Implementing Professional Support strategies for the voluntary sector workforce: A multi-case action research study

SHORT STUDY TITLE: Supporting the VCSE Workforce: An Action Research Study

PROTOCOL VERSION NUMBER AND DATE: V.1.0, 23rd March 2025

FUNDERS' NUMBER: NIHR159286

SIGNATURE PAGE

The undersigned confirm that the following protocol has been agreed upon and accepted and that the Principal Investigator agrees to conduct the study in compliance with the approved protocol and will adhere to the principles outlined in the Declaration of Helsinki, the Sponsor's SOPs, and other regulatory requirement.

I agree to ensure that the confidential information contained in this document will not be used for any purpose other than the evaluation or conduct of the investigation without the prior written consent of the Sponsor

I also confirm that I will make the study's findings publicly available through publication or other dissemination tools without any unnecessary delay, that an honest, accurate, and transparent account of the study will be given, and that any discrepancies from the study as planned in this protocol will be explained.

Dr Alexis Foster, Principal Investigator, 10th March 2025

LIST of CONTENTS

(1). KEY STUDY CONTACTS

Principal Investigator	Dr Alexis Foster, Email: alexis.foster@sheffield.ac.uk
Sponsor	University of Sheffield
Funder(s)	National Institute of Health and Care Research- Health Service and Delivery Research

(2). STUDY SUMMARY

Background- Voluntary Community and Social Enterprise organisations (VCSEs), including charities and community groups, deliver health and wellbeing services. Three percent of the UK workforce (950,000 people) are VCSE employees. Some are health and wellbeing staff (we call these VCSE staff) who deliver support to service users. Examples include Link Workers, Peer Support Recovery Workers, Welfare Advice Officers and Community Befrienders. VCSE staff report feeling unsupported and consequently leave their jobs. A fifth of VCSEs face worsening staff retention, and 43% report recruitment challenges. This is detrimental for service users who face disruptions to their care. Professional Support, e.g., supervision and mentoring, has improved retention amongst NHS staff. However, there is a lack of research on implementing Professional Support for VCSE staff that considers the unique context of VCSE. Our proposal addresses this.

Research question- Which Professional Support interventions can be implemented to enable VCSE staff to feel sufficiently supported to stay in their role of delivering health and wellbeing services?

Aim- To identify and implement Professional Support interventions that can enable VCSE staff to feel sufficiently supported and stay in their role of delivering health and wellbeing services.

Objectives- (1) Identify which Professional Support interventions can be used to support VCSE staff. (2) Examine how support can be tailored to VCSE staff with different protected characteristics and needs. (3) Identify the enablers and barriers to implementing Professional Support for VCSE staff. (4) Co-produce resources that can be used by VCSE organisations, commissioners and other stakeholders to implement Professional Support.

Methods- Multi-case action research with four work packages (WPs):

(WP1) Stakeholder engagement, M1-30- We will engage stakeholders throughout the study to provide expert input, including a Service User Group.

(WP2) Mapping Review of implementing Professional Support, M1-10- We will conduct a mapping review to identify Professional Support that has been implemented in similar health and care workforce roles, e.g., counsellors, and consider transferability to VCSEs.

(WP3) Multi-case action research, M4-25- We will use a multi-case action research design to implement Professional Support with six VCSE organisations based in two Integrated Care System areas. We will:

- Explore VCSEs' experiences implementing Professional Support by conducting a staff questionnaire and stakeholder interviews.
- Calculate the costs of delivering different types of Professional Support, e.g., staff time to develop, deliver and attend support.

- Support stakeholders in co-designing locally appropriate Professional Support strategies, e.g., creating a supervision programme.
- Evaluate the impact of Professional Support through follow-up questionnaires and interviews.

(WP4) Stakeholder engagement in dissemination, M26-30- We will involve stakeholders in designing outputs, including a Professional Support toolkit and training resource.

Timelines- 30 months.

Anticipated impact & dissemination- The study aims to improve the delivery of Professional Support, enabling VCSE staff to feel more supported with longer-term outcomes of improved retention and better care for service users. We will disseminate the findings through national practice-based networks commonly used to reach VCSEs.

Scope of this protocol: This protocol focuses on Work Package 3: The multi-case action research study. A separate protocol is available for the systematic mapping review: OSF | Implementing professional support strategies for the voluntary sector workforce; a systematic mapping review.

The protocol is also in Appendix 1 for reference.

(3). ROLES AND RESPONSIBILITIES OF STUDY MANAGEMENT COMMITTEES/GROUPS

Please see Appendix 3 for a summary of the different committees.

(3.1) Study Steering Committee

- The Steering Committee will provide independent oversight of the study.
- The committee will consist of members not involved in the delivery of the study, the Principal Investigator, and the University of Sheffield Researcher (UoS Researcher).
- The Steering Committee will meet approximately every 6 months during the study, up to 7 times throughout the project.
- The Steering Committee will have a charter summarising the committee's purpose.
- The Principal Investigator and Chair will work together to set the agenda for each meeting.

(3.2) Project Management Group

- The Project Management Group will provide operational input to the study.
- The group consists of co-applicants, including the Experts by Experience co-applicants and operational staff, e.g., the study administrator and the project researchers.
- The Project Management Group will meet at least every 2 months.

(3.3) Experts by Experience Involvement Groups

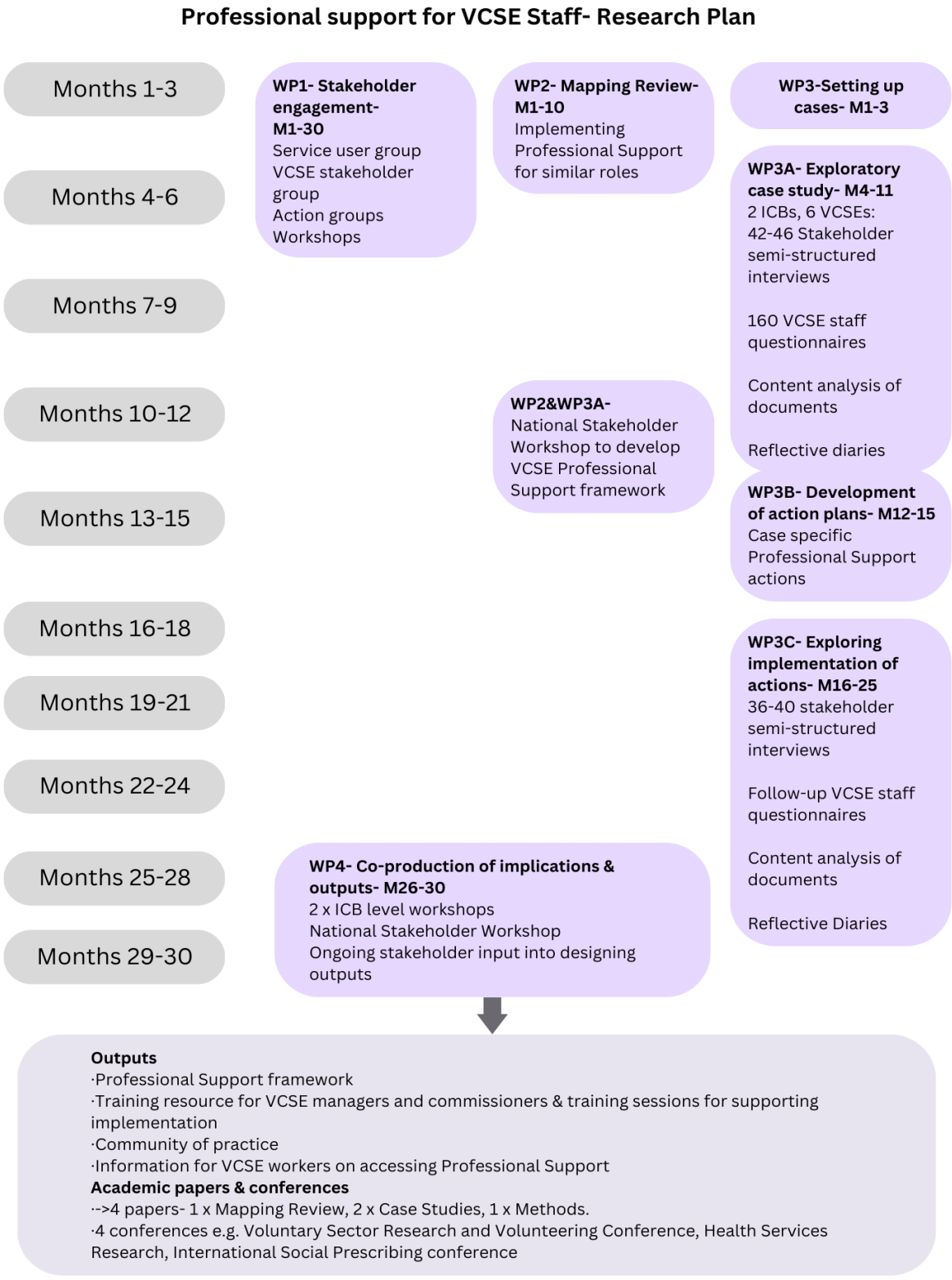
- The study will have two Experts by Experience (EbE) Involvement Groups- One for service users (people who have accessed VCSE services) and one for staff (people who deliver services in VCSEs).
- The EbE groups are equivalent to Patient and Public Involvement Groups in other studies.
- The EbE groups will meet altogether and separately at different stages of the study depending on their preferences and needs of the study.

