location to participate in the focus group.

Originally nine volunteers were scheduled to attend. However, two volunteers had circumstances relating to their caring role that prevented them from attending at short notice. Therefore seven volunteers attended on the day.² The small sample enabled us to gather a snapshot of data useful for understanding some of their experiences, but the findings cannot be generalised to the larger population of volunteers.

Telephone interviews with Carers UK members

Renaishi collected qualitative impact data directly from 40 Carers UK members. The aim of these interviews was to explore the experience of Carers UK membership, assess the quality of different types of support accessed and help to illustrate the impact story of beneficiaries who access Carers UK to support them in their caring role.

All the members were contacted by Carers UK to ask if they would like to opt in to this research. The members were provided with an information sheet designed by Renaishi to inform them about the aims and objectives of the research and an outline of the expectations for the interview. Those who opted into the research were randomly sampled and contacted via telephone and email by the research team at Renaishi. This

² Ambassador's (4), Caring Caller (1), Listening Support (1), Office (1).



method was used until 40 interviews were successfully conducted. A structured topic guide was developed and the interviews were conducted by telephone. The interviews consisted of a combination of open and closed questions.

This data provides us with information relating to those members who chose to participate, but again, the findings cannot be generalised to the larger population of members. It is worth acknowledging that other groups may have a distinctly different experience of the programme or differing circumstances altogether.

Analysis

This evaluation gathered a large amount of qualitative and quantitative data from a total of eight separate data sets from staff, volunteers, organisational data, carers and Carers UK members.

Renaishi used three distinct coding mechanisms for the volunteering activity data, volunteer role type and Carers UK member responses.

The current volunteering roles were grouped as follows:

- Community and outreach
- Direct support
- Forum
- Organisational support and development

The volunteering activity was coded as to whether the roles involve **Reach, Connect and Support** to beneficiaries.

The respondents to the Carers UK member surveys were grouped according to whether they had accessed elements of Carers UK that involved **Reach, Connect and Support** activity in varying combinations in order to explore differences in wellbeing outcomes. The activities were coded in the following ways:

Reach

- Seeing a poster in the community
- Picking up a leaflet or booklet in the community
- Hearing about Carers UK on the TV or radio
- Accessed the website for info about caring
- Read Carers UK's *Caring* magazine

Connect

- Used the *Jointly* app
- Attended the Carers UK event
- Attended a meeting/event in the community where someone from Carers UK spoke about caring
- Took part in Carers Week activities



Support

- Called the Carers UK listening support service to talk about their circumstances
- Received some advice from the Carers UK Adviceline
- Accessed the Carers UK online Forum

Each data set was analysed separately to identify key findings, using descriptive, thematic or statistical analysis depending on the source.

The findings from the qualitative and quantitative data sets were then analysed together to draw inferences about the impact of the volunteering programme in terms of type of service accessed, quality of service, cost of the volunteering activity and the wellbeing outcomes of beneficiaries and volunteers. Responses were modelled to identify whether there were any differences in findings according to which Carers UK services participants had accessed.

Reporting on key findings

It was agreed that the most useful dissemination of the findings from this evaluation would be for Carers UK to have learning and recommendations that they could use in a practical way. To satisfy the needs of the relevant audiences including Nesta and Carers UK, Renaishi have produced a number of outputs:

- This document which focusses on methodology, rationale, impact and the evidentiary quality of data collected.
- A slide pack that focusses on the impact narrative, key findings and recommendations for the future of the programme
- A toolkit which documents the process and systems for effective data collection to ensure robust collection, and the potential to evidence changes over time for beneficiaries.

Effectiveness of the measurement framework

One of the key aims of the evaluation was to assess the effectiveness of the current monitoring and evaluation framework at capturing the impact of the service and evidencing relevant outcomes, and the evidentiary quality of the data. This section of the report presents the approach that Renaishi took to examining the existing framework, the recommendations we made, and our assessment against Nesta's standards of evidence.

Carers UK are on a journey of improving data and evidence quality across the organisation. At the start of the process of evaluating the volunteering programme it was clear that there was a large amount of data collected, but there was not necessarily a story of impact that could be told through that data. Most of the data



collection centred on volunteering activity with less evidence from the beneficiaries about any potential impact of the programme on their wellbeing.

Renaisi’s analysis involved three main steps:

1. Analysing the quality of evidence currently being collected by Carers UK mapped against the Theory of Change
2. Grouping the Theory of Change outcomes thematically in order to organise them and identify the key aims of the volunteering activity
3. Assessing the existing data collection methods to evidence each of these outcomes.

Quality of evidence

Fig 01 below is a visual representation of Renaisi’s analysis which demonstrates the quality of the evidence collected for each element within the Theory of Change

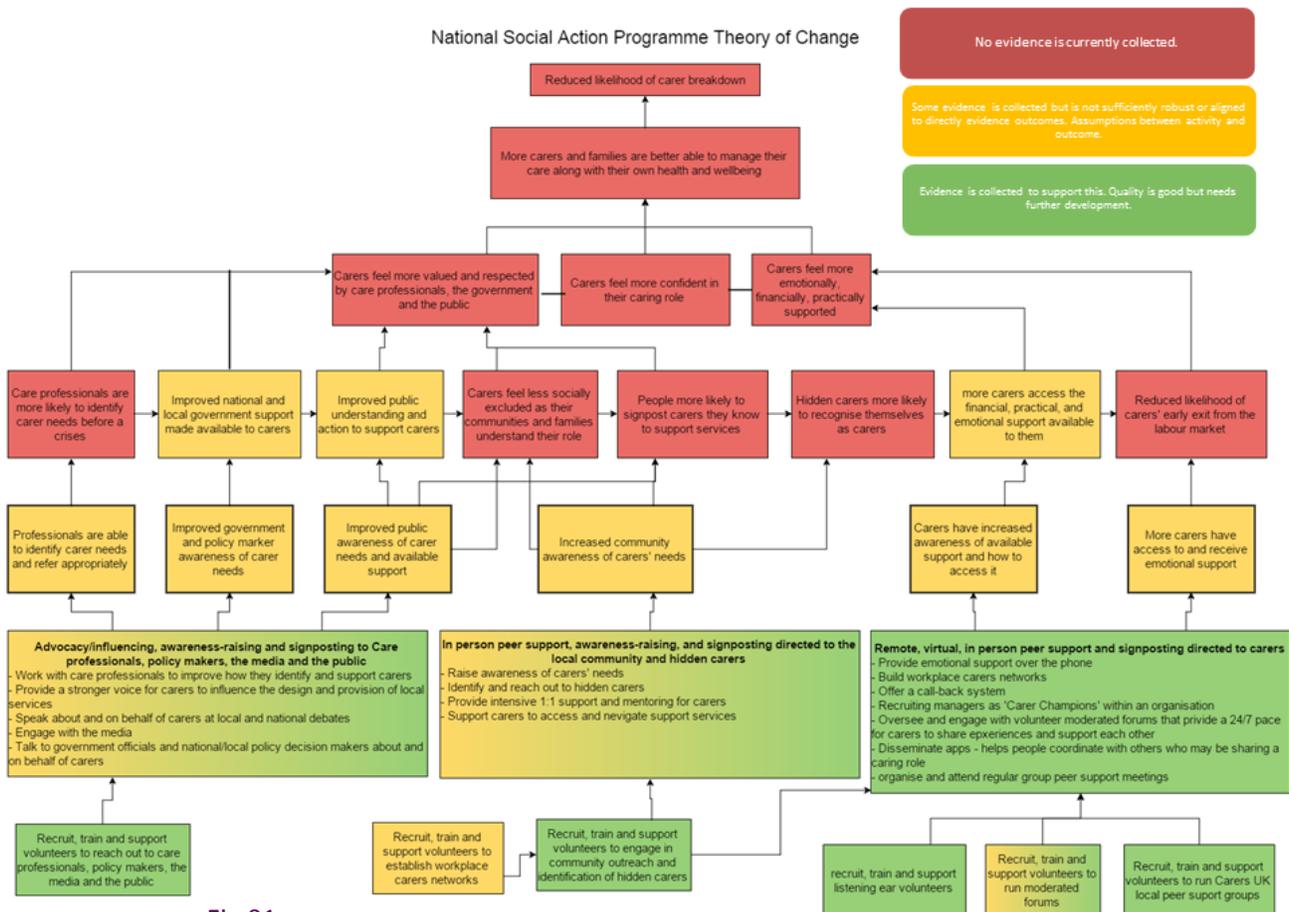


Fig 01

From this analysis, it was apparent that there were a number of challenges that needed to be addressed:

- Data collection methods vary according to volunteer role and activity. For example, a volunteer who is community based will be required to feedback



their activity via the Hub. However, the Adviceline Team centrally collects data relating to the activity of a Listening Support volunteer. This means that the volunteering team need to go to different sources in order to evidence different activities and outcomes.

