Summary: Intervention & Options

Department /Agency: Department of Health	Title: Impact Assessment of "Volunteering - involving people and communities in delivering and developing health and care services"	
Stage: Final	Version: 1.4	Date: 19 February 2010
Related Publications: Volunteering – involving people and communities in delivering and developing health and care services, March 2010.		

Available to view or download at:

www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Regulatoryimpactassessment/DH_111389

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What is the problem under consideration? Why is government intervention necessary?

The Government places importance on a vibrant civil society and a strong emphasis on citizen participation - volunteering plays a critical role in developing this within communities. Whilst there is a great deal of positive practice in current arrangements to support volunteering in health and social care, there is no extant strategic framework to build on good practice and promote further development. This makes it difficult to develop mature and sustainable partnerships, to systematically promote and support volunteering or develop the role of volunteers in innovative and sustainable ways

What are the policy objectives and the intended effects?

DH aims to promote volunteering and how it can make a significant contribution particularly in the context of health and social care (in terms of delivery of high quality care, improved health and well being and reducing health inequalities). DH is looking to build on existing good practice and achieve more through strengthened leadership and collaboration in promoting and supporting voluntary activity. The strategic vision is intended to be a starting point that organisations across the whole health and social care system (public and third sector) can use to underpin innovation and improvement to transform volunteering in the longer term.

What policy options have been considered? Please justify any preferred option.

Two options have been considered in this Impact Assessment:

(1) Do nothing.

(2) Publish a high level strategic vision to reframe volunteering and encourage all players in the health and social system to consider how and where volunteering can contribute to improved delivery against a wide range of organisational and shared objectives in health and social care.

Option 2 was taken because it is believed the best long term option.

When will the policy be reviewed to establish the actual costs and benefits and the achievement of the desired effects?

This is a long term vision and progress will be considered annually with a full review after 3 years.

Ministerial Sign-off For final proposal/implementation stage Impact Assessments:

I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) the benefits justify the costs.

Signed by the responsible Minister:

.... Date: 23/02/10

Summary: Analysis & Evidence

Policy Option: Publish strategic vision for volunteering	Description: The vision will promote, support and encourage volunteering across health and social care where it can add significant value including highlighting examples of best practice

COSTS

ANNUAL COSTS		Description and scale of **key monetised costs** by 'main affected groups'	
One-off (Transition)	**Yrs**	No direct exchequer costs. Reassessing priorities as a result of the vision is estimated to lead to training costs for more volunteers £17m, costs of employing more paid volunteer co-ordinators £2.9m and costs of additional meetings £0.2 million (annual costs)	
£			
Average Annual Cost (excluding one-off)			
£ **20 million**	5	**Total Cost** (PV)	£ **94 million**

Other **key non-monetised costs** by 'main affected groups'

The vision could potentially lead to changes to training in existing staff to improve awareness of the volunteers role and how they should be supported. The extent of this is unknown however it is likely that many organisations will make changes in context of changing existing training

BENEFITS

ANNUAL BENEFITS		Description and scale of **key monetised benefits** by 'main affected groups'	
One-off	**Yrs**	Annual estimates are: Benefits to the volunteer £31 million Benefits to service users £5 million Benefits to organisations £170 million	
£			
Average Annual Benefit (excluding one-off)			
£ **206 million**	5	**Total Benefit** (PV)	£ **960 million**

Other **key non-monetised benefits** by 'main affected groups'

Benefits of the vision include more effective working, better placement of volunteers, better promotion of volunteering and improvements to community and service delivered by the health and social care system.

Key Assumptions/Sensitivities/Risks The vision itself does not impose any specific changes on organisations and how they choose to take forward volunteering is a decision which should be made locally to ensure priorities are met and volunteering is used where it has significant impact. High level assumptions are used here to give an indication of possible impact of the vision on the system overall.

Price Base Year 2010	Time Period Years 5	**Net Benefit Range** (NPV) **£ 313 million – £872 million**	**NET BENEFIT** (NPV Best estimate) **£ 867 million**

Question				Answer
What is the geographic coverage of the policy/option?				England
On what date will the policy be implemented?				March 2010
Which organisation(s) will enforce the policy?				n/a
What is the total annual cost of enforcement for these organisations?				£ n/a
Does enforcement comply with Hampton principles?				n/a
Will implementation go beyond minimum EU requirements?				n/a
What is the value of the proposed offsetting measure per year?				£ n/a
What is the value of changes in greenhouse gas emissions?				£ n/a
Will the proposal have a significant impact on competition?				Yes/No
Annual cost (£-£) per organisation (excluding one-off)	Micro	Small	Medium	Large
Are any of these organisations exempt?	Yes/No	Yes/No	N/A	N/A

Impact on Admin Burdens Baseline (2005 Prices) (Increase - Decrease)

Increase of £ Decrease of £ **Net Impact** £ nil

Key: Annual costs and benefits: Constant Prices (Net) Present Value

Evidence Base (for summary sheets)

[Use this space (with a recommended maximum of 30 pages) to set out the evidence, analysis and detailed narrative from which you have generated your policy options or proposal. Ensure that the information is organised in such a way as to explain clearly the summary information on the preceding pages of this form.]

Introduction – what is the problem that needs to be solved?

The Government places importance on a vibrant civil society and a strong emphasis on citizen participation – volunteering plays a critical role in developing this within communities. The Department of Health is committed to its role as the enabler and facilitator behind the strategic vision, the aspiration of which is to create an environment for health and social care in which volunteering is encouraged and supported wherever it has the power to reduce inequalities, enhance service quality or improve outcomes for individuals and communities.

Volunteering has been shown to have well-being benefits for both service users and for volunteers themselves. Increasingly, through mentoring, befriending and peer support activities, volunteering can be seen to offer dual benefit to service users who are also volunteers in the design and or delivery (co-production) of the services they use.

Baroness Neuberger's 2008 review of volunteering in health and social care[1], as Government's then Volunteering Champion, identified several areas in which practice of volunteering in health and social care could be strengthened and improved. This review and the Department of Health's own consultation on 'Toward a Strategy for Volunteering in Health and Social Care' have informed the strategic vision for Volunteering in health and social care now being published.

The aim of the strategic vision – the policy intention

The aim of the strategic vision for volunteering in health and social care is to:

- acknowledge the enormous contribution that volunteers make to the health and social care system;
- raise awareness of the diversity of volunteer roles and volunteers in the health and social care field;
- promote the role of volunteering in the context of health and social care reforms;
- provide a framework to promote improvements in the support of volunteering across the health and social care system;
- identify and promote good practice in the five key areas within this framework, which are leadership, partnership, commissioning, volunteer management and support for individual volunteers.

While the strategic vision does not place new mandatory requirements on the NHS or local government, we hope the vision and the examples set out will inspire other across the whole health and social care system (public and third sectors) to:

- develop new approaches to the engagement and support of volunteers;
- increase the range of volunteering opportunities available in health and social care;
- make these opportunities more accessible, including to those who may otherwise encounter additional barriers to volunteering (e.g. disabled people);
- improve the quality of volunteer management and support across the system.

Background to the strategic vision

'Toward a Strategy for Volunteering in Health and Social Care: A Consultation' identified five key themes that it would be important to address in any emerging strategy for volunteering in this field: leadership, partnership, commissioning, volunteer management and support for individual volunteers. For each theme perceived obstacles were identified and possible solutions suggested. Extensive

[1] http://www.cabinetoffice.gov.uk/third_sector/news/news_stories/080310_neuberger.aspx

consultation was undertaken with organisations across the third sector, NHS and local government. The consultation resulted in a broad consensus around the key themes to be addressed and some indication of the actions that would help to achieve more and better volunteer engagement in the future.

