



Strategic review of Department of Health funding of third sector organisations

Response to the consultation

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Foreword by the Minister for Care Services

I am delighted to be publishing this response to the consultation on Department of Health funding of third sector organisations.

The review process that has been undertaken over the last year has engaged third sector organisations, in every English region, in debate and discussion about the purpose and role of direct central funding from the Department, in the context of increased devolution to local commissioners in PCTs and Local Authorities.

Third sector organisations and other stakeholders have contributed a wealth of knowledge and expertise to inform the development of the funding programmes I am publishing today. Key messages have been heard about the difficulties some organisations face in engaging with local commissioners. We are building these messages into the Strategic Partner roles to support engagement at local level to ensure that third sector organisations have access to support and knowledge enabling them to engage as full and equal partners.

This more strategic approach to the Department investment reinforces the sector's value and reflects the Department's role in creating the conditions for innovation and improvement in service delivery across health and social care.

The Third Sector Investment Programme will develop over future years to draw in specific programmes, including, for example, a new volunteer investment fund building on the existing Opportunities for Volunteering scheme. The objective will be to provide increasing clarity for the Department and the Sector about the roles of grants and contracts in the funding relationship.

I would encourage all third sector organisations and statutory sector partners to engage in constructive dialogue and partnership to work together to ensure we achieve the best outcomes for the population of England.

Ivan Lewis

Executive summary

This 'response to the consultation on Department of Health funding of third sector organisations' sets out the messages we heard during the consultation process both through formal responses and the wide ranging discussions that took place in the 18 workshops held around England. We set out in this document the actions we will take forward and develop in response to the feedback we received.

The consultation document described a more strategic approach to DH's investment in the third sector to be more consistent with its role in the health and social care system. Establishing a clear strategic framework would achieve four objectives; allow more coherent investment; support evaluation of outcomes and benefits; increase value for money; and reinforce the sectors integral role. To achieve these objectives we set out a vision for the future functions of DH funding to the third sector:

- Investment in Strategic Partners
- Support for innovation, excellence and service development
- Promote and support volunteering
- Contract for expertise required at a national level
- Social Enterprise Investment

The response from third sector organisations broadly supported the approach we set out and this response document identifies where there was debate and discussion that has informed the development of these functions.

The overall outcome of the review and consultation process is the creation of a 'Third Sector Investment Programme' that will replace the existing Section 64 General Scheme of Grants for 2009 – 10. The two functions that have been developed for immediate implementation are establishing a Strategic Partner Programme and the Innovation, Excellence and Service Development Fund. Further detail on these schemes is included in this document and information packs can be found at www.dh.gov.uk/thirdsectorinvestment.

If you want more information you can contact the Third Sector Partnership Team:

- By email at thirdsectorinvestment@dh.gov.uk
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Strategic review of funding of third sector organisations: Summary

In December 2007, the Department of Health began a formal consultation on proposals for a strategic framework for its funding and investment in the third sector. The proposals were developed during 2007 through engagement with a variety of stakeholders from third sector organisations both national and local, other government departments and Department of Health staff.

The review recognised the critical and integral role of the third sector to the delivery of improved health and well-being in England. This role is at multiple levels from contributing to the development and implementation of policy to help drive innovation and development; through information and contributing throughout the cycle of commissioning for health and social care services helping to understand users needs and expectations; and as providers of health and care services formally commissioned by the NHS and local authorities.

The review aimed to achieve a more strategic approach to investment in the third sector that was more consistent with its role in the health and care system. A clear framework for funding and investment in the third sector would allow more coherent investment; support evaluation of outcomes and benefits; increase value for money; and reinforce the sector's integral role.

The vision for future funding of the third sector included: investment in strategic partners; support for innovation excellence and service development; promote and support volunteering; and contracting for expertise required at national level. There was strong support for this vision and the principles underpinning this approach.

From the feedback on the proposals we are developing a funding framework that will underpin a third sector investment programme. The programme will be developed over time as more funding schemes in the Department are brought into the framework. For 2009 -10 the third sector investment programme will include:

- Innovation Excellence and Service Development Fund
- Strategic Partner Programme

From 2010-11 the third sector investment programme will also include a new volunteering investment fund, that builds on the existing Opportunities for Volunteering Scheme.

