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Citation:
Warwick-Booth, L and South, J and Giuntoli, G and Kinsella, K and White, JL (2020) 'Small Project, Big Difference': capacity building through a national volunteering fund : An Evaluation of The Department of Health's Health and Social Care Volunteering Fund. Voluntary Sector Review: an international journal of third sector research, policy and practice, 11 (1). pp. 21-40. ISSN 2040-8056
DOI: https://doi.org/10.1332/204080520X15786512944458

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Document Version:
Article (Accepted Version)

This is a post-peer-review, pre-copy edited version of an article published in Voluntary Sector Review. The definitive publisher-authenticated version is available online at: https://doi.org/10.1332/204080520X15786512944458

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Title:

‘Small Project, Big Difference’: capacity building through a national volunteering fund: An Evaluation of The Department of Health’s Volunteering Fund

Authors:

Louise Warwick-Booth (Reader)1*

Jane South (Professor)1

Gianfranco Giuntoli (Research Associate)2

Karina Kinsella (Research Assistant)3

Judy White (Senior Lecturer)1

1 Leeds Beckett University, UK

2 University of New South Wales, Australia

3 Liverpool John Moores University, UK

*Corresponding Author L.Warwick-Booth@leedsbeckett.ac.uk

Key words:

community capacity building, volunteering, evaluation, mechanisms

Abstract:

This article reports the findings of a mixed methods evaluation study on the impact of a national fund to support volunteering as a mechanism to achieve health and social goals, within the Department of Health’s Volunteering Fund Programme (HSCVF). This paper adds

understanding of the mechanisms through which government organisations can build VSCE organisational capacity to support volunteers. Firstly, the programme increased capacity via resource mobilisation to enhance volunteer recruitment, secondly it strengthened voluntary, community and social enterprise (VCSE) organisations through linkages and finally the programme supported development and learning. The HSCVF impacted upon both volunteering projects and host organisations to produce a range of positive outcomes that were particularly marked in smaller organisations: ‘small project, big difference’. Successful community capacity building can result from programmes such as HSCVF, with this paper contributing to the evidence base by detailing the processes through which this occurred.

Introduction

Volunteering is one route through which citizens can contribute to health and social care within their communities (Low et al., 2007). Volunteers in health and social care services serve a range of functions such as the promotion of accessibility, increased diversity of provision, enhanced support for service users and their families, as well as operating as a feedback mechanism (Neuberger, 2008; Volunteering England, undated, People and Communities Board 2016, Gilbert et al 2018). The benefits of peer support delivered by volunteers in the context of health and care are recognised (Harris et al); expert patient programmes within health are example in which peer education and support from volunteers has helped other service users to learn and to cope (Kennedy et al 2005, Harris et al 2015). Volunteering has also been discussed as a way to promote social inclusion and address health inequalities by reaching out to and empowering individuals and communities who face barriers to health and wellbeing (South et al., 2011). Those who volunteer have also reported significant health and social benefits. Positive outcomes such as improved

self-rated health status, quality of life, family functioning and social support (Casiday et al. 2008, Von Bonsdorff and Rantanen 2011) have all been noted within previous research. In some instances, volunteering can be transformative enabling individuals to gain employment, education or new roles (Sheffield Well-being Consortium undated). James (2016) reports the power of volunteering beyond the contribution of volunteers in that their actions can contribute to improved well-being and they frequently serve as social connectors.

Volunteering offers a way to draw in community assets and insights. Benard et al (2017) estimated that approximately 14.2 million people formally volunteered at least once a month across the UK during 2015/16, with those figures remaining largely the same as in the previous year. Benard et al (2018) more recently reported a reduced estimate of 11.9 million people formally volunteering once a month during 2016/17. Despite this decrease in volunteering numbers, policy documents still note the need to build organisational and community capacity as a mechanism to involve volunteers effectively and to embed volunteering into the fabric of health and social care services within the UK (People and Communities Board 2016, PHE 2018). There are questions about how this can be achieved and how this can be supported through national level programmes and policies.

The Department of Health (DH) Strategic Vision for Volunteering endorsed the unique contribution of volunteering to society and provides a strategic framework to develop volunteering in health, public health and social care (Department of Health, 2011a). This approach has been recently refreshed within the Civil Society Strategy (HM Government 2018) which notes the importance of the social sector as a sign of strong democracy.

Since the late 1970s, successive British governments have implemented policies related to volunteering (Baggott and Jones 2014, Alcock 2010). Under the New Labour governments led by Blair and then Brown, policy focused upon the 'third sector' broader in scope than previous remits as it also included organisations such as social enterprises alongside community and voluntary groups (Alcock 2010). New Labour policy aimed to strengthen partnerships, develop capacity and involve the third sector in service provision, a process labelled as 'hyperactive mainstreaming' (Kendall 2009). This led to investment in capacity building and organisational development (Alcock 2010).

The role of the voluntary and community sector in the English health and social care system continued to receive policy attention under the UK Coalition Government (2010-2015), which again actively engaged voluntary, community and social enterprise organisations in public services delivery both as providers and commissioners (Curry et al., 2011; Cornforth et al. 2008). Ensuring that the voluntary and community sector had the ability to seize these opportunities is one reason that the sector saw an increased focus on capacity building as a form of funding (IVAR, 2011). Capacity building as a form of funding is "all those activities in which funders engage … to support and work alongside those they fund – whether those activities are about developing the skills or competencies of grantees; helping to influence policy and /or practice alongside grantees or on their behalf." (IVAR, 2011, p7). Since the time point at which our HSCVF evaluation study was conducted, a change of government and associated policy has meant less funding for the sector, and an increased expectation upon voluntary sector and civil society groups to step in given some reductions in statutory services, with policy discourse citing the importance of the Big Society in 2010 and again in 2015 (Woodhouse 2015). The Big Society has been described as a mechanism to off-set

Austerity and the reductions of state provision through voluntary action (Baggot and Jones 2014). Despite the discourse, there has been a lack of strategic support, and evidence suggests that the voluntary sector does not always have the capacity to do this (Hastings et al 2015). Despite a challenging economic climate, policy continues to note the value of community centred and asset-based approaches, underpinned by volunteer roles and associated peer support (Wood et al 2016, PHE 2018).