Through consultation and subsequent work with a cross-sector Working Group a picture has emerged of what might be described as a complex local, regional and national 'ecology' of support for volunteering in health and social care. This includes a wide and diverse range of activity undertaken by different groups and organisations across the public and third sectors in particular. It also consists of a complex set of relationships between individuals and organisations, funders and commissioners which differs from one locality to the next.

The consultation brought to light a wide range of good practice examples from across different parts of the health and social care system. These illustrate some of the most important messages about volunteering and its promotion in the health and social care field. They suggest some of the key issues that arise when involving volunteers and demonstrate solutions that reflect understanding of volunteers and some of the key principles that underpin successful volunteer involvement. They do not however present a single model for any one type of organisation, NHS Trust, local authority or third sector organisation to follow.

The results of the consultation led the Department to set out a high level strategic vision for volunteering in health and social care and provide a framework around which different parts of the system can take action. It was identified that a strategic vision, based on the strategic themes endorsed in the consultation, would be the most productive approach to take in an environment made up of devolved NHS services, diverse local authorities and thousands of independent organisations. This presents an opportunity to build on local innovation whilst also providing some coherence to the system and developing some principles of good practice that can become shared over time. The purpose of this impact assessment is to test the costs and benefits of producing a strategic vision and to verify that the benefits outweigh the costs (and that there are no adverse impacts in other areas).

The strategic vision exerts the least central control over the action that is taken and the outcomes of it but encompasses the whole 'ecology' of potential support identified in the process of consultation, which DH consider to be vital to sustainable long term development. Consequently, the strategic vision for volunteering has been developed that draws on existing policy drivers to set out a high-level framework for action around volunteering that aligns with policy across the health and social care system and across government. This is intended to build on existing processes and relationships, with the Department taking an enabling role utilising its influence and existing levers (including third sector funding streams) to promote leadership and local innovation in this field.

There are no new requirements created by the strategic vision. Given the inherently voluntary nature of volunteering and the limited direct control government has over large parts of the system supporting it, the strategic vision does not impose specific solutions or targets on individual organisations or seek to compel any individual or group of individuals to volunteer. What the Department of Health is putting forward here is a strong case for leaders, partners and commissioners to consider when and how volunteering initiatives might support the achievement of existing priorities where benefits in terms of quality or outcomes are estimated to outweigh costs. The strategic vision itself will help to improve understanding of the motivations and barriers that individual volunteers face and help to create an environment in which volunteering is more readily encouraged.

As this IA demonstrates, the strategic vision is considered the best long term option as it will:

- enable DH to promote a supportive culture across the health and social care system, which will help to encourage more and better volunteer engagement in future;
- place volunteering in the context of current policy drivers and broader strategic objectives to which volunteering potentially adds value;
- enable DH to encourage local innovation and diversity, facilitate cross-sectoral learning and promote improved practice across the board;
- present an opportunity to build on existing relationships with a wide range of stakeholders, achieve greater buy-in to the vision and enhance the benefits of a fundamental cultural shift;
- lead to a better pattern of costs and benefits than the "do nothing" option.

Costs and benefits

The nature of volunteering is extremely complex and covers various types of organisations within the context of health and social care. The strategic vision highlights examples of good practice and draws attention to areas for consideration in relation to those organisations who work with and involve volunteers. It acknowledges the diverse range of areas where volunteering can add value and encourages organisations to promote volunteering as a way of supporting existing priorities.

The strategic vision is a broad vision which covers many aspects of volunteering and good practice which is anticipated to have an impact at a local level. The vision does not impose any new requirements and whilst DH strongly believes that volunteering can make a significant difference it recognises that there is no single model. Different approaches will work for different organisations. Therefore changes resulting from the vision are subject to local decision making in order to ensure the local priorities are supported by volunteering where it can add value.

It is not possible centrally to specify every single reaction for each organisation and we do not anticipate the same changes across the board. However we can get a good feel for the impact of the vision on the system as a whole by focusing on areas where we feel organisations are most likely to respond to.

Overall the strategic vision could potentially lead to:

1. more volunteers involved in health and social care;
2. more volunteer managers recruiting and supporting volunteers in health and social care;
3. additional meetings to identify where volunteering has the potential to add value and opportunities to promote and support volunteering accordingly.

The benefits of these three areas are explored using broad assumptions of the potential impact on the system overall. The analysis presented focuses on benefits and costs which can be more easily quantified to give broad indication of the overall impact of the strategic vision.

Due to the complex local, regional and national systems for volunteering in health and social care, the different types of organisations it affects and the nature of the strategic vision itself it is difficult to quantify all costs and benefits . To ensure a balanced picture is provided, some of the other non-monetised costs and benefits are also highlighted with some specific case studies.

Do nothing option

As part of the Impact Assessment process we consider the do nothing option, which in this case means not to publish a strategic vision. By definition the costs and benefits of a do nothing option are zero, even if doing nothing means that existing patterns or trends continue. Costs and benefits of other options are always judged relative to the do nothing option

Costs and benefits for the preferred option – publishing a strategic vision for volunteering

There are no new requirements in the strategic vision and therefore for the purposes of this Impact Assessment a judgement on how organisations might choose to react has been made to provide an indication of its possible impact.

Underlying assumptions

To provide indicative estimates of the costs and benefits the following assumptions have been used:

- around 3.4 million volunteers currently working in health and social care[2]. This is the most credible estimate from a range of possible sources. It is difficult to estimate precisely how many volunteers there are in health and social care due to the complexities of the system. Other sources do exist and this uncertainty is addressed in the sensitivity analysis.

[2] Skills for Health report: The 'Hidden' Workforce Volunteers in the Health Sector in England

- 5% increase in volunteers as a result of the strategic vision (this equates to 170,000 additional volunteers when applying to the existing 3.4 million volunteers). The Third Sector Market Mapping Report, 2007[3] estimates a planned growth in capacity for the third sector of 9%, and this assumption of 5% is reasonable alongside this benchmark.

Throughout this IA, the quoted costs and benefits are scalable i.e. both costs and benefits will increase proportionately as the assumed number of volunteers increase.

- 180 volunteers per paid volunteer co-ordinator. Based on a report produced by the Institute for Volunteering Research focusing on volunteer managers[4]. This assumption is used to estimate the number of paid volunteer co-ordinators across the health and social care sector. It is recognised that volunteering in health and social care encompasses many different types of organisation and therefore this figure will vary greatly. This assumption feeds into the indicative costs of the strategic vision and the impact of changing this assumption is assessed in the sensitivity section.

- 1% increase in paid volunteer co-ordinators as a result of the strategic vision (this equates to an additional 190 co-ordinators using the existing 3.4 million volunteers). 1% is used because there is a definable cost in engaging co-ordinators compared with the marginal cost of involving additional volunteers themselves. The vision also looks at working differently with the volunteer managers already in place. Therefore we would expect any increase to be less than that of volunteers.

Costs resulting from the strategic vision

Based on the costs which have been quantified and detailed below it is estimated that any response to the strategic vision that local organisations choose to make could lead to costs of around £20 million per year. The vision itself highlights and promotes the benefits of volunteering and good practice in health and social care. As previously explained there are no new requirements and it is for organisations to decide locally what the best approach is for them. These decisions would be according to local judgement based on available data and local opportunities where benefits are estimated to outweigh costs. In addition to the underlying assumptions outlined previously, further details of the assumptions behind this cost estimate are outlined below.

1. Training for more volunteers

- Costs per volunteer are assumed to be around £100 per year. This is to cover administration, training etc. This again will reflect the variation across different types of organisation involved in volunteering across the health and social care sector (some will spend more and some will spend less).

