



Volunteering

involving people and communities
in delivering and developing health
and social care services

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Contact details	Carolyn Heaney/Sally Cooke Third Sector Partnership Team Room 3E40, Quarry House Quarry Hill Leeds LS2 7UE 0113 254 5455 visionforvolunteering@dh.gsi.gov.uk	
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Foreword by the Minister of State for Care Services



Throughout my professional and political life, I have seen at first hand the enormous difference that volunteers can make to the experience people have of the health and care services they come into contact with. As a Government,

we are clear that volunteers make an enormous contribution to almost every sphere of health and social care. Volunteering helps to create people-centred services. It keeps people active, engaged and independent. And it helps to meet the support needs of patients, carers and users of care services. We see volunteering very much as part of our shared future. That is why we are setting out a vision for volunteering and a framework for action to promote and support volunteering in health and social care.

There is considerable untapped potential within our communities and among those using services, and this could help us to achieve better outcomes in health and social care and to reduce health inequalities. This is not about replacing paid professionals: it is about re-imagining how services interact with the people who encounter them and with the communities they serve.

Of course, there are challenges in this. For example, there are big differences between the proportions of those who volunteer from different age and socio-economic groups, and there are many factors that can prevent people from getting involved. But we know there are things that we can do – through cross-sector partnership across the whole health and social care system – to overcome these. There are also great opportunities to increase and enhance the involvement of people, as the examples in this document demonstrate.

It is interesting that, since the recession hit, more people have come forward as potential volunteers either direct to organisations, through Volunteer Centres, or via websites like Do-it.org.uk. This may be because more people have more time, or because, they are looking for new skills or work opportunities. It might also be because, at times like these, people become more aware of what is going on in their community and more mindful of the needs of others. Whatever the reasons, volunteering presents a wide range of opportunities for people to learn, share, meet other people and contribute something.

The full value that volunteering adds to society is literally immeasurable. However, we know that it helps to transform many thousands of lives each year. For this reason, we are ambitious for the future. We have set out a long-term vision for the change we would like to see. We are taking a collaborative approach to encourage and support others to create more volunteering roles and encourage a more diverse range of people to engage in volunteering in ways that suit them.

We are committed to making a difference through our dedicated funding streams, by influencing others and by working with partners across the health and social care system to achieve the change that is needed for our long-term vision to become a reality. We are enormously grateful to the many partners who have helped us in establishing this vision, and to the volunteers who have agreed that we can share their profiles in this document. I would also like to offer my personal thanks to all those who volunteer in health and social care roles: they are the inspiration for the work we are doing and plan to do in support of this vision for the future.

A handwritten signature in black ink that reads "Phil Hope". The signature is written in a cursive, slightly slanted style.

Phil Hope

Statement of support from Rt Hon. Angela Smith MP, Minister for the Third Sector



I meet a wide range of organisations that involve volunteers in activities that make a real difference to the lives of others. Many of these organisations are based in the

health and social care sector, and it is highly likely that anyone who has recently received treatment in a hospital or has received care support from a third sector organisation has been helped, in some way, by a volunteer. Without these volunteers many of the services, in health and social care and beyond, that we take for granted either would not exist or would be distinctly different. That is why this new strategic vision is so important. It is part of a cross-government focus on volunteering, and recognising the role of volunteers in delivering support and adding to our public services, both now and in the future. I welcome this strategic vision, particularly as the Department of Health has worked closely with third sector organisations to shape it, and because it is providing commissioners and leaders of local health and care services with a clear framework and case for the involvement of volunteers.

A handwritten signature in black ink that reads "Angela Smith".

Angela Smith

Executive summary

Our vision is of a health and social care environment in which volunteering is encouraged, promoted and supported wherever it has the power to reduce inequality, enhance service quality or improve outcomes for individuals and communities.

The emphasis for future health and social care provision is on better quality and more personalised services. This presents new roles and opportunities for volunteering which complement the services provided by the paid workforce and engage the expertise of service users in the design and delivery of services. We see volunteering very much as part of our shared future. That is why we are setting out a vision for volunteering and a framework for action to promote and support volunteering in health and social care.

'This is not about replacing paid professionals. It is about re-imagining how services interact with the people who encounter them and the communities they serve.'

Phil Hope MP
Minister of State for Care Services

Volunteers are involved across almost every sphere of health and social care in a wide variety of roles, including in hospitals, in voluntary organisations, in mentoring, peer support and self-help activity, in co-production of services and as representatives in Local Involvement Networks. Volunteering can, and does, contribute significantly to:

- quality, choice and innovation in services;
- building social capital and reducing isolation;

- enhancing the capacity of preventative care;
- meeting the culturally specific needs of health and social care service users; and
- increasing the connections between citizens and the services they use.

Together, these points build a strong case for people across the health and social care system to refresh their thinking about volunteering and its role in their organisation or community.

'As well as improving outcomes for patients and the recipients of health and social care, volunteering can also bring health benefits to the people who actually volunteer.'

Baroness Neuberger

Our aim

The vision is designed to engage everybody working in the health and social care system in the public and third sectors. Its aim is to:

- enhance the **profile** and involvement of volunteers in health and social care;
- highlight the **potential** of volunteering in terms of health and well-being;
- improve the **evidence base** for investment in volunteering, volunteer-involving organisations and volunteer management;
- promote **best practice** in the engagement and support of volunteers;
- **reduce obstacles** and **increase opportunities** to make volunteering inclusive and accessible to all; and
- **inspire, facilitate and enable change** in support of our vision.

'There is potential to engage more people in volunteering in future by developing a range of flexible opportunities that meet people's different motivations. This wider engagement in health and social care provision would help to enhance impact and build trust between public services and the communities they serve. To achieve this will take positive and practical joined-up work between public services and third sector organisations.'

Lynne Berry OBE
Chief Executive, WRVS

Achieving change

Comprehensive consultation informed the vision, and endorsed the five strategic themes around which it is focused. For each theme the strategic vision identifies the key issues, what the Department of Health (DH) is doing to make progress and action that others can take in support of the strategic vision:

- **Leadership** – The strategic vision provides a starting point and an opportunity for leaders in this field to be at the forefront of service innovation, community engagement and improved user experience. The vision needs commitment from leaders across the health and social care system to promote volunteering wherever it can help to improve health and social care outcomes for patients and service users.
- **Partnership** – Delivering sustainable care and support in the future will require a partnership between individuals, families and carers, third sector organisations, local service providers and the state. Realising the vision for volunteering will also require a partnership between all those partners locally who have shared and complementary interests in volunteering.

- **Commissioning** – Building on local leadership and partnership arrangements, the vision looks to commissioners to reflect the volunteering agenda in their own commissioning processes, with local people, volunteers and representatives of third sector organisations effectively involved from the early needs assessment and service design stages of commissioning.
- **Volunteer management** – Volunteer managers in any sector have a vital role to play in ensuring that volunteer involvement is fulfilling, effective and safe. Where volunteers work alongside paid staff, volunteer managers provide an essential link to ensure that the paid staff have the support and information they need in order to work well with volunteers.
- **Support for individual volunteers** – A broader range of volunteering opportunities, better supported and more widely advertised, would inspire and enable more people to get involved. It is important for any group or organisation involving volunteers to strive towards good practice in the four elements of promoting, recruiting, supporting and celebrating volunteers.

'I have spent over 30 years working in the NHS and have seen at close hand the major contribution that volunteers make every day. Volunteers play such a key role in linking local people and their hospitals and health services and to improving the experience of people who use our services. Those responsible for supporting volunteering have a valuable and important role in the NHS.'

Sir David Nicholson CBE
NHS Chief Executive

Next steps

DH has produced this strategic vision to raise the profile of volunteering, stimulate and inform discussion and act as a focal point for the energy and enthusiasm that many leaders across government and the health and social care system have for this agenda. The vision puts forward a strong case for leaders, partners and commissioners across the health and social care system to consider when and how volunteering might support the achievement of local priorities for individuals and communities, and where strategic investment might be justified to support this. DH will use the framework set out here to focus its own activity and promote and support action by others across the health and social care system in the future.

DH welcomes your views and support in helping to achieve this and in sharing learning across the health and social care system. Contact us at:

visionforvolunteering@dh.gsi.gov.uk

In addition to this full strategic vision document, a more detailed executive summary is also available as a separate publication. All related documents are available on the DH website at: **www.dh.gov.uk/en/Aboutus/OrganisationsthatworkwithDH/Workingwithstakeholders/DH_4106003**

1. Introduction

There is a long and inspiring history of volunteering in health and social care. Volunteering and user involvement pre-date the establishment of the National Health Service (NHS), with many hospitals and well-known organisations founded, then as now, by volunteers acting as agents of social change and raising funds to finance services that people really value. Volunteering continues to play a vital role in the provision of health and social care in a broad range of statutory settings, through third sector organisations and in the wider community. Although the full value of volunteering is notoriously hard to quantify, its impact is huge. There are very many compelling examples and project evaluations that demonstrate the difference volunteering can make to:

- the delivery of high-quality care and support;
- improved health and well-being; and
- reduced health inequalities.

In 2008, the Department of Health consulted on the development of a strategy to support volunteering in health and social care.¹

Responses to this consultation established a high degree of consensus on a number of the key issues raised. These have been the focus of subsequent work with partners and stakeholders, including NHS Employers, unions, local government and third sector representatives, to develop this strategic vision and the priorities set out here.²

Volunteering makes a unique and powerful contribution to society. Volunteers often provide support to people at vulnerable points in their lives and when the services they need can appear complex, formal and sometimes frightening. In the course of developing this vision we have come across examples of volunteers involved in almost every sphere of health and social care. These include:

- provision of information, advice and advocacy in community and hospital settings;
- mentoring, befriending, peer support and self-help groups for carers and service users;
- home support, translation services, meals on wheels and community transport;

Stroke befriending in Kensington and Chelsea

The Family and Carer Support Service in Kensington and Chelsea, West London, provides peer support, advice and information for stroke survivors, their families and carers. All the befrienders are volunteers and some are stroke survivors themselves. They provide emotional support and help the person to take part in activities that they enjoy. Befrienders provide a listening ear and help to reduce anxiety,

improve morale and increase confidence. The Kensington and Chelsea service is operated by the Stroke Association, which runs many similar schemes around the country. These services support the Vital Signs indicator on implementation of local stroke strategies, which is a national priority for primary care trusts (PCTs). Stroke Association research has shown that befriending schemes help to reduce isolation, improve social interaction and provide respite for carers.

¹ Department of Health (2008) *Towards a Strategy to Support Volunteering in Health and Social Care: Consultation*.

² See Annex 1 for details of the Volunteering Strategy Working Group.

Bump Buddies in Hackney

More than 50 volunteer 'bump buddies' have been trained to provide information and support to pregnant women in Hackney, east London. The peer support project is part of Hackney's reducing infant mortality programme, which was commissioned by the Local Strategic Partnership following a review of health inequalities priorities. Bump Buddies is commissioned and funded by NHS City and Hackney and run by a local charity, the Shoreditch Trust. Since 2007 the volunteer

mums have worked with more than 550 pregnant women, helping to increase breastfeeding rates, improve attendance at antenatal classes and reduce emergency hospital admissions for new babies. There has been a focus on Hackney's African, Caribbean and Turkish/Kurdish communities, which have above-average infant mortality, and many of the volunteers come from these communities. The project is now looking to engage women from the Orthodox Jewish, Somali and Pakistani communities.

- health improvement, sports, recreation, community walks and healthy eating initiatives;
- respite and other support services for carers; and
- provision of complementary support in hospitals in areas as diverse as spinal injuries, gender reassignment and A&E.

There are millions of volunteers providing support and intervention for service users, patients, their families and carers in this country. Much of this volunteering takes place in communities, providing the emotional and practical help that people need to manage their individual circumstances and remain as safe, happy and independent as possible.

By creating social connections and links between people sharing similar experiences and/or living in the same locality, volunteering helps to build social capital and resilience within communities. In turn, this complements and reduces pressure on mainstream statutory

services and improves the quality of care and support overall. Where volunteering is valued and effective partnerships are developed between communities and service providers, people's experience of these services and their outcomes can be significantly enhanced.

The emphasis for future health and social care provision is on better quality and more personalised services. *High Quality Care for All*,³ urges the NHS to place quality at the heart of everything it does. *Putting People First*,⁴ and the transformation of adult social care services increasingly place individuals in control of decisions about the services they receive and the resources that pay for them. *Putting People First* also promotes the role of user-led organisations and emphasises social capital as a key component in successful transformation. These developments present new roles and opportunities for volunteering that complement the services provided by the paid workforce and engage the expertise of service users in the design and delivery of services.

³ Lord Darzi (2008) *High Quality Care for All: NHS Next Stage Review Final Report*.

⁴ HM Government (2007) *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*.

Estuary League of Friends

Estuary League of Friends is a charity serving Topsham and other areas around Exeter, Devon. It works in partnership with GP surgeries to provide support to more than 850 older people, people with disabilities and carers. Activities include a day centre, lunch clubs, home support, shopping trips, outings and a nail-cutting service. The aim is to develop people's independence, improve their quality of life and reduce isolation. The charity's income (just over £200,000 in 2009/10) comes

chiefly from donations, two shops and service charges, with some PCT funding. It is supported by 75 volunteers. The manager has an NVQ Level 5 in People Strategy, delivered through Attend Academy (part of national charity Attend, which represents Friends groups and champions volunteering in health and social care). In a survey of 66 local GPs conducted in 2009, 94% said the Estuary League of Friends helped people to maintain their independence. They also said it helped to prevent carer breakdown and that its transport service reduced the number of GP home visits.

The move towards greater patient and public engagement in the design and delivery of NHS services, along with the potential that many third sector organisations bring to service provision, has brought the role of volunteers and the priorities emerging from our consultation further to the fore.

This strategic vision recognises that there may be significant untapped potential within our communities. We see real opportunities to build on existing good practice and achieve more through strengthened leadership and collaboration to promote and support voluntary activity wherever it adds value. The strategic vision set out here provides a platform on which to build and realise that potential, capture its impact, and promote and support volunteering more systematically across health and social care – be that out in communities; through third sector organisations, service user or member groups; or in complementary

roles alongside the paid workforce in various settings.

While this strategy does not place new mandatory requirements on the NHS or local government, we hope our vision and the examples set out here will inspire others to act, develop new approaches to involving volunteers, and work with us to transform the way we think about and support voluntary activity in the future.

'Volunteering is fundamental to the delivery of better outcomes for people with health, care and support needs and in enabling people with those needs to participate as active citizens.'

Sir Jon Shortridge
Chair of CSV

2. Vision

Our vision is of a health and social care environment in which volunteering is encouraged, promoted and supported wherever it has the power to reduce inequality, enhance service quality or improve outcomes for individuals and communities.

To achieve this we need leaders, partners, commissioners and providers who understand and recognise:

- the value of volunteering to services, service users, communities and individual volunteers themselves;
- the role that volunteering can play in enhancing social capital, supporting independence and well-being and supporting prevention;
- the part that volunteers can play in helping health and social care providers to meet the culturally specific needs of individuals;
- the vital role of volunteer management, co-ordination and leadership within organisational settings;
- the role and needs of volunteers within the workplace and how they relate to paid employees; and
- the need to champion the promotion, recruitment, support and celebration of volunteering within their organisations and in the wider community.

Working with public and third sector partners and across government, we will develop a co-ordinated and shared approach to:

- enhance the profile and involvement of volunteers in health and social care;

- highlight the potential of volunteering in terms of health and well-being;
- improve the evidence base for investment in volunteering, volunteer-involving organisations and volunteer management;
- promote best practice in the engagement and support of volunteers;
- reduce obstacles and increase opportunities that make volunteering inclusive and accessible to all; and
- inspire, facilitate and enable change in support of our vision.

In working towards our vision we will ensure that we are supporting health and social care practitioners from all sectors to meet organisational and shared objectives, and to build partnerships capable of improving services and citizens' experience of those services.

Who is this vision for?

This strategic vision is designed to engage everybody working in the health and social care system in England, including acute, mental health, primary care and community NHS services, NHS Foundation Trusts, local authorities and partner organisations in the voluntary, community and wider third sectors. Our intention is to provide a high-level strategic lead within the health and social care system and to develop and promote best practice, along with effective management and support for volunteers.