- The EbE groups will meet virtually approximately every 6 months up to 7 times during the study.
- The groups will provide practice-based input into the study, such as piloting a questionnaire, reviewing topic guides, providing insight on the findings and helping to design practice-based outputs.
- There will be 12-20 members across the two groups.
- EbE group members will be remunerated.
- EbE members will be given a charter to summarise their involvement and the support/roles of the study team to ensure transparency.

(4). KEY WORDS

- Workforce
- Voluntary/Third Sector
- Professional Support
- Staff
- Wellbeing

(5) STUDY FLOW DIAGRAM



(6). BACKGROUND

The NHS and local authorities (LAs) rely on and fund VCSEs, including charities and community groups, to deliver health and wellbeing services. There are 165,658 VCSEs in the UK, with over a third likely to deliver some health and wellbeing services (exact figures unknown) [1]. Examples include local VCSEs, e.g., Darnall Wellbeing, national organisations with local sites such as the British Red Cross and local organisations affiliated with national VCSEs, including Age UK Sheffield. Three percent of the UK workforce (950,000 people) are VCSE employees, with numbers increasing [1]. Some employees are health and wellbeing staff (we call these VCSE staff) who deliver support to service users. Examples include Link Workers, Wellbeing Coaches, Community Befrienders and Health Trainers. VCSE staff deliver person-centred care focused on underlying social factors that drive poor health and care outcomes to people who experience inequalities, including carers and asylum seekers [2]. Services include dementia support groups, counselling and social prescribing. Whilst the specific role VCSE staff undertake differs, there is an emphasis on staff having experiential knowledge and social skills, including being approachable, non-judgemental and having cultural awareness [3]. Unlike health and social care professionals, VCSE staff do not have a standardised professional qualification, training programme or registry body.

Service users value having skilled and consistent VCSE staff and report feeling 'bereaved' and their care being disrupted when staff leave [4]. A fifth of organisations have experienced an increase in retention issues, with 43% reporting that recruitment is getting harder [5]. In another audit of 24 organisations, there was a turnover of 17% of staff, with 66% of VCSEs reporting losing at least one member of staff recently [6]. These organisations found that when staff left, they took with them valuable knowledge and experience, which was difficult to replace. An audit of Link Workers employed in both VCSE and NHS settings found that a third were considering leaving their role [7]. Staff leaving VCSEs is particularly problematic for service users because they may be vulnerable, have had adverse experiences with state-based services, and the nature of support often has a 'befriending' nature with VCSE staff developing rapport and a holistic approach to supporting someone instead of 'treating' a condition [8].

Studies on retention in different professions have found that interacting factors lead people to remain in or leave their roles. These include (1). Environmental factors include how the organisational culture may value staff. (2). Relational factors regarding professional dynamics, including leadership and colleague support networks. (3). Individual factors such as resilience and wellbeing [9]. Within the VCSE sector, key reasons for people leaving their roles have often been related to environmental factors, including pay and short-term contracts. Individual factors have also been cited in terms of people leaving the workforce due to Covid-19 and people struggling mentally with the pressures of the role [10]. Despite these multiple factors, it has been proposed that if VCSE staff feel supported in their role, then they are less likely to leave because they enjoy their work, and other factors become less of a problem [10]. This is consistent with the opinions of VCSE staff consulted when developing this application and with trajectories in other health and care professions.

A key method for supporting staff is through organisations delivering Professional Support, such as supervision and training. Current policy, supported by evidence (discussed below), including the NHS Peoples Plan, emphasises the importance of providing adequate Professional Support to healthcare-related staff. This is because, whilst Professional Support is aimed at individual employees, it incorporates environmental and relational factors. For example, an organisation delivering adequate Professional Support indicates a supportive organisational culture with networks amongst staff.

Professional Support is defined as activities provided through the workplace or professional networks rather than informally from family and friends. Typically, people may access several different types of Professional Support as part of their role [11]. Professional Support includes:

- **Continuing education and training/Continuing Professional Development activities**- formal activities including courses to improve people's knowledge and skills to undertake their role.
- **Supervision-** involves a supportive relationship between the employee and a more experienced person that facilitates reflective learning. Supervision can take different forms, e.g., individual and group, clinical and case management. The supervisor may be from within or outside the employing organisation.
- **Mentoring and Coaching-** involves a supportive relationship between a worker and a more experienced staff member to allow people to reflect and explore issues relevant to their role and development.
- **General support mechanisms-** This category is broader and relates to approaches that include being embedded within a team, peer support, and accessing a community of practice.

Whilst there is growing evidence based on Professional Support for health and care staff, there has been a lack of focus on identifying and implementing professional support for VCSE staff.

(6.1) Review of existing evidence- We searched electronic databases and grey literature and found a small number of VCSE retention audits, but they did not consider the implementation of Professional Support [10]. There have been studies which include NHS and VCSE Health Trainers or Link Workers. [12] But they were role-specific rather than VCSE-focused. [13] identified how Link Workers in one area wanted better Professional Support to cope with the emotional burden of the role. There is a current study exploring Link Worker's intention to leave their roles [7]. However, this study only considers Link Workers, is not specifically focused on VCSEs, and does not implement Professional Support. The VCSE workforce in health and care is much broader than Link Workers. Stakeholders felt a need to consider the general VCSE health and care workforce rather than focus on specific roles.

There are reviews focused on Professional Support for clinical health and care staff [14-16]. For example, a mapping review found that supervision for healthcare professionals enables them to feel more supported and results in improved retention and quality of care for service users [16]. Another review highlighted how mentoring and induction programmes improve retention for newly qualified nurses [17] and [18] identified that adequate Professional Support improves retention amongst rural healthcare workers. These reviews highlight that for other health and care staff, there is an established trajectory that Professional Support helps people to feel more supported in their role, resulting in improved staff retention and better care for service users.

Alongside outcomes studies, research has explored the challenges of implementing Professional Support in health and care settings. Studies identified a lack of capacity and skills of managers, insufficient funding and workload pressures [15, 19]. None of these studies focused on VCSEs. There have been some VCSE Professional Support initiatives. One example is the Leeds One Workforce, which provides Professional Support for VCSE staff alongside NHS staff [20]. Another example is guidance on how to support Link Workers working in NHS, LA and VCSE settings [21]. However, the evidence base on these and other potential solutions to implementing VCSE Professional Support is limited.

(6.2) Why this research is needed now- The Department for Health and Social Care has stated that research on the health and care workforce is a priority. Integrated Care Boards (ICBs) and other NHS/Local Authority providers fund and depend on VCSEs to deliver health and wellbeing services, particularly to people experiencing health inequalities. The pandemic highlighted the critical role VCSEs play in helping communities [22]. However, delivering high-quality VCSE care to service users requires a skilled and consistent VCSE workforce. At present, there are retention issues that are detrimental to service users. Furthermore, VCSE staff may themselves be experiencing health inequalities and require appropriate Professional Support to manage and remain in their roles.

When preparing this application, VCSE staff raised concerns about the inconsistency of Professional Support in the sector and how staff who felt unsupported would leave their roles. Other VCSE staff reported receiving good quality Professional Support, which helped them cope with and stay in their role. These differences in experiences prompted our team to identify that research on Professional Support for VCSE staff could produce helpful learning for the sector. We discussed this idea with other VCSE staff, managers, service users and policymakers, who all felt it was an essential topic to research. For example, VCSE managers told us they need more knowledge on delivering Professional Support within the unique VCSE context. Some stakeholders consulted have contributed to designing the study to ensure it will produce helpful learning for practice. Specific issues that stakeholders raised for VCSE Professional Support included:

- Staff may be peers of their service users and be experiencing health inequalities themselves.
- Staff may be on short-term employment contracts because VCSEs have insecure funding.
- Inclusion issues with accessing Professional Support. For example, some say they self-fund supervision, but other colleagues cannot afford it.
- VCSEs may not have the finances to provide Professional Support. Only 45% have a training budget [5].
- VCSEs differ in their target population, structure and size. Stakeholders felt that organisation size was key, with only 16% of smaller VCSEs having a training budget compared to 91% of larger VCSEs [5]. Local VCSE branches may be influenced by Professional Support strategies decided by a national head office.
- Staff within the same VCSE may have access to different external support. For example, Link Workers can access local and national support, but other VCSE staff roles, such as befrienders, do not. The majority of VCSE staff are not Link Workers. This creates inequity within the sector because it means different VCSE staff within the same team/organisation cannot access the same Professional Support opportunities.
- Managers and Trustees may not have the skills to support staff.

Different stakeholders are relevant to the delivery of Professional Support. This includes:

- **VCSE service users-** People who access services delivered by VCSE staff. They often experience health inequalities.
- **VCSE staff-** VCSE-employed health and wellbeing workers deliver support directly to service users and receive Professional Support.
- **VCSE managers-** These are people responsible for VCSE staff. They may be direct line managers of VCSE staff, e.g., a service manager, or be employed by the VCSE with strategic responsibilities, including HR Managers and Chief Executives.