2. More volunteer co-ordinators

- A salary of £15,000 per year is assumed per paid volunteer co-ordinator. Volunteer co-ordinators include a mixture of full time, part time and unpaid staff. Information from a number of sources suggests salaries range from around £9,000 to £28,000 (covering part time and full time staff). £15,000 provides an estimate of average salary across all volunteer co-ordinators.

- Training costs of £300 per volunteer co-ordinator per year are assumed. We would expect investment to be higher than for volunteers themselves given the difference in role and responsibility. Free or nominal free training courses are available ranging between £20 to £100, whilst training courses on volunteer management and leadership provided for example by Community Service Volunteers start from £450.

[3] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065411
[4] Management matters: a national survey of volunteer management capacity, April 2008
http://www.ivr.org.uk/evidence-bank/evidence-pages/Management+matters

3. Additional meetings to co-ordinate and promote volunteering

Across health and social care there are many examples of existing good practice. Many organisations (particularly those in the voluntary sector) will already have volunteering high on the agenda as part of their existing work and will be working together to share ideas and improve or promote volunteering.

As a result of the strategic vision there may be some additional meetings to promote volunteering within organisations such as Trusts and Local Authorities or at Local Strategic Partnership level, although to some extent this may be built into agendas of existing meetings:

- Assume around 700 organisations affected (based on Trusts, Local Authorities and a number of other organisations). We acknowledge that there are a great deal more organisations involved with volunteering and health and social care, however for many of these organisations, volunteering will already be high on the agenda and form a considerable part of the organisation's aims;

- Assume an additional 2 meetings per year as result of promotion of volunteering;

- A cost of £150 per meeting is assumed to cover costs of transport and expenses.

Non-monetised costs

The strategic vision could potentially lead to changes to training for existing staff to ensure they are clear of the role of volunteers and how to support them. The extent of this or whether this could incur a cost for some organisations is not known. It is likely that such changes would be in the context of existing meetings or training, and more about delivering better and different training using the funds already available.

Benefits resulting from the strategic vision

The strategic vision itself summarises many of the benefits of volunteering and highlights examples of good practice. Based on the benefits which have been quantified and detailed below it is estimated that any response to the strategic vision that local organisations choose to make could lead to increased benefits of around £206 million per year. In addition to the underlying assumptions outlined previously (including an assumption of an increase of 170,000 volunteers), further details of the assumptions behind this benefit estimate are outlined below.

1. More volunteers

1.1. Benefits to the individual (the volunteer)

- Volunteering can provide a range of general benefits to those who volunteer this can include improving independence, health and well being, building relationships and confidence, and gaining new skills amongst others. A Canadian study[5] asked how much volunteers themselves would be willing to pay to get the benefits they receive from volunteering. The average response equates to around £130 per year which we have used as an estimate of the value of general benefits of volunteering to the volunteer.

- For young people, refugees, students and those out of work, volunteering can increase opportunities to explore career aspirations and provide a means to develop skills and experience to help gain employment.

    - This benefit will affect the subset of volunteers who volunteer specifically for this reason (assumed 5% of all volunteers).

    - Using a starting salary of £10,000 per year (based on scaling up minimum wage) and assuming 10% of employment is attributable to volunteering itself (will be due to a number

[5] Valuing Volunteers: An Economic Evaluation of the Net Benefits of Hospital Volunteers, 2004 http://nvs.sagepub.com/cgi/content/abstract/33/1/28

of factors in reality) gives a value for volunteering of £1,000 for those volunteering specifically to improve chances of employment

Non monetised/specific example

The Edge Hill University College Faculty of Nursing has strong links with the Aintree University Hospital Volunteer Scheme, and has a firm track record of attracting mature students. Some potential candidates for health and social care roles often find it difficult to gain prior understanding or experience of health care prior to entrance. The Volunteer Scheme provides opportunities for people by giving them structured supervised time in clinical environments. This process has saved time and money for both the hospital and volunteers themselves. For some it can be the start of a new career, whilst for other potential students, volunteering enables them to discover that nursing is not for them.

1.2. Benefits to service users

Volunteering provides a supplementary service to service users or patients which can lead to an improved experience of care as well as improvements to their general health and well being. There are a wide range of volunteering opportunities across health and social care ranging from providing refreshments and company to patients and relatives in A&E, to mentoring and supporting schemes providing longer term help for young people leaving care or substance misusers. Some volunteers will be involved with different people on a day-to-day basis where as some will work with the same users over a longer period of time. Hence it is difficult to understand fully the impact volunteers have on the service users. To give an indication we have focused on those volunteers with longer term case loads.

- Number of service users affected. Assumed an average of 6 patients/users per volunteer working on longer term cases. This is based on using the average long term caseload of a midwife (30) in a year as a proxy (using NHS census and ONS births data). As this figure is based on whole time equivalent for midwives it implicitly assumes work for 5 days a week. This estimate is therefore reduced to 1/5, assuming volunteers work 1 day a week. Assuming around 10% of volunteers work on longer term cases, this gives an estimate of just over 100,000 additional users affected (based on the assumed 170,000 additional volunteers).

- Assumed value of volunteering per service users of £50. This is based a QALY of 0.01 added to users as a result of volunteering, with a QALY valued at £60,000 and a user benefiting from volunteering for on average one month in a year.

Non monetised/specific examples

Women's Royal Voluntary Service (WRVS) provides a range of services including meals on wheels, transport to medical appointments, and good neighbours/home support. WRVS carried out a survey of 520 users in which 70% said their life was "a lot better" as a result of the service they received. Many users were quite isolated with 62% reporting having no or only one family member living within 30 minutes' drive. Therefore this service provides an invaluable way of ensuring people can become more independent, and for example enabling them to get to their medical or dental appointments.

1.3. Benefits to organisations

Organisations can benefit from volunteering in a number of ways which can lead to improvements in the delivery of their service or to increases in volumes of work. The benefit to organisations is difficult to quantify directly, and will vary across organisations - where this has been done it tends to be on the basis of wage substitution.

- Added value to organisation of £1000 per additional volunteer. Aintree Trusts estimated that volunteering is worth about 0.75 million a year to them, with over 700,000 volunteers in the organisation. This has been used to give an indication of the value to organisations of volunteers in terms of improvements to service provision and delivery.

As this assumption is based on one Trust, the impact of changing this assumption is also covered in the sensitivity analysis.

Non monetised/specific examples

Advantages of specific benefits to organisations can include:

- volunteers can improve quality and service user experience at a relatively low marginal cost;
- relieve stress and improve experience of paid staff.
- supplement the care given by professional staff;
- to improve recruitment & retention of student nurses (in Trusts);
- assist in organisations overall aims;
- highlight benefits in terms of volunteers fundraising and providing additional revenue for the organisation to invest;
- needs of service users better understood.

The Aintree Hospitals NHS Trust Volunteer Scheme includes volunteering services provided to A&E. Over 100 volunteers provide refreshments to both patients and staff in A&E daily, greeting patients with a friendly face and providing some company. Complaints about "hotel and catering" have zeroed.

Other non monetised benefits and specific examples

Volunteer managers can lead to more effective working including (amongst others) better placement of volunteers, better promotion of volunteering and how it can benefit users, individuals and organisations, and a better community feel. The benefits of volunteer managers are difficult to quantify and information tends to be more qualitative.

The appointment of a Disability Development Manager at Aintree Hospitals NHS Trust has resulted in a marked increase of disabled volunteers. There are now 130 disabled volunteers working for the Trust. 48 disabled volunteers have gained employment since 2003 directly as a result of volunteering at Aintree.