The Consultation

The 'Strategic review of Department of Health funding of third sector organisations: consultation document' was published on the 12th December 2007 and the consultation period ran until 20th March 2008.

Eighteen workshops were delivered across England with over 700 organisations participating. 195 organisations submitted a response, either online or through a paper-based questionnaire. 53 organisations submitted a written response outside the questionnaire format. The names of the organisations that submitted responses and / or who participated in one of the workshops are at Annex 1 of this response document.

Undertaking the workshops at regional level enabled a large number of groups and organisations to participate who would otherwise have been excluded if we had adopted a more national approach.

Feedback from each of the workshops is available at www.dh.gov.uk/thirdsectorfundingreview.

The feedback received through discussion at the workshops is also reflected in the written responses received.

Since the consultation concluded we have continued with active involvement of third sector organisations and other stakeholders through sharing our early findings and the development of the proposed models for the future. This continued engagement has been undertaken through ongoing dialogue with:

- The Commission for the Compact
- Compact Voice
- The Review Project Reference Group
- OFV National Agents Group
- Department for Communities and Local Government
- Office of the Third Sector

Summary of responses on plans for a more strategic approach to investment in the third sector

This document provides a summary of responses received. It presents the numerical results on each consultation question and then provides a brief overview of the written comments that respondents provided to explain their answers. In some areas, there was a very large majority in favour of the consultation proposal. In these areas, the review of comments has focussed on the few exceptions to allow any residual issues to be identified and addressed. Where there wasn't a clear majority in favour of our proposals we are undertaking further work and engagement to refine and develop these in partnership with organisations from the third sector.

At the end of each section we have identified how we will develop the strategic framework in the light of feedback received.

Question 1. How can the Department of Health’s funding and investment in the third sector be improved to meet the Department’s strategic objectives?

Raw results, showing the extent to which respondents agree with proposals to improve funding and investment are given below:

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
Investing in strategic partners	64	73	29	11	0
Supporting innovation, excellence and development	119	58	3	0	6
Promoting and supporting volunteering	83	74	17	1	11
Contracting for expertise required at national level	54	73	32	12	15

Clearly on this question, most respondents agree with the proposals. The indication is that respondents believe in investing in strategic partners, supporting excellence and innovation, promoting volunteering and contracting for expertise at national level.

A total of 29 respondents expressed disagreement with two or more of these proposals. These were as described below:

Eight national organisations were in this group. Points made included:

- concern that organisations not purely focussed on health issues could be overlooked as a strategic partner
- Local take up by PCTs of S64 grants and OfV funding is poor
- Focus should be on rewarding excellence and delivering continuity of service
- Mega charities do not need DH funding, smaller ones do
- Need to support service providing organisations
- Volunteering is important, but should not be the primary driver of investment

Two regional organisations were in this group. There was only one substantive comment, and this questioned whether the strategic objectives stated in the consultation document were the right ones.

Seventeen local organisations were in this group. Points made included:

- Commissioning by PCTs and Local Authorities (LAs) is out of reach for many smaller third sector organisations

- Third sector meets needs not already met by the establishment. Is it right to focus on the establishment's strategic priorities?
- Need to ensure that PCTs and LAs use accessible funding routes
- Should take advantage of existing structures e.g. Local Area Agreements (LAAs)
- Align priorities with LAAs
- Support organisations that provide third sector infrastructure
- Support smaller third sector organisations in the bidding process
- Need to provide long term funding and allow [local] flexibility

Amongst organisations that agreed with the proposals, the written comments support the above. 49 national organisations agreed with all four proposals. Additional points raised included:

- Need to engage with minority groups, e.g. BME, disabled groups
- Continuity of funding is important
- Need to devise means for small local organisations to access funding, even if they are not strategic partners
- Need to engage with thematic infrastructure organisations.
- Need to link in with the work of other Government departments
- Long-term core funding for service providing organisations is required
- The health promotion agenda implies that we need to look outside traditional healthcare provision, toward social models rather than medical ones
- Organisations need to be evaluated on outcomes and the impact on those who receive the service
- It is important to have mechanisms to scale and replicate successful projects

Among regional organisations, 12 agreed with all four proposals, exactly half of all respondents in this group. Comments here focussed on:

- There is a lack of communication and coordination in current arrangements.
- Understanding the market.
- Improving feedback loops to give information to grass roots organisations.
- Link with DCLG may help in identifying regional priorities
- Strategic approach risks alienating niche providers.