- **Trustees-** VCSEs are headed up by a board of trustees legally responsible for the organisation, including staff. Depending on the culture and size of the organisation, the trustees will have varying degrees of responsibility for Professional Support. For example, in a small organisation, a trustee may supervise staff. In contrast, in a large VCSE, trustees may agree on a specific training budget each year for staff but not be involved in deciding what support is delivered. Within this application, they are categorised as managers.
- **Commissioners-** These are roles that fund VCSEs to deliver services. They may work for the NHS, LAs or grant-giving organisations, e.g., the National Lottery Community Fund. Commissioners may also be people working for statutory organisations responsible for VCSEs. For example, ICBs are responsible for developing partnerships with VCSEs [23].
- **VCSE Infrastructure organisations**- Several local and national organisations support VCSEs and people working in the sector within the voluntary sector. Examples include Voluntary Action Sheffield, the National Association for Voluntary and Community Action (NAVCA) and The National Council for Voluntary Organisations (NCVO). For example, Voluntary Action Sheffield runs training programmes for VCSE employees, and NCVO has over 17,000 VCSEs as members who can access support.
- **Other stakeholders-** Examples include freelance trainers who deliver Professional Support and NHS Wellbeing Services that also support VCSE staff.

Each stakeholder type is relevant to VCSE Professional Support and has been involved in developing this application to ensure it meets their needs.

To summarise, there is currently a knowledge gap in implementing Professional Support for VCSE staff. VCSE stakeholders, including service users, feel there is a need for research to improve staff retention and the consistency and quality of care for service users. The study will address this research gap.

(7). RATIONALE

To identify and implement Professional Support that can enable VCSE staff to feel sufficiently supported to stay in their role of delivering health and wellbeing services.

(8). THEORETICAL FRAMEWORK

The Consolidated Framework for Implementation Research (CFIR) [24] will be used. This framework involves several constructs that can be used to shape data collection and to inform analysis. The CFIR will enable us to consider systems and organisational factors alongside individual engagement with Professional Support. We have successfully used the CFIR in previous VCSE research [25]. We will use the Template for Intervention Description and Replication (TIDieR) to understand the components of the different Professional Support interventions [26].

(9). RESEARCH QUESTION

Which Professional Support interventions can be implemented to enable VCSE staff to feel sufficiently supported to stay in their role of delivering health and wellbeing services?

(10). OBJECTIVES

(1) Identify which Professional Support interventions can be used to support VCSE staff.

(2) Examine how support can be tailored to VCSE staff with different protected characteristics and needs.

(3) Identify the enablers and barriers to implementing Professional Support for VCSE staff.

(4) Co-produce resources that can be used by VCSE organisations, commissioners and other stakeholders to implement Professional Support.

(11). STUDY DESIGN

- A systematic mapping review will be conducted for the overall study. A separate protocol has been developed and is registered on the Open Science Framework (OSF | Implementing professional support strategies for the voluntary sector workforce; a systematic mapping review. It is also included in Appendix 1.
- This protocol focuses on the multi-case action research work package. This work package consists of 4 sub work packages:
    (a) Exploratory element- what is the current delivery of Professional Support in VCSEs
    (b) Costings exercise to estimate the cost of different Professional Support interventions.
    (c) Co-design of actions to implement Professional Support
    (d) Evaluation of the implementation of the co-designed actions

(12). POPULATION OF INTEREST

The population of interest is VCSE staff, as defined for this research, encompassing individuals working within the UK Voluntary, Community, and Social Enterprise (VCSE) sector who are directly or indirectly involved in delivering health and wellbeing services. Our focus is on paid employees only.

VCSEs refer to organisations that operate in the third sector, distinct from the public sector (government) and the private sector (businesses). They engage in various activities, including service delivery, advocacy, community development, and social enterprise. They play a vital role in society by providing essential services, promoting social inclusion, and empowering communities. They often work in partnership with governments and businesses to address complex social issues and improve the well-being of individuals and communities.

Voluntary: These organisations are often run by volunteers or rely heavily on volunteer support. They are typically non-profit and exist to serve a specific cause or community.

Community: These organisations focus on serving a particular community or group. They often address local needs and promote community development.

Social Enterprise: These organisations operate with a social mission at their core. They may engage in commercial activities, but their primary goal is to achieve social impact rather than generate profit for shareholders.

Key Characteristics and Roles of VCSE Staff:

- **Diverse Roles:** VCSE staff perform a wide range of roles, including but not limited to Link Workers, Wellbeing Coaches, Community Befrienders, Health Trainers, staff providing dementia support, counselling, and social prescribing. It also includes the managers and trustees who provide oversight and leadership within the VCSE organisations.
- **Employment Status:** Due to funding constraints, many VCSE staff may be employed on short-term or insecure contracts.
- **Service Delivery:** VCSE staff deliver person-centred care, focusing on the social determinants of health and wellbeing. They often work with vulnerable populations, including people experiencing health inequalities, carers, asylum seekers, people from minoritised communities, and people experiencing socio-economic deprivation.
- **Skills and Attributes:** VCSE staff are valued for their experiential knowledge, social skills (approachability, non-judgmental attitudes, cultural awareness), empathy, and communication skills.
- **Lack of Standardised Qualifications:** Unlike traditional healthcare professionals, VCSE staff generally do not have standardised professional qualifications or training programs.
- **Organisational Context:** VCSE staff work in various organisations, including registered charities (meeting the "general charities" definition), community groups, and social enterprises. These organisations vary significantly in size, income, and subsector. The organisations may be local or local branches of national organisations.
- **Funding and Resources:** VCSE organisations often face funding constraints, impacting staff development and support. Access to training budgets and professional support may vary significantly.

VCSE staff represent a diverse and vital workforce critical in delivering health and wellbeing services to communities across the UK, often to the most vulnerable in society.

(13). STUDY SETTING

- The primary research will be based in two Integrated Care System areas: West Yorkshire and South Yorkshire.
- We will take a ‘place-based’ and ‘organisation-based’ perspective. We will consider what is happening at a ‘place base’ level regarding VCSE Professional Support. For example, in West Yorkshire, the local NHS trust provides mental wellbeing support to VCSE staff. We will take an ‘organisation based’ perspective by working with six VCSEs across the areas, which will be ‘cases’.
- The case organisations will have different characteristics. In combination, we will seek to include organisations with a range of characteristics (including):

➢ Works with and/or has a staff group from minoritised communities.

- An organisation based in an area of socio-economic deprivation
- An organisation where some front-line workers were service users and/or volunteers.
- An organisation linked to a regional/national charity
- A smaller organisation with 5-15 staff members
- A larger VCSE with 20 or more staff
- An organisation based rurally/small town
- An organisation may have several characteristics of interest.
- Each VCSE case will be paid £1000 for their participation. This can be invoiced as a Purchase Order for services to the University of Sheffield. It will be paid in two instalments- a. £500 in November 2025 to reflect engagement in the exploration element of the study. b.£500 in November 2026 to reflect engagement in the action research element of the study.

(14). AREA-BASED ACTION GROUPS

- We will have two Area Based Action Groups, one based in each ICS case study area.
- The Action Groups will consist of a variety of stakeholders. Their focus is specifically on developing and implementing the Professional Support Actions.
- They are different to the EbE groups described previously as they provide input on co-designing Professional Support Actions in their geographical area rather than having input within the study.
- The Embedded Researchers will facilitate an Action Group in each ICS area to identify and implement Professional Support Actions. The Embedded Researchers will be responsible for organising and supporting the Action Group within their ICS area.
- Each group will comprise 8-12 stakeholders, including VCSE managers, staff, commissioners, VCSE infrastructure organisation staff and service users.
- The Action Groups are like 'task and finish' groups used by VCSEs/NHS organisations to address specific issues.
- Each Action Group will meet approximately 6 times over 20 months, but group members will undertake tasks and liaise outside meetings. Their focus will be:
- Approximately May 2025- Initial meeting to discuss the study
- Approximately October 2025- Discuss emerging findings from the review and exploratory work
- Approximately November 2025-January 2026, 3 meetings to co-design the Professional Support Actions (WP3C).
- Approximately May 2026, July 2026 and October 2026- Use the emerging findings to review
- the progress of the Professional Support Actions and, where necessary, refine/develop strategies to achieve the Actions.

(15). WORK PACKAGE A: EXPLORING THE EXISTING IMPLEMENTATION OF PROFESSIONAL SUPPORT (APPROXIMATELY APRIL 2025 TO OCTOBER 2025)

(15.1) Aim- This sub-work package explores the current context of delivering Professional Support to VCSE staff. It is exploratory in nature- understanding what Professional Support is currently delivered and the enablers and barriers to implementing support.

(15.2) Summary design- This part of the study consists of several methods- questionnaires, interviews, document analysis and researcher reflective diaries.