Why are we publishing this vision now?

History and experience have shown the great potential of volunteering, particularly in the field of health and social care. The direction set for development in health and social care through *High Quality Care for All*,⁵ *Putting People First*⁶ and increased patient and public engagement creates a clear synergy between the Government's priorities for communities and future services and the many advantages that volunteering can bring (see table on page 16). Volunteering can and does contribute significantly to:

- quality, choice and innovation in services;
- building social capital and reducing isolation;
- enhancing the capacity of preventative care;
- meeting the culturally specific needs of health and social care service users; and
- increasing connections between citizens and the services they use.

Together these build a strong case for people across the health and social care system to refresh their thinking about volunteering and its role in their organisation or community. The recent consultation on the Government's Green Paper, *Shaping the Future of Care Together*,⁷ has also highlighted the important role that third sector organisations and volunteers play in delivering care and support. Now is the ideal time for the Department of Health to be setting out its vision for volunteering and seeking support from partners at all levels across the system to achieve it.

⁵ Lord Darzi (2008) *High Quality Care for All: NHS Next Stage Review Final Report*.

⁶ HM Government (2007) *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*.

⁷ HM Government (2009) *Shaping the Future of Care Together*.

Benefits of volunteering

To leaders	To commissioners	To providers	To staff	To volunteers	To patients/ service users
<ul style="list-style-type: none"> • Demonstrates commitment to patient and public engagement. • Promotes diversity and inclusiveness in the way services are delivered. • Increases capacity for new service solutions. • Leaders learn from volunteers and the patient/service user experience. • Gives the opportunity to lead and build on best practice in volunteer involvement. • Improves quality of patient experience and contributes to Quality Accounts. • Contributes to workforce development and well-being. • Contributes to cross-cutting local objectives for community well-being, regeneration and community cohesion. 	<ul style="list-style-type: none"> • Demonstrates a World Class Commissioning approach. • Commissioners develop and deliver better services that are more responsive to the local community. • An increased range and diversity of services to meet strategic objectives. • Stronger relationships with the third sector. • Access to services which complement those provided by paid staff. • Contributes to local priorities and Compact values. 	<ul style="list-style-type: none"> • Provision of better services. • Improved patient experience. • Greater involvement of local community. • More responsive local services. • Care quality evidence and validation of Quality Accounts. • Provides support to achieve strategic and organisational objectives. • Better two-way communication with patients and service users. • A broader range of services and service solutions. • Opportunities for workforce development and well-being. 	<ul style="list-style-type: none"> • Additional help and support. • Improved patient/service user experience. • More diverse and inclusive working environment. • Staff learn from 'experts by experience'. • Frees up capacity to concentrate on specialist care and clinical roles. • Enhanced capacity, which can improve productivity and reduce stress. • Opportunities to develop people management skills. • Opportunities to enhance skills/experience. • Transition to healthy/active retirement. 	<ul style="list-style-type: none"> • Volunteers give something back to the local community. • A chance to gain skills and experience. • Provides a pathway into work. • A chance to make friends and reduce isolation. • Increases self esteem and confidence. • A chance to make a difference to service delivery or be an advocate for positive change. • Increases the range and diversity of people involved in service planning and delivery. • Encourages personal pride and fulfilment – the feeling of being valued. • Benefits volunteers' health and well-being. 	<ul style="list-style-type: none"> • Provides supplementary services to those offered by paid staff. • Enhanced experience of services. • Service users utilise their own skills and capabilities rather than being a 'passive recipient of care'. • Provides peer support and social interaction. • Increases self esteem and confidence. • Direct benefits to health and well-being. • Service users gain awareness of opportunities to contribute expert knowledge and to use their own experience to help others.

3. Volunteering today



Judith – Northern General Hospital, Sheffield⁸

Judith retired from a 40-year career in nursing six years ago. She now volunteers in the brain injury rehabilitation unit at Northern General Hospital, Sheffield, where once a week she reads articles, poems and stories

to patients. 'Volunteering has allowed me to meet and share the life experiences of so many people,' says Judith, who has also set up reading groups on the stroke wards. 'I have learnt a great deal about the way people overcome obstacles and accept issues in their lives. It also provides an opportunity for patients to support each other during a difficult and distressing period of their lives.'



Luke – TimeBank's 'Back to Life' project

Luke, 27, volunteers with Back to Life, a project co-ordinated by the national charity TimeBank. It matches young adults experiencing mental illness with volunteer mentors of the same age and gender. Luke mentors a young man called Diriye, providing practical and

emotional support to help him recover. They share interests, talk and explore their local community. Luke says volunteering has helped him to develop new skills, gain awareness of mental health issues and have fun. 'I hope Diriye feels there is someone who is genuinely interested in him and cares about his progress – someone that can offer a different perspective and encourage him to try new things.'



Ingrid – Bump Buddies in Hackney

Ingrid is a mum-of-two who volunteers with Bump Buddies, a mentoring project working to reduce infant mortality in Hackney, east London. Ingrid has been trained by the regeneration charity the Shoreditch Trust

to offer one-to-one support to pregnant women on issues such as maternity services. She says: 'I was overwhelmed when I learnt how many black kids in Hackney don't reach one year old. I know a lot of women bringing up their child on their own and not really using the services. I just want to pass on this information to help new mothers with their lives.'

⁸ Image courtesy of Sheffield Teaching Hospitals NHS Foundation Trust.



Gemma – Awake Mentoring Service, Wakefield

Gemma was 21 when she began volunteering with the Awake Mentoring Service, run by Scope, which provides peer mentoring for people with disabilities. Gemma, who has cystic fibrosis, says: 'Since I had to give

up work, volunteering gives me a sense of purpose. I can use my skills to help others and continue to develop and learn. I also enjoy the social side – meeting new people and making friends.' Gemma says she aims to provide support and empathy to her mentees and help them work towards their goals. The Awake service is joint-commissioned by NHS Wakefield and Wakefield Council.



David – WRVS

David Jones, 75, is a volunteer driver with the Ross-on-Wye WRVS Transport Scheme, which helps older people get to GP and hospital appointments, go shopping or visit friends. There is not much public

transport in the area and taxis are beyond most pensioners' budgets. David says: 'Before I started volunteering I used to just vapour the day away. I enjoy it because it's worthwhile. At the end of the day you feel you've done a little bit of good. In a lot of cases people are on their own and they're glad of someone to talk to, and we're very pleased to listen.'



Shahnaz – Queens Park Forum, Well London, Smoke Free Homes Campaign

Shahnaz volunteers with the Queens Park Forum, a community organisation in Westminster. She works on the Well London project, engaging with Bengali-speaking residents on a housing

estate with poor health indicators to share messages on healthy living. She also works with the Smoke Free Homes Campaign. Shahnaz says: 'I feel that people from my community are not accessing health resources as much as they should be. By volunteering, I believe I can bring important information to people which can help them make healthier choices. I can make a real difference to people's lives.'

Definition of volunteering

Volunteering is an important expression of citizenship and is fundamental to democracy. It is the commitment of time and energy for the benefit of society and the community, and can take many forms. For the purposes of this strategic vision we are using the definition of volunteering reflected in the original Compact⁹ and most frequently used by volunteer-involving organisations:

Volunteering is an activity that involves spending time, unpaid, doing something that aims to benefit the environment or individuals or groups other than (or in addition to) close relatives.

We understand this definition to include formal activity undertaken through a group or organisation as well as informal activity undertaken independently as an individual, such as visiting an older or vulnerable neighbour or providing transport for someone to access local services.

Scale of volunteering

Figures from the Citizenship Survey¹⁰ show that 26% of adults in England and Wales volunteered formally at least once a month and 41% volunteered formally at least once a year in 2008/09. Levels of formal volunteering have remained largely static in recent years. The National Council for Voluntary Organisations estimates that formal volunteering contributes approximately £22.7 billion to the UK economy each year.¹¹ It is extremely difficult to estimate the full extent of informal volunteering, but Volunteering England estimates that when this is factored in volunteers may contribute around £48.1 billion to the economy annually – the equivalent of around 2.1 billion hours.¹²

The full extent of volunteering in health and social care is difficult to pin down because it takes place in such a wide variety of settings and organisations. However, the *2007–08 Citizenship Survey: Volunteering and Charitable Giving Topic Report*¹³ found that 23% of the respondents who formally volunteered in the past year had helped in organisations related to health, disability and social welfare.¹⁴

⁹ *The Compact on Relations between Government and the Third Sector in England* (December 2009) www.thecompact.org.uk

¹⁰ Communities and Local Government (2009) *Citizenship Survey April 2008 – March 2009*.

¹¹ National Council for Voluntary Organisations (2009) *UK Civil Society Almanac*.

¹² Based on 2005 figures from the Citizen survey. Communities and Local Government (2006) *Active Communities Topic Report*.

¹³ *2007–08 Citizenship Survey: volunteering and charitable giving topic report*. www.communities.gov.uk/publications/corporate/statistics/citizenshipsurvey200708volunteer

¹⁴ Respondents could volunteer for more than one type of organisation.

Numbers of volunteers

To give some illustration of the activity behind these figures:

- WRVS (formerly the Women's Royal Voluntary Service) provides practical help that enables older people to stay independent, active and live the life they want. It has around 50,000 volunteers working in community settings and in over 300 hospitals across Britain.
- CSV (Community Service Volunteers) involves 170,000 volunteers of all ages. Many serve on hospital wards or in GP practices supporting isolated patients. Other volunteers support families with children with treatment plans, or enable disabled people and older people to lead independent lives in their own homes.
- Attend champions volunteering in health and social care and represents over 700 member groups. Half of these are hospital based, often as Friends of hospitals, and half are in the wider community. These groups have about 25,000 active volunteers and a further 200,000 support them primarily through fundraising.
- Help the Hospices' figures show that more than 100,000 people volunteer for hospices in the UK.
- Many NHS trusts, such as Aintree University Hospitals NHS Foundation Trust and University Hospitals Birmingham NHS Foundation Trust (see examples elsewhere in this document), involve hundreds of volunteers.

If we consider the full range of volunteer roles and organisations that contribute to health and social care, these figures are just the tip of the iceberg.

Who volunteers?

Figures from the Citizenship Survey report for 2007–08¹⁵ identified that women were more likely than men to participate in formal volunteering (45% and 41% respectively), where participation is defined by at least once a year. The proportion of formal volunteering was highest among those aged 35 to 49 (50%), followed by those aged 50 to 64 (44%).

People at risk of social exclusion¹⁶ were less likely to formally volunteer than those defined as not at risk of social exclusion. Participation

in formal volunteering was higher among those in higher socio-economic groups. Of those in managerial or professional roles, 55% had formally volunteered in the past year. The proportion was much lower for people in routine occupations and people who were long-term unemployed or had never worked (28% and 30% respectively).

There were some differences in participation in volunteering by ethnicity. However, when other factors such as age, gender and education were taken into account, ethnicity did not appear to have an influence either way

¹⁵ 2007–08 Citizenship Survey: volunteering and charitable giving topic report. www.communities.gov.uk/publications/corporate/statistics/citizenshipsurvey200708volunteer

¹⁶ Defined as either having no formal qualifications, having a disability or long-term illness, or being from an ethnic minority group.

on the likelihood of participation in regular volunteering. However, people born in the UK were found to be more likely to participate in formal volunteering than those not born in the UK.

Scope of volunteering

Just as health and social care has evolved in recent years, so has volunteering. Volunteers have a wide range of roles across the health, well-being and social care fields. These include roles in hospitals and voluntary

organisations and also encompass evolving roles in mentoring, self-help and peer support activities. There has been an increase in virtual volunteering (online and over the phone), roles as expert patients or in Local Involvement Networks (LINKs) and other activities that reflect the shift towards greater public involvement and co-production in service design and/or delivery. Time banking is also presenting opportunities for more people to get involved in reciprocal volunteering arrangements within their community.

Co-production

Co-production happens when people put some of their own resources (time, willpower, effort) together with some public resources (such as professional help) to produce an outcome. The idea is that this relationship can lead to results that people appreciate more and that the results are more effective and more efficient than when services are simply done to or for people.

Peer support

Peer support groups of patients, parents, carers and victims empower citizens to participate more fully in public services. Evidence shows an increase in confidence, self-efficacy and well-being and that groups are cost-effective.¹⁷ Peer support provides the practical advice and emotional support that only 'peers' can give and builds social

capital among isolated or vulnerable groups. Peer support is facilitated by a range of voluntary and community organisations, including national charities like the Alzheimer's Society, small community groups and local, user-led organisations.

Time banking

Time banking is a reciprocal form of volunteering that takes place within communities. Those involved can deposit and withdraw time credits to support one another in a variety of ways. The Rushey Green Time Bank, based in a doctors' surgery in Lewisham, London, enables local residents to earn and spend 'time' to improve life both for themselves and their neighbourhood. Doctors are increasingly referring patients with depression to the time bank as a complementary form of treatment.

¹⁷ National Primary Care Research and Development Centre (December 2006). *The National Evaluation of the Pilot Phase of the Expert Patients Programme – Final Report*.

Volunteering takes place in a wide variety of settings. By far the largest proportion of volunteers are engaged with third sector organisations and community-based projects, where they are integral to the way in which organisational or service objectives are pursued. It is often volunteer involvement that enables these organisations to develop high-quality, distinctive service solutions that are responsive to service user and community needs (see Section 6 on commissioning).

An increasing number of volunteers are involved in health and social care provision within public sector organisations (including GP practices, care homes and hospitals), either recruited directly or engaged through partnerships with third sector organisations. Each of the volunteers involved in health and social care today gives some of their own time to help others. When engaged and supported, volunteers bring goodwill, talent, compassion, commitment and enthusiasm to their activities. In doing so they can:

- improve the quality of services or the user experience of services;
- influence the design or reconfiguration of services (such as via LINKs/co-production);
- contribute to prevention and public health issues that reduce the need for more costly health and social care interventions (such as smoking cessation, obesity, infection control);
- support more efficient and effective service provision, complementing paid staff roles and statutory services;
- contribute to more personalised and culturally appropriate forms of support, for

example by matching the backgrounds, experiences and interests of volunteers with those of service users; and

- relate to service users in a different way to paid professionals, which can help create trust, improve outcomes for service users and harness invaluable feedback.

It is important to be clear that volunteering is distinct from paid work. Roles that volunteers undertake should complement those performed by paid staff, and volunteers should not undertake tasks that only trained (clinical) professionals are qualified to do. The paid workforce should be involved in the decisions about, and support for, volunteering in organisational settings (see Section 4 on leadership). *A Charter for Strengthening Relations between Paid Staff and Volunteers* clarifies the distinction between paid work and volunteering and outlines how good relationships between staff and volunteers can be fostered.¹⁸

The value of volunteering

The full value of volunteering in health and social care is immeasurable. It contributes in a multitude of ways to:

- enhancing the quality of the service user experience (e.g. as hospital radio, Music in Hospitals and meet-and-greet volunteers in hospitals do);
- increasing productivity of services (e.g. as volunteers placed in Aintree A&E have done by talking to vulnerable patients and supporting staff, resulting in lower levels of violent incidents and reduced stress for staff and service users);

¹⁸ TUC and Volunteering England (2009) *A Charter for Strengthening Relations between Paid Staff and Volunteers: Agreement between Volunteering England and the TUC*.

- promoting prevention – particularly providing support to older people, addressing health inequalities and encouraging positive behaviour change for various groups;
- innovation in the development of people-centred services (e.g. through peer support, mentoring and befriending, and co-production with service users as an element of delivery); and
- building social capital, community resilience and cohesion and responding to the concern of many users of social care services who feel they ‘only have staff in their lives’.

The exact economic value of volunteering in the health and social care field is difficult to calculate, but simple estimates can demonstrate the significant contribution it makes. One way people have used to estimate the economic value of volunteering in the delivery of a service is to consider wage substitution or ‘equivalence’. This reflects only a notional value of volunteer time had they been paid for their input and does not reflect the value of the outcomes for the service, service user or the volunteer involved. Volunteering England used the Volunteer Investment and Value Audit¹⁹ (VIVA) in six NHS trusts to estimate the return that could be achieved for every pound invested in support for volunteering.²⁰ Figures of between £3 and £10 were identified for every £1 invested.