Amongst local respondents, 38 out of 71 agreed with all four proposals. Comments focussed on:

- More opportunities needed for small local organisations to secure funding
- Need a shorter list of priorities or criteria for s64 grants, to simplify
- Opportunities for Volunteering (OFV) grants should be published or open to scrutiny
- Sustainability funding is very important
- Need to ensure that breadth of the sector is represented
- Specific proposal to target Women’s mental health
- Education of DH staff to understand the sector!
- Use Plain English in bidding processes
- Need much stronger links with other Government departments, for example on tackling teenage pregnancy. Local organisations have a more ‘cross cutting’ perspective
- Compliance with the compact agreement!
- More support for the infrastructure is required
- Better to identify good practice and invite organisations for funding
- Support proposal for a 3rd sector strategic funding office, to co-ordinate
- Clear and well defined evaluation criteria, consistently applied

A follow up question asks respondents to agree/ disagree with the proposal that “The vision of third sector funding is consistent with DH’s role within the health and social care system. The pattern of agreement/ disagreement was as follows:

	National	Regional	Local	All responses
Agree	57	20	50	140
disagree	6	1	15	25
Don't know	10	3	6	21

Respondents overwhelmingly agreed with this statement, but there was slightly more disagreement amongst local respondents. Comments from those local organisations who disagreed included:

- need to involve voluntary sector in the decision making process, via consultation processes
- Commissioning by PCTs and Local Authorities is out of reach for many small third sector organisations
- voluntary and statutory sector needs to be joined up, with clear fixed funding period (e.g. 3 years as standard)
- Funding could be ring-fenced
- Make use of systems already in place e.g. Local Area Agreements (LAAs), Local Strategic Partnerships (LSPs)
- Capital investment in the sector is needed

Question 2. What underpinning principles need to be enshrined in future funding mechanisms and processes, to ensure they are fit for purpose?

Figures below show the extent to which respondents agreed or disagreed with each of the proposed principles.

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
Clear link between priorities and strategic objectives	95	77	6	0	8
Valuing cross-cutting impact	72	92	10	0	12
Embrace Compact principles	93	66	10	1	16
Promote accessibility, inclusivity and equalities	140	38	3	0	5
Fair, transparent and open processes	149	32	1	0	4
Robust but proportionate evaluation	106	74	1	0	5
Shared risk taking	81	74	16	1	14
Sustainability and security of investment	111	54	9	2	10
Relevance to health and well-being agenda	123	56	2	0	5
Synergy with other government departments and funders	84	79	14	0	9
Other (please state below)	24	3	0	0	15

Clearly, each principle has majority support from respondents. The number of respondents disagreeing did reach double figures for some of the proposed principles. The following paragraphs summarise the comments made by those disagreeing.

Clear link between priorities and strategic objectives. Six respondents disagreed, two national, two regional and two local. Comments suggested concern about remoteness of national strategic objectives (regardless of level of respondent). One respondent asked for the independence of the third sector to be recognised, another to deliver ‘real world’ solutions. A third suggested that there is a risk in making the measurable important, rather than the other way round.

Valuing cross-cutting impact. Ten respondents disagreed, mostly ‘local’ organisations. There was only one comment specific to this proposal from a national organisation and it highlighted that ‘cross cutting impact’ should not be an absolute criteria, since many projects were useful despite not being cross-cutting.

Embrace compact principles. Ten respondents disagreed, evenly split between national and local. There were no specific comments on this principle, but general comments from these respondents highlighted the need to focus on what works and to build on what works.

Shared risk taking. Sixteen respondents disagreed. One respondent expressed concern that the long list of principles implied an unwieldy bureaucracy in prioritising investment. One regional respondent observed that this proposal was not practical, since the ‘delivering’ partner carried the true risk if the commissioner did not share their view on what had been delivered.

Sustainability and security of investment. Nine respondents disagreed. A local respondent commented that providing the resources and skills to sustain the third sector needed to go hand in hand with full cost recovery and effective evaluation. Another observed that it needed to be complemented by ‘acceptability of failure’.

Synergy with other Government departments and funders. There were 14 respondents who disagreed. Around half were local, with the rest evenly split between national and regional. One local respondent commented that this was likely to imply more bureaucracy. A national organisation felt that this could lead to some of the benefits of the investment being lost. Another national organisation observed that it was important for DH to retain its own view of priorities.