These issues illustrate how the policy context can constrain or foster volunteering and have wider relevance. Policy in Europe in recent years has supported volunteering due to the recognition of the value it brings both economically and socially. For example, 2011 was the European year of volunteering, in 2014 the EU Aid Volunteers programme was established, and in 2016 the European Solidarity Corps was launched, all in support of volunteers and volunteering (De Bonfils and King 2018).

Intervention and rationale

In 2009, the UK Department of Health (DH) established an innovative capacity building programme - the Health and Social Care Volunteering Fund (HSCVF) - with the aim of enabling VCSE organisations to play a more effective role in addressing health and social care needs, alongside and in partnership with statutory services in their localities. The fund replaced the previous 'Opportunities for Volunteering Fund' (Department of Health 2011), a more traditional grant based programme. The HSCVF programme sought to be a catalyst for change at both strategic and project level in relation to building community capacity. HSCVF aimed to build organisational and community capacity for volunteering through a national and local grant scheme, offering both funds and tailored project support to a portfolio of health and social care projects. The HSCVF offered grant packages from 2010 until 2015. In

2010, 43 local projects were funded around the themes of health inequalities and/or addressing social care priorities and in 2011, a further 53 projects were funded around four themes, which were patient–led NHS; delivering better health outcomes; improving public health and improving health and social care. All local projects were offered an organisational diagnostic, support consultancy, action learning networks, training and an online forum. Furthermore, in 2011, 13 organisations/partnerships with national reach were funded to deliver strategic or developmental volunteering projects in the health, public health and social care sector.

This paper reports on the findings of an independent evaluation of the HSCVF programme which explored community capacity building mechanisms within funded projects. Our evaluation findings explore the ways in which the HSCVF programme built organisational capacity using Liberato et al's (2011) typology as a conceptual framework to both interpret the data and illustrate the mechanisms and processes through which the HSCVF built capacity.

Capacity Building

Capacity building is defined in a variety of ways, and there are disagreements in the literature about whether it is a generalized quality or rather if it applies only to specific tasks and problems (Labonte and Laverack 2001a). As a concept capacity building is not easily captured within a single definition, and therefore is debated within the literature (Simmons 2011, Fischer and Mckee 2017). Definitions within the health promotion literature have been noted as having three common features. Firstly, community capacity building is defined as an approach and/or a process. Secondly, it is described as a series of domains or characteristics. Thirdly, some definitions define either rationales or outcomes associated

with building capacity (Simmons et al 2011). There is also a large practice related literature discussing the development and effectiveness of capacity building in health settings (DeCorby-Watson 2018).

A definitive set of characteristics that describe a capable community does not exist (Labonte and Laverack 2001a) thus several models of community capacity are detailed in the literature alongside numerous suggested approaches to measurement (Goodman et al 1998). Liberato et al (2011) systematically reviewed the literature and identified 17 eligible articles which had assessed capacity building processes. Within these studies, relevant domains and associated descriptions of processes of capacity building were discussed (Nickel et al 2018). Liberato et al (2011) identified all domains used in frameworks by authors when assessing community capacity building, listing the dimensions and attributes found in each of the domains in order to produce a typology. Liberato et al. (2011) identified 9 domains to be used in the assessment of community capacity building, summarised in table 1:

Table 1 Liberato's Capacity Building Domains *(adapted from Liberato et al 2011)

Domain	Definition of common characteristics
1. Learning opportunities and skills development	Skill building in relation to community capacity development involves identification of knowledge gaps as well as provision of opportunities.
2. Resource mobilization	Resource is primarily used to refer to funding, but it also refers to availability of people,

	buildings, facilities and time. Resource mobilization refers to the community's ability to identify and to access external and internal resources to help achieve its vision.
3. Partnership/linkages/networking	This domain relates to a group of organizations and individuals who share interests, information and resources and who are working toward one or more common goals beyond the reach of any one organization or individual.
4. Leadership	Many leadership attributes can be included here such as the ability to mobilize community participation in activities, understanding the "big picture", articulating clear vision, consensus building and collaboration that foster positive outcomes among members.
5. Participatory decision-making	Participatory or participating-decision making is defined as a way of addressing root causes of the issues identified by the community as well as by the community being actively involved in identifying concerns and in problem solving.
6. Assets-based approach	This is often defined as the unique knowledge, skills, gifts and talents possessed by community members.

7. Sense of community	This can be defined as sense of place and where people do things together.
8. Communication	Communication refers to the honest and open sharing of thoughts, ideas, and information between people where everyone is informed, takes responsibility to share and seek information, and has a chance to talk without retaliation and censure.
9. Development pathway	Also named as organizational procedures/work procedure/programme management/community structure. This is the process helping community members to achieve work plans and goals via. organisational structures including standards, guidelines and tasks/responsibility sharing.

These 9 domains have been used in different contexts and can therefore be considered useful in assessing capacity building within communities, and they served as a useful tool within our evaluation design and analysis.

Despite the existence of these domains, assessing the impact of a capacity building programme is complex and demanding (Northmore et al., 2003; Cornforth et al., 2008). Whilst Liberato's approach recognises that there are several qualities of community capacity in which theoretical and empirical agreement have been reached, this analysis is largely

Eurocentric in keeping with the published literature in this area (Labonte and Laverack 2001b). Liberato et al (2011) note this limitation within their review, as it only included studies published in English and therefore may have excluded articles from other countries.