There are many compelling examples of the difference volunteering can make to organisations, service users and paid staff. This, and the Department of Health’s (DH’s) experience of investment in volunteering and

volunteer-involving organisations (through the Opportunities for Volunteering Scheme²¹ and Section 64 General Scheme of Grants Programme²²) convince us of the value of volunteering and the need to promote and better articulate this in relation to public investment in the future (see Sections 4–6 on leadership, partnership and commissioning).

Volunteers also contribute financially on a significant scale through fundraising activity. Independent hospital volunteering groups such as the League of Friends and WRVS raise funds to support the complementary services that they provide, including through shops and cafes run on hospital premises. Friends groups that are members of Attend raised £41.5 million for the NHS in 2008. Organisations such as Macmillan, British Red Cross and the hospice movement all involve volunteers in raising funds to support the health and social care services that they provide, as do the major medical research charities.

Benefits of volunteering to those who volunteer

‘As well as improving outcomes for patients and the recipients of health and social care, volunteering can also bring health benefits to the people who actually volunteer.’

Baroness Neuberger²³

Studies looking at the health benefits of volunteering have found higher levels of reported health and well-being from people

¹⁹ www.volunteering.org.uk

²⁰ Teasdale, S (2008) *In Good Health: assessing the impact of volunteering in the NHS*. Volunteering England Report.

²¹ Soon to be replaced by the Health and Social Care Volunteering Fund.

²² Now replaced by the Innovation Excellence and Service Development Fund.

²³ Office of the Third Sector (2008) *Volunteering in the Public Services: health and social care – Baroness Neuberger’s review as the Government’s Volunteering Champion*.

who volunteer, and improvements in objective measures of health, including a faster recovery from health problems, reduced stress, a boosted immune and nervous system, and reduced heart rate and blood pressure.²⁴

For those at risk of social exclusion, taking an active role in the local community can have significant benefits for both physical and mental well-being. For disabled people, those with learning disabilities, those with experience of mental ill health or those who are older or socially isolated, participating in volunteering can have the most marked benefits – particularly in raising self-esteem and confidence. For people with learning disabilities or experience of mental ill health, volunteering can be a productive and beneficial way to progress towards outcomes in personal support. Such outcomes might include building relationships and confidence, enhancing skills and developing routes towards paid employment.

For young people, students and those out of work, volunteering can increase opportunities to explore career aspirations and develop the skills and experience that will help them gain paid employment, which can have a significant

impact on long-term physical and mental well-being. For refugees, volunteering can be of particular benefit as a way to maintain routine and enhance social connections, both of which are important factors in mental well-being, and can help to enhance community cohesion.

Mental well-being is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.²⁵

Research by the Institute of Psychiatry on participants in the Capital Volunteering Programme, which worked with mental health service users, showed volunteering had a significant reported positive impact on participants' confidence, social connections and self-esteem.²⁶ The Government Office for Science Foresight report *Mental Capital and Wellbeing* highlights volunteering among a key set of actions that can help people maintain mental well-being.²⁷ It also found evidence of the importance of social networks in promoting mental capital and well-being in older adults, with volunteering identified among the types of interventions that are successful.²⁸

²⁴ University of Wales, Lampeter (July 2008) *Volunteering and Health: what impact does it really have?* Final Report to Volunteering England.

²⁵ Government Office for Science (2008) Foresight report: *Mental Capital and Wellbeing: making the most of ourselves in the 21st century*.

²⁶ Health Services and Population Research Department (May 2008) *Evaluation of Capital Volunteering: fourth interim report, outcomes of 12 months*.

²⁷ New Economics Foundation (2008) *Five Ways to Well-Being: the evidence*.

²⁸ Wheeler, JA, Gorey, KM and Greenblatt, B (1998) 'The beneficial effects of volunteering for older volunteers and the people they serve: a meta-analysis', *International Journal of Ageing and Human Development*, 47, 69–79, 72.

Community Befriending Scheme – Nottinghamshire Healthcare NHS Trust

Clients of the Trust's adult mental health and adult learning disability services can benefit from a community befriending scheme. Service users who are socially isolated can be referred to the scheme by their care co-ordinator. Following risk assessment, they are matched with a trained volunteer on the basis of age, gender, location and interests. They meet regularly

and engage in social activities chosen by the client. The volunteers do not get involved in clinical matters. About 40% of the volunteers have their own mental health issues. Diane Bown, Head of Volunteering (Nottingham), says: 'The volunteers feel good about how they are contributing to society and you see them blossoming. Their own mental health improves and they make fewer demands on clinical services. Meanwhile, the clients really appreciate the fact that our volunteers choose to spend their spare time in this way.'

Motivation and engagement

People volunteer for a wide range of reasons. Many volunteer because they want to give something back or help someone, some are former patients or relatives, and others volunteer as a way of saying thank you to an organisation that has helped them. Some people get involved as a stepping stone to employment or training or use volunteering opportunities for work-based personal development, and some volunteer because they want to learn or try new things. Some will be motivated by the social aspects of volunteering, others by moral or religious beliefs or simply because they have time on their hands.

A survey conducted by YouthNet in 2009²⁹ asked over 2,300 volunteers using Do-it, the national volunteering database, about their motivations to volunteer. A desire 'to help others' or to 'do something positive with spare time' were each cited as the motivation

for 71% of respondents. Giving back to the community, meeting new people, learning and trying new things, and gaining or improving skills were each chosen by over 50% of respondents.

Younger respondents were more likely to be interested in volunteering for reasons of personal development. Those in the 16–25 year age group were more likely than others to see volunteering as an opportunity to learn or try new things, gain or improve skills, gain work experience or build confidence.

All these motivations for volunteering are equally valid and should be welcomed on equal merit. Some people will have more than one motivation. For others, motivation will change over time.³⁰ For many who volunteer in health and social care, word of mouth and experience as a service user seem to be particularly significant factors in becoming involved as a volunteer.

²⁹ Do-it volunteer satisfaction survey 2009.

³⁰ www.pathwaysthroughparticipation.org.uk

However, lack of time and lack of awareness of opportunities are seen as frequent barriers to volunteering. If we are to overcome these we need to:

- make volunteering more visible where it takes place in organisations and in the community;
- make volunteering messages more visible to those who may not consider volunteering open or accessible to them;
- explore ways to diversify the range of opportunities (e.g. in terms of location and time commitment); and
- take every opportunity to raise awareness of volunteering options and the difference volunteers are making where they are involved.

Mutual benefit

Managing volunteers effectively, where by definition there is no financial exchange, requires an understanding of the individual's motivation and the kind of role that might be mutually beneficial to the individual and the organisation or service. This is true for all volunteers, but particularly those who might experience additional barriers to getting involved – such as people with physical disabilities or learning difficulties, those with experience of mental ill health, or people from lesbian, gay, bisexual and transgendered or minority ethnic communities. It is important when working with potentially marginalised or excluded groups that these individuals (who may have most to gain from their voluntary experience) are not stereotyped by their disability, race, gender or sexuality.

These attributes may be part of the motivation for volunteering in the health and social care

sector, but they will not necessarily be the things that define the individual's capability or area of interest as a volunteer.³¹ Good volunteer management fits roles around individuals rather than fitting individuals into roles, and uses the experience of existing volunteers to support others who are new to their role (see Section 7 on volunteer management, co-ordination and support).

The way forward

There is already a strong cross-government agenda on volunteering, led by the Office of the Third Sector and developed through a range of national and local initiatives including:

- £117 million funding for v, the National Young Volunteers Service;
- a £3 million Volunteer Management Programme being delivered through Volunteering England;
- the £5.5 million Generations Together programme, which brings young people and older people together in intergenerational projects that are mutually beneficial and help to break down misconceptions that undermine community well-being; and
- a £2 million Access to Volunteering programme being piloted in three areas to support more disabled people to volunteer.

This drive is also reflected in other areas of policy, including the Department for Work and Pensions, Volunteer Brokerage Scheme, set up as part of the response to the economic downturn, and the Defra Greener Living Fund, which supports volunteering projects that contribute to the reduction of CO₂ emissions. There is also a cross-government commitment to develop and promote volunteering as part of the legacy from the 2012 Olympics.

³¹ NHS Employers: www.nhsemployers.org/Pages/home.aspx

However, possibly the greatest opportunity for volunteering to contribute to service innovation and increased community well-being is in the field of health and social care.

Volunteering already contributes across the DH's strategic objectives for better health and well-being, better care and better value. It links to a range of other departmental Public Service Agreements (PSAs), including PSAs 18 and 19 on quality and health inequalities; cross-government PSA 17 on tackling poverty and promoting greater independence and well-being in later life; and PSAs 16 and 21 on employment education and training for socially excluded adults and active, empowered and cohesive communities. The Government recognised this when it asked Baroness Neuberger, as the then cross-government Volunteering Champion, to conduct a review of volunteering in health and social care in 2008.³² The findings of that review have been considered and are largely addressed in this strategic vision.

Structure of this document

This vision aims to promote volunteering and its benefits as broadly as possible across the health and social care system. To do so we need to create more opportunities, attract a more diverse range of volunteers, and promote more systematic and strategic investment in volunteering, volunteering infrastructure (e.g. volunteer centres) and volunteer-involving organisations at every level. These issues and our response to them are addressed in the sections that follow:

- leadership (Section 4);
- partnership (Section 5);
- commissioning (Section 6);
- volunteer management, co-ordination and support (Section 7); and
- support for individual volunteers (Section 8).

Each section establishes why the headline theme is important and highlights the key relevant issues that have arisen through consultation and subsequent work. It then sets out what the DH is doing to make progress on each theme and the action others can take in support of this strategic vision. Together, these sections support the overall vision and provide a coherent strategic framework for action in the future.

³² Office of the Third Sector (2008) *Volunteering in the Public Services: health and social care – Baroness Neuberger's review as the Government's Volunteering Champion*.

4. Leadership

Key messages

- As services become more diversified, specialised and technologically advanced, the benefits of volunteer involvement to enhance user experience of those services are probably greater now than ever before.
- In the areas of prevention, health inequalities and public health, community-based activity and peer volunteers can be especially effective, with the potential for considerable cost savings further down the line.
- Volunteering offers a number of benefits in relation to workforce development and well-being, contributing to the recruitment of a diverse workforce, creating a positive working environment, offering staff development opportunities and as part of the transition to active retirement.
- Leaders have an essential role in opening dialogue with the paid workforce wherever volunteers are involved alongside paid staff.
- There is a need for committed leaders across health and social care to promote volunteering, identify opportunities for innovation and help strengthen the evidence base for investment in what works.

Leadership is essential to achieving lasting, positive change in an area as complex as health and social care, where public, private and third sector partners all have their part to play.

To realise our vision and the full potential of volunteering we need strong and visible leadership across the system, including in strategic health authorities, NHS acute and community services, local authorities, third sector and private sector organisations.

Leaders need an enhanced and evolving understanding of volunteering and the benefits it can bring in terms of improved outcomes, reduced inequality and greater engagement with local communities and service users. The aim is to create a broader understanding of the scope and potential of volunteering in health and social care, and to support leaders across the system to recognise and realise this potential.

'Thousands of volunteers in the NHS play a vital role in health and social care provision. Their contribution significantly helps the delivery of high-quality care and improved health and well-being for both patients and staff. They also contribute diversity to the NHS, bringing fresh perspectives and experience.'

Sian Thomas
Director of NHS Employers

Key considerations

The importance of leadership

Leadership is essential in creating a shared vision within an organisation or locality, and also in bringing about the cultural change required if volunteering is to play its full part in improving health and social care services and their connection with local communities. Leadership in this context is not just about vision but about building trust and buy-in from internal staff and external partners and stakeholders, all of whom have a role to play in supporting a positive approach to the front-line volunteering that makes a real difference to patients and service users.

This leadership is vital if we are to maximise the contribution that volunteering can make to:

- the **quality** of patient/user experience of a service;
- **innovation** in the design and delivery of services (e.g. through co-production, user-led and community-based initiatives);
- complementing paid staff roles and supporting improved **productivity** and a better working environment;
- **prevention** programmes and activities that help to reduce long-term demand and reliance on health and social care services; and
- building **social capital**, and increasing community resilience and capacity for self help.

University Hospitals Birmingham NHS Foundation Trust

The volunteer programme for Birmingham's hospitals has grown from 180 volunteers to 900 in just three years between 2006 and 2009. The Trust's volunteer strategy was developed as a way of involving the local community. High-level support from the Chairman and Chief Nurse resulted in funding to employ a voluntary services manager; two other posts were added later. The service is partly funded by the Trust and partly by the Trust's charity. The Volunteer Council is chaired by a member of the Board of Governors. Carol Rawlings,

Associate Director of Patient Affairs, says: 'The engagement of volunteers means that we can provide a better experience for patients. Our volunteers provide support that is complementary to our core services, such as a meet-and-greet service in the hospitals.' The Trust has changed the profile of its volunteers to better reflect the local community. Previously, most were white British women of retirement age. Now there are more young volunteers (38% under 25), black and minority ethnic volunteers (37%) and male volunteers (25%). This has been achieved by promoting opportunities through colleges, universities and the local media.

'As a Foundation Trust, engaging volunteers from our local community has enabled us to further develop our membership base, develop partnerships with local colleges and universities to publicise NHS career opportunities, and support the development of skills for those from a diverse range of backgrounds.'

Sir Albert Bore
Chairman, University Hospitals
Birmingham NHS Foundation Trust

daunting and better able to address emotional, physical and clinical needs. Volunteer involvement helps to connect services and service users to those community and support networks that can complement professional care, helping to reduce the social isolation that can be particularly damaging to people's health and well-being at vulnerable times in their lives.

In the areas of prevention, health inequalities and public health in particular, community-based activity and peer volunteers can be especially effective. We know that in terms of behaviour change, people are most influenced by their immediate peers. Engaging volunteers from within the community can help to disseminate health messages in ways that are well received by the target audience and are more effective as a result. There are many successful initiatives, such as the Department of Health (DH) Communities for Health programme (see examples in Section 5) and Teenage Cancer Trust's youth ambassadors, involving volunteers talking to their peers about prevention and the importance of early

Innovation and long-term vision

Health and social care services are becoming increasingly diversified, specialised and technologically advanced. In this context, the benefits of volunteer involvement to enhance user experience of those services are probably greater now than ever. Involving volunteers in the development and delivery of services can help to make those services more personal, less

diagnosis. Supporting this capacity within the community has the potential to make considerable cost savings further down the line. However, the development and support of such initiatives requires long-term vision and leadership to reap these longer term results.

To realise our vision needs commitment from leaders across the health and social care system to promote learning in relation to volunteering across organisations, staff teams and partner organisations, increasingly making volunteering a part of how we think and what we do.

This is where some of the real innovation in future public services will arise.

'The potential benefit of engaging people both in their own health and in health and care services is huge, building social value through our organisations and across our communities. The future direction of the NHS needs to include true co-production of services, fully involving staff, volunteers and services users, and empowering communities to realise their own potential and improve health outcomes for everyone.'

Mike Farrar
Chief Executive, North West Strategic Health Authority

Peer educators in Stockton-on-Tees

Brook Stockton currently has 25 young volunteers under the age of 19 trained as peer educators in sexual health and relationships. The peer education programme is part of the Teenage Pregnancy Strategy, which has a target of reducing teenage conceptions by 50% by 2010. The project is part of a wider service offering dedicated young people's contraceptive and sexual health services.

The young people are from a range of backgrounds and are currently or have been Brook clients. The young people have attended a programme aimed at up-skilling them on the current issues they and their peers may face in terms of their sexual health. Since the start of the project the peer educators have planned and supported events to raise awareness of services available for young people, encouraged and supported their peers to attend Brook drop-ins and worked as an advisory group for the service when looking at publicity, branding and other developments.

Effective leaders in health and social care need to build their understanding of volunteering and its potential, identify opportunities, and promote these opportunities through their own organisation, local partnership working and the commissioning process.

Workforce issues and opportunities

Volunteering can offer a number of benefits in relation to workforce development and well-being.

- Volunteering can provide a useful recruitment ground for people considering health and social care careers and professions. There is the potential for volunteering to attract a wide diversity of people into these services,

which can help to improve the quality of the experience that diverse patients/service users have of them.