- The evidentiary quality for the outcomes across the Theory of Change is inconsistent as demonstrated by the traffic light system in fig 01. Stronger evidence exists to demonstrate the activity and the outcomes relating to those beneficiaries accessing listening support, and activity relating to raising beneficiary awareness of available support
- Evidence is stronger in relation to evidencing the outcomes more closely connected to volunteer activity and this strength of evidence reduces as outcomes become more removed from the volunteer activity.

Outcome themes

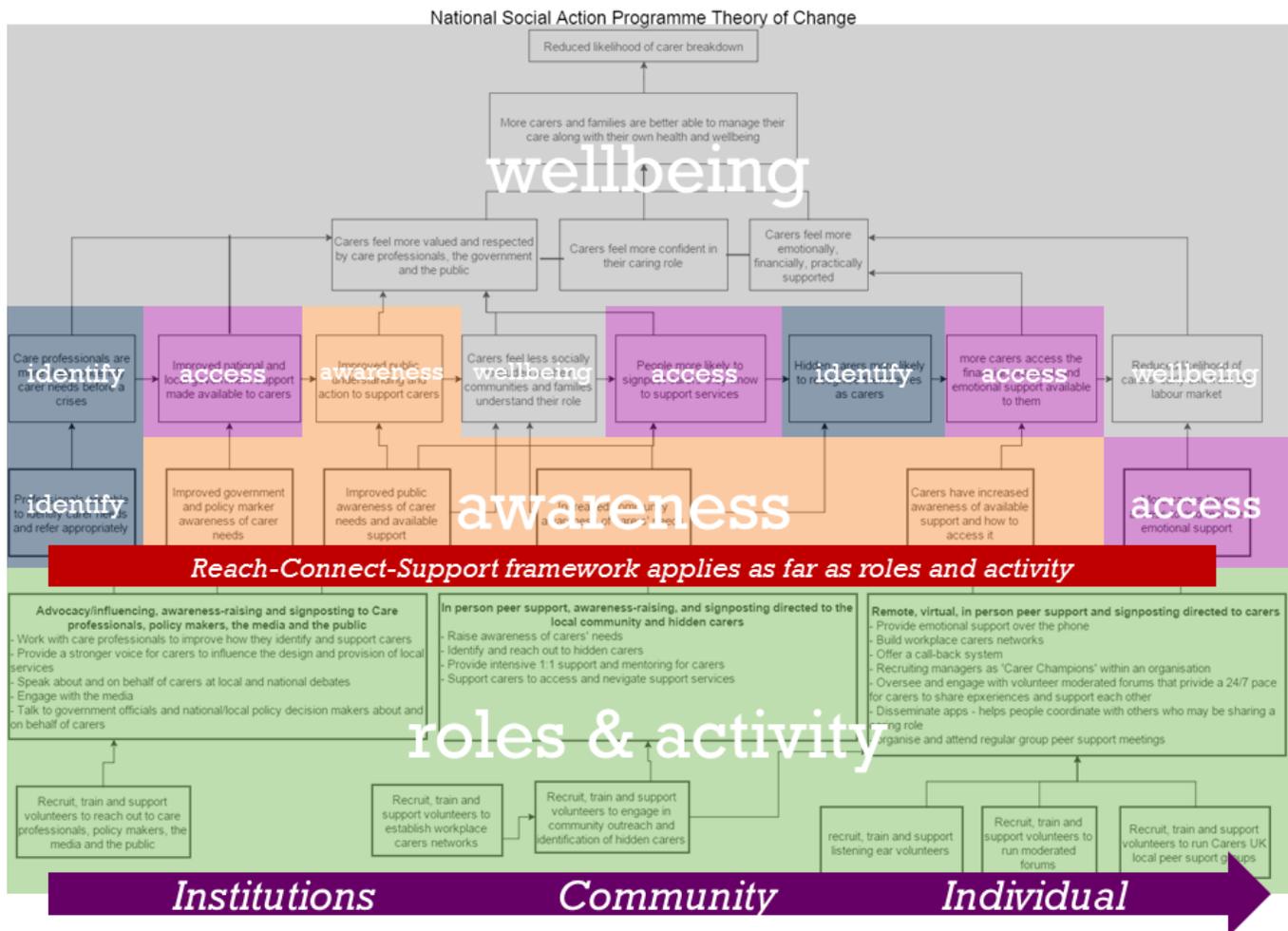


Fig 02



Renaishi identified four key outcome themes across the Theory of Change:

- **Improve identification** (for example identifying hidden carers)
- **Raise awareness** (of available emotional practical or financial support)
- **Improve access** (to emotional, practical or financial support)
- **Improve wellbeing** of beneficiaries, and the ability to cope with their caring role

These outcome themes help to focus the appropriate questions for each audience. For example, outcomes which relate to beneficiaries awareness of the available support require data collection processes that focusses precisely on that.

Analysis of original data collection points

The table below is the analysis of the strengths and challenges identified in the original data collection framework, using the existing mechanisms.

Data collection point	What it collects	Strength	Challenge
Hub	Volunteer activity across roles	Good at measuring activity of volunteers who carry out remote volunteering roles	Expectations on volunteer to collect data which is outside of their scope and questions don't always align with TOC or roles
Partridges	Distribution of Carers UK marketing materials	Good at monitoring distribution of literature	Difficult to get feedback loop from literature not coded / marked
Adviceline database	Listening support volunteer activity	Real time data on number of callers and immediate action taken to support them	Does not breakdown type of callers or kind of support they required
Forum analytics	Data on forum users and forum posts	Good at collecting numbers of forum users and active users	Not linked to outcomes
Membership Survey	Data from Carers UK existing members' experience of membership	Good mechanism for collecting data on members / carers	Current format does not collect information on TOC outcomes for members / carers
Adviceline survey	Data from Carers UK existing	Strong mechanism for collecting data	Current output measures do not align with TOC outcomes



	members experience of membership	relating to themes in TOC	
Forum Survey	Data from Carers UK existing members' experience of using forum	Strong mechanism for collecting data relating to themes in TOC	Current output measures do not align with TOC outcomes

Recommendations and improvements to the monitoring and evaluation framework

To drive improvements in the effectiveness of the monitoring and evaluation framework, Renaishi worked collaboratively with Carers UK to build a system of data collection that follows the agreed good practice principles to ensure that:

- The data collection mechanisms are closely aligned with the Theory of Change outcomes
- Data is collected from the most appropriate audience
- Data is collected in the most appropriate way - immediately and innate for systems / delayed and subjective for professionals and volunteers / longitudinal and regular for beneficiaries

The data collection system has recently been implemented and includes the following tools and mechanisms which can be used to help strengthen Carers UK's impact story about the work that the volunteering programme is doing to improve the lives of carers.