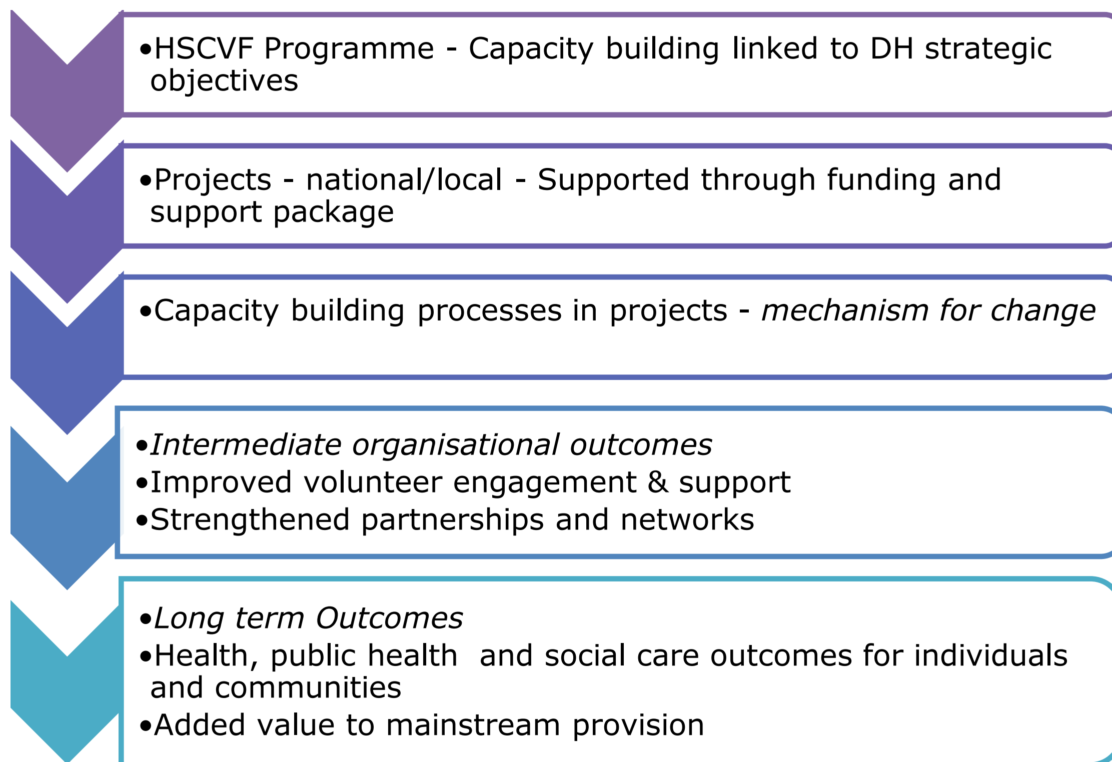
Part of community capacity building may well include organisational capacity building in the VSCE sector, with the two components being linked. Given this consideration, we used Liberato et al (2011) as an initial framework, whilst understanding that community and volunteering capacity was built through a focus on strengthening the organisational capacity of VSCE organisations.

Methodology

The overall aim of the evaluation was to determine the extent to which the HSCVF had met its programme aims (South et al 2013). This involved investigating how and in what ways organisational capacity had been built within national and local VCSE projects, which is the focus of this paper.

To investigate capacity building processes, the evaluation considered two grant schemes for a total of 13 national projects and 94 local projects all receiving funds and support via HSCVF. The evaluation was based on a Theory of Change approach to help make explicit the links between programme goals, the different contexts in which the HSCVF programme was being implemented and the role of capacity building as a mechanism for meeting strategic objectives (Judge and Bauld, 2001). This approach was selected to enable the evaluation team to explore the causal chain between strategic intent and organisational capacity building processes. This is illustrated in Figure 1.

Figure 1 - Theory of Change for HSCVF evaluation



An evaluation framework was developed using both qualitative and quantitative methods, to strengthen findings by allowing triangulation from different data sources. The data reported here is drawn firstly from a desk-based analysis of documentary evidence from internally collected project reports and, secondly, qualitative focus groups conducted within learning and evaluation workshops.