- Volunteering can provide career development opportunities for staff in a number of ways, including:
 - employer-supported volunteering linked to personal development objectives as a way of developing and learning new transferable skills and experience that broadens career horizons; and
 - experience of managing volunteers as part of an existing role, backed with appropriate training that adds to the breadth of management experience and potential for future career development.
- Volunteering can be a part of succession planning for people in the transition to a fulfilling, active and healthy retirement.

Well-managed volunteer involvement can have advantages for paid staff in terms of well-being by providing complementary support that improves the patient/service user experience, frees up paid staff time and reduces stress in the working environment.

Where volunteers are involved alongside paid staff, supporting dialogue with the paid workforce about the involvement of volunteers is an essential role for leaders, in line with the NHS Constitution pledge³³ to engage staff in decisions that affect them. Dialogue with unions and workforce representatives is particularly important to address any concerns about potential job substitution and to build staff support for the integration of volunteers into their working environment. The recently published Volunteering England/TUC charter provides a helpful starting point for such discussion.³⁴

³³ National Health Service (2009) *The NHS Constitution: the NHS belongs to us*.

³⁴ TUC and Volunteering England (2009) *A Charter for Strengthening Relations between Paid Staff and Volunteers: Agreement between Volunteering England and the TUC*.

Demonstrating value – improving the evidence base

We know there are many benefits that volunteering brings to health and social care. There is increasing quantitative and significant qualitative evidence that, for relatively small investment in volunteering, considerable long-term returns may be possible (see Section 3 on the value of volunteering). However, the collective evidence on the economic and social contribution of volunteering remains fragmented, and our understanding of its full social and economic value needs to improve. If we are to engage volunteers in meaningful and productive ways and realise the full benefit of that engagement, then together we need to strengthen the evidence base for investment in quality volunteer management and support (see Section 7).

A more robust approach to evaluation and outcome measurement would help to build understanding of the voluntary contribution. It would help service providers and commissioners to identify when and where investment could have greatest impact in helping to deliver long-term outcomes. A number of approaches to measurement have been developed that could prove useful to commissioners and practitioners in this field. These include the Volunteer Investment and Value Audit and the Social Return on Investment (SROI) methodology. The Office of the Third Sector is working with the SROI Network and the Scottish Government Third Sector Division to develop understanding of the measurement of social value, which can help commissioners make more informed investment and purchasing decisions.

Volunteer Investment and Value Audit (VIVA)

VIVA³⁵ is an innovative tool in the management of unpaid human resources that measures the economic value of volunteering. The tool:

- places a financial or 'market' value on unpaid work, producing a total volunteer value or notional 'volunteer wage bill';
- adds up all items of expenditure on volunteers, including staff costs, to produce a total investment figure; and
- compares the two through the VIVA Ratio, which measures cost-effectiveness in volunteer programmes.

Audit results have been used for strategic planning and volunteer programme development and for public relations, contract negotiations and funding bids. VIVA focuses on monetary value only and should be used as part of a total volunteer audit that looks at the many values and benefits that volunteering produces.

Social Return on Investment (SROI)

Social Return on Investment (SROI) is a framework that places a financial worth on the social and environmental impact created by an organisation's activities, which can be understood alongside traditional financial costs. It builds on the principles of cost-benefit analysis and social accounting and combines narrative, qualitative and financial measures. SROI is transparent and consistent and aims to create a more tangible currency in social value that everyone can understand.

SROI can be used by commissioners to enable more informed and intelligent funding, purchasing and investment decisions. SROI methodology can be used as a forecast as well as an evaluative tool. This means that commissioners and service providers can use it to estimate the social value that will be created if the activities commissioned or provided meet their intended outcomes. The Office of the Third Sector is running a project, led by the SROI Network, which is looking to make SROI more accessible and cheaper. The SROI Network and consortium has produced a number of guides to SROI, including one for commissioners.³⁶

³⁵ Volunteer Investment and Value Audit: www.volunteering.org.uk

³⁶ Cabinet Office (2009) *A Guide to Social Return on Investment*.

What is the Department of Health doing?

DH has produced this strategic vision to raise the profile of volunteering, stimulate and inform discussion and act as a focal point for the energy and enthusiasm that many leaders across government and the health and social care system have for this agenda. DH is committed to being an enabler and facilitator for this strategic vision.

As a result of its 2008 third sector strategic funding and investment review,³⁷ DH is in the process of reforming its own volunteer investment with the creation of the new Health and Social Care Volunteering Fund (see Section 6 on commissioning). This new fund aligns the DH's investment in volunteering to the priorities of this strategic vision and DH's wider objectives. Through the investment review and the development of this strategic vision, DH has developed relationships with stakeholders across the health and social care system, including in the NHS, local authorities and the third sector. We will continue to build these relationships with the establishment of a Volunteering Stakeholder Reference Group³⁸ to inform operational delivery of the Volunteering Fund and support DH's role in promoting this vision.

Moving forward from the publication of this strategic vision document, DH will:

- work with partners across the health and social care system to promote the vision and support leaders to take this agenda forward within their own organisations and localities;
- work with partners nationally, including NHS Employers, Skills for Health, Skills for Care, the Improvement and Development Agency for local government, the National Association of Voluntary Services Managers, Volunteering England and others, to develop tools and resources to support them in this;
- work to develop the evidence base in relation to volunteering in health and social care by bringing together analysts with expertise in defining benefits and measuring costs with key stakeholders who understand the evidence base for volunteering;
- encourage identification of senior-level volunteering champions across the health and social care system to help disperse key messages, share learning and promote innovation;
- work with the Social Partnership Forum to discuss any issues and concerns in relation to the volunteering agenda within the NHS workforce;
- work with our third sector strategic partners (see Annex 2 and/or www.dh.gov.uk/strategicpartners) and Stakeholder Reference Group to increase understanding of volunteering and its contribution among health and social care stakeholders; and
- develop DH's own Employer Supported Volunteering scheme to lead by example.

³⁷ Department of Health (2008) *Third Sector Strategic Funding and Investment Review*.

³⁸ The Stakeholder Reference Group will be developed from the membership of the Working Group that supported the development of this strategic vision (see Annex 1).

Employer Supported Volunteering

Employer Supported Volunteering (ESV) refers to programmes through which employers will assist their employees in volunteering, whether during work hours or in their own time. An increasing number of employers are promoting and supporting volunteering among their staff because they see the benefits it can bring in terms of skills, motivation and staff retention. By bringing people together towards a common aim, volunteering can also help to build connections between diverse individuals, and within and between communities, in a way that contributes to wider well-being and community cohesion.

'Employee volunteering schemes should become commonplace throughout health and social care services, enabling staff themselves to volunteer on a regular basis.'

Baroness Neuberger³⁹

DH is working with Time and Talents for Westminster (TTW)⁴⁰ to develop its own ESV scheme, which will:

- support the personal development of individuals, in the light of the Professional Skills for Government framework;
- increase opportunities to connect with communities and improve understanding of how policy impacts in communities, supporting the business we do;

- promote DH corporate social responsibility; and
- provide a firmly embedded commitment to volunteering in the context of the cross-government commitments and recommendations identified Baroness Neuberger's review of volunteering as the Government's Volunteering Champion.

In particular, we have asked TTW to help us develop relationships with local voluntary and community groups to enhance connections with the local community through our ESV scheme. We have considered the range of volunteering opportunities and how these can support our staff to develop skills and competencies as part of their ongoing professional development.

Although initially supported by an employer, ESV schemes can often lead to staff developing a longer term relationship or engagement with the organisation they volunteer with, therefore enhancing the number of people volunteering in the community on a regular basis. The Department for Communities and Local Government (CLG) is working to promote ESV within the public and private sector, with a particular emphasis on volunteering in civic governance roles. In addition, a cross-government group is now meeting regularly to promote ESV across the Civil Service. Guidance on developing ESV schemes is available from Volunteering England.⁴¹

³⁹ Office of the Third Sector (2008) *Volunteering in the Public Services: health and social care – Baroness Neuberger's review as the Government's Volunteering Champion*.

⁴⁰ www.ttw.org.uk

⁴¹ For Volunteering England guidance on ESV go to www.volunteering.org.uk

Luton and Dunstable Hospital NHS Foundation Trust

Luton and Dunstable Hospital NHS Foundation Trust actively encourages volunteering and extends opportunities to its staff through the employee volunteering policy. Trust staff can spend up to 20 hours of work time each year volunteering for an approved organisation, or can participate in one of two schemes developed by the Trust's voluntary service department: one

helps hospital patients at mealtimes and the other provides 'reading buddies' at a nearby junior school. Sally Dring, Voluntary Services Manager, says volunteering can be used by the Trust's employees as a resource for personal development. As part of the appraisal process it can help them to meet the NHS Knowledge and Skills Framework. The Trust's commitment to volunteering helps to improve the patient experience and increases opportunities for interaction between different groups of hospital staff.

What are we looking to others to do?

We are looking to leaders across health and social care to take up the volunteering agenda and to champion volunteering within their own organisations and within the wider community, wherever it can help to improve health and social care outcomes for patients and service users. Based on the framework provided by this vision we are looking to leaders across the health and social care system to give full consideration to:

- the strategic significance of volunteering and the potential contribution it has to make to the quality and productivity challenges that we face in the years ahead; and
- the need to build connections and social capital within local communities.

Where this is happening we would expect to see:

- discussion at board, cabinet or director level of volunteering and its potential to improve quality and equality in health and social care provision and in the delivery of regional and local priorities;

- consideration given to how volunteering can help in building stronger engagement with the local community; developing skills and well-being within the workforce; and encouraging and supporting more people from diverse backgrounds to enter the health and social care workforce and professions;
- clear accountability at board, cabinet or director level to follow through on agreed actions and priorities, keep volunteering on the agenda and support the cultural change required to integrate volunteering more fully into future service design and delivery;
- discussion and local agreement on workforce issues in relation to volunteering across the health and social care sector, including discussions led by strategic health authorities in their contact with regional Social Partnership Forums, and at NHS acute and community services level where discussions with local trade unions should take place (in particular promoting workforce support for the involvement of volunteers and addressing any concerns about perceived job substitution);⁴²

⁴² TUC and Volunteering England (2009) *A Charter for Strengthening Relations between Paid Staff and Volunteers: Agreement between Volunteering England and the TUC.*

- enhanced recognition of the importance of independent volunteer-involving organisations and sound volunteer management, co-ordination and support reflected in reviewed investment that matches regional, local and organisational ambitions for safe, high-quality and productive volunteer engagement (see Sections 5–7 on partnership, commissioning and volunteer management, co-ordination and support);
- increased use of tools and techniques for measuring and reporting the full value of investment in volunteering that helps to build the evidence base for this investment and future service innovations involving volunteers; and
- a willingness to share learning with DH and other partners at a local and regional level through existing partnerships and mechanisms including networks, events and relevant websites.

We believe there is significant untapped potential within our communities. With the right leadership, volunteering can release this potential, create opportunities for innovation within services and strengthen connections with local communities. This strategic vision provides a starting point and an opportunity for leaders in this field to be at the forefront of service innovation, community engagement and improved user experience.

5. Partnership

Key messages

- User-led and volunteer-involving organisations will often have insight and information that is particularly relevant to decisions taken at Local Strategic Partnership (LSP) level and to the development of meaningful Joint Strategic Needs Assessments (JSNAs).
- Initiatives that promote local community capacity and self help to tackle health and social care challenges (e.g. Partnerships for Older People Projects (POPPs)) demonstrate the benefits of community and volunteer involvement in achieving shared objectives, improving quality of life and identifying the potential for prevention on an 'invest to save' basis.
- Local infrastructure organisations (e.g. volunteer centres) can be particularly effective partners and co-ordinating bodies for local voluntary activity where they are supported and well connected to local partners.
- Promoting and supporting volunteering can be an effective way for NHS foundation trusts to enhance member involvement and wider community engagement in the trust. In order to promote volunteering that is effective, fulfilling and safe within a hospital environment, relationships between trusts and independent third sector organisations need to be based on mutual respect and clear communication.

Effective partnerships within and between organisations are vital to the promotion and support of volunteering, and are central to our vision for volunteering in health and social care. Partnership in this context takes different forms at different levels. It can be critical to the development of organisations and initiatives that promote volunteering and in encouraging the engagement of volunteers as informed citizens in the design and delivery of services.

Feedback from consultation on the development of this strategic vision identified three key areas of partnership that are particularly important if we are to take a strategic approach to promoting and supporting volunteering. These are:

- engagement of third sector and volunteer-involving organisations in LSPs and the development of JSNAs;
- partnership between local public sector organisations (including local authorities, educational establishments, Jobcentre Plus, primary care trusts (PCTs), NHS trusts and GP practices), the private sector and local third sector organisations where they have a shared and complementary interest in promoting and supporting volunteering; and
- partnership between NHS trusts and independent third sector organisations operating either on their premises or in complementary roles out in the community.

The recently refreshed Compact⁴³ between government and the third sector outlines the principles underpinning good partnership working between public sector and third sector organisations. Local Compacts provide an opportunity to expand on specific local commitments or to actively support partnership working, particularly in relation to volunteering.⁴⁴

⁴³ *The Compact on Relations between Government and the Third Sector in England* (December 2009). www.thecompact.org.uk

⁴⁴ The Islington Compact provides a strong example.

'There is potential to engage more people in volunteering in future by developing a range of flexible opportunities that meet people's different motivations. This wider engagement in health and social care provision would help to enhance impact and build trust between public services and the communities they serve. To achieve this will take positive and practical joined-up work between public services and third sector organisations.'

Lynne Berry OBE
Chief Executive, WRVS

Key considerations

Needs assessment and decision making

As the primary mobilisers of voluntary effort, user-led and volunteer-involving organisations have an important contribution to make to decisions taken at local authority level. The experience and insight these organisations and their volunteer representatives can bring to LSPs and the health-specific sub-groups feeding into them can be invaluable in identifying priorities for Local Area Agreements (LAAs) and Sustainable Community Strategies. These include cross-cutting priorities such as increasing regular volunteering (National Indicator 6) as well as priorities specific to health and social care. Through Local Involvement Networks (LINKs), service users and volunteers have another opportunity to influence commissioning processes (see Section 6) and to scrutinise local spending on health and social care.

User-led and volunteer-involving organisations will often hold information that is particularly relevant to the development of meaningful JSNAs. Disability and carers' groups often develop volunteer-run services in response to identified gaps in statutory provision, which may need to change in response to the needs and issues identified by these groups. Both independently and through LINKs, the input of these groups and individuals can be important in understanding the full extent of need and the community's capacity to work alongside public bodies to respond to this.

As the Total Place⁴⁵ concept broadens understanding of the scope for joined-up, 'whole area' approaches to financing and designing services, there is an opportunity to develop thinking in this area and to consider where community capacity might be strengthened and built on. There are many examples of volunteer-involving initiatives that promote local community capacity for self help and support in ways that help to tackle key health and social care challenges and meet multiple and shared objectives for third sector and public bodies.

Partnerships for Older People Projects

The POPPs programme was set up in 2006 to increase learning about how best to help older people stay well and independent. The projects, with £60 million of grant funding from the Department of Health (DH) for 2006–08, looked at how local authorities, the health service and the voluntary and community sector could work better together to reduce reliance on long-term care, institutional care and acute hospital admissions.

The final report of the national evaluation of the POPPs programme and supporting documentation⁴⁶ found that the POPPs programme helped over a quarter of a million older people – enhancing their quality of life, improving local working relationships and providing efficiency savings. Interventions across the programme produced an average saving of around £1.20 on emergency bed days

for every extra £1 spent on prevention. In fact, the evaluation found that there was a £1.40 saving for secondary and tertiary prevention, and a 70p saving for primary prevention services. This shows that even well-being services deliver efficiency gains.

Many local third sector organisations gained benefit from participation in the POPPs programme. Local authority and health partners were able to benefit from these organisations' knowledge of local communities and voluntary services. Where commissioned to provide services, third sector organisations were able to strengthen their skills and abilities, i.e. in their capacity to obtain funding. More than three quarters of sites involved older people in evaluation and 93% involved them in governance arrangements. Some 85% of the core POPPs have been sustained, with only 3% being closed – either because they did not deliver the intended outcomes or because local strategic priorities had changed.