Data collection mechanism	What it collects	When is it collected?	Improvement made
Volunteer activity data across roles and activity that is collated bi-annually by the volunteering programme	Recruitment, training and support of volunteers Volunteer activity across all support roles and community roles Collates hub and organisational data into one central database	Collated bi-annually by the Volunteering & Membership team	Baskets of indicators were developed for each element of the Theory of Change to improve clarity regarding which piece of data helps to evidence each outcome.
The Hub	Activity data from volunteers regarding what they have been doing in their role, such as speaking at events, and distributing	Input daily by volunteers and downloaded monthly	Recommended improvements to the organisation of questions on Hub, phrasing and answering options to make it easier for volunteers to

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	literature		report on activity.
Volunteer skills and wellbeing survey	Self-assessment of current skill levels alongside some ONS wellbeing questions	Annually	Recommendations to re-organise and alter some phrasing of questions to gather more robust data
Bespoke beneficiary survey for Adviceline	Quality of beneficiary experience of the Adviceline and listening support	Annually	Recommended re-organising survey and inclusion of questions to directly address the outcomes on the theory of change.
Bespoke beneficiary survey for the Forum	Quality of beneficiary experience of the Forum	Annually or every two years	Recommended re-organising survey and inclusion of questions to directly address the outcomes on the theory of change.
Bespoke beneficiary survey for members recruited by volunteers	Perceptions of the quality of the Carers UK support services from members recruited directly by volunteers	Bi-annually	Recommended re-organising survey and inclusion of questions to directly address the outcomes on the theory of change.
Bespoke Membership survey	Experience and quality of membership, services accessed and wellbeing data from members.	Annually	Created a new survey to assess the parts of Carers UK that had been accessed by members and some wellbeing questions to gather baseline data on wellbeing to measure changes over time. Questions that directly address the superordinate outcomes on the Theory of Change.
Resourcing database	Costings of each volunteer role and activity type including staffing costs and developments costs.	Annually after each financial year	Newly implemented to enable Carers UK to make organisational decisions based on costs versus outcomes from volunteer roles.
Qualitative interviews with forty Carers UK members	Qualitative data from members regarding their contact with and experience of Carers UK.	One off data collection point for this evaluation	Enables Carers UK to gather data to evidence the superordinate outcomes on the Theory of Change in relation to carers' wellbeing. This data helps to illustrate



			the impact story of beneficiaries who access Carers UK to support them in their caring role.
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The new system has strengthened the data collection framework as demonstrated in fig 02 below. It has enabled Carers UK to implement a more robust framework for collecting data relating to each of the outcomes, based on the good practice principles outlined above. The expectation is that this work will enable Carers UK to continue to build on these improvements in the future.

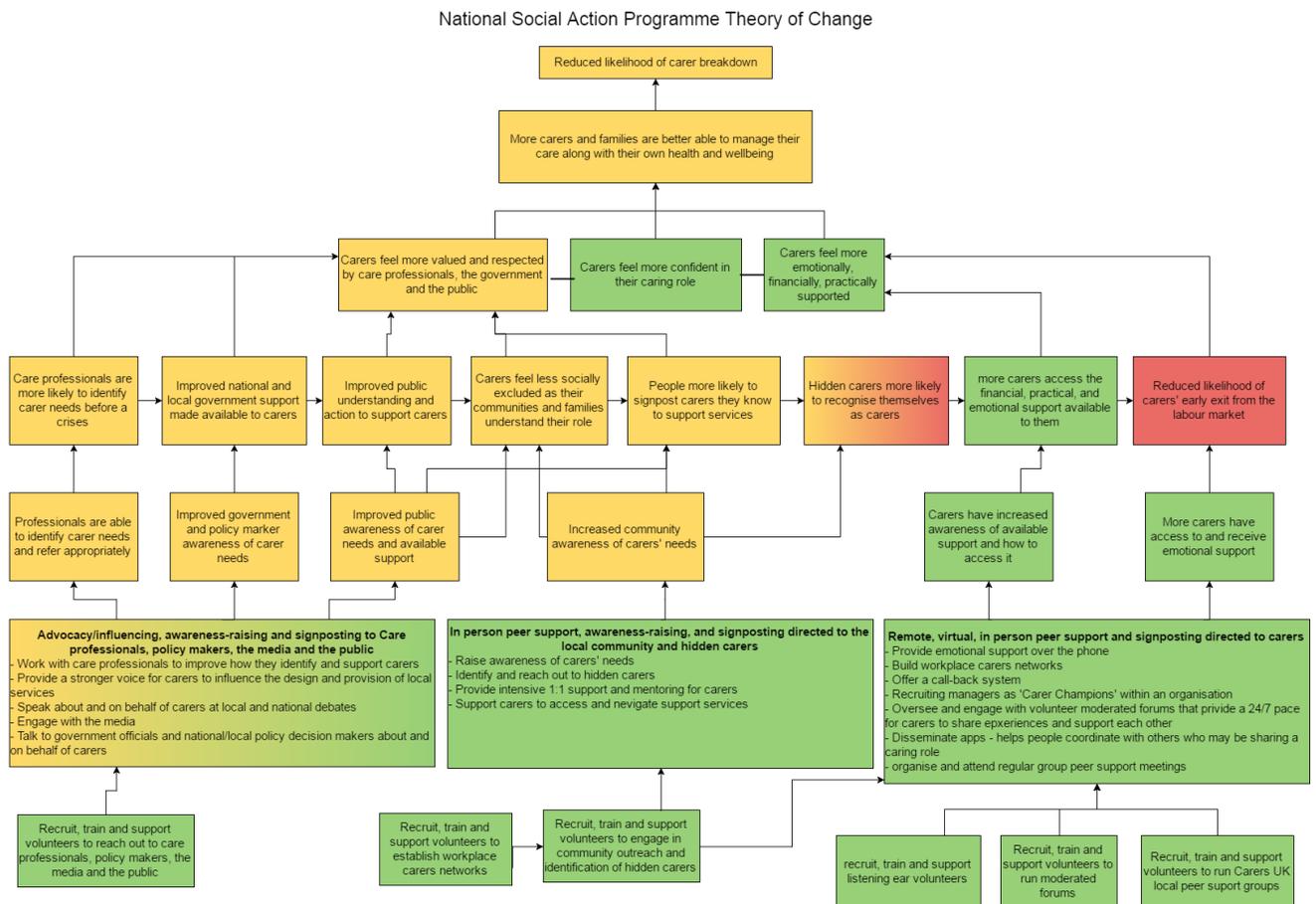


Figure 03

Assessment of evidentiary standards

This evaluation was designed to support Carers UK to have a robust evidence base at level 2 by collecting baseline data that can then be compared on a bi-annual or annual basis by repeating the data collection and assessing any changes in overall outcomes for beneficiaries. This fits the requirements for Nesta level two which states:



“At this stage, data can begin to show effect but it will not evidence direct causality. You could consider such methods as: pre and post-survey evaluation; cohort panel study, regular interval surveying.”

The support provided by Renaishi during this evaluation has created a more robust baseline data set for Carers UK to build on in the future which will enable them to demonstrate the impact of the volunteering programme on those who access it. The process and timeframe for using each of the tools to collect periodic data is clearly set out in the ‘toolkit’ which Renaishi has produced for the Carers UK volunteering team.

Overall, each of the data collection points tells a different story about the outcomes and the impact of volunteering on beneficiaries, but collectively they create the opportunity to make stronger statements at the level 2 Nesta Standard of Evidence regarding the volunteering programme on carers who access the service and Carers UK members.

Nesta Standards of evidence

Level	Description	Typical methodologies
1	You can describe what you do and why it matters, logically, coherently and convincingly	Descriptive Theory of change
2	You capture data that shows positive change, but you cannot confirm you caused this	Pre and post surveys Regular interval surveys
3	You can demonstrate causality using a control or comparison group	(Randomised) Controlled Trial Control group analysis Difference in difference
4	You have at least one independent replication evaluations that confirms these conclusions	External replications of 3
5	You have manuals, systems and procedures to ensure consistent replication and positive impact	Fidelity and process evaluations



3. Outcomes and impact

The following section of this report documents the key findings in relation to the outcomes detailed on the Theory of Change for the volunteering programme, addressing one of the evaluation aims to explore the value of the interventions provided by volunteers to carers.

This evaluation has supported Carers UK to gather data to evidence the following elements of the programme:

- recruitment, training and support of the volunteers to perform their roles
- volunteer activity
- indicators relating to each desired outcome on the Theory of Change

This section draws on evidence from the following data sources (see: Methodology), and provides an overview of volunteer roles, recruitment training and support. It then presents findings under the four outcome themes: **'identify'**, **'awareness'**, and **'access'** and **'wellbeing'**.