Desk based review

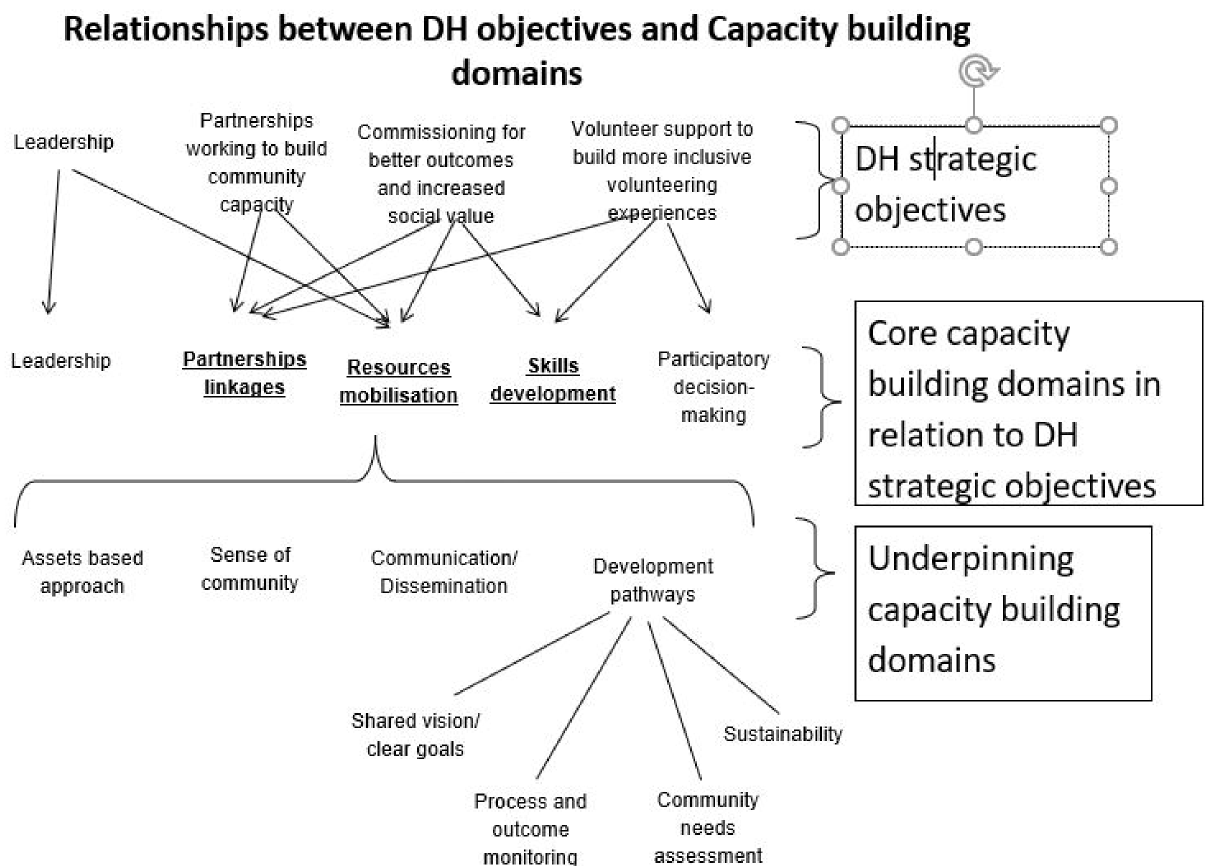
The aim of the desk-based review was to provide a rigorous synthesis of evidence and monitoring data collected via the HSCVF programme. The data sources discussed in this paper are the yearly narrative reports for local projects (n=43 from 2010 and n=51 in 2011), where projects reported on their progress and achievements across aspects such as training, volunteer recruitment and project management in a standard template. The narrative

reports for the national projects were also included (n=1) which were less detailed. National projects were expected to carry out individual project evaluations, but only one evaluation report was available at the time of the analysis.

Quantitative data drawn from the narrative reports on volunteer recruitment were analysed using SPSS 20, to explore associations. The statistical significance of relationships was checked using Fishers' Exact test for categorical data and Pearson Correlation for continuous variables.

Qualitative data from the 2010 and 2011 local and national projects were analysed using framework analysis, an approach which is suitable for use with qualitative data addressing specific research questions, is drawn from a pre-designed sample and has a limited time-frame for completion (Richie et al. 2008). The framework of themes was drawn from the nine domains of capacity building identified by Liberato et al. (2011) and subsequently used to code the narrative data in the reports. Data from each report were extracted and mapped systematically onto the framework. Themes were then summarised onto a matrix and patterns explored, leading to the creation of a narrative synthesis (see figure 2).

Figure 2 - Analysis results – capacity building domains



Learning and evaluation workshops

The learning and evaluation workshops were designed to bring together people with direct experience from both national and local projects to help build an understanding of effective capacity building approaches, to share successes and to highlight pathways to outcomes. Three learning and evaluation workshops were held between September and December 2012 (1 in London, 2 in Leeds). All local and national projects were invited to participate and projects were encouraged to send delegates from different stakeholder groups including volunteers as well as staff.

The workshops used reflective and participatory methods so that participants could gain knowledge and insights from each other. The workshops were structured to include: speed-networking, where projects had a chance to discuss their project and its achievements; focus groups where participants discussed their experiences of being involved in a HSCVF project and a capacity building exercise. The capacity building exercise involved ranking capacity building domains based upon Liberato et al's (2011) framework, and a reality-check exercise to explore the impact of context on HSCVF projects. The workshop approach was designed to create space for participants to explore if they understood the capacity building domains proposed by Liberato et al. (2011), if they viewed them as capturing an important quality for the community, and finally if they perceived the description of the domains as relevant to their experiences. The focus groups and capacity building exercise were used to determine if and how the HSCVF programme had helped to improve capacity in any given domain.

In total 54 people attended the workshops: 15 participants at the initial workshop, 19 at the second workshop and 20 at the final workshop. Most participants were project staff in various roles, but there were some volunteers in attendance at each of the workshops.

The focus groups (within which the capacity building ranking exercise took place) were digitally recorded with permission whilst notes and flip charts recorded supplementary information from participants. Focus group transcripts were also analysed using framework analysis (Ritchie et al., 2003), using an initial framework of themes identified from the first readings of transcripts and notes.

Ethical issues

The evaluation received ethics approval from the ethics committee of Leeds Metropolitan University (now Leeds Beckett University). The evaluation conformed to recognised ethical practice by ensuring informed consent; written consent was obtained from all those participating in the workshops and the assurance of confidentiality and anonymity with no individual identified in the reporting of results.