Sensitivity testing

Due to the degree of uncertainty around certain assumptions feeding into the cost and benefit analysis the sensitivity of these assumptions has been tested. Based on the assumptions highlighted in the earlier cost and benefit analysis the net annual benefit is estimated at £186 million. The impact of varying assumptions on this overall annual net benefit figure is shown below.

Due to the complexities of the system and the available data it is difficult to estimate precisely the number of volunteers in health and social care. An assumption of 3.4 million volunteers (and 170,000 additional volunteers) is used in the main analysis. Changing the assumption to 2 million volunteers (and 100,000 additional volunteers) gives an annual net benefit figure of £109 million (£77 million lower).

The added value to organisation was assumed £1000 per additional volunteer. This was based on an example from one Trust (Aintree NHS Trusts). The benefit to organisations is likely to vary across organisations depending on their size and the existing structures for volunteering. Changing the assumption to £600 value for the benefit to an organisation per volunteer gives an annual net benefit of £118 million (£68 million lower).

Using different assumptions for the number of volunteers per paid volunteer co-ordinator has an impact on the cost estimates. Monetised cost estimates range from £19 million (assuming 300 volunteers per paid volunteer co-ordinator) and £24 million (assuming 80 volunteers per paid volunteer co-ordinator), with a estimated cost of £20 million based on the underlying assumption used of 180 volunteers per volunteer co-ordinator. Therefore changing this assumption has a relatively small effect on the overall annual net benefit.

Opportunity cost

Within an impact assessment, it is standard practice to conclude by considering whether the benefits of the preferred option outweigh the costs. In doing this, we need also to be mindful of the opportunity costs (the benefits that could have arisen if the costs identified here were instead used for some other health and social care purposes). To ensure that opportunity costs are taken into account, DH Impact Assessments require benefits to outweigh costs by a ratio of 2.4 to 1. Clearly this is the case for this Impact Assessment even after sensitivity of the assumptions has been taken into account.

Small Firm Impact Test

Volunteering in health and social care spans a wide variety of organisations including Trusts, Local Authorities and Third Sector organisations amongst others. As previously explained in this Impact Assessment, the vision covers many aspects of volunteering and good practice which is anticipated to have an impact at a local level. However, it does not impose any new requirements on any organisations and therefore it is for organisations to choose how to address volunteering in the context of their existing local priorities. If changes are made, this may be within existing funding, or they may choose to prioritise, but ultimately its their decision and changes do not necessarily mean an increase in costs. These decisions would be according to local judgement based on available data and local opportunities where benefits are estimated to outweigh costs. The strategic vision does not place new mandatory requirements on local government, although it is hoped the vision and the examples set out here will inspire organisations.

Health Impact Assessment

The vision highlights there are many examples which demonstrate the difference volunteering can make to the delivery of high quality care, improved health and well-being and reduced health inequalities. Volunteers frequently offer support to people at vulnerable points in their lives and when the services they receive can appear complex, formal and sometimes frightening. Examples of where volunteering can add value and improve health and well being 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;
- respite and other support services for carers; and
- provision of complementary support working alongside staff in hospitals in areas as diverse as spinal injuries, gender reassignment and A&E.

The publication of the vision and following work to support the vision by DH is expected to lead to increases in the number of volunteers in health and social care. Based on the evidence of the positive impact volunteering has on health and well-being outlined in the vision, we would therefore expect this positive impact to be strengthened in terms of both those volunteering and also those receiving the services provided by volunteers. The benefits section of this Impact Assessment includes where possible estimates of both the benefits to individual volunteers and to services users in turn which include improvements to health and well being and quality of life.

It is unlikely that the vision will have a disproportionate affect on any particular subgroups. However it is possible that particular organisations who represent smaller minority groups may choose to make changes to their volunteering services. In such cases changes should result in a positive impact on health and well being to those groups involved. A separate Equality Impact Assessment details further evidence around the different quality subgroups (age, disability, ethnicity, gender and sexual orientation, religion or belief, and socio-economic groups).

There is no reason to expect any public or community concerns about the potential impacts of this policy change – indeed it is likely to be welcomed by those members of public concerned.

Taking the strategic vision forward

The strategic vision itself will be explicitly supported through DH's existing third sector funding streams, including: the Health and Social Care Volunteering Fund; the Innovation, Excellence and Service Delivery Fund and the third sector Strategic Partners Programme. Over time, as the vision gains recognition it is intended that it will also influence the priorities and spending across the policy priorities of the Department and other public bodies where there is good reason to believe that volunteering can contribute to the achievement of other health and social care objectives.

We will 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

Specific Impact Tests: Checklist

Use the table below to demonstrate how broadly you have considered the potential impacts of your policy options.

Ensure that the results of any tests that impact on the cost-benefit analysis are contained within the main evidence base; other results may be annexed.

Type of testing undertaken	***Results in Evidence Base?***	***Results annexed?***
Competition Assessment	No	No
Small Firms Impact Test	Yes	No
Legal Aid	No	No
Sustainable Development	No	No
Carbon Assessment	No	No
Other Environment	No	No
Health Impact Assessment	Yes	No
Race Equality	No	Yes
Disability Equality	No	Yes
Gender Equality	No	Yes
Human Rights	No	Yes
Rural Proofing	No	No

Annexes

Equality Impact Assessment: Volunteering – involving people and communities in delivering and developing health and care services

Background

1.0 In June 2008, the Department of Health launched a consultation on proposals for a long-term strategy to support volunteering in health and social care. "Towards a strategy to support volunteering in health and social care consultation" set out a proposed vision for volunteering in health and social care in relation to five suggested essential elements for a future strategy.

- Support for individual volunteers
- Effective management within organisations
- The commissioning environment and infrastructure
- Promoting partnership
- Promoting leadership.

1.1 The consultation ran for four months with feedback being generally positive. The overall vision and approach to segmenting the key issues set out above was supported.

1.2 Since the consultation, work has progressed in collaboration with a Volunteering Strategy Working Group comprising a range of representatives from the Department of Health, the NHS, local government, Third Sector, TUC and a wider Reference Group of around 60 stakeholders from the NHS and Third Sector.

1.3 The high-level strategic vision builds on the five core themes of the original consultation document. These themes have been re-ordered to reflect the importance of both leadership and partnership to realising the strategic vision.

Introduction

2.0 The strategic vision for volunteering highlights how volunteering can contribute to:

- The delivery of service objectives.
- Improved health and well-being.
- Reduced Health Inequalities.

2.1 The vision set out in the strategic vision document is of "a health and social care environment in which volunteering is encouraged and supported wherever it has the power to reduce inequality, enhance service quality or improve outcomes for individuals and communities". Working with public and third sector partners and across Government, a more co-ordinated and shared approach will be progressed as a result of the strategic vision that:

- Enhances the profile and involvement of volunteering in health and social care.
- Highlights the potential of volunteering in terms of health and well-being.
- Improves the evidence base for investment in volunteering, volunteer involving organisations and volunteer management.
- Promotes good practice in the engagement and support of volunteers.
- Inspires change in support of the vision.

2.2 By raising the profile of volunteering across all organisations that provide health and social care and encouraging key health and social care leaders to think about how volunteering can:

- Improve the quality of services or the service users' experience of those services.
- Influence the design or reconfiguration of services (eg. via LINks /Co-production).

- Contribute to prevention and public health issues, which reduce need for more costly health and social care interventions (eg. 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.
- Relate to service users in a different way to paid professionals, which can help to create trust, improve outcomes for service users and provide invaluable service user feedback.
- Contribute to health and well-being of both service users and volunteers.
- Promote inclusion within society.