(15.3) Survey with VCSE Staff across the ICS areas

- Throughout the South Yorkshire and West Yorkshire areas, we will conduct a questionnaire with VCSE-employed staff delivering health and wellbeing services.
- The questionnaire will consist of a before and after survey to understand how Professional Support may have changed. The survey will be conducted in Qualtrics.
- Some of the questions have been drawn from existing questionnaires, such as the NHS Staff Survey, to provide a source of comparison (permission has been granted to use these).
- The questionnaire explores the experiences of VCSE staff delivering health and wellbeing services, focusing on their job roles, satisfaction, workload, support from managers and organisations, access to professional development, experiences of negative behaviours like stress and discrimination, and their intentions regarding leaving their current roles. It also gathers demographic information to understand how these experiences vary across different groups.
- We will ask members of the EbE Staff Group to test the questionnaire. We will develop the questionnaire based on their feedback. The data collected through testing the questionnaire will not be included in the study and will be deleted.

<u>(15.3.1) Recruitment and sampling for the questionnaire</u>

- We aim for at least 250 staff members per ICS area to complete the survey (totalling at least 500 across the areas). There is no maximum sample, we will accept all surveys submitted in the recruitment period that meet the inclusion criteria.
- We will utilise existing networks and word of mouth to share the questionnaire. For example, local staff networks, organisation distribution lists and VCSE newsletters.
- Where relevant, we will send out reminders. If suitable opportunities arise, we will attend network meetings to raise awareness about the questionnaire.
- The initial survey will be administered in Spring/Summer 2025.
- The recruitment window will be 6 weeks, depending on response rates. Recruiting for longer, if necessary, is possible due to lower-than-anticipated response rates.
- We will offer a prize draw of 6x£20 ‘thank you’ vouchers to encourage responses (3 prizes per ICS area). Participants will agree to an additional consent statement if they want to be entered into the prize draw.
- As part of the recruitment materials, there will be an online link to the survey. However, VCSE staff will also have the option to complete the questionnaire administered by the researchers.

This will support VCSE staff to participate who, for whatever reason, be it a disability, literacy issues, or digital inclusion, may not feel able to/prefer not to complete the survey online. There will be the option for people to request the survey in alternative formats, including having it translated or in large print. Potential participants will be asked to contact the Embedded Researchers if they need alternative formats or want to complete the questionnaire with an Embedded Researcher.

(15.3.2) Consenting participants to the survey

- At the beginning of the survey, there will be a summary of the study and what participating entails with a link to the Survey Participant Information Sheet.
- Participants will be asked to complete a question at the start of the survey confirming that they have read the Participant Information Sheet and consent to participate. This will be a mandated question for people who cannot progress through the survey.
- Participants will be asked at the end of the survey if they consent to be contacted to complete a follow-up survey and/or to be added to the study mailing list to be kept updated about the findings and impact.

(15.3.3) Analysis of the survey

- The survey will be completed in Qualtrics either directly by the participant or by the Embedded Researcher when the participant has completed the questionnaire in a different format.
- Qualtrics is software approved by the University of Sheffield because it meets information governance requirements.
- Once recruitment to the questionnaire has been completed, then the data will be downloaded to the University of Sheffield's restricted, secure drive.
- Responses to closed questions will be imported into SPSS for statistical analysis. This will include measuring the prevalence of different experiences and views, exploring differences using ANOVA and identifying the correlation between how supported people feel and the size of the employing organisation. Open questions will be analysed using thematic analysis, utilising the coding framework developed for the qualitative methods (described below).

(15.4) Semi-structured interviews

- Semi-structured interviews will be conducted at the same time as the survey. Findings from the survey, semi-structured interviews and researcher reflective diaries will be integrated using a following-the-thread technique [27].
- The semi-structured interviews will complement the survey, enabling us to interview various stakeholders and explore in-depth issues arising with VCSE staff.
- Semi-structured interviews will be conducted with different types of VCSE stakeholders to explore their experiences of Professional Support. These will primarily be in the VCSE cases and others because they have a significant role in the field, such as VCSE Infrastructure Leads and commissioners.

- Service users will be given a £25 voucher for participating. Other stakeholders will not be renumerated because they will be interviewed as part of their professional role.
- We will include information in the recruitment materials about being able to make adaptions to facilitate inclusive involvement. We have a study budget that we can draw on to fund support, for example, if someone needs an interpreter at the interview or the recruitment materials reformatted in large print. We will do this case-by-case to meet people's different needs.

(15.4.1) Recruitment and Sampling

- We will interview staff, managers, commissioners, VCSE infrastructure staff and service users.
- We will conduct 42-46 interviews, including 4-6 interviews per VCSE case study and 12-16 (so approx. 6-8 in each ICS) other stakeholders, e.g., commissioners and VCSE infrastructure staff.
- We will develop a sampling frame, aiming for maximum variation, using variables suggested by stakeholders. This includes diversity in demographics, stakeholder role, size of VCSE organisation and experience of Professional Support. We are particularly interested in interviewing younger workers (aged 18-24), older workers, workers who used to be volunteers or service users and potentially VCSE workers who have recently left their roles.
- As interview recruitment will be staggered, we will seek to fill gaps in experiences as we recruit subsequent participants. We will collect information on these sampling variables through the interviewer, who will ask for the information via a proforma at the start of each interview.
- We will use key informant recruitment methods to identify potential participants. This will include spending time in VCSE cases, getting suggestions from Action Group members and selecting people from the survey. This will be people who have given explicit consent within the questionnaire for us to contact them about being interviewed.

(15.4.2) Approaching participants

- A member of the research team will contact potential interview participants via email.
- The initial contact will include a brief overview of the study, its purpose, and what we are asking from participants. It will include the Participant Information Sheet. This will outline the study's aims, procedures, risks, and benefits.
- People interested in being interviewed will be asked to contact the researcher.
- The researcher will arrange an interview with the person at a time and in a format suitable for them- this may be in person, online or over the telephone, depending on what is most suitable for perspective interviewees and dependent on logistics.

(15.4.3) Consent Process

- Informed consent will be obtained through a two-stage process for interviews.
- First, participants will receive the Participant Information Sheet as part of the invite process.
- Second, at the beginning of the interview, the researcher will review the Participant Information Sheet with the participant, answer any questions, and obtain written consent by

signature on a consent form. If the interview is happening online or over the phone, the researcher will go through the consent form and ask the participant to verbally agree after each statement if they are happy to proceed.

- The researcher will then record the participant's verbal consent using an encrypted recorder or Google Meet/Teams recording option (but only using the audio recording).
- The researcher will tick the “verbal consent taken “box on the consent form.
- The researcher will ensure that the right person is participating in the interview by triangulating their information with the participant by, for example, ensuring the participant confirms their name and email address and by setting the interview up through a verified email address, e.g. staff email, or a personal email (for service users) that has been provided from a VCSE/legitimate organisation email.
- Participants will be informed of their right to withdraw from the research before, during, or up to 2 weeks after the interview without any negative consequences.
- At the end of the interview, participants will also be asked for consent to be contacted for a potential follow-up interview 12-18 months later.

(15.4.4) Conducting the interviews

- Interviews will be conducted online, in person or over the telephone, depending on the interviewee's preference and logistics.
- If in-person, then the researcher will follow the lone worker policy. In-person interviews may occur at the university or in a private meeting room at the participant’s organisation. During in-person interviews, the consent form will be completed in person (described in the previous section). Interviews will then be recorded using an encrypted recorder.
- During online interviews, the participant will complete the consent form by providing verbal consent to the interviewer (described above). The interview will then be recorded using Google Meet or Microsoft Teams.
- At the start of the interview, the interviewer will explain the purpose of the study, check that the interviewee understands the Participant Information Sheet, answer any queries, and then give consent. The interview will be recorded.
- The interviewer will use the appropriate topic guide to ask a series of questions on the following topics:
- (1). How do organisations strategically determine the scope and content of their Professional Support programs, and to what extent do they employ systematic training needs analysis to ensure alignment with individual and organisational goals?
- (2). What experiences do staff have in delivering/receiving different types of Professional Support?
- (3). What are the facilitators and barriers to delivering/engaging in Professional Support?
- (4). What financial, human, and technological resources are allocated to Professional Support initiatives within organisations, and how are these resources prioritised and managed?
- (5). To what extent is managerial training essential for effectively delivering professional support, and what specific competencies and skills should such training address?
- (6). What is the organisation/systems culture, and how does this influence Professional Support?
- (7). How do EDI factors impact staff needs, delivery, and access to Professional Support?

- (8). For service users, the focus will be on exploring how they have found the delivery of VCSE services. This includes how service users feel the staff could be better at their roles, the impact of staff leaving on their care, and how they could be involved in delivering Professional Support.
- At the end of the interview, the interviewer will thank the participants for their time. They will ask the participant if they would be willing to potentially be contacted about a follow-up interview in 12-18 months. Interviewees will also be asked if they want to be added to the study mailing list to keep them informed about the study. Researchers will keep a record of this.