Findings

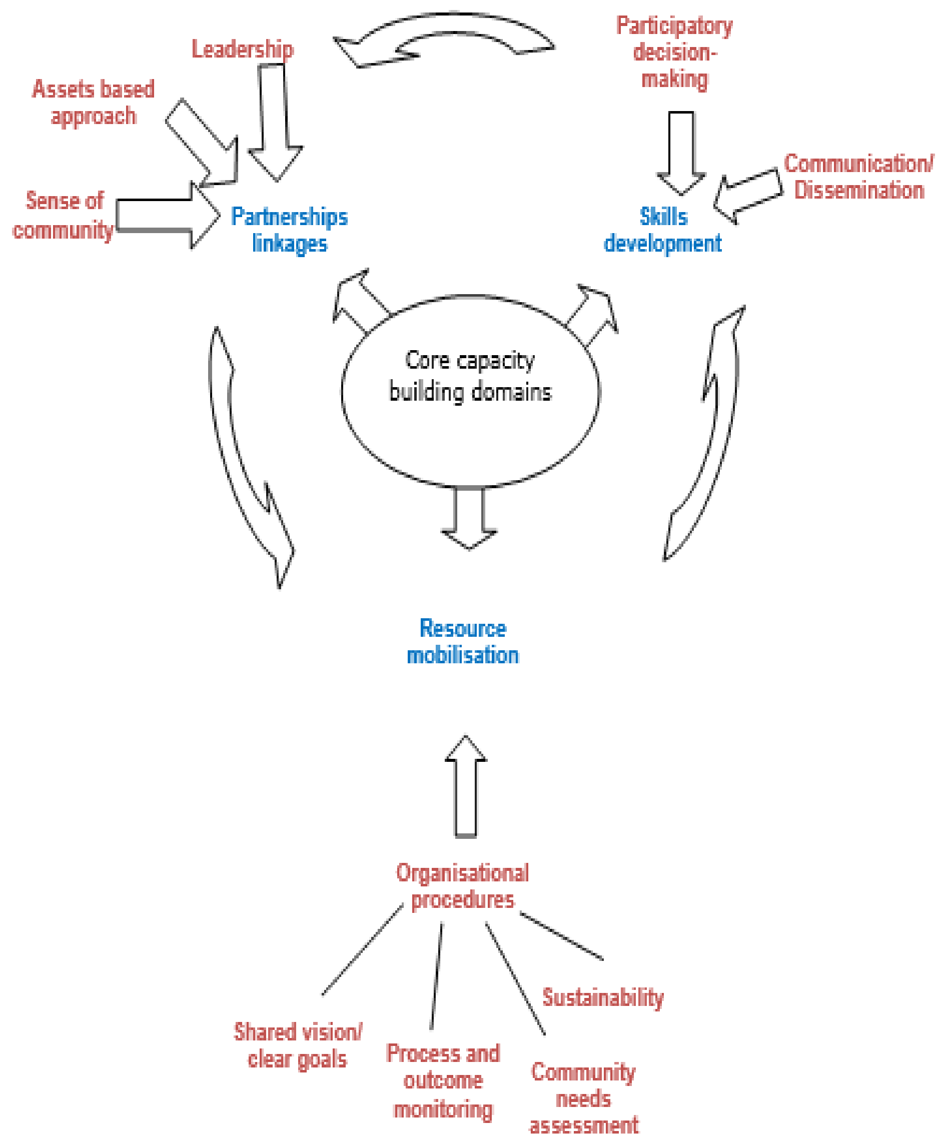
In their first year of activities, the 2010 projects recruited a total of 517 new volunteers and carried out a total of 11,856 extra volunteering hours, whereas the 2011 projects recruited 687 new volunteers and created 20,335 extra volunteering hours. It should be noted that the 2011 HSCVF call offered more money to the projects compared to the 2010 call (£35,000 over 3 years in 2010 and £50,000 over 3 years in 2011). Overall, in both funding rounds most projects recruited up to 10 new volunteers and created more than 16 hours of extra volunteering hours per single new volunteer. Table 2 illustrates the percentage increase in volunteers within HSCVF funded projects during 2010 and 2011.

Table 2 Percentage increase in volunteers in 2010 and 2011

Percentage increase of volunteers	2010(n = 43)		2011 (n = 51)	
	No of projects	%	No of projects	%
≤ 10%	4	9	14	28
11-50%	16	37	21	41
51-100%	14	33	9	18
> 100%	9	21	7	14

The research team identified three core domains underpinning capacity building within the HSCVF projects, named after three categories from Liberato et al’s (2011) typology. These three domains were strictly interwoven with each other as important primary objectives for both local and national projects. Nevertheless, the achievement of these domains also implied the development of capacity building within the remaining six domains, which are here interpreted as having an instrumental function in relation to the three mentioned core domains, illustrated within Figure 1. For example, capacity building in relation to learning opportunities and skill development implied its development within the categories of communication and participatory decision making. Furthermore, the HSCVF support package led to organisational change and better performance across the development pathway identified by Liberato et al (2011).

Figure 3 – Relationships between the nine capacity building domains



Resource mobilization (acting as a lever to move forwards)

The first and most important capacity building mechanism noted within the workshops was that of resource mobilization. This domain primarily refers to funding, but also more broadly to the organisations' ability to identify and to access external and internal resources to help

achieve its vision, using HSCVF resources in new, creative and effective ways. This capacity building mechanism consisted of the funds, legitimation and space that the HSCVF programme offered to projects to develop and take risks in moving from an idea to the delivery of an intervention and thus to capacity build. The capacity to identify and attract more funds and so to secure the delivery of their goals was one of the main on-going objectives of the projects. In particular, projects often reported on the important role of the HSCVF support package in helping them to build capacity in relation to resource mobilisation and improving their funding streams:

> "*Our core organisation lost some statutory and grant funding end March 2011, although we have managed to secure some continued project funding. A lot of resource has been expended on securing financial stability for the coming year and we have recently been awarded Transitional funding*." (Local Project Report 2010)

A strong theme across the workshops was the positive impact of receiving a grant through the HSCVF. Participants from many of the smaller projects could articulate the difference that being a HSCVF project had made to them:

> "*Well for us I think it was [the difference] that we got the money and it was a substantial amount of money for us for which we restructured the whole organisation, created a new department, opened up regional offices*." (Focus group discussion 1)

> "*We didn't have, we've no structure, we had no structure for volunteers. We had no training, nothing set up in, in, in black-and-white, and I think this is, this is how it's helped us, to do that.*" (Focus group discussion 2)

Furthermore, the development of organisational procedures was also important in enabling projects to move forward. Firstly, it helped support the identification of clear goals and the

establishment a shared vision regarding the purpose of the organisation/project. Secondly, it encouraged the assessment of community needs. Thirdly, it enabled projects to monitor processes and outcomes as well as focusing work upon the development of sustainability.