The findings focus mostly on Carers UK members using the different services within the organisation. However, the improvements to the evaluation framework have enabled the volunteering team to improve data collection across different audiences, which means that in the future it should be possible for Carers UK to report on impact more widely.

It is important to acknowledge that the available evidence for each outcome includes a combination of direct and indirect evidence:

- Direct evidence for the outcomes includes data that is collected directly from the relevant audience that is aligned closely with the specifics of the outcome
- Indirect evidence may be closely related to the outcome but the evidence is collected from other mechanisms rather than directly from the audience.

An example of this is the outcomes for professionals and the improvement or increase in their knowledge or awareness of carers' needs. It is difficult for Carers UK to research changes in the level of knowledge or awareness professionals have. Instead indirect evidence can be drawn from volunteer activity and their engagement with professionals where they share their experiences in an attempt to influence professionals' understanding and knowledge.

To establish the quality of the data relating to each outcome, Renaishi organised the data in the following ways;³

- **Relevance**– is the data collected from the most direct source to evidence the outcome and is it directly or indirectly related to the outcome

³ Each individual piece of data has been categorised as to its level of relevance, reliability, and whether it is descriptive, correlative or causal. This detailed data can be found in a separate output to this report in appendix.



- **Reliability** – the robustness of the data in terms of response rates to a survey or the strength of sampling
- **Type of evidence - descriptive, correlative or causal** – determining the strength of the statements that can be made in relation to evidencing the outcome.

A discussion of quality of the data under each outcome theme is included in this section of the report.

The volunteering roles

The range of roles across the volunteering programme is designed to be flexible and to change according to the needs of Carers UK. Over the course of the evaluation, the roles, activity and responsibilities of volunteers have altered, and some new roles have been added to the programme of activity. It is anticipated that these changes to the volunteering programme will continue as the programme develops. It was therefore decided that the analysis of the programme would be conducted by grouping the *type of activity* that the volunteers carry out rather than the actual roles. Roles can be added, altered or removed in the future under this framework. The current volunteering roles have been grouped as follows;

Type of Activity	Description	Volunteer roles	Reach / Connect / Support
Community and outreach	<p>-Activity concentrated out in the community in awareness raising roles to help professionals to identify, refer and support carers.</p> <p>-Volunteers use their experience to highlight carers' needs and experiences to help carers be better identified by themselves and others.</p> <p>-Includes distributing information to raise awareness in the community about carers UK and existing services available.</p>	<ul style="list-style-type: none"> • Local awareness volunteers • Ambassadors • Events volunteers 	Reach and connect
Support	<p>-Providing emotional support to carers who call to be heard and have a volunteer empathise with their situation</p> <p>Linking carers in with specialist advice for emotional, practical and financial support</p>	<ul style="list-style-type: none"> • Listening support • Caring callers 	Connect and Support



	-Calling members to explain what is on offer through membership		
Forum	Moderating the forum, providing advice, support and signposting forum users	<ul style="list-style-type: none"> • Forum moderators 	Connect and support
Organisational support and development	-Support the running of the organisation Can operate across all teams in the organisation -Administrative tasks associated with membership -Also can be involved in organisational decisions by advising on their opinions and feedback.	<ul style="list-style-type: none"> • Office volunteers • Insight volunteers 	*Support [organisational infrastructure]

From qualitative interviews with ten volunteers across a number of roles, Renaishi developed a synopsis of some of the different roles in terms of the skills, attributes and the value of the roles. This is designed to support and enhance the recruitment, selection and support of volunteers to fulfil the most suitable and appropriate roles to fit in with their schedules, abilities and the requirements of the volunteering role. The key findings regarding the volunteer roles, skills attributes and value are included in the slide pack output from this evaluation.

Recruitment training and support of volunteers

Over the evaluation period from April 2015 until October 2016, the data collected by the volunteering team demonstrates that **491** volunteers were recruited to carry out the following roles.⁴

- Insight volunteers **149**
- Local awareness **132**
- Events **42**
- Workplace champions **12**
- Listening Support **12**
- Ambassadors **8**
- Caring Callers **2**
- Forum Moderators **2**
- Office **2**

⁴ 130 Prospect volunteers were recruited but have not yet been allocated a role or conducted any volunteering activity, and have therefore have not received any training as yet.



361 of those volunteers were trained.⁵ Training is role dependent and includes; providing guidance notes, training sessions for Ambassadors and Forum Moderators, role shadowing for Office Volunteers, newly implemented volunteer handbooks provided to all new volunteers and video training and webinars for distance learning for those who are unable to attend Carers UK head office.

Support for volunteers involves catch up days, phone calls and providing up to date information via the newsletter to ensure they are abreast of any organizational updates. Over the last 14 months, volunteer support has mainly taken place via the newsletter distribution and news items and blogs on the Hub. In addition, the volunteering team provided 163 guidance notes and volunteer handbooks as well as 14 training sessions to the recruited volunteers.

The outcomes achieved are discussed in the following section of the report and are organised into the outcomes themes of **Identify, Access, Awareness, and Wellbeing**.

Identify

This group of outcomes relate to the identification of carers, either by professionals or by carers themselves. With regards to professionals, the outcome is designed to strengthen their ability to identify and support carers in their role, or to make good quality referrals to other agencies for support. In relation to carers, the aim is for people to better recognise their role as a carer and to acknowledge this in the context of being able to then access the appropriate support, rights and entitlements.

To fulfil this outcome, volunteers are recruited, trained and supported by Carers UK to raise awareness in the community, among care professionals, policy makers, the media and the public about carers’ needs and circumstances. This is mainly achieved through volunteers reaching out to professionals and carers to sharing their own experiences of caring at meetings, talks and events in the community. The assumption is that those who are in receipt of the information that the volunteer disseminates, learn from that information and have their level of awareness and knowledge about carers’ needs increased.

The table below presents the desired outcomes relating directly to **identify**, along with the indicators that help to demonstrate that the outcome is being achieved, and the evidence collected around these indicators during 13 months of the evaluation period.

Desired outcomes	Evidence of achievement
1 - Professionals able to identify carers needs and refer appropriately	Over the evaluation period, data collected via the Hub highlights that 353 professionals attended 76 talks in the community given by volunteer carers who share their experiences of caring. This is using the inbuilt assumption that on average 50% of the audience at each talk are care

⁵ 130 Prospect volunteers were recruited but have not yet been allocated a role or conducted any volunteering activity, and have therefore have not received any training as yet.