⁴⁵ Total Place is a new initiative that looks at how a 'whole area' approach to public services can lead to better services at less cost: www.localleadership.gov.uk/totalplace

⁴⁶ Department of Health (January 2010) *Improving Care and Saving Money: learning the lessons on prevention and early intervention for older people.*

Communities for Health

The DH Communities for Health programme provided funding through 83 local authorities to develop joined-up approaches to addressing health inequalities. Many of the activities funded through the programme created or supported volunteer roles in the community. For example:

- Barnsley trained volunteer 'community parents' to support vulnerable families.
- Bury supported training for 59 community volunteer health trainers from deprived communities, and 17 of them subsequently gained paid employment.

- Nottingham City Council and PCT developed an award-winning health inequalities training programme for paid professionals, community groups and volunteers under the theme of 'making reduced health inequalities everyone's business'.
- Telford and Wrekin has a health promotion specialist working with a wide range of partners in the mental health, substance misuse, alcohol, probation and employment fields and in the third sector to develop a team of volunteers who will help service users make the transition out of acute support and into independent living.

Healthy Communities Collaborative programme

Run by the Improvement Foundation with DH funding, this programme aimed to promote earlier presentation of symptoms of bowel, breast and lung cancer and cardiovascular disease in areas with high levels of deprivation, lower levels of life expectancy and higher levels of mortality from these conditions. In partnership with statutory and voluntary organisations, the Healthy Communities Collaborative approach supports and enables local volunteers to develop the confidence and knowledge they need to make a difference in, and for, their communities. By delivering awareness-raising activities out in the community, these volunteers have been able to significantly raise the levels of early presentation to GPs with symptoms of these conditions, leading to increased numbers of onward referrals and timely diagnosis. Taking health messages out into community

venues, delivered by peers and using alternative means (such as quizzes), can increase the level of understanding of risks and symptoms. Links into mosques, temples and faith groups have also been used to improve communication with minority groups.

The benefits from the volunteering approach extend beyond health promotion to personal skills and well-being for volunteers and greater capacity for community activity more generally. GPs and other health professionals have also been able to learn about effective delivery of health information from the innovation demonstrated by community members.

'I had no idea that there were so many community-based groups in my area, which are exactly what general practice needs to support the delivery of primary care and health promotion.'

GP reflecting learning from the Healthy Communities Collaborative programme

Initiatives such as these demonstrate the benefit of community and volunteer involvement in improving quality of life and achieving shared objectives. They highlight the potential for exploring preventative approaches on an 'invest to save' basis where evidence suggests that these and other interventions make a real difference.

Volunteering as a shared local objective

For the many positive reasons set out in the examples above and in the earlier sections of this document, an increasing number of local bodies have some interest in the promotion of volunteering. This interest links to key LAA priorities, including shared priorities on building stronger communities (National Indicators 1–4), creating an environment for a thriving third sector (National Indicator 7) and increasing participation in volunteering (National Indicator 6), as well as some specific health priorities. This interest is also underpinned by the more general shift in public service reform towards greater independence, choice and control and engagement of service users. Organisations with a potential interest in promoting volunteering include:

- **local authorities and local NHS bodies** with responsibility for providing and commissioning effective health and social care services that are responsive to local community needs, enhance patient and public engagement, and reduce health inequalities;
- **schools, colleges and universities** with responsibility for the citizenship curriculum, enhancing connections with the local community and nurturing positive activity among young people;

- **Jobcentre Plus** centres, which have a responsibility for supporting people back into work, including those who have been out of work for some time because of mental or physical impairment, poor health or caring responsibilities;
- **GP practices** with an interest in wider individual and community well-being, public health and prevention as well as timely medical intervention;
- **third sector organisations and social enterprises** that involve volunteers in the way they deliver activities and services to the local community or that exist to promote, support or broker voluntary action (e.g. local volunteer centres);
- **faith-based organisations and institutions** with an interest in promoting the physical, emotional and spiritual well-being of their local community or congregation and which frequently encourage volunteering within and beyond those communities; and
- **local and locally based businesses** with a sense of social responsibility and a vested interest in the well-being of the communities from which both workforce and customers are drawn.

Although the target audience for these bodies may be diverse, all have some need for information, support and best practice advice and/or access to volunteer recruitment mechanisms or other organisations offering volunteering opportunities. By working together and identifying potential connections between their objectives in relation to volunteering, these organisations can strengthen the local support available and make better use of local resources to achieve multiple outcomes.

Rother Green Gym

Green Gyms provide a way of meeting others, getting fit and improving the local environment through volunteering. Rother Green Gym was set up in 2003 as a partnership between the charity BTCV and Bexhill and Rother Primary Care Trust. The PCT saw it as a tool to combat physical inactivity, poor mental health and social isolation. Volunteers range in age from 16 to 70 and are referred by

a range of service providers, including GPs. The volunteers take part in outdoor activities such as planting trees and bulbs, clearing footpaths and maintaining woodland. BTCV managed the project for three years and it now operates as two community groups, run and managed by the volunteers themselves. In a national evaluation of Green Gym projects, published in 2008, 99% of the volunteers said that taking part had improved their health and self-confidence.

Local infrastructure organisations, including volunteer centres, community action groups and voluntary service councils, can be particularly effective partners and co-ordinating bodies for local voluntary activity, as long as they have the resources to be well managed and connected to the range of local bodies outlined above. However, these organisations

frequently lack access to sustainable funding that reflects their cross-cutting role. There are currently a limited number of areas that bring partners together specifically to look at the role of volunteering in their communities or the contribution it makes to services and well-being in their locality.

Leeds Year of Volunteering

2010 is Leeds Year of Volunteering – a celebration of the work carried out by volunteers and an opportunity to promote volunteering. The initiative arose from a priority in the Leeds Strategic Plan to increase the number of people engaged in activities to meet community needs and improve quality of life for residents. The plan was developed by a number of partners, including the city council, local NHS organisations, the voluntary and community sector, and local businesses. Events are taking place throughout the year, and a volunteering website and volunteer

centre have been launched. The council and NHS are providing some funding, while different themes and events are being sponsored by public and private sector organisations. Councillor Richard Brett, joint leader of Leeds City Council, says: *'I feel it is important for the council to provide leadership in encouraging more people to volunteer. Volunteering is vital to the future of Leeds. It helps to connect friends, neighbours and communities; it increases social capital and encourages social cohesion. Volunteering can improve people's health, friendships, skill levels and can help them get into paid employment.'*

Partnerships between the NHS and independent third sector organisations

NHS trusts have many reasons for promoting volunteering within their organisations and within the community. For foundation trusts in particular, community involvement is a key priority, and promoting and supporting volunteering can be an effective way to involve members and the wider community as well as encourage people to stand as governors. There are many ways in which trusts can support this activity and promote volunteering among staff, patients and service users and other local supporters.

An increasing number of trusts support a volunteer service manager or co-ordinator within the trust itself. Similarly, some local authorities have an internal volunteer manager to recruit and support volunteers in social care

and other settings. In the case of NHS trusts, these roles often combine the recruitment and support of volunteers directly into the organisation itself with the management of relationships with independent third sector organisations. For example, many trusts have long-standing working relationships with independent organisations such as League of Friends groups, WRVS, the British Red Cross, Age Concern, Hospital Radio UK and Music in Hospitals, as well as with others providing a variety of services and support on their premises and/or in the community (e.g. home visiting, mentoring and befriending, advice services and non-emergency transport services). Time for Health's 'Turning the Tide' project, which was sponsored by the Cabinet Office, explored volunteering in hospitals in south London and found that there could be as many as eight to ten independent volunteering groups working on an NHS site.

York Hospitals NHS Foundation Trust

The trust runs its own volunteering scheme and also works in partnership with four independent volunteering organisations, including Friends of York Hospitals and WRVS. Good partnership working is underpinned by strong procedures and protocols, which helps the trust and its partners to support one another. For example, when the Friends co-ordinator retired, the trust stepped in temporarily to

provide inductions for Friends volunteers and to support the new co-ordinator in the early days of her new post. On another occasion, when the WRVS coffee shop at York Hospital closed, the trust and the Friends group worked with WRVS to find opportunities for about 40 people who wanted to continue to volunteer in the hospital. All three organisations worked together to find the best placements for these volunteers, according to their individual needs and interests.

To promote volunteering that is effective, fulfilling and safe within a hospital environment, relationships between trusts and independent organisations need to be founded on mutual respect and a clear understanding of respective responsibilities and liabilities in relation to patients, staff, volunteers and the general public. It is important for trusts to

recognise and respect the independence of third sector organisations and their legal duty under charity law to manage their own affairs. Similarly, third sector organisations working on NHS premises need to recognise and be respectful of staff and the legal and other constraints under which they work.

Feedback in the course of consultation and the development of this strategic vision suggest that these relationships need to be based on sound principles of partnership and good communication if they are to work well for patients, staff and volunteers. If, collectively,

organisations are to promote productive, high-quality volunteering opportunities that add value to health and social care, we need to learn from the best practice in partnership working and find ways to promote and support this as the norm.

Vibe, Queen Mary's Hospital, Sidcup

The charity CSV has run a youth volunteering project at Queen Mary's Hospital in Sidcup, south-east London, since 1999. 'Vibe' targets 16 to 25-year-olds, promoting volunteering opportunities that have a positive impact on the patients and staff. Since 2008 the project has been funded by the youth volunteering charity

v. CSV works with both Attend and South London Healthcare NHS Trust to deliver Vibe. About 1,400 young people have been involved in volunteering at the hospital over the past decade. CSV recently launched a sister project at Queen Mary's, Healthy Futures, which involves volunteers of all ages in health promotion work aimed at young people – an initiative funded by DH's Opportunities for Volunteering fund.

What is the Department of Health doing?

The picture in relation to both partnership and volunteer involvement is hugely diverse. Different approaches and sets of relationships have been shown to work in different areas. We are therefore not advocating a single approach, but are committed to:

- building on learning about what works;
- supporting and reporting back on initiatives that are leading to positive change; and
- promoting diverse volunteering opportunities and greater public engagement in the design and delivery of services.

In the context of this vision, DH will:

- work with the Office of the Third Sector, Communities and Local Government, the Department for Work and Pensions, the

Ministry of Justice and the Department for Children, Schools and Families to strengthen partnership approaches to promotion and support of volunteering;

- test out an asset-based approach to inform commissioning through JSNAs. This approach will use community asset mapping to capture community talents, skills and assets that contribute to maintaining and sustaining health and well-being, rather than focussing solely on needs and problems;
- work with the Improvement and Development Agency for local government to identify and promote best practice in local support for volunteering and volunteer engagement in decision making within local government;
- link the key messages of this strategic vision to DH's publicity campaign, designed to increase awareness of, and recruitment to, LINKs;

- work with the Time for Health partnership, the National Association of Voluntary Services Managers, NHS Employers and other stakeholders to explore potential for an agreement of guiding principles for NHS trusts and independent third sector organisations to underpin good practice and effective partnership working; and
- support a collaborative partnership between commercial and third sector organisations, led by ECOTEC and involving CSV, Attend and PrimeTimers, to act as health and social care volunteering fund manager – providing coherent investment in volunteering, reinforcing its role in health and social care, and providing support linked to grant funding to enable third sector organisations to achieve their objectives for long-term sustainability.

What are we looking to others to do?

Taking account of the issues outlined here, we are looking to local partners to:

- assess local community capacity, and where this might need strengthening and supporting, to ensure that organisations and individual volunteers with relevant knowledge and expertise can contribute to decision-making processes for LAAs and JSNAs via LINKs, LSPs and JSNA processes;
- consider how they might maximise wider community and volunteer input via LINKs;
- use learning from POPPs and other programmes when considering health and social care interventions in which volunteer involvement might add value;
- consider using Volunteers' Week (1–7 June each year), the 'year of the volunteer' approach and plans for the Olympic legacy, as well as cross-cutting LAA priorities, as opportunities to enhance activity and bring partners together on volunteering issues; and
- use Compact principles as a starting point for good working relationships (where not already in place) and as a mechanism for encouraging joined-up local activity in relation to the third sector and support for volunteer involvement more generally.

6. Commissioning

Key messages

- The way in which services are commissioned has an influence on the extent to which volunteers can contribute to positive health and social care outcomes for individuals and communities.
- Fully informed, evidence-based strategic commissioning decisions will include an understanding of the role and added value of the third sector and of volunteering more generally in the health and social care sector.
- Both grant funding and procurement are legitimate forms of investment if they are aligned to local priorities and appropriate to the achievement of desired outcomes.
- Where volunteer-involving services are commissioned, commissioners need to be prepared to cover the costs associated with that involvement and be sure that volunteers are not being used to undercut on cost by substituting paid jobs.

Commissioning is a critical process in the development, improvement and provision of high-quality, accessible health and social care services. It also has an impact on the environment in which volunteering in health and social care takes place. The introduction of Local Area Agreements, Joint Strategic Needs Assessments (JSNAs) and World Class Commissioning has brought the role of local authority and NHS commissioners to the fore.

Working with community partners, engaging public and patients, stimulating the market and promoting improvement and innovation are all included in the 11 competencies required for world class NHS commissioners.⁴⁷ This presents an opportunity for volunteer involvement to contribute to achieving the vision of World Class Commissioning. Although identified for commissioners within the NHS, these competencies are equally pertinent to local authority commissioners at a time when the personalisation agenda is driving wide-scale transformation of care and support services.⁴⁸

As members of the local community, and often as expert service users or carers themselves, volunteers can have a number of roles in relation to commissioning – as advocates or representatives, providers and the co-producers of some services. Where commissioners and service providers actively support volunteering and seek volunteer engagement, they can enhance vital connections with the local community and gain a richness of insight into the way that services are experienced.

There are many volunteer roles, including peer support, mentoring and befriending, through which volunteers provide vital support that contributes to prevention and to maintaining independence. As long-term prevention

strategies and interventions are essential to meeting the health and care challenges of the future (such as occurrences of diabetes and heart disease, the impact of an ageing population), this is a time for new thinking about how we build on existing individual and community strengths and support social capital and resilience within communities.

Involving volunteers and supporting volunteering among service users can contribute to the service innovation that is needed to meet the quality and productivity challenges we face. If volunteering is to play its full part in future service innovation and prevention, it will require more systematic investment.

Key considerations

Understanding where and how volunteers are involved

There is an increasing amount of volunteer involvement through NHS trusts and other public bodies. However, the vast majority of volunteers in health and social care volunteer through third sector, community or user-led groups. While some third sector organisations engage volunteers solely in their governance, many of those operating in the health and social care field engage large numbers of volunteers in direct service delivery. Many user-led organisations are almost, if not entirely, volunteer run. A common feature among such organisations is the holistic nature of their approach. This can be a great strength in terms of the service user's experience. It also means that organisations are able to meet multiple objectives through a single service. However, it can make it difficult for organisations

⁴⁷ Department of Health (2009) *World Class Commissioning Assurance Handbook – Year 2*.

⁴⁸ HM Government (2007) *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*.

(especially those that lack any dedicated fundraising capacity) to secure the resources necessary to run their services.

The way in which services are commissioned has an influence on the extent to which volunteers can contribute to positive health and social care outcomes for individuals and communities. In order to realise the full potential of volunteering in health and social care we need commissioners

(including NHS, local authority and practice-based commissioners) to have a good understanding of the third sector. Likewise, we need third sector organisations to have a strong understanding of the priorities and constraints that commissioners need to work to. Fully informed, evidence-based strategic commissioning decisions will include an understanding of the role and added value of the third sector and of volunteering more generally in the health and social care field.

LifeLinks 50+ in Worcestershire

LifeLinks 50+ is a mentoring and befriending service for older people in Worcestershire which aims to overcome the problems of isolation by engaging people in leisure, social, educational and volunteering opportunities. The project is funded and commissioned by Worcestershire County Council as part of its preventative services agenda, and is run by a local organisation called Onside. Volunteers provide one-to-one support to encourage people to develop skills, gain confidence and

pursue their interests, while peer support networks provide opportunities to socialise. Clients are encouraged to train as volunteer mentors and befrienders themselves – not just to be a recipient of support. Service users have been involved since the early stages: bidding organisations were interviewed by an older persons' consultation panel which continues to be involved in the project design. The key outcomes are increased confidence, improved well-being, reduced isolation, increased independence and better quality of life.