Other principles identified by respondents were:

- Full cost recovery
- Education and training
- Focus on outcomes for the user
- Equal playing field/ avoiding concentration of power
- Avoid being too prescriptive about principles as this might stifle innovation
- Best value/ proved track record of delivery
- Recognise range/ diversity in the sector

Question 3. Should the focus of existing DH ‘core’ funding shift to investment in ‘strategic partners’?

The figures below indicate the extent to which respondents agreed or disagreed with each proposed role for strategic partners.

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
Facilitate communication between DH and third sector	64	84	17	5	16
Work collaboratively towards common goals	73	86	9	3	15
Contribute experience and expertise to policy development	88	78	6	2	12
Support synergy with other government departments and statutory organisations	55	88	23	3	17
Give ‘voice’ to service users and communities of interest	95	51	18	6	16
Underpin strategic sector capacity, capability and credibility	68	72	19	6	21
Support coherence between organisations in the sector	58	82	20	5	21
Helping set DH funding priorities for the sector	71	70	22	5	18
Other (please state below)	19	6	1	0	160

Whilst each role had majority support in consultation responses, several respondents disagreed with one or more of the proposals. Six of the proposals were opposed by more than 20 respondents. The following comments focus on these six proposals.

Six respondents disagreed with all six of the proposals. These were two national, two regional and two local organisations. Unsurprisingly, these respondents objected to the idea of strategic partners and they had expressed this view in question 1. Four organisations objected to five of the six principles. Comments suggested that funding would be ‘hoovered up’ by Strategic Partners and that some core grant funding is needed for niche specialist areas.

Four respondents disagreed with exactly four of the proposals. Comments here expressed concern about the idea of strategic partners, rather than direct objection. Comments were substantial. Concerns expressed included:

- the extent to which Strategic Partners will be independent. How will smaller organisations be represented?
- Success is wholly dependent on the criteria used for selection
- Given diversity of the sector, difficult to see how Strategic Partners could be representative unless there are 50-100 of them.
- Strategic Partners should be an addition to core s64 funding

- Without core funding, many organisations would cease to exist.
- Tension between service providing organisations and ‘researching/ pressure group’ organisations
- Potential loss of innovation by focussing on big picture
- Will introduce a middleman, limiting the potential to secure investment.

The tone was similar among the six organisations who disagreed with 3 of the proposals.

Eighteen organisations objected to two of the proposals, and 23 objected to just one. We might have expected comments from these 41 respondents to identify issues with specific proposals, but comments tended to focus on concern about the general proposal for strategic partners.

Details as follows:

- Eight of the 41 objected to ‘facilitating communication’. There were no comments specific to communication
- 15 of the 41 objected to synergies with OGDs. One regional respondent observed that third sector providers could not be held to provide synergy – that was the Government’s job. One expressed support for ring fencing for specific goals.
- Six of the 41 objected to the ‘voice’ role. Comments focussed on the difficulty that large organisations would have in representing grass roots.
- Eleven objected to the capacity and capability role, no specific comments
- Seven objected to the coherence role, no specific comments
- Eleven objected to the funding priorities role. One local organisation observed that they were capable of deciding priorities and delivering a quality service without the need for intermediaries.

Follow up questions under question 3 asked more general questions about the operation of strategic partners, and whether it was right to organise investment via strategic partners. The broad results were as follows:

	strongly agree	Agree	Disagree	disagree	N/A
All strategic partners should operate at national level	14	22	76	52	22
There should be a mixture of National and regional strategic partners	61	76	25	7	17
There should be Strategic Partners for each equalities theme	39	70	39	7	31
Focus of existing DH core funding should shift to Investment in strategic partners	22	71	47	26	20

Clearly, there was strong disagreement with the idea that all Strategic Partners should operate at national level, with 128 respondents disagreeing. Of those who did strongly agree, all but 1 was a national organisation. One thought that this would get DH out of the detail and allow the third sector to focus on delivery priorities. Others thought it might work if the Strategic Partner had a broad membership from across the sector. As was the case elsewhere, even those who agreed with the proposal expressed concerns in their written comments, for example commenting that 'part' of the strategic funding could go via Strategic Partners, but some direct core funding would still be required.