<p>More carers access the financial, practical and emotional support available to them</p>	<p>the volunteer moderators signpost people to information and support provided by Carers UK</p> <p>Organisational data collected by Carers UK regarding the Adviceline and listening support service demonstrates that 3711 (avg 530 monthly) carers were signposted to other services for support over a 6-month period. This is an average of 39 a month for emotional support, 138 a month for financial support, and 353 a month for practical support.</p> <p>454 carers reported that they have joined Carers UK as a result of speaking to a volunteer or seeing a poster or leaflet in the community (over a 6 month period – organisational data collected from website analytics)</p> <p>Volunteers have helped to signpost carers to services by distributing 8446 pieces of literature (avg of 603 per month, data available via the Hub) to enhance knowledge of support available and encourage action to support carers.</p> <p>One of the themes from the members interviewed was that Carers UK had helped to signpost them to relevant support and information as demonstrated by a forum user;</p> <p><i>"Anything that I have ever need to find - someone knows where I can find it"</i></p> <p>Over a 6 month period there have been 5428 Adviceline users</p> <p>Carers Rights Guides were sent out to 163 beneficiaries over 13 Months.</p> <p>On average, there are 17,067 Forum users per month over an eight month data collection period, with an average of 754 new forum users each month.</p> <p>46.7% (n= xx) of carers who responded to the Members Recruited by Volunteers Survey and 38.2% of respondents to the Forum Survey agree or strongly agree that they have accessed practical support since becoming a Carers UK member.</p> <p>48.3% (n=xx) of carers who responded to the Members recruited by volunteers survey and 44.3% of respondents to the Forum Survey agree or strongly agree that they have accessed emotional support since becoming a CUK member.</p> <p>32.1% of carers who responded to the Members Recruited by</p>
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<p>More carers have access to and receive emotional support</p>	<p>Volunteers survey and 29.6% of respondents to the Forum Survey agree or strongly agree that they have accessed financial support since becoming a Carers UK member. For example a member who participated in the telephone interviews commented;</p> <p><i>"I've had some real financial problems and they were real quick to sort it out"</i></p> <p>Organisational data collected via the Adviceline demonstrates that 965 carers were signposted for financial support over a 6 month period 2470 carers were signposted for practical support over a 6 month period 276 carers were signposted for emotional support over a 6 month period.</p> <p>Carers UK membership has increased on average by 590 new members each month over the last 14 months.</p> <p>Over the last 14 months, on average, 150 carers each month have accessed the listening support service.</p> <p>Listening Support volunteers have provided 982 hours of time responding to 2098 calls over 14 months, and Forum Moderator volunteers have provided 1130 hours of volunteer time over 14 months.</p> <p>48.3% of respondents to the members recruited by volunteer's survey agree and 44.3% of respondents to the Forum User survey strongly agree that since becoming a member of Carers UK, they have accessed emotional support.</p> <p>Respondents to the Membership Wellbeing Survey, were asked to state the extent to which they agree or disagree with the wellbeing statements from 1 to 5. As there were a large number of respondents (749) it was possible to analyse the mean scores for each statement. The mean score regarding how emotionally supported carers feel differed according to the elements of Carers UK they had accessed. Those who accessed Reach and Connect type activities reported the highest mean score (3.4), whereas those who accessed nothing reported the lowest mean score (2.0). In comparison, the mean score for the overall population of respondents was 2.8. The extent to which respondents attributed Carers UK input to them feeling emotionally supported also differed. Those accessing Reach Connect and Support activities reported the highest mean scores (2.7) as to the extent to which they felt Carers UK had played a part in them feeling emotionally supported.</p>
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Awareness

The outcomes relating to **awareness** include improving the awareness of carers' needs and circumstances as well as awareness of the types of available support amongst carers, the public, community members and Government and policy makers. These outcomes also include an increase in carers knowing which support is available and the access routes, along with encouraging and motivating members of the public to take action to support carers.

Awareness is the broadest outcome theme out of the four identified. Carers UK volunteering activity contributes greatly towards these outcomes, through engagement with the local and national community and outreach to hidden carers, awareness raising to professionals and in the community, as well as providing awareness and advice relating to the existence of different forms of support available.

Desired Outcome	Evidence of achievement
<p>1- Improved government and policy maker awareness of carers' needs</p>	<p>Over a three month period, 204 policymakers were reached through speaking events where carer volunteers talked about their experiences to highlight carers' needs and circumstances.</p> <p>Carers UK organisational data about members' and beneficiaries' needs and circumstances contributes to the State of Caring Report which is published annually.</p>
<p>2- Improved community awareness of carers' needs</p>	<p>954 community members attended 113 talks in different localities where volunteers shared their experiences.</p> <p>Community members attended 79 events to hear volunteers talk about carers' needs</p> <p>Community members had access to 8561 leaflets distributed in the community by volunteers to raise awareness of carers needs</p> <p>Community members had access to 1107 Twitter posts and 360 Facebook posts about caring over a 6 month period.</p> <p>Members of the community were exposed to 34 volunteer appearances in the local and national media talking about caring experiences.</p>
<p>3- Carers have increased awareness of support and how</p>	<p>In the wellbeing survey overall, 37% of respondents scored a 4 in their awareness of support and how to access it, indicating that they agree strongly that they know where to go for support.</p>



<p>to access it</p>	<p>189 callers signposted to appropriate support via Listening Support volunteers over 14 months</p> <p>1326 call-backs booked by volunteers to receive advice (Listening Support volunteers are doing this) (95 per month)</p> <p>8561 pieces of literature distributed in the community</p> <p>8259 new members have joined Carers UK over last 14 months with 727 of those new members recruited by a volunteer which is an average of 52 new members per month.</p> <p>777 more users have joined the Forum over the last 14 months</p> <p>An average of 150 callers per month have accessed Listening Support over the last 14 months</p> <p>68% of Forum users agreed or strongly agreed that they are more aware of available support because of the Forum</p> <p>66% of Forum Users agreed or strongly agreed that they are more aware of how to access support because of the Forum.</p> <p>88% of respondents to the Members Recruited by Volunteers survey agreed or strongly agreed that they are more aware of support and how to access it</p> <p>One of the main reasons that the respondents to the qualitative interviews gave high satisfaction scores with their Carer UK membership was that it helped in connecting carers to info, support, and advice they might need, as one interviewee described;</p> <p><i>"I look on the website - there's always info you need. They send info through the post. If you have something big you can pick up the phone to discuss it"</i></p>
<p>4- Improved public understanding and action to support carers</p>	<p>8446 pieces of literature (avg of 603 per month) have been distributed to the community to enhance understanding and encourage action to support carers.</p> <p>Community members attended 79 events on the topic of supporting carers to hear about caring experiences.</p> <p>Data collected via the Hub since September 2015 demonstrates that the public has access to 1223 Tweets and 845 Facebook posts sent by volunteers about caring to encourage action to support carers.</p>



	<p>25 out of 40 (62.50%) interviewees reported high satisfaction with membership, and one of the reasons provided by members for high satisfaction was that Carers UK has a local, individual and national approach to supporting carers’ rights.</p> <p>However, 5 out of 40 (12%) of members interviewed reported low satisfaction with the membership. One of the main reasons given by members for low satisfaction is that they said that Carers UK needs to be bolder in doing more and keep carer issues higher in the public agenda.</p>
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Wellbeing

The outcomes relating to **wellbeing** are the superordinate outcomes for the volunteering programme overall. One of the findings from the evaluation is that these outcomes have not been officially defined by Carers UK as wellbeing outcomes and that further work is required by the organisation to ensure the volunteering programme activities are aligned with organisational aims around wellbeing. However for the purposes of the evaluation, using this wellbeing theme has been useful in measuring some indicators related to these outcomes. These outcomes include that carers feel their role is more respected by professionals and the community, they feel more financially, practically and financially supported, and that ultimately they are able to manage their role along with their own wellbeing and have a reduced likelihood of breakdown.

The wellbeing outcomes are less directly connected to the volunteering activity. However, the volunteering programme as a whole contributes to wellbeing outcomes through the combination of volunteering activity itself and available support from Carers UK. The main methods for measuring the outcomes related to wellbeing include the Carers UK Members Survey, and the qualitative interviews with current members.

Desired Outcome	Evidence of achievement
<p>-Reduced likelihood of carer breakdown</p>	<p>From the membership survey, mean scores differed for the statement ‘I feel I am at breaking point’ and want some help to change my situation’. The mean score for the population of respondents was 2.8, but the score was 2.3 for those who accessed reach and connect. A higher mean score of 3.0 was reported for those who access reach and support, as well as those who access a combination of all three.</p> <p>The Membership Survey and interviews highlighted that caring is</p>