(15.4.5) Processing and transcribing data from the interviews

Following each interview, the following process will be adhered to:

1. **Secure Storage of Recordings:**
    - For face-to-face interviews, audio recordings will be transferred as soon as is possible from the University encrypted voice recorder to the secure University of Sheffield X drive.
    - For online interviews, audio recordings (extracted from the video if applicable) from Google Meet or Teams will be downloaded and immediately transferred to the secure X drive.
    - All recordings will be stored in a dedicated folder on the X drive, adhering to the established file naming convention (e.g., VCSE-Workforce_Interview_P001_20241026.mp3).
2. **Secure Transfer for Transcription:**
    - Audio files will be securely transferred to the professional transcription service. This transfer will utilise secure methods, such as encrypted file transfer protocols, to ensure data confidentiality.
    - Any data transfer will be conducted in line with university GDPR policy.
3. **Transcription and Quality Assurance:**
    - The professional transcription service will produce verbatim transcripts of the audio recordings.
    - Upon receipt of the transcripts, the research team will conduct a thorough quality assurance check. This will involve comparing the transcript to the audio recording to ensure accuracy and completeness.
    - If transcripts are generated by online meeting software, they will also be checked against the audio recording for accuracy.

4. **Anonymisation and Pseudonymisation:**
    - Following the quality assurance check, the transcripts will be anonymised/pseudonymised. This will involve removing any directly identifying information, such as names, specific organisational details (unless agreed upon), and other potentially identifying details.
    - A linking file will connect the pseudonymised participant IDs to the original participant information. This linking file will be stored separately and securely on the X drive with restricted access.
5. **Secure Storage of Transcripts:**
    - The anonymised/pseudonymised transcripts will be saved as .docx or .txt files and stored in a dedicated folder on the secure X drive, adhering to the established file naming convention (e.g., VCSE-Workforce_Transcript_P001_20241026.docx).
6. **Data Dictionary Updates:**
    - The data dictionary will be updated to reflect any new variables or codes that emerge during the transcription and anonymisation process.
7. **Destruction of Physical Consent Forms:**
    - After the signed consent forms have been scanned and saved to the secure X drive, the physical copies will be destroyed using confidential waste disposal procedures.

(15.5) Document analysis (Ongoing throughout the study)

- Throughout the work package, we will reflect on the content of relevant documents.
- Examples include organisations' supervision policies, strategy reports, training needs assessments and minutes of meetings discussing Professional Support.
- Researchers will work with stakeholders to identify appropriate documents.
- Researchers will read the documents, like the 'familiarisation' stage of thematic research [28]. The Researchers will reflect on the contents of their reflective diaries. A key aspect will be considering how the documents may confirm or contradict findings from other data sources.
- Formal document analysis will not be conducted, e.g. the documents will not be imported into NVivo for formal analysis; instead, they will provide a point of reflection.

(15.6) Reflective diaries (Ongoing throughout the study)

- Researchers will keep a reflective diary throughout the study [29].
- Researchers will reflect on encounters such as when attending a VCSE network meeting, decisions made at an Action Group meeting or after visiting a peer support workshop delivered by a VCSE case.

- On a monthly basis, the researchers will anonymise the content of their diaries, upload them to NVivo, and conduct thematic analysis using the same process as the interviews.

(15.7) Analysis of the different data sources

- We will analyse the interviews, reflective diaries and open questions on the questionnaire using thematic analysis [28].
- The CFIR and TIDieR constructs will form the basis of the initial coding framework.
- Thematic analysis will involve:
  (1). Familiarisation with the data
  (2). Generation of initial codes
  (3). Searching for themes
  (4). Reviewing themes
  (5). Defining themes
  (6). Write-up.
- We will seek input from the Expert by Experience groups and Action Groups, e.g. when reviewing the themes.

(16) WORK PACKAGE B- COST OF DELIVERING PROFESSIONAL SUPPORT INTERVENTIONS (ONGOING THROUGHOUT THE WORK PACKAGE).

(16.1) Aim- To calculate the potential costs of implementing different Professional Support interventions. The information will inform learning on the costs of different interventions and provide learning to stakeholders about how to cost similar interventions in the future.

(16.2) Method

- A costings questionnaire will collect information on the cost of setting up and delivering Professional Support interventions. This is based on methods used in previous studies [30].
- The costings questionnaire includes questions on staff time and backfill, management costs, human resources, administrative tasks, venues, and IT, including website development, media equipment, materials, travel costs, and subsistence.
- Stakeholders with support from the Embedded Researchers will conduct the questionnaire.
- We will use the questionnaire on 20-30 interventions across the six cases. Some interventions may be across cases, e.g. system-based approaches.
- We will use the questionnaire on 12-16 interventions during the exploratory phase.
- We will use the questionnaire on the co-designed interventions (actions). This will be approximately 12 different interventions.

(16.3) Processing and Analysing the Costing Questionnaire

- The Embedded Researchers will work with the Action Groups and Case Organisations to select which interventions to conduct the questionnaire/analysis on. Selection will be based on having a heterogenous mix of interventions.
- The Embedded Researchers will support the relevant stakeholders to complete the questionnaire on the selected interventions.
- The completed questionnaires will be analysed by Tracey Young- a health economist.
- This will be done through calculating costs for different elements of interventions and identifying trends across the data.
- The findings will be two-fold- (1) The analysis will provide information on the costs of different Professional Support Interventions. (2) The analysis will provide methodological learning on collecting the costings information and common costs across interventions which will be part of the findings to help stakeholders in the future to calculate the costs of Professional Support interventions.

(17) WORK PACKAGE C- CO-DESIGNING PROFESSIONAL SUPPORT STRATEGY ACTIONS (APPROXIMATELY NOVEMBER 2025-JANUARY 2026)

- We will work with each of the Action Groups to identify locally appropriate actions to facilitate the implementation of Professional Support.
- The Embedded Researchers will provide feedback on the emerging findings from the Mapping Review and Exploratory work, especially focusing on findings relevant to the site.
- The Embedded Researchers will support the stakeholders in developing Professional Support Actions. Each group will meet 3 times over a 4-month period. Given available resources, the groups will co-design feasible actions within the local context. These may be on a place-based or organisational level. We call these 'actions' to reflect the 'Action' nature of the research, but they could also be viewed as 'strategies' or 'interventions'.
- Examples of Professional Support Actions the groups may take forward include:
  - (1). VCSEs developing a supervision policy.
  - (2). Several organisations pool their budgets to deliver VCSE management training.
  - (3). A VCSE infrastructure organisation developing a directory of Professional Support opportunities that VCSE staff can access.
  - (4). An ICB developing a business case to enable VCSE staff to access occupational health services available to NHS staff.
- We anticipate that each ICS area (West Yorkshire and South Yorkshire) will involve four to six actions. Some of these actions may directly focus on introducing a specific Professional Support intervention, e.g., a VCSE that starts to deliver monthly group supervision. Other actions may focus on improving managers' skills to support staff, e.g., Management training. Other actions may address contextual barriers to implementing Professional Support, such as VCSEs pooling budgets to deliver a series of training courses for VCSE staff. Some actions may be 'place-based' whilst others may be 'organisation based).
- Members of the Action Groups will be responsible for progressing the proposed actions, including engaging relevant stakeholders and identifying resources. For example, managers of the VCSE cases may agree to implement a peer support programme within their organisations;

a VCSE infrastructure organisation may pledge to run training for managers, or an ICB commissioner may contribute funding to Professional Support within service contracts.

- It is recognised that the cost of potential actions could be a barrier to being chosen or implemented. This finding and the accompanying costings survey data will provide information on the costs of different professional support actions.
- The study will NOT be resourcing the Professional Support because that would not reflect 'normal' practice. This approach is consistent with other interventional studies (for example, how NHS sites must identify Excess Treatment Costs).

(18). WORK PACKAGE D- EVALUATING THE IMPLEMENTATION OF PROFESSIONAL SUPPORT ACTIONS (APPROXMATELY FEBRUARY 2026-DECEMBER 2026)

- Action Group members and other relevant stakeholders will progress the Professional Support Actions. Concurrently, the Embedded Researchers will inform the Action Groups of progress, exploring the implementation of the Professional Support Actions and their potential impact on VCSE staff regarding the intermediary outcome of staff feeling more supported. Given the study's duration, an improvement in workforce retention rates is unlikely.
- We will build upon the data collection methods used in the earlier work, including re-sampling many participants to understand what has changed.
- Data collection will include
  (1). Interviews
  (2). Follow-up survey
  (3). Document analysis
  (4). Reflective diaries
- The data collection and analysis will be conducted concurrently so that learning from emerging findings can be fed back to the Action Groups, who may use the findings to reflect on and potentially refine actions. For example, if it was found that there were implementation challenges with delivering a supervision programme due to a lack of engagement, then the Action Group may decide to refine who the programme is aimed at.

(18.1) Stakeholder and VCSE staff interviews (February 2026-October 2026)

- We will conduct longitudinal interviews with relevant WP3 participants who consent to be contacted again.
- We will also interview key informants who were not interviewed initially, e.g., HR managers who supported actions.
- We will interview 36-40 people.
- Recruitment will primarily be done by contacting previous participants.
- For new participants, we will utilise key informant recruitment approaches in terms of approaching them through their involvement with workforce initiatives.

(18.1.1) <u>Recruitment and Consent to the Interviews</u>

- The Embedded Researcher will email potential participants as they will be familiar with the study.