Despite the positive reports from projects about the value of the HSCVF, for many the broader context in which they were working remained important and was having a significant impact upon their work. Overall, the broader policy context was criticised for the increasingly difficult funding climate and the pressures on some volunteers. Although most participants had not experienced difficulties with the recruitment of volunteers, some reported that economic circumstances were having an impact on recruitment:

> "*I think just because of financial pressures is a big thing, that people can't afford to give up a day a week often, and we're having a lot of people signing up for placement…all ready to start and, and then withdrawing because then they say 'I, you know, I can't'*." (Focus group discussion 1)

Changes to welfare benefit provision and the restructuring of the NHS and associated services were reported as creating difficulties with signposting people to the right places and were creating additional support needs. In general, these changes and the wider context were perceived as negative; however, there were differences between local and national projects, with nearly all the participants from the local projects reporting that service changes were having a significant impact upon their service users and on the projects. There was less of a consensus where national projects were concerned and some participants reported business as usual, although there was also an acknowledgment that the projects were in effect 'waiting' for these broad contextual changes to have an impact in the near future.

Partnerships, linkages and networking (strengthening VCSE organisations through the creation of infrastructure)

The second capacity building mechanism was that the HSCVF programme offered a significant opportunity to shift from a pattern where VCSE organisations simply focused upon delivery due to resource constraints to one in which they had infrastructure (resources, time and capacity) to enhance volunteering and grow volunteer numbers, although this was not without issue.

Smaller projects were enabled to focus upon their volunteers and to create a positive experience for them. The changes in projects' ability to recruit volunteers and support their personal development can be summarised as 'small project, big difference.' Those individuals representing larger and/or national projects were also able to articulate the differences that had resulted from receiving HSCVF money and support. For some, this was about the capacity to extend existing activity due to receiving additional funding, but for others, the difference made was more fundamental as it had enabled them to develop an infrastructure to support volunteering:

> *"Actually (it's) quite made a big, big difference, because obviously we were able to offer our volunteers different opportunities because we train them in kind of health matters, but we also made amazing new partnerships with people we wouldn't have thought of."* (Focus group discussion 2)

One project reported that the funding also served as a catalyst to enable broader reach to volunteers via other organisations:

> *"Once it became public knowledge that we obtained funding for this project we were approached by the NHS and … (name of organisation supporting Asian elders) to train some of their volunteers."* (Local Project Report 2011).

There were some difficulties experienced by projects in relation to volunteer recruitment, often negatively affecting the projects' capacity to deliver the expected outcomes in their first year. However, in many cases, projects did not consider these as a consequence of a lack of skills, but as learning curves or temporal issues related to broad contextual factors. In fact, often projects mentioned the actions taken to address these issues and how the HSCVF support package helped them to develop better recruitment strategies. Overall, prompt action was usually taken to understand the causes of such difficulties and improve recruitment practices. As a result, the recruitment of volunteers was the area in which some projects had devised more innovative strategies to achieve their goals and overcome emerging issues. Innovative approaches spanned from changes in communication strategies to organisational changes. For example, the creation of internal roles dedicated to volunteer recruitment and the strengthening and/or simplifying of administrative practices associated with recruitment processes.

All projects developed links and partnerships with local institutions and other community organisations to better achieve their goals. The type of organisations varied depending on the projects' main objectives however; in most cases these relationships involved several different agencies, including statutory and voluntary sector organisations. Relationships were often established both at the strategic and operational levels. Relationships at the strategic level entailed actions ranging from building connections with managers to creating

or joining relevant steering groups; those at the operational level involved starting or reinforcing partnerships aimed at delivering specific, community services.

The value of networking between HSCVF projects was a strong theme within workshop discussions. Some participants had found it helpful to be able to share their experiences via networking events and training sessions:

> "*I think that they've been really useful in terms of just general discussions about everyone having similar problems and experiencing similar barriers…like 'what have you done about that? How have you dealt with this?' And that's been really, really useful."* (Focus group discussion 2)

> "*The celebration event that they did, that was excellent as well for like networking and finding out what different projects were doing*." (Focus group discussion 3)

In contrast, some participants reported fewer positive experiences and felt that events could be more participatory in style. Others discussed how the networking encouraged within the scope of the fund needed to be more focused and 'engineered' for it to be more useful; for example, matching projects working in similar fields. In addition, attempts to encourage online networking were not generally viewed as successful by workshop participants. Most participants had never used the online forum because they simply did not see a need for it. Identifying other projects nearby was potentially useful but the most that anyone had done was to access the website on a few occasions. One individual explained that inevitably the HSCVF online forum was competing with other social media sites, like Facebook and Twitter, and therefore it tended *"to fall off the radar".*

Enhanced networking led to some positive outcomes, such as a stronger referral system, increased status and credibility among commissioners, and higher levels of both confidence

and trust among partners, which can be taken as evidence of capacity building in this domain. Many projects mentioned how the HSCVF helped them in establishing or reinforcing their networking with components of the support package, in particular, the action learning networks, and the training noted as important. This outcome was also associated with the prestige of the fund itself, as it was from the Department of Health.