Comments raised by those who disagree include:

- There are no national players for some parts of the voluntary sector
- Innovation happens at local level in most cases
- Loss of focus on the diversity of provision
- Issues about geography – many nationals are based in London
- Self promotion by large charities is already a problem
- Strategic Partners need to be accountable, and be replaced if they don't meet requirements
- Funding would be hoovered up by Strategic Partners. Okay if they perform an administrative function only
- Diversity of the sector requires flexibility in approach
- This appears to be a new regional bureaucracy funded from existing core funds
- A 'strategic network' approach might work better
- Divisive and demoralising
- Makes it harder for small organisations to access DH funding

There was majority support for the other two options for Strategic Partners – thematic and regional, although there were still substantial numbers disagreeing. Disagreements in these areas may identify refinements to the proposals that would make them more acceptable.

Those who disagreed strongly with the option of 'a mixture of national and regional partners' focussed on the nationals in their comments – so did not necessarily have strong views about regional organisations. Five of the seven were local organisations. A further 25 disagreed with this proposal. Issues raised include:

- transitional issue: risk of losing core funding for a local organisation

- Suggestion to link coverage to the National Service Frameworks (NSF)
- Presentation of this will be important, including the name
- Broad membership solutions better than 'national' or 'regional'
- Risk of excluding partners that do not have a pure health focus
- Need to separate delivery from informing/ advising

Slightly larger numbers of respondents disagreed with the proposal for 'thematic' Strategic Partners. Their comments included:

- If the themes were equalities based, it potentially removes the need for all agencies to focus on all equalities issues
- Risk of 'silo' working on equalities
- Too much risk of bias from large national organisations
- Existing voluntary sector regional bodies are a better option
- Wider perspective is important. Organisations should be chosen for their reach
- Will become quickly dominated by large charities
- Proper evaluation must exist
- Three years is too short a cycle
- Must be able to reach the 'local'

There was a narrow majority in favour of the proposal that DH should shift its core funding to investment in Strategic Partners. Of the 26 who strongly disagreed, 12 were 'local' organisations, 7 nationals and 4 regionals. Views included:

- S64 funding has a proven track record
- Where does this leave the organisations who are not Strategic Partners?
- Useful to inform the Department, but would need 50 -100 of them
- Removal of core funding would impact on capacity to deliver
- The proposed formula is unproven and vaguely defined
- Similar shift for DCLG has not been 'smooth'

What we intend to take forward:

Strategic Partner Programme

Given the wider reform agenda and cross-Government commitments to the third sector, the time is right to address the current situation and establish a more coherent and informed set of relationships in the sector that would have a two-way benefit. This shift to a more coordinated and accountable set of relationships with a smaller number of third sector organisations will allow the Department to more fully realise the benefit of its investment.

Purpose

The Strategic Partner Programme will aim to enable third sector organisations to work in partnership with the Department of Health to help shape and deliver policies and programmes, for the benefit of the sector as a whole and ultimately contribute to improved health and well-being outcomes for individuals and communities.

The Programme will invest in a small number of organisations (5 – 10 in year 1), eligible to work at a national level, to enable them to reflect fairly the views of their members and networks and support the development of knowledge and capability in the sector to engage in the wider health and social care reform agenda.

The Strategic Partner Programme aims to enable organisations to demonstrate leadership and innovation in the sector supporting improved knowledge and capability in third sector organisations to enable them to engage in this new landscape.

DH will invest in an appropriate number of strategic partners who will work collaboratively with the Department of Health to:

- Advise and inform the Department about key issues affecting the third sector
- Develop capability and capacity in the third sector
- Establish a coherent and rational framework for engaging with third sector organisations at a national level in a systematic and mutually beneficial way
- Achieve shared objectives in improving health and well-being and reducing health inequalities
- Provide robust and systematic dissemination methods for information, policy developments and key programmes enabling third sector organisations to engage in the delivery of health and well-being objectives

Outcomes:

Two over-arching outcomes are described for this programme:

1. Improved and transparent relationship between DH and third sector organisations supporting partnership and co-production where appropriate
2. Increased capability and knowledge within third sector organisations enabling informed engagement in the reform and change agenda and supporting improved relationships

between third sector and statutory sector agencies at regional and local level, thereby, reinforcing the sectors integral role in the evolving health and social care system.

Both of these underpin the message that DH needs to be an organisation that is good to do business with'.