- We will have two invite emails- one for people we have interviewed previously and one for those who have not been interviewed.
- For all potential participants, we will provide a copy of the Follow-up Participant Information Sheet. This will be like the initial Participant Information Sheet but adapted to reflect that the second round of interviews is focused on the experience of implementing or accessing the actions.
- Potential participants will respond to the email if they are willing to be interviewed. From that email, the Embedded Researcher will arrange an interview date/time in the medium that best suits the interviewee and is partially logistically. This may be online, in person or over the phone. Reminder emails will be sent if necessary.
- At the beginning of the interview, the researcher will review the Participant Information Sheet with the participant, answer any questions, and obtain written consent by signature on a consent form. If the interview is happening online or over the phone, the researcher will go through the consent form and ask the participant to verbally agree after each statement if they are happy to proceed.
- The researcher will then record the participant's verbal consent using an encrypted Dictaphone or Google Meet/Teams recording option (but only using the audio recording).
- The researcher will tick the “verbal consent taken” box on the consent form.
- The researcher will ensure that the right person is participating in the interview by triangulating their information with the participant by, for example, ensuring the participant confirms their name and email address and by setting the interview up through a verified email address, e.g. staff email, or a personal email (for service users) that has been provided from a VCSE/legitimate organisation email.
- Participants will be informed of their right to withdraw from the research before, during, or up to 2 weeks after the interview without any negative consequences.

(18.1.2) Conducting the interviews

- Interviews will be conducted online, in person or over the telephone, depending on the interviewee's preference and logistics.
- If in-person, then the researcher will follow the lone worker policy. In-person interviews may occur at the university or in a private meeting room at the participant’s organisation. During in-person interviews, the consent form will be completed in person (described in the previous section). Interviews will then be recorded using an encrypted recorder.
- During online interviews, the consent form will be completed through the interviewee's verbal consent (described above). The interview will then be recorded using Google Meet or Microsoft Teams.
- The interviewer will use the appropriate topic guide to ask questions on the implementation and engagement in the Professional Support Actions. The topic guide will be developed based on the emerging findings from the earlier phases.

(18.1.3) Processing recordings, transcribing and analysis

- The same process will be followed for processing recordings, transcribing, and analysing as described in Work Package A.

(18.2) Follow-up survey (September 26 to November 2026)

- We will ask the baseline survey respondents to complete a follow-up survey to explore any change in how supported VCSE staff feel and their intention to leave their role.
- We will have personal email addresses to contact people who have left their roles. We anticipate 350 completed questionnaires accounting for 30% attrition, given not everyone will respond to the follow-up invite.
- We will initially send an invite email to the primary email address people provided when they complete the baseline survey. If we get a bounce back because someone is no longer available at that address, we will email the alternative email address they may have provided.
- We will send a follow-up invite two and four weeks after to remind people to complete the survey.
- As part of the invite and reminder email, we will summarise how the information collected from the first questionnaire has informed practice. This may encourage responses if people feel that the information they have provided has been utilised.
- To encourage completion, we will run another voucher prize draw, with 6 x £20 voucher prizes to encourage responses. Participants will be contacted using an online link to complete the questionnaire.
- If a participant completed the questionnaire in an alternative format, we will contact them directly as appropriate.
- As before, the questionnaire will include a mixture of open and closed questions. Examples of questions include:
  - (1). How supported VCSE staff feel, using the same measures as in the baseline survey.
  - (2). VCSE staff intention to leave.
  - (3). Perceptions of how Professional Support has changed over the last year.
  - (4). Opinions on the Professional Support accessed.
  - (5). Reasons why people may have left their roles.
  - (6). What Professional Support do people need (to identify if needs have changed)?
- We will develop, conduct and analyse the follow-up survey using the same processes as the baseline survey (described previously).
- The analysis will focus on how individual staff perceptions of feeling supported and their intention to leave have changed.
- We will match responses from the baseline and follow-up surveys to measure change on both an individual and population level.

(18.3) Reflective diaries and documents

- The Embedded Researchers will continue to utilise their reflective diaries and analyse documents (as described in WPA).

(18.4) Analysis

- We will continue to analyse the data sources using the methods described in WPA.
- We will undertake a within-case analysis to ensure that we can provide feedback to the cases about the impact of Professional Support.

- We will undertake a cross-case analysis to identify similarities and differences between the VCSE and ICS cases and to understand the reasons for divergence.
- We will use the findings to develop a Professional Support toolkit and training materials for managers and commissioners. We will also produce academic outputs.

(19) ASSESSMENT AND MANAGEMENT OF RISK

- Please see Appendix 4 for the risk assessment.

(20) RESEARCH ETHICS APPROVAL

- No participants will be approached or consented to the study until the Principal Investigator has received ethics approval from the University of Sheffield and confirmation from them that the study can commence.
- Amendments to the study will not be adopted until the ethics committee has approved the amendment.
- The Principal Investigator will ensure that the protocol is updated to incorporate proposed changes, that relevant study documents are updated to incorporate changes, and that version numbers are updated.
- Amendments will be recorded in Appendix 2 of the protocol. The Principal Investigator will be responsible for updating the protocol amendment log so that changes are cascaded.

(21) PEER REVIEW

- During the funding application process, the study underwent extensive peer review by >3 independent reviewers as part of the National Institute for Health and Care Research application process. Consequently, no subsequent review is required, nor has it been sought.

(22) PROTOCOL COMPLIANCE

- Accidental protocol deviations may occur during the study. They will be reported to the Principal Investigator and documented.
- The Principal Investigator will review deviations to reflect on why they may have occurred and what action needs to be taken e.g. a study process may need to be changed.
- If relevant, deviations will be flagged to the sponsor. The Principal Investigator will decide if this is necessary. The Sponsor will decide the appropriate course of action.

(23) DATA PROTECTION

- Adhering to University of Sheffield policies, we have produced a stand-alone Data Management Plan that details how we will process data within the study.

- This is available through contacting the research team at vcseworkforcestudy@sheffield.ac.uk

(24) DISSEMINATION POLICY

(24.1) Dissemination

- On completion of the study, the data will be analysed and tabulated, and a Final Study Report will be prepared and submitted to the NIHR (the funder)
- After peer review, the report will be available on the NIHR's website.
- Members of the team will have the right to publish elements of the study with permission from the Principal Investigator.
- The NIHR will be acknowledged within the publications. The NIHR needs to be sent copies of submitted manuscripts.
- Participants will be allowed to specify if they want to be sent the study findings. If they do, we will give them a Plain English study summary.
- The study protocol and full study report will be available after approval from the NIHR. No participant-level dataset will be available due to concerns about participant confidentiality as the VCSE sector is close knit and it may be possible to identify people.

(24.2) Authorship eligibility guidelines

- We will adhere to the CRedIT Principles (https://credit.niso.org).
- For each relevant publication, the lead author will ask potential co-authors to complete the taxonomy to indicate their contributions to outputs. Authors must meet at least two contribution criteria to be included. This includes commenting on drafts of the outputs.
- The study will work on the principles of inclusivity, including considering Experts by Experience.
- The lead author, in conjunction with the Principal Investigator (Dr Alexis Foster) will decide on authorship.
- Lead authors are responsible for keeping records on any decisions made regarding authorship.
- The study will have a standalone publication plan and policy.

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(26) APPENDICIES

(26.1) Appendix 1- Systematic Mapping Review- Protocol

VCSE Workforce Systematic Map Protocol

Title: Implementing professional support strategies for the voluntary sector workforce; a systematic mapping review.

Type of review:

Systematic map

Authors: Gamze Nalbant, Lorna Burns, Alexis Foster, Kerryn Husk

Background:

The NHS and local authorities (LAs) are reliant on, and fund, VCSEs including charities and community groups to deliver health and wellbeing services. There are 165,658 VCSEs in the UK, with over a third likely to deliver some health and wellbeing services (exact figures unknown) (1). Examples include local VCSEs including Darnall Wellbeing, national organisations with local sites such as the British Red Cross and local organisations affiliated with national VCSEs including Age UK Sheffield. Three percent of the UK workforce (950,000 people) are VCSE employees, with numbers increasing (1). Some employees are health and wellbeing staff (we call these VCSE staff) who deliver support to service users. Examples include Link Workers, Wellbeing Coaches and Health Trainers. VCSE staff deliver person centred care focused on underlying social factors that drive poor health outcomes to vulnerable people including carers and asylum seekers (2). Services include dementia support groups, counselling and social prescribing. Whilst the specific role VCSE staff undertake differs, there is an emphasis on staff having experiential knowledge, social skills including being approachable, non-judgemental and having cultural awareness (3). Unlike healthcare professionals, VCSE staff do not have a standardised professional qualification, training programme or registry body.

Service users value having skilled and consistent VCSE staff and report feeling ‘bereaved’ and their care being disrupted when staff leave (4). A fifth of organisations report an increase in retention issues with 43% reporting that recruitment is getting harder (5). In another audit of 24 organisations, there was a turnover of 17% of staff with 66% of VCSEs reporting losing at least one member of staff recently and that when staff left, they took with them valuable knowledge and experience which was difficult to replace (6). An audit of Link Workers, employed in both VCSE and NHS settings, found that a third were considering leaving their role [g]. Staff leaving VCSEs is particularly problematic for service users because they may be vulnerable, have had adverse experiences with state-based services and the nature of support often has a ‘befriending’ nature with VCSE staff developing rapport and a holistic approach to supporting someone rather ‘treating’ a condition (7).