The shift to service users and carers as commissioners

The Putting People First agenda for transforming adult social care is changing the local commissioning environment for some of the services that third sector, voluntary and community organisations have traditionally provided. These changes are beginning to shift the commissioning role from the public sector to the individual. This has a number of potential implications for volunteering and challenges for volunteer-involving organisations, recognised in the recently published report from the Cabinet Office's Advisor on Third Sector Innovation.⁴⁹ It may be that some individual budget holders choose to pay for forms of support that have

previously been provided on a voluntary basis. Conversely, there is greater scope here for third sector organisations, particularly user-led organisations, to enhance volunteer involvement in advocacy and peer support roles for those in receipt of personal budgets. Either way, those in local strategic commissioning roles will need to assess the implications of these changes and look at how social capital, as well as choice, is built into local provision. The Department of Health (DH) Innovation Excellence and Service Development Fund has been designed to recognise the need to invest in innovation that has the potential to contribute to service redesign in response to the transformation agenda.

⁴⁹ McGuire A (2010) *The Role of Third Sector Innovation: Personalisation of health and social care and services to reduce re-offending*. Cabinet Office.

Promoting independent living in Oldham

Oldham has a range of services to help vulnerable people to live more independently, many of which involve volunteers. Some are delivered in-house by Oldham Council while others involve statutory, voluntary and community sector partners. In the past few years these initiatives have contributed towards a reduction in the number of older people living in residential care. The council has also launched a Public Sector Volunteering Scheme which aims to increase, promote

and embed opportunities for volunteering within local authority, NHS and fire and rescue services, in roles that complement the work of paid staff. This initiative is commissioned by the council and delivered by regional charity North West Network. Veronica Jackson, Oldham Council's executive director for people and communities, says: *'The volunteer spirit is flourishing in Oldham with thousands of residents giving their time. Their skills, experience and sheer enthusiasm make a fantastic difference to the whole community.'*

Strategic commissioning

It is now a well-established principle that effective commissioning should focus on desired outcomes. If we are to meet the quality and productivity challenges for health and social care services in the future, commissioning activity needs to be aligned to local priorities that are shared by different agencies. In recent years, joint commissioning (e.g. between local authorities and the NHS), as well as service user, carer and third sector involvement in service development, has increased understanding of how shared and multiple outcomes can be achieved.

The *World Class Commissioning Assurance Handbook* prompts primary care trusts (PCTs) to align financial plans with strategy.⁵⁰ Using investment effectively to stimulate the market and shape local provision requires a sound knowledge of existing community and provider

capacity. Local authority commissioners are also looking to stimulate and support the local market in the health and social care field and build local social capital as part of the transformation agenda.

Many third sector organisations will be well placed to improve choice and/or service design and enhance social capital through involvement of volunteers in their delivery models. Where volunteering can add value and help to meet local priorities, improving service quality and/or outcomes, investment decisions and the commissioning process will need to support and not discourage this. Different investment models and service configurations (e.g. strategic partnering with a third sector organisation) can also help to open up access to additional external sources of funding, including funds from central government, the Big Lottery Fund, private sector sponsorship, and independent trusts and foundations.

⁵⁰ Department of Health (2009) *World Class Commissioning Assurance Handbook – Year 2*.

Outcomes-based commissioning and co-production in Camden

An outcomes-based commissioning model has been developed through partnership working between Camden Council, the New Economics Foundation and the local voluntary and community sector, using funding from the Government's Invest to Save programme. The model has been designed to:

- promote co-production with service users;
- utilise existing social assets and networks;
- improve outcomes for service users; and

- ensure that those outcomes are enduring and embedded in local communities.

Camden Council used this model to re-commission adult mental health day services. As a result, a consortium of three voluntary organisations (Mind in Camden, Holy Cross Trust and Camden Volunteer Bureau) won the tender to deliver a £2 million service over three years. User involvement was given high priority in the commissioning process. The resulting service model promotes volunteering and time banking, both among service users and within the wider community.

DH has previously clarified that the *Principles and Rules for Cooperation and Competition* (for practice-based commissioning and NHS contracts) apply equally to contracts with third sector organisations, are consistent with the Compact and do not preclude any grant funding.⁵¹ Grant funding is not a case of giving preference to any one kind of organisation but of recognising the most appropriate form of funding for different circumstances.⁵² Piloting new approaches, encouraging community self help and building local networks and capacity through community groups (particularly user-led, disability, and black and minority ethnic groups) is likely to require a different funding approach from the procurement of a major service. Both grant funding and procurement are legitimate forms of investment if they are aligned to local priorities and clearly linked to desired outcomes. DH's recent guidance on PCT grant making powers provides a very clear description of why grant funding might be the

most appropriate route when developing and supporting low-level community activity such as self-care support for people with long-term conditions, where frequent involvement of volunteers is the norm.⁵³

We are keen to see high-quality volunteer involvement supported through commissioned services wherever this can add value. However, it is important to ensure when commissioning through a competitive procurement process that volunteers are not being used to substitute paid jobs as a way to undercut other contractors.⁵⁴ If volunteer involvement is an explicit part of a service specification then consideration should be given to the appropriate sub-contracting or consortium delivery mechanisms (e.g. between public, private and third sector providers) that might be appropriate and effective in achieving the range of desired outcomes from that service.

⁵¹ Department of Health (2007) *Principles and Rules for Cooperation and Competition*.

⁵² National Audit Office (2010) *Successful Commissioning – a guide to help local commissioners achieve good value for money when working with the third sector* – see www.nao.org.uk/successfulcommissioning.

⁵³ Department of Health (2009) *PCT Grant Making Powers to Commission Long Term Conditions Self Care Support from Third Sector Organisations*.

⁵⁴ TUC and Volunteering England (2009) *A Charter for Strengthening Relations between Paid Staff and Volunteers: Agreement between Volunteering England and the TUC*.

'Volunteers make a crucial contribution to health and social care, delivering vital services and involving people co-productively in shaping their own care. We would like to see this contribution grow in size, impact and innovation. High quality support for volunteers and investment in volunteer management and sustainable local infrastructure is vital to this.'

Dr Justin Davis Smith
Chief Executive, Volunteering England

Investment in volunteering

Well-supported and well-managed volunteer involvement can enhance the quality, reach and responsiveness of services in ways that contribute to better experience and outcomes for service users. Volunteering is an essential and legitimate part of the way in which many organisations in the health and social care field provide support and deliver services – particularly those in the third sector. Although volunteers are, by definition, unpaid, volunteering in any sector still requires investment to ensure that volunteer involvement is properly supported. Where services are commissioned, commissioners need to be prepared to cover these costs. This includes the cost of managing volunteers to ensure that they benefit from appropriate

training and workplace support and that their out-of-pocket expenses are reimbursed. In turn, provider organisations need to understand their own cost base and apportion costs appropriately when bidding to deliver a service or applying for other funds.⁵⁵ Access to local volunteering infrastructure support, such as that provided by local volunteer centres, can also enhance the quality of local volunteer recruitment and management, increasing retention and value for money in services where volunteers add value (see Section 5 on partnership).

The sustainability of funding for third sector organisations impacts on the degree to which they can effectively develop their volunteer involvement and support. Commissioners need to be aware of the potential of volunteer involvement and effective support when developing local commissioning frameworks and designing service specifications and tender evaluation criteria.

The Compact⁵⁶ sets out the principles of good practice that enhance sustainability, including consultation and fair notice of changes in funding and commissioning arrangements and the provision of three-year contracts as a minimum (except where there are sound reasons why this does not represent good value for money).⁵⁷ These principles are signed up to by government and inform good practice across the public sector when working with third sector organisations.

⁵⁵ For more information on costing and Full Cost Recovery go to www.fullcostrecovery.org.uk

⁵⁶ Compact Voice and others (2009) *The Compact on relations between Government and the Third Sector in England*. www.thecompact.org.uk

⁵⁷ HM Treasury (May 2006) *Improving Financial Relationships with the Third Sector: Guidance to Funders and Purchasers*.

Leeds Neighbourhood Network

Leeds Neighbourhood Network provides services and activities for older people. There are currently 36 community schemes covering most areas of the city. Local older people play important roles as volunteers and management committee members. Services and activities include befriending, drop-in sessions, information, advice, help with DIY, shopping trips, memory

cafes and IT skills training. The aim is to reduce isolation, increase social interaction, enhance quality of life and give older people more choice and control over their own lives. Following a review and tender process, Leeds City Council and NHS Leeds are awarding joint contracts for the community schemes for up to eight years. Core funding will provide a stable base from which to sustain and develop the volunteering capacity.

What is the Department of Health doing?

DH has produced this strategic vision to raise the profile of volunteering and encourage leaders, local partners and commissioners to consider more systematically:

- what volunteering can contribute to improved health and social care and people's experience of health and social care services in the future; and
- how local mechanisms for partnership and commissioning can support this.

Following a *Third Sector Strategic Funding and Investment Review* in 2008,⁵⁸ DH has reconfigured its own strategic investment programmes to:

- align them more directly with DH's key priorities;

- support third sector partners to work with DH and with each other more systematically;
- encourage innovation and excellence in service delivery; and
- improve understanding of the commissioning environment and engagement with local commissioners.

The strategic investment review resulted in the creation of three DH funding streams, including the Health and Social Care Volunteering Fund, the priorities for which support the strategic vision set out here.

⁵⁸ Department of Health (2008) *Third Sector Strategic Funding and Investment Review*.

Department of Health strategic Third Sector Investment Programme

The Third Sector Investment Programme aims to provide strategic national investment in the third sector reflecting DH's role in the health and care system, set overall policy and create the conditions for improvement and innovation in service delivery.

Third Sector Strategic Partner Programme

The Third Sector Strategic Partner Programme has been developed to invest more strategically in the capability and capacity of the third sector through national membership organisations and networks and provide a structured mechanism for seeking third sector insight into policy development. Strategic partners are grant funded to inform and advocate for the wider third sector at a strategic level, representing the views of third sector organisations to DH, communicating DH policies to the third sector and supporting the development and capacity of third sector organisations. The first phase of the programme invested in 11 strategic partners and has built the foundations from which the programme will develop. A further six strategic partners are being sought to join the programme for 2010/11.

Innovation Excellence and Service Development Fund

The Innovation Excellence and Service Development Fund supports third sector organisations to test and develop innovative approaches to improving health and well-being; promote and disseminate practice that is proven to achieve excellent outcomes; and build capacity and capability through the development of stable and sustainable business models, including connecting with the health and social care commissioning environment.

Health and Social Care Volunteering Fund

The Health and Social Care Volunteering Fund is replacing the Opportunities for Volunteering Fund. The new fund will have two funding schemes:

- a local grant scheme aimed at supporting volunteering in health and social care; and
- a national portfolio scheme which will fund national organisations to deliver more strategic or developmental volunteering programmes.

The fund is being managed by ECOTEC in partnership with PrimeTimers, Attend and CSV, which will share good practice, disseminate learning and deliver training and development for local and national volunteering programmes to enable third sector organisations to achieve their objectives for long-term sustainability. The priorities for both national and local funding streams will be aligned with the key messages of this strategic vision. Awards under the local grant scheme will be made subject to applicants being connected at local level to commissioners.

In support of this strategic vision, DH is also:

- working with third sector strategic partners to ensure third sector organisations are able to understand, engage in and influence commissioning activities at all levels in the health and social care system;
- contributing funding to the second phase of the National Programme for Third Sector Commissioners, which aims to enhance skills and understanding among local commissioners (including local authorities and PCTs) of the third sector and develop appropriate ways to encourage engagement of third sector organisations in commissioning processes and service provision;
- working with the National Audit Office and other partners to inform and promote Successful Commissioning, a tool designed to help commissioners establish the best funding model to achieve desired outcomes in a given market;
- developing a model grant agreement to provide guidance to PCTs when putting in place arrangements between PCTs and third sector organisations;
- working with colleagues at the Improvement and Development Agency for local government to develop relevant volunteering content in support of this vision to promote debate and information sharing on the 'healthy communities' and 'third sector' online Communities of Practice;⁵⁹
- working with the Mentoring and Befriending Foundation to bring together commissioners and providers, improve respective understanding and explore future potential for joint initiatives in this area;

- working with colleagues at a national level to ensure alignment between this strategic vision and future policy initiatives and guidance in relation to commissioning and personalisation; and
- working with the TUC and trade unions to ensure that the interests of volunteers and employees are well represented in the commissioning process.

What are we looking to others to do?

Building on local leadership and partnership arrangements, we are looking to commissioners to reflect the volunteering agenda, and this strategic vision, in their own strategic commissioning processes. Where this is happening locally we would expect to see:

- effective involvement of local people, volunteers and representatives of third sector organisations (including existing providers, carers groups, user-led organisations and minority community groups) in the needs assessment and service design stages of commissioning – e.g. through LINKs, JSNAs and consultation processes;
- full use being made of training, tools and guidance that is available to support third sector involvement in health and social care commissioning (such as the National Programme for Third Sector Commissioning, the Compact and the NAO's Successful Commissioning tool⁶⁰ alongside core guidance for World Class Commissioning and the *Principles and Rules for Co-operation and Competition*;⁶¹

⁵⁹ IDeA Communities of Practice: www.communities.idea.gov.uk

⁶⁰ NAO Successful Commissioning guide: www.nao.gov.uk/successfulcommissioning

⁶¹ Department of Health (2007) *Principles and Rules for Cooperation and Competition*.

- more strategic approaches to commissioning reflected in joint commissioning frameworks and processes that encourage innovation and collaboration where volunteering has the potential to enhance the outcomes of health and social care services; and
- investment in volunteer-involving organisations and volunteering, wherever this has the potential to deliver better value for money by promoting effective volunteer involvement that helps to improve service quality and/or accessibility.

7. Volunteer management, co-ordination and support

Key messages

- Good-quality volunteer management, co-ordination and support are essential elements in engaging volunteers effectively, managing risk appropriately and maximising the value of volunteer involvement within an organisation.
- Volunteer management is distinct from the management of paid staff and requires flexibility to match roles to individuals according to differing motivations, capabilities, interests and levels of time commitment.
- The procedures for recruiting and supporting volunteers need to be proportionate to the volunteer roles being undertaken and kept as simple and straightforward as possible within organisational and legal constraints.
- Volunteer managers have a vital role to play in building connections with the local community and enabling volunteers to contribute time and feedback in ways that are valuable to the organisation. It is important for leaders and senior managers to value and visibly recognise their impact within organisations.

Volunteer management is the process of supporting and organising the involvement of volunteers. It usually involves both managing how volunteers are engaged and integrated with the organisation and providing some direct support to volunteers themselves. Effective volunteer managers and co-ordinators (who may be full-time or part-time paid staff or volunteers themselves) provide the support necessary to ensure that volunteers have access to appropriate training and development and are able to carry out their roles in a safe, secure and healthy environment.

Good quality volunteer management, co-ordination and support are essential to:

- encouraging and enabling a diverse range of people to volunteer;
- ensure that volunteer involvement is safe and of a high quality (contributing positively to service quality, outcomes or the experience of patients, services users, their families and carers); and
- retain volunteer input over time.

These factors all contribute to the effectiveness and value for money that investment in volunteer involvement can bring. Volunteers who are well managed and supported are more likely to stay with an organisation, build their skills and knowledge, and provide a return on any investment in training and support through the hours of quality service that they provide.

Managing and supporting volunteers effectively also helps an organisation to manage risk effectively and ensure that the practice of volunteering and the volunteers themselves are safe in the way they operate. Those managing, co-ordinating or supporting volunteers provide a vital connection between volunteers and the wider workforce within an organisation which may be working alongside or directly managing volunteers.

In community and third sector organisations, especially those that are largely volunteer-led, the role of a volunteer manager or co-ordinator helps to ensure that the services people rely on continue to run at a level and quality that reflect their importance to service users. For these organisations the cost of managing and co-ordinating volunteers is an essential component of the way such services are costed and resourced.