<p>-Carers feel more confident in their caring role</p> <p>-Carers feel more emotionally, financially, and practically supported.</p>	<p>An example of a member who was interviewed reported the value of their interactions with Carers UK and said;</p> <p>"I quoted Carers UK...it helps when you are talking to social workers...you are not on your own"</p> <p>The extent to which members reported feeling that their role was recognised in the community differed also. The overall mean score was 2.4. However a mean score of 2.9 was reported for those who accessed Reach and Connect, and 1.9 for those who accessed Carers UK administrative aspects only.</p> <p>The differences in the mean scores for how confident members feel in their caring role are highlighted by the different activities they access. The largest difference is between those members who access Reach and Connect (3.1) and those who access Reach only (2.7). The mean score for the overall population of respondents is 2.8.</p> <p>This was highlighted by one Carers UK member who was interviewed who reported that she had found her membership helpful because; <i>"It helps you feel better because you're not frightened of what you're facing"</i></p> <p>The differences in the mean scores for how confident members feel with the information and advice they have highlights that the largest difference is between those members who access Reach and Connect (3.1) and those who access Reach only (2.7). The mean score for the overall population of respondents is 2.8.</p> <p><u>Financial Support – Members Survey</u></p> <p>In relation to my caring role, I feel supported with my finances had a mean score of 2.4 (Role of Carers UK in relation to this is 1.6)</p> <p>The largest difference in mean scores relating to financial support was between those members who had accessed Reach and Connect activities (2.8) and Carers UK administrative elements only (1.9).</p> <p><i>"It was through the organisation that I was able to do an application to the Council for funding for direct payments."</i></p> <p><i>"There's information that I can get into now. I can be up to date on disability benefit"</i></p> <p><u>Practical support</u></p> <p>In relation to my caring role, I feel supported practically, mean</p>
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	<p>score of 3.0 (Role of carers UK in relation to this 2.1) The largest difference is between those who accessed Reach and Connect activities (3.3) and those who reported accessing no elements of Carers UK (2.7).</p> <p><i>‘They give practical pragmatic advice. It’s good to have a sounding board to check it out.’</i></p> <p>Emotional Support In relation to my caring role, I feel supported emotionally 2.8 (Role of Carers UK in relation to this 2.0); The largest difference was between those who accessed Reach and Connect (3.4) and those who accessed no elements of carers UK (2.0); <i>“Emotionally, yes having someone there listening made a huge difference”.</i></p>
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Strengths and weaknesses of the data relating to the outcome themes

The data to evidence each outcome consists of a combination of direct and indirect data. This is because data are collected via a range of mechanisms, from different groups regarding different audiences and beneficiaries. Carers UK collate these different strands of activity and outcomes data to build a picture of evidence relating as closely as possible to each outcome. As described above, the data has been organised according to its quality in terms of relevance, reliability and the type of statement that can be made using the data.

Relevance

The relevance of the data collected is mixed in terms of whether it is collected directly from the audience it is intended to influence, or from volunteers regarding their activity with those they are intending to influence.

For the outcomes relating to **identify**, an example of highly relevant data is that which relates to the **537** carers identifying themselves as hidden carers, which is collected directly from carers about that specific outcome. However, the outcomes relating to professionals’ ability to identify carers is collected through volunteering activity and from carer beneficiaries rather than directly from professionals which is limited in terms of relevance.

It is important to acknowledge that there remain some unknowns. As the direct data from professionals is not available, it is difficult to be certain that professionals’ knowledge regarding how to identify carers was improved by volunteer activity, and if so to what extent. It is uncertain whether attendance at the meetings actually enhanced the knowledge of the professionals. The answer to these questions falls



outside of the scope of this evaluation and could potentially be explored in the future via other methods to obtain direct data from professionals.

For the outcomes relating to **access**, the evidence relating to ‘more carers have access to and receive emotional support’ is collected directly from beneficiaries and also through organisational data using questions that are closely aligned with the outcome, and therefore scores more highly in terms of relevance. For example, **76.1%** of carers who responded to the Forum Survey indicated that they agree or strongly agree that people using the forum signpost each other to practical, emotional, and financial support. However, the evidence relating to ‘Improved national and local government support made available for carers’ appears to be less relevant as the data is gathered through volunteer activity and perceptions of members via qualitative interviews.

For the outcomes relating to **awareness** the evidence relating to whether carers have increased awareness of support and how to access it is more relevant and closely aligned with the outcome. For example, **66%** of respondents from the Forum Users Survey agreed or strongly agreed that they are more aware of how to access support because of the Forum. This evidence is gathered directly from carers and the users of the service, and is explicitly about knowledge of support and how to access it. An example of less relevant data is that which aims to demonstrate improved government and policy maker awareness of carers’ needs. The data is not collected directly from government or policy makers and includes assumptions about volunteering sharing experiences that influence the level of knowledge and awareness of policy makers.

Overall, the data relating to carers’ wellbeing, their confidence in their caring role, and how supported they feel is highly relevant. This is because the membership survey was created with questions that were specifically designed to assess these outcomes, and gather member’s perceptions about these elements. As the data is collected directly from beneficiaries then this also improves the relevance of the outcomes from the data. Data that relates directly to whether carers are less likely to breakdown or not has lower relevance as it is collected through questions designed to assess wellbeing and ability to cope. Whilst not an exact match, the data and the collection mechanism is useful for building a baseline picture of carer circumstances that can be measured over time.

Reliability

The reliability of the data gathered throughout this evaluation varies greatly as there are eight separate data sets gathering data from different audiences such as carers, volunteers and organisational data points using surveys, databases and qualitative interviews. The response rates to the surveys differ greatly and all participants to the surveys are self-selecting. The responses are not generalizable to the wider population of carers, but are descriptive and indicative of the experiences from those who did participate.

An example of stronger evidence in terms of reliability is the evidence support collected through the beneficiary survey relating to carers accessing and receiving emotional support. The strengths include that the survey has a positive sample size of



749 respondents, and it has been possible to identify differences in the mean scores of the respondents regarding them accessing emotional support when analysed according to the different types of activity they access through Carers UK. However, the respondents were all self-selecting, and this limits the reliability of the findings rather than if the data was from a random sample of members, as we do not have any data on those who have chosen not to respond and they may have particular attributes or experiences which differ from those who have responded.

The member wellbeing survey has the largest response rate from any of the data collection mechanisms used which increases the reliability of the responses. However, as the respondents were self-selecting, this reduces the reliability of the data as there are unknowns about the members who have not responded. We do not know how representative of Carers UK membership these responses are.

Some of Carers UK organisational data is highly reliable for evidencing some of outcomes, for example, **8259** new members have joined Carers UK over last 14 months with **727** of those new members recruited by a volunteer which is an average of **52** new members per month. New members are asked how they found out about Carers UK and whether it was volunteering activity that encouraged them to join, therefore it demonstrates a reliable measure to evidence that more carers have awareness of and are accessing support available to them.

The data relating to the awareness within the community of carers' needs is an example of less reliable data. It is collected from volunteering activity and the extent to which the distribution of literature or attending talk's impact upon the awareness and actions of those in the community remains unknown.

Type of evidence

The majority of the data collected to evidence the outcomes is descriptive with some correlative data available.

To evidence the **identification** outcomes, organisational data demonstrates that **7588** new members have joined carers UK over this evaluation period. The data from the Hub about **537** carers that identified themselves as a carer as a result of interaction with a volunteer is correlative data.⁶

In the **access** outcome theme the majority of the data is descriptive data. For example, the monthly increase in the membership by **590** new members each month. Correlative data includes the questions in the wellbeing survey regarding what parts of Carers UK they access and how supported they feel.

To evidence the **wellbeing** outcomes, the majority of the data gathered from the wellbeing survey is descriptive and correlative data. Although it is possible to demonstrate that members who accessed different aspects of Carers UK have

⁶ For the detail of reliability for each piece of data see appendix.



differences in their wellbeing scores, it is not possible to determine that these differences are due to their involvement with Carers UK.

Similarly to the other themes, currently the majority of the data in the **awareness** is descriptive with some correlative, but no causal data.

Next Steps

Overall, the quality of the evidence available to demonstrate the different outcomes varies. In future using the recently implemented data collection framework, Carers UK will be able to improve the quality of the data by;

- Improving the response rate to the surveys
- Use the periodic data collection to measure changes over time
- Carry out additional methods focussed on communities and professionals

This new framework will enable Carers UK to continue to measure each strand of data to evidence whether there are changes in carers accessing support. It will also enable stronger evidence to be collected related to changes in improved local or national support.