The development of networking and partnerships entailed the development of capacity building also in terms of 'leadership', 'an asset-based approach', and a shared 'sense of community' on which to build volunteering programmes. Leadership, which consists of the ability to mobilise community participation in activities, articulate a clear vision, and facilitate collaboration among members, manifested in the specific goals of the projects and in their volunteer engagement. Sense of community was an instrumental domain in so far as a sense of place, having trust between group members and positive perceptions of their communities were important resources on which the projects could build to recruit volunteers and pursue their goals. At the same time, projects often reported that their networking and partnerships had positive effects for example, empowering volunteers. Projects reported their improved capacity to engage with the key tenets of the Big Society policy agenda, the main policy discourse at the time of the study.

Projects had variable experiences with strengthening external connections with commissioners, but some individuals were positive about the capacity to make more connections:

> "*Being a helpful vehicle to talk to certain people within health... getting a bit closer to some of the commissioners…and other areas of work as well*." (Focus group discussion 1)

> "*The funders…got us into a position where I think we could… get the project sustained when it finishes through being commissioned. And that's what we're working to*."
> (Focus group discussion 2)

Despite concerns about future funding, some participants appreciated the focus within HSCVF on sustainability and related support provided to projects. In other cases, projects faced difficulties linked to a lack of wider contextual support from partner organisations and/or local authorities. Such difficulties were reported more often by national projects, which had to deliver across different localities. These issues were more likely to affect capacity building, because they impacted upon dimensions such as skills development, partnerships and linkages.

Learning and Skills Development

The final core capacity building mechanism noted within the workshops was that the HSCVF favoured a culture of learning through its formal support package, facilitating sharing information and learning experiences between projects.   Training and skills development was often implemented within projects because of HSCVF involvement. All local and national projects developed training programmes and courses that created learning opportunities and skills development for their staff and volunteers. Training covered various topics, depending on the main objectives of each project and tended to focus upon empowering volunteers, that is building their skills, enhancing their volunteering experience, and contributing to the delivery of their roles.

Training was mostly delivered in sessions that were undertaken either through group participation/group exercises, volunteer workshops, or via the shadowing of staff members. Most projects delivered their own induction training which included information about

projects' policies and procedures, although some projects outsourced their training to larger charities or external companies and some delivered accredited training.

Participants had different experiences of the training received and therefore offered a range of views on the usefulness and value of that training. Some participants found that training sessions were very useful and aided learning, as part of the overall support received:

> *"The learning and training for the organisation and individuals who are funded through the Volunteering Fund, the amount of support that you've been given is a lot higher than any other kind of funding, and for our organisation it's made a massive difference."* (Focus group discussion 1)

Other participants discussed how their experiences of training sessions had been less positive. Some voiced opinions that there should be more flexibility around the training provision as it was time-consuming and sometimes not needed:

> *"All the networking and the events and the workshops, it's come at the cost to us because I didn't build it in."* (Focus group discussion 2)

Taking a more general view of learning and development through the HSCVF, participants articulated clearly what had been learnt within their HSCVF project across a range of areas. Here learning was much broader than that encompassed under the umbrella of training and included both the personal development of volunteers and staff as well as organisational development:

> *"Learning about the project that you're within. Learning about the people that you volunteer with. And learning about…moving forward in a direction which benefits you, and the organisation."* (Focus group discussion 3)

Within the internal reports, the projects noted that they focused upon creating conditions to allow skills to develop and find expression. The extract below provides an example of the difficulties and solutions that the projects faced in creating learning opportunities and skill development in their communities:

> *"We have always experienced difficulties in recruiting volunteers as learning disabilities is considered to be not an attractive area to be involved with. However, following our attendance at the Volunteer Management training session in … we have changed our approach and have designed a poster showing how we can help volunteers rather than asking them to help us." (Local Project Report 2010)*

In summary, our evaluation identified three main ways in which the HSCVF has built capacity and promoted volunteering across the different levels of the fund, from programme to project level. Firstly, acting as a lever to move forward; the HSCVF offered the funds, legitimation and space that enabled projects to develop and take risks in moving from an idea to delivery. Secondly, strengthening Voluntary and Community Sector Organisations; the HSCVF offered a significant opportunity to shift from a pattern where organisations lacked the resources, time and capacity to focus on anything other than delivery, to building an infrastructure to enhance volunteer management and grow volunteering. Finally, in relation to learning and development; the HSCVF favoured a culture of learning through its formal support package, through sharing information, learning and experience between projects, and through training and skills development not directed by the HSCVF but often started within projects as its result.

These three mechanisms of capacity building had an impact on both the volunteering projects and the organisations hosting them. At the project level, the HSCVF represented a

‘fuel injection’ that enabled new volunteering projects to get off the ground and allowed for staff and volunteer recruitment. At the organisational level, capacity building led to outcomes such as the development of a volunteer management policy and establishing or reinforcing networking across and within different organisations. These changes were particularly evident in organisations for which the HSCVF projects represented a significant part of their activity: ‘small projects, big difference’.

Discussion

The evaluation findings supported the theory of change in that the Department of Health stimulated capacity building mechanisms via the HSCVF, therefore the programme's logic worked well when implemented. Our findings indicate a percentage increase in volunteer numbers and associated hours as a result of the HSCVF. These figures are small when compared to the cited 1.7 million active adult health and care volunteers across England in 2015 (Buck 2016.) However, we argue that this is still a successful measure of impact based upon the development of organisational capacity, a structural level change (Schober and Rauscher 2014). More critically, these outputs were from VSCE organisations selected due to their match with health priorities and need, including community projects addressing inequalities.