WRVS – flexible and responsive volunteer management

During the heavy snowfall of January 2010, WRVS maintained a high proportion of its food delivery service: 94% of meals were successfully delivered despite the weather. This was made possible by a committed network of volunteer managers who could make decisions and take action locally, backed up by central systems that helped to identify where need was greatest. Managers could call on

volunteers from other parts of the service (such as good neighbours or community transport providers) to increase capacity. The organisation also made creative use of communication networks, local radio and the 4x4 Association of Britain to appeal for help from 4x4 vehicle owners. The lessons learnt from this experience are being used to inform WRVS's restructuring, which will include more flexible engagement of volunteers across the organisation's services to build community resilience – not just in times of crisis, but as the norm.

Key considerations

The importance of volunteer management, co-ordination and support

Although they are often the linchpin for voluntary activity that takes place both within the community, third sector and within the statutory health and social care sector, those managing and co-ordinating volunteers are not always afforded the recognition or investment their role deserves. Well-supported and respected volunteer managers and co-ordinators are better able to support volunteers, maximise the value of volunteer involvement and create the necessary links within and between organisations that ensure volunteers are supported, respected and recognised wherever they are involved. It is important for leaders and senior managers to value and visibly recognise their impact within organisations.

If positive engagement of volunteers is to be encouraged wherever it can add value, volunteer management cannot remain a minority activity. While one person or a small team may have responsibility for the volunteer management function (e.g. policy and recruitment), others within the organisation will be better placed to identify potential roles and manage volunteers on a day-to-day basis once they are recruited. Within an organisation, particularly a large and complex one like an NHS trust, volunteer management needs to be something that a wide range of staff are skilled in. A key part of the volunteer management role is to support other staff to work with and support volunteers effectively.

'I have spent over 30 years working in the NHS and have seen at close hand the major contribution that volunteers make every day. Volunteers play such a key role in linking local people and their hospitals and health services and to improving the experience of people who use our services. Those responsible for supporting volunteering have a valuable and important role in the NHS.'

Sir David Nicholson CBE
NHS Chief Executive

Volunteer management skills

Volunteer recruitment and management is distinct from the recruitment and management of paid staff,⁶² in part because there is no financial incentive for the volunteer. The recruitment of volunteers is not subject to all the same formal procedures that apply to employees. The voluntary nature of the roles volunteers undertake and the fact that they are under no contractual obligation make the day-to-day working relationship with volunteers inherently different from that with paid staff. People offer their time as volunteers for a wide range of reasons (see Section 3 on motivation and engagement).

Volunteers also differ in what they are looking to achieve through their volunteering. Some will be looking to gain skills and progress towards personal or future career goals; others may simply be interested in putting something back into the community or a service of which they have some personal experience. Successful volunteer engagement involves matching roles to the motivations, capability and interests of individual volunteers. This requires a degree of creativity and flexibility, not usually required in the same way when recruiting paid staff.

⁶² There are a number of peer networks for volunteer managers including the National Association of Voluntary Services Managers (within the NHS) (www.navsm.org.uk) and the Association of Volunteer Managers (www.volunteer managers.org.uk), which has a more general membership.

Training for volunteer managers

In response to a recommendation from the Commission on the Future of Volunteering,⁶³ and in recognition of the importance of volunteer management, the Office of the Third Sector has introduced a £3 million Volunteer Manager's Training Programme to support volunteer management. This is being delivered through Capacitybuilders.⁶⁴ There are three strands to this programme:

- 24 local projects raising awareness of development opportunities in their areas and developing new sources of support for volunteer managers where appropriate;

- national strategic activity being carried out by Volunteering England to support the modernisation of the Volunteering National Support Service (including awareness raising and dissemination of good practice from local projects above); and
- a £1m bursary scheme to subsidise training of volunteer managers, to be launched in Spring 2010.

Local support and training bursary components will be open to anyone in a volunteer management role. Further information is available from Capacitybuilders and from Volunteering England,⁶⁵ which have been funded to develop an online volunteer management portal due to be launched in 2010.

Proportionate and appropriate procedures

Feedback from our consultation identified bureaucracy and 'over-professionalisation' as two things that potential volunteers can find particularly off-putting. For some, these make the difference between offering their support and choosing not to get involved at all. Forms and procedures should be kept as simple and straightforward as possible within organisational and legal constraints. Making sure that procedures are proportionate and appropriately applied to volunteers requires skill and judgement. Making these judgements requires sound knowledge of legal stipulations, an awareness of risk rather than an inherently risk-averse approach, and the drive to achieve the very best from volunteers.

Many of the procedures that organisations use to recruit volunteers, such as application forms, take-up of references and other checks, may be similar to those used for paid employees. However, these procedures also need to be specifically tailored for volunteers if they are to be fit for purpose. Not all roles will have the same requirements. For example, enhanced CRB checks are required only in circumstances where the voluntary role involves regularly caring for, training, supervising or being in sole charge of vulnerable children or adults, and are not necessary for all volunteer roles.⁶⁶ Proper and proportionate risk management is needed to ensure that volunteers are not deterred from doing valuable work because such checks are carried out in cases where they may be unnecessary. Both CRB checks and the newly introduced Vetting and Barring Scheme are in place to protect vulnerable people, which

⁶³ Volunteering England (January 2008) *Report of the Commission on the Future of Volunteering and Manifesto for Change*.

⁶⁴ Capacitybuilders: www.capacitybuilders.org.uk/node/343

⁶⁵ Volunteering England: www.volunteering.org.uk

⁶⁶ HM Government (June 2008) *Criminal Records Bureau Checks Guidance for Volunteering*.

is of primary importance. Full guidance on the new scheme and on the types of role to which registration applies is available from the Independent Safeguarding Authority.⁶⁷

Attracting diverse volunteers

The development of a range of interesting roles and a variety of ways to access volunteering opportunities can greatly increase the diversity of people who choose to volunteer. One of the advantages of volunteer involvement is that it encourages a more diverse range of people to contribute to the provision of services. This can have a positive impact on the quality of patient or service-user experience. People are generally more comfortable in an environment where there are people they can relate to and

where those providing services are aware of their cultural needs. This can be particularly important in areas where requirements differ for cultural, gender or other reasons.

As well as broadening the range of people who are able to volunteer and the impact they have on the patient experience, the recruitment of a diverse range of volunteers can also have a positive impact on the diversity of the paid workforce. Through volunteering, more people can gain experience of and insight into the various health and social care professions, which in turn may encourage them to apply for paid roles. When attention has been paid to diversity in volunteer recruitment, some significant results have been achieved.

Volunteering at Aintree University Hospitals NHS Foundation Trust

More than 700 people volunteer in Aintree's hospitals. On average, they give four hours of time each week. There is strong support at board and senior management level, and volunteers are highly valued by the staff. Investment from the Big Lottery Reaching Communities Fund to volunteer supporters volunteering within the trust has helped to develop the Aintree Hospitals NHS Foundation Trust Volunteer Scheme and expand the volunteer team. Service manager Terry Owen says that a background in nursing

helps her to understand the needs of staff and volunteers. There is clear demarcation of what volunteers can and cannot do. The team includes a dedicated manager for about 130 volunteers with disabilities. Terry says: 'We focus on what volunteers can do rather than what they can't. We provide a social structure and a feeling of belonging and we remove boundaries, enabling people to volunteer and perhaps move on to work.' There is a strong focus on volunteering leading to paid employment. Since 2003, at least 700 volunteers have entered nurse training and more than 400 have gained other employment in the trust – among them 48 people with disabilities.

⁶⁷ Visit: www.isa-gov.org.uk

Creating stronger links with local communities

A key advantage of engaging volunteers within a service or organisation is the opportunity this provides to create and strengthen connections with the local community. As members of the general public, volunteers may have experience or receive feedback from service users that can be valuable to an organisation in improving and developing its services and promoting quality and dignity in the care that is provided. Well-managed and supported volunteers will be better able to contribute this insight in ways that are of value to the organisation. Supervision, feedback sessions or regular meetings with volunteer groups can help to achieve this, and also provide an opportunity to keep volunteers informed and engaged with other developments in the organisation or service.

An important role for volunteer managers and co-ordinators is to support volunteers and facilitate the communication they have with the organisation as a whole. Well-managed and supported volunteers can be great ambassadors for the organisations and services they volunteer with. As well as gaining useful insight from volunteers, keeping volunteers well informed can help to build the organisation's reputation in the eyes of the general public and help to recruit new volunteers through word of mouth.

What is the Department of Health doing?

Volunteer managers in all sectors have a vital role to play. To promote and support high-quality and effective volunteer management, co-ordination and support within the health and social care system, DH will:

- encourage leaders and senior managers to value and visibly recognise the impact that volunteer or voluntary service managers have within their organisations;
- promote best practice in volunteer management among the priorities for the Health and Social Care Volunteering Fund;
- work with NHS Employers, Volunteering England, the National Association of Voluntary Services Managers and others to ensure that up-to-date, high-quality and easily accessible information and advice are available to support best practice in volunteer management across the health and social care system;
- work with partners at national level to ensure that good practice and innovative examples of volunteering in health and social care, along with sample role descriptions for volunteers that demonstrate the diversity of roles and potential, are shared and made more readily accessible;
- work with stakeholders and other government departments to enhance understanding of the links between volunteers and the paid workforce, in particular the role volunteering can play in helping to recruit a more diverse workforce within health and social care; and
- work with partners at national level to ensure that the good practice principles of the Compact are maintained and promoted in the way that Government, local public sector partners and third sector organisations work with volunteers.

What are we looking to others to do?

At the local level it is important that leaders and senior managers recognise the important role of volunteer managers within organisations. Where organisations are committed to promoting and supporting high-quality effective volunteer management, co-ordination and support, we would expect to see:

- local partners (including NHS trusts, primary care trusts, local authorities and third sector organisations working in health and social care) working together to ensure that a high-quality local volunteering infrastructure (e.g. a local volunteer centre) is available to support good practice in volunteer recruitment and management;
- recognition by commissioners, through grant or contract funding, of appropriate volunteer management costs as an essential part of any project or service in which volunteers are an integral part of the delivery model;
- NHS trusts developing volunteer programmes co-ordinated and supported by a volunteer manager or team with sufficient status and recognition to be able to influence trust policy and practice in support of volunteer involvement, both directly and through involvement with independent groups;
- appropriate training provided to all staff who work alongside volunteers to increase their understanding of how to work with volunteers, including the nature of the volunteer relationship and the role of volunteers in their work setting; and
- volunteer-involving organisations reviewing the impact of volunteer management within their organisations and assessing whether this needs more visible recognition or status within the organisation.

8. Support for individual volunteers

Key messages

- Promoting volunteering opportunities through a variety of routes enhances the potential for a diverse range of people to get involved.
- Word of mouth is particularly important in promoting volunteering, making the quality of the volunteering experience vital to future recruitment.
- Attention to the needs of individual volunteers, and flexibility in the development of roles and recruitment processes, are important to enable a wider diversity of people to engage in volunteering.
- Organisations have a duty of care for volunteers and should ensure that they are shown respect and recognition; this includes providing them with the necessary information and support to undertake their role safely and effectively.
- Wherever volunteers make a positive contribution by giving their time without charge, their involvement deserves to be celebrated with thanks and recognition.

If we are to inspire people to volunteer in health and social care, then all parts of the health and social care system need to understand volunteering and how to work with volunteers to promote and support their involvement. In short, we need organisations working in the health and social care field to be ready, willing and able to:

- promote, recruit, support and celebrate volunteers and the work they do; and
- work with volunteers and partner organisations to make the volunteering experience as positive, fulfilling and effective as it can be for each individual involved.

Much of the good practice in this field relates to the role of volunteer management, co-ordination and support addressed in Section 7 and to effective leadership, as explored in Section 4. These sections looked at how those in leadership and volunteer management roles can promote and support volunteering as an effective element of health and social care services. The key issues of good practice identified here focus more clearly on how relationships with individual volunteers can be enhanced to achieve this. Both Volunteering England⁶⁸ and NHS Employers⁶⁹ provide more detailed good practice guidance on some of the key issues highlighted here.

Key considerations

Promoting volunteering – raising awareness of opportunities

As highlighted in previous sections of this document, all kinds of people volunteer for a wide variety of different reasons. There are

many routes through which individuals become aware of volunteering opportunities or become interested in taking them up. We know through various surveys that different access routes appeal to different types of people. For example:

- YouthNet's service, Do-it, the national volunteering database, finds through its Volunteer Registration Survey⁷⁰ that it attracts a high proportion of young people aged 15–25 (48%) and volunteers identifying themselves as coming from black or minority ethnic (BME) backgrounds (24%).
- Volunteering England's annual survey⁷¹ shows that local volunteer centres attract a relatively high proportion of people either unemployed or not working for other reasons, who might be identified as at risk of social exclusion.
- The Helping Out survey⁷² identifies that people from BME groups are more likely than other sections of the population to get involved in volunteering through a place of worship, and that those who actively practise their religion are more likely to volunteer than others.
- Experience and feedback through our consultation process highlight that having some personal experience of or connection with a particular service and 'being asked' play an important part in encouraging people (particularly older people) to become volunteers.
- The Helping Out survey found that 66% of formal volunteers found out about volunteering by word of mouth, which suggests that creating positive volunteering experiences for people is crucial to future recruitment.

⁶⁸ Volunteering England: www.volunteering.org.uk

⁶⁹ NHS Employers: www.nhsemployers.org

⁷⁰ Do-it Volunteer Registrations, January 2010.

⁷¹ Hill, M (2009) *Volunteering England: Volunteer Development Agency Annual Membership Return 2007/08*. Institute for Volunteering Research.

⁷² Low, N, Butt, S, Ellis Paine, A, Davis Smith, J (2007) *Helping Out: a national survey of volunteering and charitable giving*. Cabinet Office.

The Neuberger report on volunteering in health and social care⁷³ highlighted the role and potential of the internet in facilitating volunteering in peer support roles, increasing awareness of opportunities more generally and extending these to a wider range of people.

If we are to enhance awareness of opportunities and increase the diversity of those getting involved as volunteers in the health and social care field, organisations across the system need to consider how they can support volunteering. Collectively, we need to ensure that best use is made of existing communication routes, including websites that promote volunteering and link to opportunities at relatively low marginal cost. Broadening the range and nature of access and recruitment routes can only increase the number of people interested in volunteering and help to attract volunteers from a wider range of backgrounds and communities.

'Volunteers make an invaluable contribution which impacts greatly on our Trust, enabling us to provide a high quality service we can all be proud of.'

Sir Andrew Cash
Chief Executive, Sheffield Teaching
Hospitals NHS Foundation Trust

Recruiting volunteers – enabling people to take part

Opening up volunteering opportunities to a wider range of people requires a supportive approach that addresses potential barriers to people getting involved.

⁷³ Office of the Third Sector (2008) *Volunteering in the Public Services: health and social care – Baroness Neuberger's review as the Government's Volunteering Champion*.

⁷⁴ Jobcentre Plus up-to-date guidance on volunteering while getting benefits: www.direct.gov.uk/en/HomeAndCommunity/Gettinginvolvedinyourcommunity/Volunteering/DG_064299

Responding to potential volunteers

Responding to offers of help in an open, timely and straightforward way is particularly important in harnessing the enthusiasm of those who offer their time free of charge. Recruitment processes will vary across different roles and settings. Some procedures that may be required, such as safeguarding checks and references, are things that many potential volunteers will associate with paid employment and may not have expected in advance. Explaining why they are necessary and how long they may take can be particularly important if new volunteers are to feel comfortable providing the necessary information and reassured that they are not being scrutinised unnecessarily or in a discriminatory manner.

Addressing financial concerns

For some people, financial concerns can be a particular barrier to getting involved as a volunteer. The payment of out-of-pocket expenses, such as additional travel or childcare costs, and the provision of clear information about volunteering while getting benefits, can help to broaden the range of potential volunteers. Although not all volunteers may choose to claim expenses, the offer of reimbursement is particularly important to ensure that people on low incomes (those living on a pension or in receipt of welfare benefits, for example) are not excluded from participating. For those not currently in paid employment who may wish to enhance their work skills and experience through voluntary involvement, the repayment of expenses is likely to be a critical factor in whether or not they can volunteer. Likewise, up-to-date advice and information about volunteering while on benefits⁷⁴ can be important in addressing people's concerns.