4. Economic sustainability of the volunteering programme

This evaluation aimed to explore how sustainable the current volunteer programme is and make recommendations around the scaling of the programme. Economic data is collected each financial year to document all of the costs related to running the different aspects of the volunteering programme. These are broken down into staffing costs which includes salary and national insurance from the volunteering team, communications team and Adviceline team staff, including Project Management costs. Nine out of the forty nine staff at Carers UK have some responsibility for supporting volunteers, with some extra support occasionally from Directors. The volunteer costing also includes non-staffing costs which cover listening support training, resources and volunteer subsistence. Other volunteer related costs include resourcing, and role development and evaluation costs.⁷

Data is collected for each individual volunteering role, and the analysis has been conducted using the same framework used to organise the other data sets. The roles have been grouped accordingly;

- **Community and outreach**
- **Direct support**
- **Forum**
- **Organisational support and development**

Volunteer activity type	Number of volunteers	Percentage of staff time	Total Cost per volunteer	Staffing costs	Non staffing costs	Overheads	Development costs
Support	26	13%	£2418 (100%) £2228 ⁸	£1937 (80%)	£249 (10%)	£42 (2%)	£190 (8%)
Forum	6	2%	£1229 (100%) £1039	£987 (80%)	£21 (2%)	£30 (2%)	£190 (16%)
Organisational support and development	135	16%	£389 (100%) £199	£175 (45%)	£14 (3.5%)	£10 (2.5%)	£190 (49%)
Community volunteers	339	69%	£546 (100%) £356	£275 (50%)	£65 (12%)	£17 (3%)	£190 (35%)
All volunteers	506	100%	£609 (100%) £419	£342 (56%)	£60 (10%)	£16 (3%)	£190 (31%)

⁷ Proportion of total cost in brackets.

⁸ These are the lower running costs of the volunteer roles without the £190 development and evaluation costs added.



Community volunteers

There are **339** community based roles making them the largest proportion of the entire volunteer group. **Sixty nine** percent of the proportion of time spent supporting and managing volunteers, is spent on the community based volunteers. This proportion of staff time maybe due to the fact that historically the volunteering programme focused predominantly on Carers UK Ambassadors that required substantial staff support and engagement. However, the team has changed this role significantly during the evaluation period and as such; the number of ambassadors will be scaled back due to the associated risks with the role as identified earlier in this evaluation. The streamlining of these roles may reduce the proportion of staff time spent on supporting the community outreach roles in future.

50% of the overall cost of the community volunteers is staff related costs. Less training and one to one support is required for these roles as they operate now, and so as the numbers increase the cost per volunteer would decrease.

Support (Caring Caller & Listening Support)

There are **23** listening support volunteers and **3** caring caller volunteers. The listening support volunteers provided **982** hours of volunteering time responding to **2098** calls over 14 months. The roles providing direct support involve significantly more staff cost than other roles with **80%** of the proportion of the cost for each volunteer being staff related costs. The proportion of the volunteering team's time spent on these volunteers is **13.2%**. The majority of this group is made up of the listening support volunteers, and this role requires specialist support and training to carry out the activity as it involves direct contact with beneficiaries in a caring role who may be vulnerable. This training and support costs do not reduce as the number of volunteers recruited increases.

Development costs would reduce with scaling; however the costs of providing each additional volunteer would remain relatively high due to the nature of the role and the requirements.

Forum

There are **six** Forum Moderator roles, and these volunteers provide **1130** hours of volunteering time over 14 months. They play an important role in the running of this service enabling the forum to run independently and are supported by paid staff as and when required.



The table above demonstrates that the largest proportion of the related costs of Forum Moderators is staffing costs (**80%**) from the volunteering team and the communications team. The Forum moderators are one of the most resource intensive volunteers in terms of staffing costs, but in terms of staffing time to support them, it is relatively low at **2.2%** of the proportion of the staff time spent supporting these volunteers. Development costs would reduce with scale and further recruitment of more forum moderators may be required if traffic to the Forum increases.

The forum plays a key part in helping carers connect with available support and connect with each other, and therefore the Forum Moderators are an integral part of that process. Again, activity involving **connecting** carers to the awareness or availability of support has been shown to potentially be a highly valuable element of the volunteering programme.

Organisational support and development

There are **135** organisational support and development volunteers. The Organisational Support and Development volunteers are required for specific activities to help Carers UK run smoothly and to ensure that carers voices are heard and are a part of the decision making and development of services. **16.6%** of the staff time as a proportion of the time spent supporting volunteers is spent on these roles. **45%** of the costs associated with these roles are staffing related costs.

Due to the nature of the role and that partly it is focused on supporting the infrastructure of the organisation, there is perhaps an optimum and finite number of volunteers needed to achieve what is required rather than needing to scale up necessarily.

Overall, the direct support roles including Forum Moderators, Caring Callers and Listening Support Volunteers are the most resource intensive in terms of costs. Some of this can be said to be due to the particular training and support required enabling them to do the job well. A higher running cost is related to the increase of volunteers performing a direct support type role than for community outreach role or the organizational support and development roles. This is due to the requirement of the training and support for each of the support type volunteers.

The community, outreach, and awareness raising volunteering roles cost much less to run per volunteer but the proportion of staff time spent on supporting this group over the last year is higher due to the concentration on Ambassadors. It can also be argued that as the programme grows, more of these types of volunteers are required to continue and improve the '**Reach**' and '**Connect**' aspect of the activity. Each incremental addition of this type of volunteer would have a small increase in cost. As



the roles are simplified and streamlined, the proportion of staff time spent supporting this group may reduce.

Relationship between the types of roles

It is important to note the relationship between the different types of direct and indirect volunteer roles that operate within the programme. The more volunteers operating in the community that **Reach** and **Connect** carers into Carers UK, may continue to increase the number of new members and carers contacting the service for direct **support**. This then may increase the need for more volunteers carrying out roles on the Forum, the Listening Support Service and Caring Callers activity which are more expensive per volunteer. There may be organisational parameters that limit the number of potential volunteers providing different types of activity or support and these should be considered.

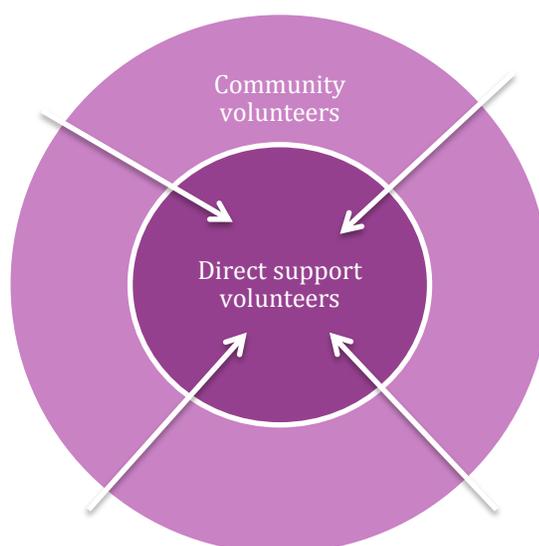


Figure 04

As such, it is apparent that there is a balance to strike when scaling the volunteering programme and increasing activity and potential capacity. The balance is between several elements including:

- Ensuring the number and type of volunteers can be appropriately recruited, trained and supported to carry out their roles to a high standard
- Ensuring volunteer roles fits in with the requirements of Carers UK as well as the volunteer's own routines and commitments and they also get value from the activity
- Ensuring there is a balance between volunteers carrying out Reach, Connect and Support
- Ensuring that there are sufficient support volunteers to address the level of volunteers connected into Carers UK by the community based volunteers
- Ensuring the quality of the services that involve volunteer activity is retained



5. Conclusion

This section documents the overall concluding statements regarding the value of the volunteering programme at Carers UK. These statements are indicative at this point as no causal data has been gathered through this evaluation.

Community and outreach roles

What they do

Community and outreach volunteers share experiences of caring in the community to raise awareness among members of the community, professionals and carers about the needs and circumstances of carers and how to increase the provision of and quality of the support available. They also do this by promoting the existence of Carers UK through marketing literature, engaging with media and signposting towards services for carers in order to **reach** them and **connect** them into available support with the aim of improving carer wellbeing.

What they cost

The community and outreach volunteer roles cost an average of **£546** for each volunteer over the financial year 2015/16 which ranks them 3rd out of the four types of roles in terms of expense required to run them. Over the same period, these roles took up the largest proportion of staff time from the volunteering team with **69%** of the time spent supporting volunteers dedicated to this group.

