NIHR Applied Research Collaboration Kent, Surrey and Sussex

The development and testing of a Community and Voluntary organisation Evaluation Toolkit (CAVEAT)

The aim was to co-develop and test a set of guidelines or resources – a 'toolkit' that VCSE organisations can use to collect information and data to demonstrate the value, activity, and impact of the services they provide for older people in their communities.

The project was conducted over 5 phases: **Phase 1** – an evidence review looking at existing literature and identifying outcome measures for VCSE organisations supporting older people. **Phase 2** – a scoping exercise, including interviews with VCSE leaders and service commissioners to help determine current practice and understand what data is currently collected.

Phase 3 – a consensus building workshop, bringing together service users, volunteers, VCSE organisations and commissioners to prioritise the outcomes identified in Phases 1 and 2.

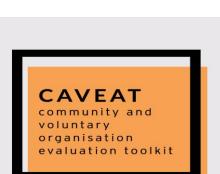
Phase 4 – development of a CAVEAT prototype toolkit, which was the tested with 4 case sites, to see how the toolkit worked in the 'real world'. **Phase 5** – engagement and dissemination.

The CAVEAT toolkit is a free online resource to help Voluntary, Community and Social Enterprise (VCSE) Organisations, that support older people, to demonstrate impact.

Background

Voluntary, community and social enterprise organisations play a key role in our communities and neighbourhoods, supporting our health and care system, and often reaching people that would otherwise be forgotten or who struggle to access services.

Previous research (COV-VOL) carried out by the CAVEAT research team showed that many VCSE organisations were concerned about their long term sustainability. They understood the importance of demonstrating the scope and nature of the work they do, the need to show they provide value for money, and that the services they offer are of a high standard and meet the needs of the people they support. However, many lacked the time, resource, and 'know-how' to provide this evidence.





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Public and Community Involvement:

PCIE was embedded in the project throughout. 2 members of the 'Opening Doors to Research Group (ODRG)' hosted by CHSS at the University of Kent were active members of the team and were part of the project advisory group. Our public members were involved in all stages of the project including reviewing study documentation, including the ethics application, interview schedules and the CAVEAT outcomes model and gave valuable feedback on the final toolkit. Our website features video 'blogs' by both ODRG members about their experience of being involved in the project.

Community engagement has been key to the success of the project. We engaged with community VCSE organisations throughout by holding meetings with interested VCSE leads and service commissioners; by hosting a consensus building workshop to develop the toolkit and we worked with 4 community organisations to test the toolkit in the 'real-world'.. In recognition of this work, the CAVEAT project team won the ARC KSS poster competition 2023 in the category: 'excellence in collaborative research: Innovative approaches or projects that can only be done through collaboration'

Dissemination:

We officially launched the toolkit at an online event in June 2023, attended by over 200 people. We presented the work at the Voluntary Sector and Volunteering Research Conference 2023, Sheffield 12-13th September. We engaged widely with policymakers in the region service commissioners and the NHS England national team as well as frontline health and care staff.

Impact and Implementation:

The true impact of the CAVEAT project and toolkit will primarily be judged by the number of online registrations for the toolkit. In the first 3 months following the launch, we have had more than 350 visits to the website and have received more than 190 registrations. We have asked for permission to contact those who have registered to use the toolkit for further follow-up analysis of impact. For example, it would be useful to know how many of those who registered for the toolkit are actually using it, how it is being used and the impact this has had on securing funding for VCSE organisations, and therefore contribute to the sustainability of the VCSE sector in the region and beyond. This tracking and contact information could also be used to determine the impact on health and social care providers and potentially the overall health and care system

Publications: In development

This research was funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration Kent, Surrey and Sussex. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.