2.3 *"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[6]. Studies looking at the health benefits of volunteering have found both higher levels of reported health and well-being from people 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.[7]

2.4 For those at risk of social exclusion, the strategic vision highlights that taking an active role in their local community can have benefits for both physical and mental well-being. For disabled people, those with learning disabilities, experience of mental ill health or who are older and socially isolated, participating in volunteering can have benefits; volunteering helping to raise self-esteem and confidence. For young people, refugees, students and those out of work, volunteering can increase opportunities to explore career aspirations and develop skills and experience that will help them gain paid employment.

2.5 The five core themes of the strategic vision for volunteering (leadership, promoting partnership, commissioning, effective management and support for individual volunteer) gives high-level information to support organisational thinking on good quality volunteering practices that promote diversity in the services offered as well as diversity of those volunteering.

2.6 The vision highlights that volunteer recruitment and management is distinct from the recruitment and management of paid staff because there is no financial incentive for the volunteer. The day-to-day working relationship with volunteers is also different because they are not under any contractual obligation. Successful volunteer engagement involves matching roles to the motivations, capability and interests of the individual volunteer. This requires a degree of creativity and flexibility, not usually required in the same way when recruiting paid staff.

2.7 Volunteers will also differ in what they are looking to achieve through their volunteering, some will be looking to gain skills and progress toward 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. Different access points and different types of opportunity will suit different people.

2.8 The strategic vision for volunteering outlines that 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 so for those who might experience additional barriers to getting involved, such as disabled people, people with learning disabilities, those with experience of mental ill

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[6] Office of the Third Sector (2008) volunteering in the public services: Health and Social Care:Baroness Neubergers review as the governments champion.

[7] Lampeter Literature review and Volunteering Works quoted in Neuberger report. *Volunteering in the Public Services: Health & Social Care: Baroness Neuberger's review as the Government's Volunteering Champion,* Office of the Third Sector (2008)

health or from lesbian, gay bisexual and transgendered (LGBT) or black and ethnic minority (BME) communities. The importance, 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 impairment, race, gender or sexuality is illustrated in the vision. 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 will define the individual's capability or area of interest as a volunteer[8]. Good volunteer management fits roles around individuals rather than individuals into roles and uses the experience of existing volunteers to support others who are new to their role.

Research evidence on volunteering and issues relating to the seven equality groups and the response in the strategic vision for volunteering that supports equality.

3.0 **Age – Older Volunteers**.

3.1 ***Cost/lack of expenses as a barrier*** - Some research has suggested that the fact that many older people live on low incomes and are less likely to own a car may affect their ability to volunteer. The 1997 national survey of volunteering showed a link between economic security and volunteering.[9] Research has indicated that those at risk of social exclusion were more likely to cite being out of pocket on expenses as a barrier to volunteering. [10]Another study found that only 7% of volunteers had all their expenses reimbursed.[11]

3.2 ***Unfounded concerns (eg. capability/insurance) leading to arbitrary age restrictions*** – The evidence suggests that the proportion of formal volunteers is highest among people in the 35-49 (50%) followed by those aged 50-64 (44%) age groups.[12] From information gathered in the course of the development work on the strategic vision for volunteering there is some evidence regarding upper age limits being imposed because incorrect assumptions are being made regarding older volunteers not being covered by insurance. There was also evidence in the literature that indicated that some organisations have also implemented upper age limits on the basis that having a blanket policy avoids the need to assess volunteers on an individual basis, and that older people can be perceived as lacking the ability to carry out tasks due to declining health[13].

3.3 There is no clear status or legal definition for volunteers in England[14]. This may mean that some organisations may not apply the same criteria in relation to age that they do to their paid employees. However, it has been stated in Volunteers and the Law[15] that practices that could be seen as unfair or discriminatory would mean in practice that organisations would not be able to retain volunteers for long if they were felt to be discriminatory. In trying to attract older volunteers the Joseph Rowntree Foundation[16] have stated that flexible volunteer management practices with a proactive approach have been helpful, for example, on recruiting.

3.4 ***Individual volunteers not being well matched to volunteer roles*** - In a review of older volunteers (Kate Hull, 2006), some older volunteers complained of being given routine low-level tasks that do not take account of their abilities and potential.

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[8] *Recruiting Volunteers who find it hard to access volunteering.* Mary Newsome NHS Employers Guidance,2009
[9] 1997 National Survey of Volunteering (Davis Smith,1998)
[10] Volunteering among groups deemed at risk of social exclusion-Institute for volunteering research. (S Teasdale)2007
[11] Managing for Success-Institute for volunteering research, (J Martin,A Ellis-Paine)2008
[12] 2007 – 08 Citizenship Survey: Volunteering and Charitable Giving Topic Report
[13] Age Discrimination and Volunteering Research Bulletin, Institute for Volunteering Research.2009
[14] Volunteers and the Law, Mark Restall, Volunteering England 2005
[15] Volunteers and the Law, Mark Restall, Volunteering England 2005
[16] Joseph Rowntree Foundation - Informing Change 2005.

Response in the strategic vision for volunteering

3.5 ***Benefits for volunteers who are older and influence on community well–being*** The strategic vision for volunteering highlights evidence that showed the importance of social networks in promoting mental capacity and well-being in older adults, with volunteering identified amongst the types of interventions that are successful.[17]. The vision also indicates that volunteering links to a range of other Departmental Public Service Agreements (PSAs) which includes cross – government PSA 17 on tackling poverty and promoting greater independence and well–being in later life. The vision highlights that volunteering can be part of succession planning for people - in the transition to a fulfilling, active and healthy retirement. These points are illustrated in the vision document.

3.6 ***Finding the right role for older volunteers*** - Different roles and organisational cultures will appeal to different people depending on their motivation, expectations and the time they have available to volunteer. 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 them using their own initiative, networks and experience to make a difference in their community.

3.7 Placing restrictions (eg. age 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 (eg. older people, young people, disabled people) might be capable of, or interested in doing. Tailoring roles to different individual interests and circumstances encourages greater diversity.

3.8 ***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 clear information about volunteering while getting benefits 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 ensuring that people who may be on low incomes (eg. those living on a pension or in receipt of welfare benefits) are not excluded from participating.

4.0 **Age - Young Volunteers**

4.1 ***Under utilisation of younger volunteers*** - In the course of the development work for the Strategic Vision we have identified restrictions placed on younger age groups. Different organisations have their own policies on using the 16-18 age groups. Organisations that have imposed age restrictions on young volunteers, in particular for the 16-18 age groups, are potentially putting barriers in the way of volunteers who could offer positive contributions to health and social care services. The evidence suggests that the proportion of formal volunteers is highest among people in the 35-49 (50%) followed by those aged 50-64 (44%) age groups.[18]

Response in the strategic vision for volunteering

4.2 ***Promoting volunteering – raising awareness of opportunities*** -The vision outlines how 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.

4.3 The strategic vision states that for young people, refugees, students and those out of work, volunteering can increase opportunities to explore career aspirations and develop skills and experience

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[17] Wheeler JA, Gorey KM and Greenblatt B 1998, The beneficial effects of volunteering for older volunteers and the people they serve. International Journal of Ageing and Human development.

[18] 2007- 08 Citizenship Survey: Volunteering and charitable Giving Topic Report .

that will help them gain paid employment. The Do-It.. Volunteer Satisfaction Survey 2009, found younger respondents were more likely to be interested in volunteering for reasons of personal development. Those in the 16 – 25 age groups were more likely than others to see volunteering as an opportunity to "learn or try new things" (67% compared with 50%), "gain or improve new skills" (73% compared with 46%), "gain work experience" (74% compared with 42%) or to "build confidence" (60% compared with 36%).