What they support

The data available demonstrates that these **community and outreach** roles appear to support the **signposting of carers** to the availability of support. For example, **454** carers reported that they have joined Carers UK as a result of speaking to a volunteer. These roles also play a part in influencing professionals in the community about the needs and existence of carers, to help **improve the availability** of support for carers, although the extent to which this activity influences the quality of support for carers is unknown.

There is evidence to suggest they support increases in carers' **awareness of available support** and how to access it. This was evidenced through the amount of literature that was distributed (**8399** leaflets) about the awareness of support, and also through community volunteers speaking at **79** events and **113** talks where **954** community members were present to hear about where carers can access support.

The **community and outreach roles** also appear to support the **identification of carers** as **537** carers reported identifying themselves as such as a result of an interaction with



a volunteer. These roles also appear to support the identification of carers by professionals.

Members who had experienced **reach** and **connect** activity reported being more informed of support and where to access it. Those who access Reach and Connect also reported higher mean scores than the average population of respondents on how emotionally supported they feel, and also had higher wellbeing scores overall than those who had accessed other combinations of Carers UK activities, and of the overall population of respondents. Members who access these activities are significantly less likely to see themselves as at breaking point, and feel less isolated.

Forum roles

What they do

Forum moderators use their experience of caring to moderate the forum to ensure it is used appropriately. They empathise with carers' needs, welcome new users and respond appropriately to those posting on the forum, signposting those that need practical, emotional and financial support. As such, their roles involve **reach**, **connect** and **supporting** carers to improve their overall wellbeing.

The **Forum Moderator** roles cost an average of **£1229** for each volunteer over the financial year 2015/16 which ranks them 2nd out of the four types of roles in terms of expense required to run them. **80%** of this cost is staffing related costs which are potentially due to the support and regular contact required from the Adviceline staff members. Over the same period, these roles took the smallest proportion of staff time from the volunteering team with **2%** of the time spent supporting volunteers dedicated to this group.

What they support

The forum moderators support the **signposting** of carers to relevant **support** services for **practical**, **emotional** and **financial** support. This is evident from the increase in forum users on a monthly basis, and the high proportion of respondents to the forum survey (**76%**) that they agree that those using the forum do signpost each other to required support.

Forum moderators also appear to support carers' **awareness of and access to emotional support** as **44%** of forum users who responded to the forum survey agreed that since accessing the **forum** they have accessed **emotional support**. In addition **sixty eight** percent of those who responded to the forum survey agree that they are more aware of available support since using the forum and **66%** agreed they are more aware of how to access support. They take a key connecting role.



Members involved in this evaluation who had experienced the ‘**connecting**’ activity reported ‘connect’ is key for enabling access to support from Carers UK. Those who access connect activity reported higher wellbeing scores than other groups. This group who accessed ‘**connect**’ also has the highest awareness of services available to them.

Organisational support and development

What they do

These volunteers support the infrastructure of the organisation, help with administrative duties including data input, conduct membership administration, help to run the central services, and ensure that volunteer/carer voices are part of organisational development

What they cost

The **Organisational Support and development** roles cost an average of **£389** for each volunteer over the financial year 2015/16 which means they are the least expensive type of role to run with **45%** of this cost being staffing costs. Over this period, this group of volunteers received the second largest proportion of staff time from the volunteering team with **16%** of the time spent supporting volunteers dedicated to this group.

What they support

In terms of the **Reach, Connect, Support** framework, they don’t align neatly with the Support category as they do not directly support the beneficiaries, but they do support the overall running of the organisation and cut across all the services. Indirectly they overlap with each form of activity. It is unknown the extent to which they support the outcomes on the Theory of Change, but there is an important point to note about the potential of a capacity building role within the organization from the support they give to the different teams. They also support the overall infrastructure of Carers UK and give a voice to carers in the development of services.

From the members’ wellbeing survey, it is possible to say that all of the aspects of the organisation are supported in some way by this group, but it is not possible to establish the extent. However, the ‘Carers UK’ group may receive input from the office volunteers through administrative activity. Those in the membership survey who accessed administrative aspects of Carers UK experienced reported lower mean scores (**2.1**) than the population average (**2.8**) regarding how emotionally supported they feel. Compared to the membership as a whole they report negative responses about having little time for leisure and that their role is not valued or recognised by others.



They also report that they are less aware of support available to them than the overall membership.

Support roles

What they do

The support roles include providing listening support volunteers and caring callers. The listening support provides emotional support to carers who call up the service to feel heard and to be able to offload regarding their responsibilities connected to their caring role. They also **connect** carers into the different types of advice and support they are eligible for from the Adviceline. The caring callers help to connect new members into the available support and activity at Carers UK. These roles involve **connecting** and **supporting** carers to ultimately enhance their overall **wellbeing**.

What they cost

The **Support** roles cost an average of **£2418** for each volunteer over the financial year 2015/16 which means they are the most expensive type of role to run with **80%** of this being staffing related costs. The staff related costs tend to be from the Adviceline staff team who support these volunteers. Over this period, this group of volunteers received the second smallest proportion of staff time from the volunteering team with **13%** of the time spent supporting volunteers dedicated to this group.

What they support

These roles link carers in with advice and other specialist **practical, emotional** or **financial** support services as is evident from the callers who were booked in for return advice calls and those who were signposted (**530 per month**) to the help they require. Carers are also signposted to the Forum from the listening support service which again connects them to what they need. There was a low response rate to the listening support survey, so particular elements related to the quality of the survey have been difficult to deduce. However, an improvement to that process in the future would enhance the data available.

Members who responded to the wellbeing survey can be said to appear in both the 'reach and support' group and also the 'reach, connect and support' group. Those members who access reach connect and support have a high satisfaction with Carers UK (**3.9**), and have a positive view of feeling that Carers UK have helped with finances, practical issues and emotional support. Those members who access these aspects feel less isolated and feel that their role is more recognised and valued by others.



6. Recommendations

Over the course of this evaluation Renaisi have supported Carers UK to strengthen the monitoring and evaluation system, collect important baseline data from a range of sources and implement an analysis framework to structure and organise data to make statements about the impact of the volunteering programme.

Evidence and impact measurement will continue to be a fundamental part of how Carers UK evolves over the coming years. This section of the report details some key recommendations that will strengthen the ability of Carers UK to demonstrate their impact as an organisation in line with their 2016 - 2021 business plan:

Data collection

1. Improve survey responses especially from listening support and Adviceline users by ensuring all listening support volunteers ask permission to send out the survey or offer potential to take part.
2. Ensure that questions relating to volunteer roles, or services accessed at Carers UK are mandatory in the surveys to aid analysis and strengthen outcomes
3. Continue to collect data periodically using the recently implemented surveys and the other data collection mechanisms
4. Compare baseline data collected this year with data collected over the next twelve month period using the new framework and collection mechanisms to increase the data available to evidence change over time for beneficiaries
5. Use the recently developed good practice principles for data collection in the development of any future collection tools to ensure that data to evidence the outcomes is collected directly from the most relevant audience using questions that neatly align to the outcome.

Future evaluation

1. Agree an organisational wide Theory of Change that includes volunteering activity throughout the organisation.
2. Consider commissioning an external market research firm to obtain a random sample of the membership for the annual survey, so that claims can be made with greater certainty
3. Explore opportunities to test causation within the volunteering programme in supporting outcomes in small groups
4. Conduct evaluation methods with other audiences that fell outside of the scope of this research such as with the wider community or with

Professionals working in the care profession to test relevant outcomes on the Theory of Change



Organisational

1. Connect the subordinate impacts achieved by the volunteering programme to the wider, and more important, **outcomes achieved by Carers UK as a whole**. Thereby embedding the volunteering programme, and recognising the volunteering activity as working towards the wider organisational aims.
2. Over time look to explore how to use data from this work to make resource allocation decisions based on impact data about the volunteering programme, and the roles which can be said to drive the outcomes that are needed by members.
3. Balance the volunteering programme in terms of role types, the costs associated, and the impact on outcomes. Also ensure that any volunteering programme decisions acknowledge the impacts of the interaction between the roles in terms of capacity to **Reach, Connect** and **Support** beneficiaries.