Studies on retention of different professions have found that there are interacting factors which lead to people remaining in or leaving their roles. These include (a) environmental factors including organisational culture such as willingness to support and develop staff; (b) relational factors in terms of

professional dynamics including leadership and colleague support networks; (c) and individual factors including resilience and wellbeing (8). Within the VCSE sector key reasons for people leaving their role have often been environmental including pay and short-term contracts and individual factors in terms people leaving the workforce due to Covid-19 and people struggling mentally because of the pressures of the role (9). Despite these multiple factors, it has been proposed that if VCSE staff feel supported in their role, then they are less likely to leave because they enjoy their work and other factors become less of a problem (9). This is consistent with the opinions of VCSE staff consulted when developing this application and with trajectories in other healthcare professions.

A key method for supporting staff is through organisations delivering Professional Support, for example supervision and training. Current policy, supported by evidence (discussed below), including the NHS Peoples Plan, emphasises the importance of providing adequate Professional Support to healthcare related staff. This is because whilst Professional Support is aimed at individual employees, it incorporates environmental and relational factors because it can improve organisational culture and can develop support systems amongst staff.

Professional Support is defined as activities provided through the workplace or professional networks rather than informally from family and friends. Typically, people may access a number of approaches as part of their role (10). Key approaches include:

1. Continuing education and training/Continuing Professional Development activities- formal activities including courses to improve people's knowledge and skills to undertake their role.
2. Supervision- involves a supportive relationship between the employee and a more experienced person that facilitates reflective learning. Supervision can take different forms e.g. individual and group, clinical and case management.
3. Mentoring and Coaching- involves a supportive relationship between a worker and a more experienced staff member to provide people with space to reflect and explore issues relevant to their role and development
4. General support mechanisms- This category is broader and relates to approaches including being embedded within a team, peer support and accessing a community of practice.

However, there has been a lack of focus on the identification and implementation of Professional Support for VCSE staff.

Objective of the review:

We will undertake a theory-driven, mixed-method mapping review seeking to understand ***what strategies (for example, mentoring) can lead to the retention or increased wellbeing of VCSE staff working in paid roles in the UK***.

Methods:

We will conduct a systematic mapping review. Mapping reviews do not aim to answer a specific research question or appraise the evidence but represent an exploratory approach to describe the nature of the evidence base, highlight gaps, and identify trends (11, 12). The process involves rigorous systematic searching and data extraction methods, with a visual and narrative synthesis of the findings. Our methodological approach is detailed below. We will draw on the systematic mapping methodology

promoted by the Collaboration for Environmental Sciences, including completing the Reporting Standards for Systematic Evidence Synthesis (ROSES) checklist for systematic map protocols (13).

We will seek to identify implementation packages and individual strategies, and report what has been previously deployed across these sectors to retain and increase wellbeing in their workforces. We will be interested in and seek to explicate the mechanisms by which these strategies are said to work and therefore we will be interested in programme theories; we are therefore 'theory-driven' methodologically, as we have done in previous reviews on linked topics (14).

Search strategy:

In keeping with other systematic reviews of public health interventions, and in line with the approach detailed by Cooper et al. (2018)(15), we will have two main approaches to identifying studies: database searches and robust grey literature identification (16).

Database searches

We worked with an information specialist to design and refine searches for this review. This strategy will be devised, tested and refined by our information specialist, who will also conduct searches and export results to EndNote. Database searches will be run in standard databases (e.g. Scopus, Web of Science Core Collection, Medline via Ovid, and Embase via Ovid).

Search strategies were developed with an information specialist and are given at the of this protocol.

Grey searches

As with other reviews on both social prescribing (17) and linked green social prescribing activities (14), we knew that a large proportion of relevant information would lie outside of the formal academic literature. As such we will expend significant time conducting searches of the grey literature, in line with Cooper et al. (2018) (15).

Broadly, we will take two approaches to these searches. Firstly, we will undertake standard methods to identifying studies outside of the academic literature and as previously described in detail (15, 18). For the reasons given above we will limit these searches to English. We will: contact known authors and experts in the field and ask for further papers or contacts in a snowball approach; we will identify and contact relevant organizations to ask for evaluation reports or further contacts, and we will undertake Google searches (first 100 results, pasted into Word for recording) to identify websites and other organizations to contact and also search these organizations' webpages where possible.

Inclusion Criteria:

Participants

Our scoping work for this submission indicated that there was a limited literature directly relating to the VCSE workforce and their wellbeing or retention. There is a larger literature that relates to the health and care workforce. The latter category will be relevant but not in their entirety (there are few transferable lessons between link workers and surgical trainees, for example). Therefore, we include paid staff in VCSE sector or staff in frontline, community roles, who are not regulated professionals.

Intervention

The interventions of interest are wide ranging and may incorporate programmes that are aimed at individuals in the VCSE workforce as well as at organisations.

Context

We will include studies that relate to the UK. We are aware that there is evidence from similar roles in other countries (e.g. Canada, Australia) but the differences in populations, healthcare and employment contexts mean that generalising across all studies would be problematic. We also acknowledge that there are some key differences (though to a much lesser extent) in these variables between the nations of the UK; and will try to draw those differences out in synthesis.

Types of studies

We will include evidence which is of relevance and contributes to our understanding of the programmes or strategies that are thought to lead to the retention or increased wellbeing of paid VCSE staff in the UK.

We will include a broad range of evidence:

- studies reporting primary data using any recognised method (both quantitative or qualitative)
- programme descriptions in journal articles or grey sources that describe a specific case

We will therefore exclude sources that are:

- report opinion rather than evidence or specific cases, for example commentaries or editorials on the field in general

Screening procedure and criteria

For records identified through database searches, titles and abstracts will be screened by one reviewer (GN/KH), with a percentage dual assessed, against inclusion criteria using Rayyan. Full-texts will be accessed for studies which were included or where inclusion remains unclear. These full-texts will be screened by one reviewer (KH, GN), with a percentage dual assessed, and disagreements resolved through consultation with a third reviewer (LB/AF).

Studies identified through our grey literature searches will be screened at full-text stage by one reviewer and checked by another (GN/KH).

Critical appraisal

Given this is a mapping review and we include a broad range of reports and are seeking to explicate the ways in which pathways function and in what ways for what groups, we will not undertake formal critical appraisal of studies. This is in keeping with other systematic mapping reviews and the guidance published.

Data extraction

Meta-data relating to included studies will be extracted and organised in tabulated format in order to summarise the scale, scope and coverage of the evidence base in this area. We will organise data extraction of included studies based on the type, scale, scope and coverage of the organisation using NCVO Almanac criteria (1). This will include intervention types and outcomes, guided by the CFIR, TIDieR and CICI frameworks (19-21), where possible, as well as study characteristics such as methodological approach, sample size, date, and location.

Synthesis:

We will present tabulations of the evidence base using the data extraction criteria as a framework. We will aim to report implementation strategies by sector and, where possible, job role. We will report the success or otherwise of particular approaches where we are able to do so, as well as the ways in which strategies are thought to work. Alongside these tabulations we will present narrative summaries of included studies and suggestions for how these might be relevant, or not, in translation/adaption to the VCSE workforce.

Included quantitative studies will be tabulated and coded according to the pathway and outcome domains, with colours denoting differing organisations and – where appropriate – impacts on individuals, communities and systems. Coding will be conducted by one reviewer and checked by another.

Included qualitative and other studies will be coded, using the same frameworks, in NVivo, by one reviewer and checked by another.

We will bring together these syntheses into an overall narrative synthesis describing the knowledge clusters and gaps, as well as how these data relate to relevant linked topics.