4.4 The strategic vision highlights the already strong cross- government agenda on volunteering, led by the Office of the Third Sector, which has developed a range of national and local initiatives including £117m funding for v, the National Youth Volunteers Service.

4.5 On a local basis organisations, such as Sheffield Teaching Hospitals NHS Foundation Trust, have proactively implemented a policy for young volunteers from 16-25. The Young People's Volunteer Programme is a specific policy to support young people's potential needs, understand their expectations, support any potential additional needs and embed a culture across the organisation to support young volunteers. Sheffield has 200 young volunteers in this age group at any one time – with the policy for young volunteers reflecting the nature of volunteering in this age group, which tends to be for shorter periods. The young volunteers have been positively received in the Sheffield Hospitals.[19] This example is highlighted in the strategic vision document.

4.6 The strategic vision highlights that there are many routes through which individuals become aware of volunteering opportunities or become interested in taking part. Broadening the range and nature of these access routes can only enhance the number and diversity of those interested in and willing to volunteer.

4.7 It is also known through various surveys that different access routes may appeal to different types of people. YouthNet, who run the web-based portal Do-it, linked to the national volunteering database, find through their user satisfaction survey[20] that they attract a high proportion of young people (48% of all registered volunteers on their site are young people – aged 15 – 25). The Neuberger report on volunteering in health and social care[21] 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. The strategic vision states that to enhance awareness of opportunities and the diversity of those willing to get involved as volunteers in the health and social care field, organisations across the health and social care system need to consider how they can support this.

5.0 **Disability**

5.1 ***Barriers experienced by disabled people*** - At present disabled people do not have equal opportunities or choices as non-disabled people in many areas of their lives. Nor do they enjoy equal respect or full inclusion within society. The barriers experienced by many disabled people are not the result of their impairments or medical conditions but arise from attitudinal and environmental factors[22]. Barriers listed from research by the Disability Rights Commission (on recruiting and retaining disabled volunteers), experienced by disabled people include:

- Attitudinal barriers
- Fear and misunderstanding
- Lack of reasonable adjustments, eg, equipment etc.

[19] Information from Sheffield Teaching Hospitals NHS Foundation Trust on the Young Peoples Volunteer Programme. A Smith, January 2010
[20] Do-it volunteer Registration Survey, January 2010
[21] *Volunteering in the Public Services: Health & Social Care*, Baroness Neuberger's review as the Governments Volunteering Champion (March 2008)
[22] Recruiting, retaining and developing disabled volunteers. Guidance for Volunteer Opportunity Providers-Recruiting Guidance from Disability Rights Commission.(2007)

- Financial, eg failure to meet additional travel costs.
- Communication- Some disabled people will be dissuaded from applying if they cannot access the recruitment process due to lack of alternative formats eg. Braille, large print, easy read or British sign language.

5.2 The above barriers can exclude disabled people from equal participation in volunteering opportunities. Research has shown that only 6% of volunteers have declared themselves as being disabled compared with approximately 20% of the working age population[23].

5.3 There are about 10 million people in the UK who have rights under the Disability Discrimination Act (DDA). Of this number, statistics indicate there are approximately 6.8 million of working age with approximately 2.7 million who claim incapacity benefit.[24]. Of this group, it is estimated that 1.2 million people are capable of working and wish to work as long as the right mechanisms are put in place to support individual requirements. This large group of people might also be interested in and capable of undertaking volunteering activities.

5.4 At the same time, research indicates that disabled people predominantly volunteer in disability related organisations[25]. However, public, private and third sectors could also all provide a range of opportunities and roles at various levels. Addressing barriers to volunteering for disabled people may not be as complicated as some organisations may assume. A chartered Institute of Personnel and Development report identified that over 80% of managers found that employing disabled people had been easy[26]. Lessons can be drawn from such studies for volunteering.

5.5 ***Volunteer Rights*** - There is no clear status or legal definition for disabled volunteers in England[27], unlike for disabled employees. In an article from Personneltoday - John Charlton (06 November 2009) reported that the Employment Appeal Tribunal (EAT) had ruled that volunteers are not covered by the Disability Discrimination Act (DDA) as they are not covered by the specific term "occupation". The Court of Appeal had referred an individual case to the EAT.

Response in the strategic vision for volunteering

5.6 ***Removing barriers for disabled people*** - The strategic vision highlights that volunteers should be recruited based on their own individual circumstances with roles and procedures being sufficiently flexible to adapt and accommodate diversity. To maximise the positive input that volunteers are able to make, restrictions on who can volunteer for particular roles, should be avoided wherever possible. Where there are any such restrictions, they should be well founded and not based on (possibly misplaced) assumptions about what any particular group of individuals (for example disabled people) might be capable of or interested in. The strategic vision highlights the £2m Access to Volunteering programme that is being piloted in three areas to support more disabled people to volunteer which are being led by the Office of the Third Sector and signposts to learning from their earlier Goldstar programme.

5.7 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, but whose skills, interests and needs should be assessed individually like those of any other volunteer.

5.8 ***Supporting good quality volunteering management*** – The strategic vision states that well supported and well respected volunteer managers and co-ordinators are better able to: support

[23] Disability Rights Commission 2007.
[24] (2005) "Labour Force Survey"
[25] Recruiting, retaining a developing disabled volunteers, Disability Rights Commission
[26] Chartered Institute of Personnel and Development (CIPD),2001 Adapting to disability "It wasn't so difficult after all".
[27] Volunteers and the Law, Mark Restall, Volunteering England 2005

volunteers; maximise the value of volunteer input; and create the necessary links within and between organisations that ensure volunteers are well supported, respected and recognised wherever they are involved.

5.9 The vision states that if positive engagement of volunteers is going to be encouraged wherever it can add value then volunteer management cannot remain a minority activity. 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. While one person or a small team may have responsibility for volunteering policy and recruitment, others within the organisation will be better placed to identify potential roles in their area and manage volunteers on a day-to-day basis once they are recruited. The strategic vision outlines an important part of a volunteer manager's role is to support other staff to work with volunteers effectively.

5.10 The potential for a volunteer manager's role to support other staff to work with volunteers effectively is highlighted, for example by Aintree Hospital Trust, which had a concerted effort to engage and support disabled volunteers within the hospital. A new manager appointed to focus on this role was successful in achieving buy - in from staff (across the hospital) and buy - in from disabled volunteers to carry out a range of roles. Aintree hospital now has 119 Volunteers who define themselves as having an impairment[28]. This example is highlighted in the strategic vision,

6.0 **Ethnicity**

6.1 ***Issues for people from Black and Ethnic Minority (BME) groups*** – The 2007-8 Citizenship Survey report[29] found that 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 on the likelihood of participation in regular volunteering, although people born in the UK were found to be more likely to participate in formal volunteering than those not born in the UK. There were some differences by ethnicity in the kind of organisations that regular (at least once a month) formal volunteers participated in. Regular volunteers from ethnic minority groups were much more likely to be involved in religious groups than white volunteers (61% compared with 34%).

6.2 There were some differences by ethnicity in perceived barriers to volunteering amongst those who did not volunteer, or did so infrequently. Work commitments were more likely to be cited as a barrier by white people than by people from ethnic minority groups (61% compared with 49%) while people from ethnic minority groups were more likely than white people to say that study commitments were a barrier (26% compared with 14%). White people were more likely than people from ethnic minority groups to say that doing other things in their spare time prevented them from regularly taking part in volunteering (32% compared with 22%).