The findings discussed here also demonstrate a distinctive capacity building approach within the HSCVF Programme achieved via three key mechanisms related to some of the core categorisations illustrated by Liberato et al (2011); resource mobilisation within HSCVF, partnership/linkages/networking and finally learning opportunities and skills. This adds understanding of the mechanisms through which government organisations can build VSCE organisational capacity to support volunteers. Funding, while essential, is not sufficient.

Capacity building was also required in the other six core categories identified by Liberato et al (2011) as these underpinned the core domains achieved within HSCVF projects. These six categories were interpreted as having an instrumental function supporting the achievement of the three core domains, therefore they were still important.

This illustration of capacity building within the HSCVF projects is an example of how programme capacity building mechanisms operated, with positive outcomes being particularly marked within smaller organisations. There are however still limitations to the use of these mechanisms. The broader context in which capacity building is being driven is important because any wider changes occurring from policy changes to health and social welfare provision may impact upon projects in potentially creating difficulties in their working practices as was reported in our data. Sustainability also needs to be considered, as future funding is often uncertain and therefore of concern. Thus, both context and readiness must be understood for capacity building to be successful (Macmillan et al 2014).

Social policy at the time of this study had begun to reflect the pressures on statutory and third sector organisations to deliver better quality care in partnership with local people, within a challenging economic climate (Naylor et al. 2013). Since then, there has been continued pressure upon public finances accompanied by the expectation that the Voluntary and Community Sector will step in to provide support when other public services are withdrawn (Chamberlain et al 2018). This wider context is important (Macmillan et al 2014), especially as our findings demonstrate the importance of resource mobilisation and the catalyst of funding as a core component of capacity building. Kendall et al (2018) in analysing the impact of austerity approaches within social policy, report the impact of withdrawn funds as particularly challenging for smaller voluntary groups.

The general literature also suggests that Voluntary and Community Sector organisations often lack experience in procuring support and training (Northmore et al, 2003, Cornforth et al, 2008). Our data shows the importance of learning as a mechanism for capacity building within the HSCVF. Labonte and Laverack (2001a, 2001b) also note the importance of human investment within capacity building programmes. Thus, learning should be supported in programmes that aim to build community capacity via volunteering, because sharing information and experiences is valuable and can help with solving common problems in projects such as the difficulties associated with volunteer recruitment.

Furthermore, our findings show that there were differences experienced across the HSCVF projects, reflecting Cornforth's (2008) suggestion that no one successful model is suited to all circumstances. In this instance there were differences between the national and local projects especially in terms of initial capacity which is identified as a potential issue by Northmore et al., (2003), Cornforth et al. (2008) and GrantThornton (2010). Mowbray (2005) suggests the need for adequately tailored support within different contexts. Certainly, the support provided within HSCVF was described as more impactful by participants within smaller, local projects, who benefited more from human investment, than larger projects.

The broader capacity of Voluntary and Community Sector organisations to benefit from the support offered also needs discussion. Whether such organisations are ready to participate or not is highlighted by Cornforth et al (2008) and IVAR (2011) as an area needing consideration. Some may be resistant to receiving external support or be in the middle of a project or crisis. Whether they are ready is not always obvious at the beginning of the process. Voluntary and Community Sector organisations typically lack time and resources to

focus upon building their organisations and volunteer base. However, in this instance the HSCVF provided them with the opportunity and means to develop. Therefore, future development of capacity building via volunteer recruitment will be more successful if dedicated funding, resource and support are provided.

Finally, assessing the impact of a capacity building programme is complex and demanding (Northmore et al., 2003; Cornforth et al., 2008) due to its slow and often intangible nature. Outcomes may take a long-time to emerge and by then, un-tangling the effect of the capacity building is challenging. What is viewed as a positive outcome will vary by organisation and may also change over time. Whilst our analysis shows the mechanisms of capacity building within the HSCVF, it is time-limited and thus cannot capture all associated outcomes. It does add to the evidence base by demonstrating that mechanisms of capacity building are complex (Macmillan et al 2014), but require resource, partnership and a supportive learning environment, specifically to grow volunteer numbers, and enhance volunteer experiences.

Conclusion

Our evaluation examined how capacity building worked within the HSCVF using the domains described by Liberato et al (2011) as well as how it might support volunteer engagement in both local and national projects. The HSCVF Programme had effective impact across three core capacity building domains, drawn from the Liberato (2011) framework. This paper contributes to the literature in terms of elucidating the mechanisms via which capacity building occurs, and understanding these mechanisms is useful for both policy-makers and organisations. Within the HCSVF programme, a distinctive capacity building approach is

evidenced via three key mechanisms; resource mobilisation, partnership/linkages/networking and finally, learning opportunities and skills development. Capacity building was also required in the other six capacity building domains identified by Liberato (2011), as they served an instrumental function supporting the achievement of the core domains. These mechanisms of capacity building had an impact upon both the volunteering projects and the organisations hosting them, and they are all interlinked and mutually reinforcing. Further research is needed to examine the robustness of the capacity building domains defined within Liberato et al's (2011) typology. Our study is also Eurocentric given the framework used to assess capacity building and the context in which the evaluation was conducted. The evaluation design was not able to assess capacity building longitudinally, an area of the evidence base requiring further research.

In summary, at the Department of Health project level, the HSCVF represented the catalyst that enabled new volunteering projects to begin as well as allowing for staff and volunteer recruitment. At the organisational level, capacity building led to significant outcomes such as establishing or reinforcing networking across and within different organisations. Capacity building therefore did occur as a result of the HSCVF Programme and for some projects, particularly small local projects, being part of the HSCVF had a big impact in terms of volunteer engagement and organisational development.

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Funding details

Ecorys provided the funding for this evaluation, but the views expressed are those of the authors which remain independent. The authors declare that there is no conflict of interest.