Sample Search Strategy

Ovid MEDLINE(R) and In-Process, In-Data-Review & Other Non-Indexed Citations <1946 to December 04, 2024>		
1	Charities/	4084
2	Organizations, Nonprofit/	3525
3	(charity or charities).tw.	5829
4	(voluntary adj1 (sector or organi?ation* or association*)).tw.	1349
5	(VCSE or VCFSE or "social enterprise*").tw.	316
6	("third sector" or "3rd sector").tw.	501
7	((nonprofit* or non-profit* or not-for-profit*) adj1 (sector or organi?ation or service*)).tw.	1545
8	Non-governmental organisation*.tw.	1337
9	community-based organisation*.tw.	253
10	community hub*.tw.	82
11	community network*.tw.	1063
12	community partnership*.tw.	2016
13	social prescriber*.tw.	13
14	("link worker*" or linkworker*).tw.	167
15	community connector*.tw.	17
16	welfare advisor*.tw.	11
17	debt advisor*.tw.	6
18	health coach*.tw.	1493
19	health trainer*.tw.	79
20	("frontline worker*" or "frontline role*").tw.	1064
21	project worker*.tw.	59
22	complex needs worker*.tw.	0
23	("community mental health builder*" or "community builder*").tw.	17
24	community organiser*.tw.	6
25	("community development worker*" or "community health worker*").tw.	6944
26	("community navigator*" or "community activator*").tw.	33
27	("Local Area Coordinator*" or "Local Area Co-ordinator*").tw.	1

28	("neighbourhood manager*" or "neighbourhood warden*").tw.	1
29	("peer mentor*" or "peer navigator*").tw.	1354
30	advocacy worker*.tw.	5
31	or/1-30	30859
32	Mentoring/	4712
33	(mentor* or shadowing or secondment).tw.	28537
34	supervision.tw.	39222
35	Staff Development/ or Personnel Management/	25655
36	((staff or workforce or team or employee* or personnel or professional) adj3 (development or training or support or performance or appraisal or skills or education or wellbeing or motivat*)).tw.	85278
37	peer support.tw.	7918
38	Community of Practice/	29
39	("community of practice" not ("community practice" or "community-based practice" or "community hospital practice" or "community pharmacy practice" or "community led practice" or "community oncology practice" or "community group practice" or "community psychiatric practice")).tw.	2059
40	(shar* adj1 (practice or resource*)).tw.	2482
41	((funding or bid or revenue or grant* or financial or legal) adj2 (skills or training)).tw.	1566
42	("staff training" or "professional training").tw.	7682
43	((staff or worker* or workforce or employee* or personnel) adj3 (recruitment or retention or turnover)).tw.	5074
44	("job satisfaction" or career* or burnout or workload or "work-life balance" or "flexible working").tw.	124495
45	case management.tw.	12979
46	job design.tw.	293
47	((recruitment or retention or workforce) adj3 (intervention* or program*)).tw.	4700
48	Employee Performance Appraisal/	4694
49	employee assistance programme*.tw.	30
50	human resource*.tw.	14950
51	or/32-50	324588

52	31 and 51	4714
53	United Kingdom/	252681
54	Great Britain/	252681
55	Ireland/	20878
56	Northern Ireland/	5378
57	(national health service* or NHS*).ab,in,ti.	295876
58	(gb or "g.b." or britain* or (british* not "british columbia")).ab,in,ti.	121771
59	(UK or "U.K." or United Kingdom*).ab,in,ti.	1909494
60	(England* not "new England").ab,in,ti.	133638
61	(Ireland or Irish or Scotland or Scottish or ((Wales or "South Wales") not "new South Wales") or Welsh).ab,in,ti.	317065
62	(bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or "chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or ((london not (ontario* or ont or toronto*)) or ("london's" not (ontario* or ont or toronto*)) or manchester or "manchester's" or (newcastle not (new south wales* or nsw)) or ("newcastle's" not (new south wales* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts* or boston* or harvard*)) or ("worcester's" not (massachusetts* or boston* or harvard*)) or (york not ("new york*" or	1868405

	ny or ontario* or ont or toronto*)) or ("york's" not ("new york*" or ny or ontario* or ont or toronto*))))).ab,in,ti.	
63	(bangor or "bangor's" or cardiff or "cardiff's" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ab,in,ti.	75659
64	(aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or (perth not australia*) or ("perth's" not australia*) or stirling or "stirling's").ab,in,ti.	275047
65	(armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ab,in,ti.	36679
66	53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65	2848250
67	(exp africa/ or exp americas/ or exp antarctic regions/ or exp arctic regions/ or exp asia/ or exp oceania/) not (exp great britain/ or europe/)	3496971
68	66 not 67	2687524
69	52 and 68	744
70	69 not (comment or letter or news or "review" or "systematic review").pt.	634

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(26.2) Appendix 2 – Amendment History

Amendment No.	Protocol version no.	Date issued	Author(s) of changes	Details of changes made

(26.3) Appendix 3- Study Organisation Structure

(26.4) Appendix 4- VCSE Workforce Research Study: Risk Assessment

What is the hazard?	Who might be harmed, and how	Controls	Action	Level of Risk
Unforeseen loss of services of a member of the team, for example, through long-term illness or leaving current employment.	The study may face delays in the progress/reporting of the evaluation.	This is a collaboratively designed project; therefore, this minimises the risks concerning staffing issues - each university representative has access to expertise within their organisation; therefore, the team can share the remaining tasks. The loss of expertise is not a particular concern due to the strength of in-depth expertise across the institutions.	On-going progress monitoring by the Principal Investigator and re-assignment/redeployment of staff if necessary.	Low
Work undertaken by the project team does not meet NIHR expectations.	NIHR may not be happy with the study.	We have worked closely with the NIHR and will continue to do so throughout this work to deliver a high-quality and relevant evaluation.	We will also produce regular updates and reporting throughout the evaluation, allowing discussion.	Low
Organisation case studies drop out or cannot	The study may face delays in the	All organisation case study sites will be made	We will ensure we have alternative organisation	Medium

participate/provide data	progress/reporting of the evaluation.	aware of the associated requirements prior to recruitment and, therefore, are aware of the ask to participate for the duration of the study.	case study sites as a backup.	
Health and safety issues (researchers) 1. lone working of researchers 2. With regard to the researchers, the project may also entail travelling by public transport to reach the data collection sites.	1. Any research project entails some risks for the lone-working researcher, especially those that are based off the university premises; consequently, safety is paramount. 2. This project entails travelling to different localities, across South or West Yorkshire. Consequently, the project entails two main health and safety risks related to travelling: tiredness and the risk that researchers fall sick while away.	1. There will be some lone work, so all members of the research team will adhere to the health and safety policy of the Universities. A mobile phone will be carried to the appointments by all the researchers involved in the data collection process and details of the destination will be left with a contact member of the relevant University. On completion of the data collection, the researchers will report back. 2. In order to reduce the impact of tiredness, the	1. Staff aware of each universities Lone working policy & travel policy. In addition there will be a checklist for data collection including system for contact and use of mobile phones. 2. When conducting data collection researchers should comply with building registration system (sign in and out) and any local health and safety requirements. There will always be members of staff present in the buildings used for data collection.	Low

		researchers will plan data collection in advance, and the area is relatively local to the researcher's office base, so journeys made will be short and will not involve any extensive or demanding travel arrangements. With regard to the risk of falling sick during the trip, it is foreseen that the researchers will be able to refer to local NHS drop in centres or, if needed, the local A&E Department.		
The participants may divulge sensitive information during the data collection processes.	Participants may potentially disclose issues that may cause harm to themselves and others.	Clear participant information sheets will be made available and consent/assent processes will be clear. Members of the research team are experienced in working with vulnerable research participants and inappropriate	The research team will inform the participants that they have a duty to divulge any sensitive information that impacts confidentiality and might cause harm to themselves or others. To ensure safeguarding, we will set out the circumstances under which information given by a participant would be disclosed in the interests of their safety, including details on the	Low

		consent/assent processes. All the participants in the data collection will be made aware of the limits of confidentiality as outlined in the participant information. If any disclosures relate to matters of safeguarding, there is a duty to ensure the safety of the participants over our responsibility as researchers to guarantee confidentiality.	project information sheet and the consent forms.	
The participants may become distressed during the qualitative data collection.	The interviews and the questionnaire ask about experiences and views related to working in the VCSE sector, particularly regarding Professional Support. This has the potential to cause some emotional distress if participants recall difficult or negative experiences.	Members of the research team are experienced in conducting sensitive interviews. If they become distressed or upset, the research team will pause or stop the interview and signpost appropriate mental health support (such as their GP).	The research team will ensure that adequate support is available to participants if they become distressed due to their participation. If any participants become distressed or upset during the data collection, they will be asked if they wish to delay or discontinue participating.	Low

		The research team will work closely with the Experts by Experience Group and agree on the approach to be used before the commencement of the data collection.		
Due to the nature of the project, it is not foreseen that there will be any physical risk to the participants in the qualitative data collection undertaken.	Researchers and research participants may be physically harmed during qualitative data collection.	Data collection will be undertaken in places such as organisation premises that are subject to the usual health and safety protocols. Thus, no specific health and safety risks outside the regular ones faced by the participants in their usual engagement with projects are foreseen for this study.	The study will conform to the Social Research Association's ethical guidelines. In adopting a participatory research approach, researchers and those who are researched are recognised as active participants in the research process. This research approach also addresses some of the power imbalances between the researcher and the researcher.	Low
The researchers may become distressed during the qualitative data collection.	Participants may talk about sensitive topics that the researchers may find distressing	The research team are experienced in qualitative methods. Additionally,	The research team will (where feasible) check in with the PI after data collection to talk about their distress.	Low

		they have all conducted studies that included particularly sensitive topics.		
Potential breaching of anonymity and/or confidentiality during the survey or interviews.	There is the potential that participants may breach each other's participant's anonymity and/or confidentiality as we may recruit from the same organisation.	At the introduction to the data collection, the research team will discuss anonymity and confidentiality.	The research team will discuss anonymity and confidentiality in the PIS and remind participants before the survey questions.	Low
We are aware of the risk that the study may raise expectations of immediate service changes in the participants who participate in the qualitative data collection	The study may face unrealistic expectations from the organisations and participants may face disappointment.	At the introduction to the data collection, the research team will explain the remit of the work.	This will be managed by providing information about the study and its expected outcomes in a transparent way provided at several points and in different formats (e.g. participant information sheets).	Low