6.3 The 2007-08 Citizenship Survey report found that people at risk of social exclusion (defined as having either no formal qualifications, having a disability or long–term illness, or being from an ethnic minority group) were found to be 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. Fifty-five per cent of those in managerial or professional roles 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).

6.4 A research bulletin found that compared with long standing volunteers a higher proportion of new and recent recruits to volunteering came from black or minority ethnic (BME) backgrounds (10%

[28] Information provided by Terry Owen, Volunteer Manager, Aintree Hospital Trust (Dec 2009)
[29] 2007-08 Citizenship Survey: Volunteering and Charitable Giving Topic Report'

compared with 5%).This suggests that recent attempts to increase involvement in organised volunteering among these groups may have been successful.[30]

6.5 Research has indicated that those volunteering deemed at risk of social exclusion (which includes individuals who belong to certain BME groups) were more likely to cite worries about a threat to safety and being out of pocket as barriers to volunteering.[31] One study that included information on expenses found that only 7% of volunteers had all their expenses reimbursed.[32]

6.6 In a literature review[33] research on elders from BME communities indicated that:

- People with an Asian background are less likely than those with a white or black background to be volunteers. Asian and black people are three times as likely to volunteer in a role connected to their religion as white people.
- Religion was found to be an important factor influencing someone to be a volunteer.
- Asian and black people were more likely than white people to say that they had never been involved in informal volunteering.
- There could be cultural barriers to volunteering: A government paper, Opportunity Age: Meeting the challenges of ageing in the 21st century (DWP, 2005) found that people of Asian backgrounds are significantly less likely than their white or black counterparts to be involved in volunteering.
- Older people from Black and Asian groups might fear racism, as well as, ageism.
- There may be language problems with only low percentages of older Bangladeshi and Pakistani women not being English speakers.
- In addition there may be caste or gender issues in communities that become a barrier to volunteering.

Response in the strategic vision for volunteering

6.7 ***Attracting a diverse group of volunteers*** - As well as ensuring that roles are well matched to individual volunteers, the development of a variety of roles and routes to access volunteering opportunities is highlighted in the vision as able to realise a real impact on the range and diversity of people who put themselves forward as volunteers.

6.8 The strategic vision also indicates that as well as broadening the range of people who are able to volunteer and the value they add to the experience of a service, the recruitment of a diverse range of volunteers can also have a positive impact on the diversity of the paid workforce. By giving a wider range of people, some insight into paid health and social care professions may increase the diversity of those applying for paid roles.

6.9 The strategic vision outlines how 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. People are generally more comfortable in an environment where they find people who 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 individual cultures, genders or for other reasons.

[30] IVR Research Bulletin (2008) The changing and non changing faces of volunteering-Institute for Volunteering Research. (S Butt)
[31] Volunteering among groups deemed at risk of social exclusion -Institute for Volunteering Research.(S Teasdale)2007
[32] Managing for Success – Institute for Volunteering Research(J Martin,A Ellis-Paine) 2008
[33] Volunteering in the Third Age, Older Volunteering: Literature Review, Kate Hill (March 2006)

6.10 The strategic vision highlights that where attention has been paid to diversity in volunteer recruitment, some significant results have been achieved. The example given by University Hospitals Birmingham Trust has shown that over two years they have changed the profile of volunteers in their organisation. Previously most of the volunteers were white British females of retirement age. Now 50% of volunteers are under 50 years old (38% under 25) 37% are from BME groups and 25% are male. This change has been achieved through the development of specific strategies, policies and guidelines. This has included targeted promotion and publicity of relevant material to relevant organisations such as colleges, universities, relevant newspapers and targeted use of radio and TV in the context of a strategic plan

6.11 ***Promoting Volunteering – Raising awareness of opportunities*** - As highlighted in the strategic vision, 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 part. We know through various surveys that different access routes may appeal to different types of people. For example:

- YouthNet's service, Do-it, the national volunteering database, find through their Volunteer Registration Survey[34] that they attracts a high proportion of young people aged 15-25 (48%) and volunteers identifying themselves as coming from BME backgrounds (24%).
- Volunteering England's Membership Return [35] 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 survey[36] 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 practice their religion are more likely to volunteer than others.

6.12 ***Commissioning*** - The strategic vision for volunteering also highlights the importance that commissioning has in influencing the environment in which volunteering takes place. Commissioning is a critical process in the development, improvement and provision of high quality, accessible health and social care services. Fully informed, evidence-based, strategic commissioning decisions will include understanding the role and added value of the third sector and of volunteering in the local market and using appropriate investment mechanisms for desired outcomes. For example grant funding may prove to be a more appropriate investment mechanism when looking to address health inequalities or promote positive behaviour change within minority groups (eg. certain BME groups) where small community groups may have the necessary connections but are unlikely to have the capacity to be able to compete in a full scale procurement process.

6.13 ***Addressing financial concerns*** – As indicated previously 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 clear information about volunteering while getting benefits help to broaden the range of potential volunteers. For those, not currently in paid employment, who may be looking to enhance work skills and experience through their 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 benefits[37] will be important to being able to involve people for whom this may be a concern. These issues are raised as a matter of good practice in the strategic vision.

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[34] Do-it Volunteer Registration Survey, January 2010

[35] Hill,M (2009) Volunteering England Volunteer Development Agency Annual Membership Return 2007/08,Institute For Volunteering Research.

[36] How N, Butt S Ellis Paine, Davis Smith J, (2007) Helping Out – a national survey of volunteering and charitable groups

[37] Jobcentre Plus up to date guidance on volunteering while getting benefits.
www.direct.gov.uk/en/HomeAndCommunity/Gettinginvolvedinyourcommunity/Volunteering/DG_064299.

7.0 **Gender and sexual orientation (including transgender people)**

7.1 ***Who volunteers?*** – The 2007-8 Citizenship Survey report, highlighted previously, 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.

7.2 Good quality volunteering monitoring practices help to identify the profile of volunteering groups and include monitoring gender, ethnic background, disability, faith and age. However, monitoring sexual orientation and gender identity is still rare.[38]

7.3 This has implications for the lesbian, gay, bisexual, transgender (LGBT) community. It means that it is difficult to know how many LGBT people there are in an area, what if any services they are accessing and what their needs are and whether they feel able to volunteer in an organisation. Management practices that are inclusive, help people feel comfortable disclosing their sexual orientation and gender identity.

7.4 A series of high profile cases recently about volunteering has raised the issue of rights for volunteers. Examples of cases include the dismissal of a volunteer by a small organisation on disclosing his sexual orientation.[39] Cases such as these highlight the need for vigilance against any discrimination.

Response in the strategic vision for volunteering

7.5 ***Promoting, Recruiting, Supporting and Celebrating volunteers*** - Good practice for volunteering which helps to reduce discrimination and harassment is highlighted in the strategic vision for volunteering as follows:

Promoting volunteering
7.6 If we are to enhance awareness of opportunities and the diversity of those willing to get involved as volunteers in the health and social care field then organisations across the health and social care system need to consider how they can support this.

Recruiting volunteers
7.7 Enabling people to take part - opening-volunteering opportunities up to wider range of people requires a supportive approach that addresses concerns and potential barriers to people getting involved. This includes responding to offers of help in a way that is open, timely and straight forward is particularly important to harnessing the enthusiasm of those who offer their time for free.

Supporting volunteers
7.8 Ensuring respect and recognition - As there is no financial incentive for volunteers to get involved, the respect and recognition they are shown is paramount. 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 the support they are able to provide.