Sheffield Teaching Hospitals NHS Foundation Trust

About 700 volunteers are involved across the trust's five hospital sites in roles that complement the work of the paid staff. Fifty volunteers have been trained to use hand-held digital devices to collect feedback from patients about their care. This was found to be a good way of getting open and honest feedback, as volunteers are independent of the patients' care and treatment. There

is a full-time young person's volunteering co-ordinator, funded by WRVS, who works with education providers and youth groups and has a particular focus on engaging volunteers from socially excluded groups. Volunteer leads are identified for all wards and departments using volunteers, which encourages staff to develop meaningful roles that benefit patients and are enjoyable and worthwhile for the volunteers. The Chief Executive, Chairman and Chief Nurse fully support the volunteer programme.

Finding the right role

Different roles and organisational cultures will appeal to different people depending on their motivation, expectations and how much time they have to offer. Some will be looking for structure and routine in the way they volunteer. Others will be happier working as part of a network where their input is sought as and when required. Some will be looking for support and training; others will be looking for roles that rely on their using their own initiative, networks and experience to make a difference in their community.

Placing restrictions on who can volunteer for particular roles can limit the diversity of those involved and may reflect possibly misplaced assumptions about what any particular group of individuals (such as older

people, young people or disabled people) might be capable of or interested in doing. An open and flexible approach is particularly important to the recruitment and engagement of disabled volunteers, who may or may not need some adjustments made to support them in a voluntary role. Tailoring roles to different individual interests and circumstances encourages greater diversity.

As well as increasing the diversity of volunteer roles it offers, an organisation can help to achieve a good fit for all those who put themselves forward as potential volunteers by being well informed about other local opportunities within the health and social care field. Links with other voluntary groups and local infrastructure organisations can help with finding appropriate roles within other organisations.

Access to Volunteering

Access to Volunteering is a £2 million pilot programme providing funding to organisations to support the additional costs associated with involving disabled people in volunteering. The programme is intended to increase the number of

disabled people volunteering and the range of organisations providing volunteering opportunities for disabled people, as well as providing evidence of any additional costs associated with disabled people volunteering. The programme will run in three pilot areas to March 2011 (see www.accesstovolunteering.org).

GoldStar

GoldStar was a £7.5 million programme funded by the Office of the Third Sector between 2005 and 2009. The aim was to spread good practice throughout the voluntary sector on how to recruit, manage

and retain volunteers, mentors and befrienders from groups at risk of social exclusion.⁷⁵ The programme funded 46 exemplar projects across the country. Information on the projects and on good practice resources developed as part of the programme are available at www.goldstar.org.uk.

Supporting volunteers – promoting respect and recognition

Information, training and volunteer agreements

As there is no financial incentive for volunteers to get involved, the respect and recognition they are shown are of paramount importance. Ensuring that volunteers have the information and training they need to carry out their role safely and effectively is vital to their on-going involvement and the quality of their contribution. Depending on the setting, some training may be mandatory; in other cases training will depend on the role or individual. For the many volunteers who get involved to improve their skills, training also provides a positive experience and helps them to stay motivated.

Where volunteers are involved alongside a paid workforce, it is important that paid staff are clear about what volunteers are there to do and the distinction between volunteer and paid staff roles. This is important to ensure that volunteers get the recognition they deserve and any support they might need, including appropriate on-the-job training where required. Volunteer agreements can be a good way to ensure that volunteers are clear about their role, its boundaries, and what they can expect in terms of training, support or information. In organisations with paid

staff, involving employees, volunteers and trade union representatives in developing such agreements can be a useful way of setting out how relationships should work and addressing any potential problems.

Safeguards for volunteers

Although the relationship with a volunteer is not a contractual one, it is vital that volunteers are able to carry out their roles safely and effectively and free from harassment, intimidation, bullying, violence or discrimination. Organisations have a duty of care towards volunteers established through the Health and Safety at Work Act 1974. Volunteers also have the same rights as employees under the Data Protection Act, meaning that the organisation must comply with rules on personal data held on computer or in paper files. All volunteering activity should be covered by appropriate insurance.

Volunteers do not have the same legal rights as paid employees and may not be fully covered by the same policies. However, this does not mean that the principles behind such rights and policies should not apply equally to volunteers. For example, many workplaces have whistle-blowing procedures designed to protect people who raise concerns about the practice of others from intimidation or unfair dismissal. Although volunteers do not have

⁷⁵ Including people with no formal qualifications, people from BME communities and people with disabilities or long-term conditions.

the same legal protection in relation to unfair dismissal, in the interests of quality and dignity in care the principle of such a policy, which is to encourage openness and allow for poor

practice to be challenged, should still apply. Effective complaints procedures can also help to ensure that where problems do arise they are effectively handled from the start.

Volunteers and the law

Legal problems can arise when organisations blur the boundaries between staff and volunteers. A number of employment tribunal cases have found individuals considered to be volunteers by their host organisations to have been effectively working under a contract of employment. To avoid these difficulties, organisations need to be aware of the potential for inadvertently creating contractual relationships with volunteers. More information is available from Volunteering England.⁷⁶

Volunteer rights

A number of groups have been trying to get the current lack of legal rights for volunteers addressed. This campaign has been inspired by a number of high-profile cases involving volunteers who have felt maltreated by organisations but have had no avenue for redress. To explore this issue, Volunteering England has established a Volunteer Rights Inquiry. While the lack of legal rights can pose a problem, many of those giving evidence have experienced poor volunteer management and found organisations' complaints procedures inadequate when things have gone wrong.

Celebrating volunteering – recognising the contribution that volunteers make

The contribution volunteers make to health and social care in this country is enormous. By definition, this activity is unpaid and undertaken of the individual's own free will. This is a demonstration of mutuality and community spirit that is both valuable to society and truly inspiring to others. Wherever volunteers make a positive contribution by giving their time free of charge, their input deserves to be celebrated. As with other elements of good practice in relation to volunteers, it is important to tailor the approach to suit the circumstances and the volunteers involved. For example, celebration might be reflected in small day-to-day acts of recognition, encouragement or thanks, or

more public recognition through awards or events. Celebration, large or small, is vital to the retention of volunteers. It can be a very effective way to showcase what volunteers achieve and to help raise the profile of volunteering among a wider range of people.

What is the Department of Health doing?

Volunteer-involving organisations in all sectors are responsible for the support they provide. DH's role in this area is to ensure that the necessary guidance and resources are available at national level to enable that support to be of a high quality and appropriate to the roles and settings in which volunteers are involved. To achieve this DH will:

⁷⁶ Restall, M (2005) *Volunteers and the Law*: www.volunteering.org.uk/law

- work with partners at national level to make access to health and social care opportunities more readily available through Department and NHS websites and other online services, including NHS Choices and NHS Careers; in parallel, we will work with partners to stimulate and support an increased presence of health and social care volunteering opportunities on Do-it, the national volunteering database;
- work with stakeholders to identify and disseminate lessons learnt with regard to the recruitment and support of disabled people in volunteer roles, including lessons from the GoldStar programme funded by the Office of the Third Sector, Access to Volunteering Fund and local good practice in this field;
- work with NHS Employers, Volunteering England, the National Association of Voluntary Services Managers and others to improve the availability of guidance on recruiting volunteers, in particular those who may face additional barriers to volunteering;
- work with partners across the health and social care system to ensure that the legal issues in relation to volunteering and issues arising from Volunteering England's Volunteer Rights Inquiry are recognised and more widely understood in the health and social care sector;
- work through the Dignity in Care Campaign and other stakeholders to ensure that training and other resources that are relevant to all those working in the health and social care field are accessible to volunteers; and
- work with the Trades Union Congress and individual trade unions to ensure that volunteers and employees are well managed and involved in decision making.

What are we looking to others to do?

We believe that any group or organisation involving volunteers should strive towards good practice in the four elements of promoting, recruiting, supporting and celebrating volunteers. Where this is happening we would expect to see some action in each of the following areas.

- Promoting volunteering: making information on health and social care volunteering opportunities widely available through different routes including the NHS (via waiting rooms, GP surgeries, advice points, hospital radio, NHS websites); other public buildings (libraries, town halls, schools and colleges, information and advice outlets); local volunteer centres; and relevant websites such as Do-it (www.do-it.org).
- Recruiting volunteers: developing timely, flexible and proportionate approaches to volunteer recruitment, including monitoring volunteer profiles with a view to increasing volunteer diversity and reflecting the demographic of service users in volunteer involvement.
- Supporting volunteers: providing information, training and support to ensure that volunteers are able to undertake their roles safely and effectively and with appropriate recognition and support from paid staff.
- Celebrating: offering thanks and recognition to volunteers on a day-to-day basis and utilising national and local award schemes, where appropriate, to celebrate the difference volunteers make and raise the profile of volunteering in the health and social care field.

9. Next steps

This strategic vision acknowledges the enormous contribution that volunteering and individual volunteers make to health and social care in this country. The power of this contribution, and its importance in overcoming the challenges ahead, should not be under-estimated. Having long preceded the NHS, voluntary effort has always been at the core of our health and care services and remains very much part of the vision for their future. There are real opportunities to improve quality and outcomes by engaging people and communities in the delivery and development of services through volunteering.

This is a pivotal time in the development of our health and social care services, and an ideal time for the Department of Health (DH) to set out a long-term vision for volunteering. This document provides a starting point and a framework around which action can be taken to promote and support volunteer involvement in the future. We are looking for leaders from all parts of the health and social care system to support this vision and promote volunteering in their own organisations or localities, wherever it can add value.

A time of innovation and transformation

The Government is committed to strengthening the role of citizens in the design and delivery of services and to empowering front-line organisations to make changes based on local context.⁷⁷ Our vision for volunteering supports both these aims. It draws together the existing policy drivers across the health and social care system, and builds on existing processes and relationships to promote leadership and

local innovation in volunteer involvement in this context.

The Darzi review placed quality at the heart of improvement and reform in the NHS.⁷⁸ Demographic change, the increasing prevalence of lifestyle diseases, and the clinical and technological advances that enable more people to live for longer with certain conditions, make productivity the other essential component of reform – particularly in a challenging financial environment. The *NHS Operating Framework* identifies innovation and prevention as two critical factors that drive and connect quality and productivity.⁷⁹ Our five-year plan to create an NHS that is preventative, people-centred and productive also highlights the need for a greater focus on prevention as well as innovation.⁸⁰ These are areas in which volunteering has a particularly valuable contribution to make, as the examples throughout this document demonstrate.

Twenty years from now, 1.7 million more people will need care and support, so it is important to consider how we are going to meet that challenge. In July 2009 the Government published the Green Paper *Shaping the Future of Care Together*,⁸¹ which set out a vision to build a National Care Service for all adults in England which is fair, simple and affordable for all. The Government knows that delivering sustainable care and support in the future will require a partnership between individuals, families and carers, third sector organisations, local service providers and the state. Volunteering has a significant part to play in meeting the challenges ahead and improving services and outcomes for individuals and communities in the longer term.

⁷⁷ HM Government (December 2009) *Putting the Frontline First: smarter government*.

⁷⁸ Lord Darzi (2008) *High Quality Care for All: NHS Next Stage Review Final Report*.

⁷⁹ Department of Health (December 2009) *The operating framework for the NHS in England 2010/11*.

⁸⁰ Department of Health (December 2009) *NHS 2010–2015: from good to great: preventative, people-centred, productive*.

⁸¹ HM Government (2009) *Shaping the Future of Care Together*.

The potential of volunteering

The development of this vision has brought to light countless powerful examples of volunteer involvement, adding value in almost every sphere of health and social care. We have highlighted here just a small selection of examples to demonstrate the huge variety of ways in which volunteers and volunteering can contribute to health and well-being and complement and support health and care provision. We have also provided a very small snapshot of the broad diversity of people involved in volunteering, their motivations, their hopes and their experience of the difference made by volunteering.

Experience from expert patient and peer support programmes demonstrates that greater engagement of patients and service users in the provision of services is both possible and desirable. This has multiple benefits for those who volunteer, for those who are supported, and for service quality and outcomes. This, and our experience of supporting volunteering initiatives through a variety of programmes and funding streams over the last three decades, gives us good reason to believe that volunteering has the potential to have a positive and growing impact on the provision of care and support long into the future. Our challenge is to realise this potential.

We know that word of mouth is a particularly powerful tool in helping to mobilise and recruit volunteers. This provides a strong motivation to improve the volunteer experience and enhance the connections that individual organisations have with one another and with local communities. We also believe that a broader range of volunteering opportunities, better supported and more widely advertised, would inspire and enable more people to get involved. The vision and framework set out here aim to support improvement in both the experience and the inclusiveness of volunteering.

The way ahead

This strategic vision sets out our intention to build on learning, increase evidence, promote partnerships, share knowledge and improve practice. We can only realise this vision by working collaboratively with partners across the public and third sectors, and with leaders across the health and care system, to inspire and support them to take positive action in their own organisations or localities.

DH will use the framework set out here to focus its own activity and to promote and support action by others across the health and social care system in the future. DH will take a facilitative and enabling role in this, promoting development in support of this vision and taking action where there is evidence that intervention at a national level is necessary. DH will use its own third sector funding streams (including the Health and Social Care Volunteering Fund) to promote partnership, innovation and expertise in this field, in line with the vision's five strategic themes.

Although we have ample experience and evidence of the difference made by volunteering, the relatively fragmented nature of the evidence base for this activity presents some challenges. The diverse range of settings in which volunteering takes place makes it difficult to aggregate data at local, regional or national level. The difference made by volunteering is often qualitative and difficult to quantify. We are committed to working with partners to improve the evidence base for investment in volunteering, and will also promote good practice in evaluation that will help providers and commissioners across the health and social care system to identify more readily where the costs involved in supporting volunteering are outweighed by the benefits.

We are aware that, given the complex range of organisations, relationships and activity involved in making a reality of this vision, it will also be challenging to assess its impact. Progress towards this vision will need to be reviewed and the vision itself refined in the light of lessons learnt from partners locally, regionally and nationally. To support this review process we will identify the existing sources of data and mechanisms for data collection (such as regular surveys and evaluation frameworks) that can help us assess change in the involvement and experience of volunteers over time. We will collate information based on new and existing sources of data to help us review progress towards realising the vision over the coming years.

DH's ongoing programme of activity to support delivery of this vision and promote volunteering in health and social care will be overseen, in the context of its wider Third Sector Programme, by DH's Third Sector and Social Enterprise Delivery Board. Building on the valuable relationships with stakeholders established through the development of this vision, the Department will also set up a separate Volunteering Stakeholder Reference Group to act as a source of expert information and feedback on volunteering and to inform development and operational delivery of the Health and Social Care Volunteering Fund, ensuring its alignment with this vision.

Your involvement

We hope that what we have put forward here is a strong case for leaders, partners and commissioners across the health and social care system to consider when and how volunteering might support the achievement of local priorities for individuals and communities, and where strategic investment might be justified to support this.

Our intention in setting out this strategic vision has been to transform thinking about volunteering, enhance collective knowledge about what works, and provide a framework around which action can be taken. We welcome your views and your support in helping us to achieve this and in spreading learning across the health and social care system. You can contact us at: visionforvolunteering@dh.gsi.gov.uk.

Annex 1 – Organisations represented on Working Group

Department of Health
Time for Health partnership
Office of the Third Sector
North West Strategic Health Authority
NHS Employers
WRVS
YouthNet
Attend
Trades Union Congress
Volunteering England
National Association of Voluntary Services Managers
Minding the Gap, Health Inequalities Programme for Yorkshire and Humber
University Hospitals Birmingham NHS Foundation Trust
The Consortium of Lesbian Gay Bisexual and Transgender Voluntary and Community Organisations
Sheffield Teaching Hospitals NHS Foundation Trust
SCOPE
Commission for the Compact
Guide Dogs for the Blind Association
Learning and Skills Council

Looked After Children, Young People's Team, Gateshead Council

Department for Children, Schools and Families

Both the Local Government Association and the Improvement and Development Agency for Local Government have also been consulted in the course of developing this strategic vision.

Annex 2 – DH third sector strategic partners

National Association for Voluntary and Community Action

National Heart Forum

Men's Health Forum

Faith Action

RADAR/National Centre for Independent Living/Shaping Our Lives

Age Concern and Help the Aged

National Council for Palliative Care

National Children's Bureau

Race Equality Foundation

Voluntary Organisations Disability Group/
National Care Forum

Regional Voices



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