8.0 **Religion or Belief**

8.1 The Helping Out Survey[40] highlighted the demographic profile of those volunteering and indicated that rates by religious groups did vary but differed depending on whether respondents said they actively

[38] Involving LGBT volunteers, Consortium of lesbian, gay, bisexual and transgendered voluntary and community organisations.LGBT website (dated 18th Feb 2010)
[39] Who will help the volunteers - Ally Fogg, Guardian 19 November 2009.
[40] The Helping Out, a national survey of volunteering and charitable giving. 2007 Low, N,Butt,S,Ellis Paine A, and Davis Smith J (2007)

practised their religion. 67% of those actively practising their religion gave some level of formal help compared with 55% in other groups.

8.2 The faith sector is more likely to involve groups at risk of social exclusion[41]. Also among those from at risk groups who do volunteer the above research found they are more likely to cite religious belief and a need in the community as motivation.

Response in the strategic vision for volunteering

8.3 ***Partnerships and commissioning*** - The strategic vision for volunteering highlights that building on local leadership and partnership arrangements is important including looking to commissioners to reflect the volunteering agenda, and the strategic vision, in their own strategic commissioning processes. This includes assessing local community capacity and where there might be potential for volunteering to enhance that capacity as well as improve service quality and outcomes.

8.4 There are an increasing number of local bodies with some interest in the promotion of volunteering. This interest links to key Local Area Agreement 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. It is also underpinned by the more general direction of travel in public service reform toward greater independence, choice and control, and engagement of service users.

8.5 The strategic vision encourages partnership at a local level between all those organisations that have an interest in volunteering, including faith-based organisations that have an interest in promoting the physical, emotional and spiritual well-being of their local community or congregation and frequently encourage volunteering within and beyond these communities.

9.0 **Socio-economic groups**

9.1 The 2007-08 Citizenship Survey report, highlighted previously, found that people at risk of social exclusion (defined as either having no formal qualifications, having a disability or long – term illness, or being from an ethnic minority group) were found to be 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. Fifty-five per cent of those in managerial or professional roles 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).

9.2 The Helping Out survey highlights that routes into volunteering were broadly similar for all groups of volunteers. A main difference was that at - risk groups (other than Asian people) were less likely to have used technology, TV or internet, to find out about volunteering. Those with no qualifications (5%), a limiting long-term illness (3%) or from an Asian background (5%) were less likely to have found out about volunteering through their employer than all volunteers. [42]

Response in the strategic vision for volunteering

9.3 ***Proportionate and appropriate procedures*** – The strategic vision highlights that procedures used to recruit and provide on-going support for volunteers (eg. supervision or training where appropriate) need to be flexible and tailored to the kind of role being undertaken. Feedback from consultation on the strategic vision for volunteering identified bureaucracy and over-professionalisation as two things that potential volunteers find particularly off putting. For some, these things make the difference between

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[41] Volunteering among groups deemed at risk of social exclusion. Institute for Volunteering Research, S. Teasdale, 2007

[42] The Helping Out, a national survey of volunteering and charitable giving. 2007 Low, N,Butt,S,Ellis Paine A, and Davis Smith J (2007)

them offering their support and choosing not to get involved at all. By having proportionate and appropriate procedures in place this may help to support inclusion amongst at - risk groups.

9.4 ***Addressing financial concerns*** - Previous sections have highlighted that 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 clear information about volunteering while getting benefits help to broaden the range of potential volunteers. For those, not currently in paid employment, who may be looking to enhance work skills and experience through their 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 benefits[43] will be important to being able to involve people for whom this may be a concern.

10.0 **Volunteer Rights**

10.1 As indicated previously there is no clear statute or legal definition for volunteers in England. Recently a series of high profile cases and campaigns have raised concerns that volunteers have no rights in dealing with volunteer involving organisations when problems occur - be they rights in law or in procedures for redress. Volunteering England has recognised these concerns and has set up a Volunteer Rights Inquiry to explore the relevant issues of volunteer rights more closely. A report will be launched Spring 2010. Early evidence from this inquiry suggests that where cases have escalated into legal disputes they have been down to poor practice or procedures when issues first arose.

Response in the strategic vision for volunteering

10.2 *Safeguards for volunteers* - Although the relationship with a volunteer is not a contractual one it is none-the-less 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 a computer or in paper files. All volunteering activity should be covered by appropriate insurance.

10.3 However, although volunteers do not have the same legal rights as paid employees and may not be fully covered by the same policies as paid staff, this does not mean that the principle behind such rights and policies should not apply equally to volunteers. For example, many work places 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 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.

10.4 *Discrimination and harassment* - In Volunteers and the Law[44], research mentioned previously, it is highlighted that cases have occurred when volunteers have felt that they have been discriminated against or unfairly treated. The strategic vision promotes good practice in reducing obstacles in volunteering and increasing opportunities that make volunteering inclusive and accessible to all.

10.5 The strategic vision for volunteering refers to the current debate on volunteering rights but emphasises that good quality volunteer practices are key to organisations being able to attract and retain a wide diversity of people into a wide diversity of volunteer roles which supports a wider diversity of services on offer to patients and clients.

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[43] Jobcentre Plus up to date guidance on volunteering while getting benefits.
www.direct.gov.uk/en/HomeAndCommunity/Gettinginvolvedinyourcommunity/Volunteering/DG_064299.
[44] Volunteers and the Law, Mark Restall, June 2005

10.6 The strategic vision for volunteering highlights that putting good quality volunteer practice in place and clear internal procedures for dealing with problems and grievances will reduce the likelihood that volunteers will feel discriminated against or unfairly treated.

10.7 The strategic vision for volunteering refers people to a variety of good practice guidance, for example from Volunteering England and NHS Employers on the recruitment, induction, training of volunteers (including those who find it difficult to access volunteering), and problem solving and volunteer retention.

11.0 **Monitoring and evaluation**

11.1 Although we have ample experience and evidence of the difference volunteering can make, one of our challenges is in the fragmented nature of the evidence base for investment in volunteering. This is partly because of the diverse range of settings in which volunteering takes place and the difficulty of aggregating data at national level. It is also because the difference volunteering makes 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 cost involved in supporting volunteering are outweighed by the benefits.

11.2 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 the impact that is made. Progress toward this vision will need to be reviewed and the vision itself refined in the light of learning from partners locally, regionally and nationally. To support this we will identify the existing sources of data and mechanisms for data collection (eg. regular surveys, 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 toward the vision over the coming years.

12.0 **Summary of Considerations**

12.1 The strategic vision for volunteering will strengthen the case for inclusion of diverse volunteers in diverse roles. The policy will promote positive community relations - encouraging reflection of the diversity of local communities in the volunteer profile of an organisation that is involved in volunteering. The following summary of key points, from the strategic vision supports the case for good quality volunteering practices that promote diversity in the services offered as well as diversity of those volunteering the strategic vision highlights:

- that volunteering is about involving people and communities in the design and delivery of services. It is aimed at local leaders, partners, commissioners, and those with a role in the management, co-ordination and support of volunteers.
- the benefits of volunteering for a diversity of people and as a way of promoting health and well-being, social capital and community cohesion.
- the value of involving a diverse range of volunteers eg. to create a cultural match with the service user base and to encourage a greater diversity of people into health and social care professions.
- for commissioners that different funding mechanisms are required in different circumstances and that grants might be an appropriate mechanisms where they look to engage with smaller community (often minority) groups.
- encourages organisations to use proportionate processes in the management of volunteers including monitoring the demographic profile of their volunteers with a view to aligning this better with their patient or service user demographic and enhancing the added value of their volunteer involvement.
- also highlights good practice examples of NHS Trusts that have acted on this information and enhanced their engagement of under represented groups (eg. young people, BME groups and disabled people).