Approach:

This is a new departure for DH that other Government departments have tried with varying degrees of success. The challenge for DH is to build on their experience to maximise successful outcomes rather than forging ahead and experiencing the same pitfalls.

Therefore, we will adopt a more iterative approach to the development of this programme allowing us to achieve three outcomes:

1. the programme develops in a way that learning from experience informs future arrangements
2. we can support existing core grant holders who are not candidates as Strategic Partners in the transition period e.g. through supporting them to develop a more diverse funding base possibly through improved connections at local level
3. a robust evaluation / research strategy can be developed that benefits both the development of the strategic programme and project grants.

Funding

During the consultation there was a perception that DH intended to use Strategic Partners as a vehicle to fund the sector and concern was noted that this may introduce a middleman or gateways to accessing funding for smaller organisations. The role and functions of a Strategic Partner is intended to develop, in partnership, over the first year of implementation. We have not included a grant giving or funding role in the scope of activity in the first year.

Where to find out more

Full details on the Strategic Partner Programme are available at www.dh.gov.uk/thirdsectorinvestment

We will be opening this programme in July 2008 with a view to having a small number of Strategic Partners in place for April 2009. This programme will then be developed further over the 2009 – 10 period.

Question 4. Should project funding include an explicit focus to support and drive innovation, excellence and service development?

Raw results, showing the extent to which respondents agree with proposed 'roles' for funding are given below:

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
Systematically learn from innovative projects	103	71	3	0	9
Promote sustainability and good practice	126	50	2	0	8
Encourage the development of new service models	84	82	10	0	10
Test effectiveness of innovative solutions	99	77	0	0	10
Support creation of new providers through start-up development funding	67	84	21	3	11

Clearly, on this question, most respondents agree with the proposals. The indication is that respondents believe project funding should support innovation, excellent and service development, and that the roles stated above would be worthy of support.

In total, only six respondents disagreed with more than one of the proposed roles, and all of these were 'national' organisations. These were as described below:

- Three national organisations disagreed with options 3 and 5 (new providers and development of new service models). They gave different, but related, reasons for doing so. One thought that funding should focus on development and support for existing well run charities, one thought that investment should be based on (retrospective) evidence of what has worked and provided value for money, and the third that the challenge was sustainability rather than innovation (indicating that sustainability of successful innovative solutions was a concern)
- One disagreed with options 1 and 2 (systematic learning and promoting sustainability, although their comments indicate that this is merely a lower priority)
- One disagreed with options 2 and 5. Their comments supported the view that funding should only be used for start-up if existing third sector bodies could not meet the need, and that it would be better to focus funding on what currently works
- Finally, one organisation disagreed with options 1 & 3, with comments again focussing on sustainability and pressure on existing services to survive

Even amongst organisations that agree with the proposals, the written comments support the above. Comments from national organisations focus on the need to support existing, successful services and also note that innovation is more likely to occur amongst organisations that have established their baseline service and understand the platform from which they might

innovate. Several comments highlighted the need for an evidence-based approach, with proper assessment of outcomes and value for money, leading to improved sustainability for successful projects.

Comments from regional providers had a slightly different emphasis, focussing on the steep learning curve involved in innovation, the need for training and development (supported by centres of excellence).

Local providers focussed on similar issues to the nationals, particularly around sustainability and applying 'what works' principles, although there were references to peer-learning too.

Follow up questions in section 4

Links between SEIF and project funding

This question asked respondents to agree or disagree with the statement that: "There should be an explicit link between the social enterprise investment fund and project funding"

Overall results were as follows:

- Strongly agree or agree – 109 organisations
- Disagree or strongly disagree – 52 organisations.

The majority view was therefore in favour. There was no difference in patterns for national, local or regional respondents, with roughly two thirds agreeing with this proposal at all levels.

Roles for academic institutions

This question asked respondents to agree or disagree with the statement that: "There is a role for an academic institution or external evaluation organisation to support evaluation and learning"

Overall results were:

- Strongly agree or agree – 139 organisations
- Strongly disagree or disagree – 32 organisations

The majority was again in favour, although in this instance the rate of disagreement was slightly higher amongst local organisations (18 disagree, 50 agree)

Project funding to include focus to drive innovation

This question asked for agreement with the statement: "project funding should include an explicit focus to support and drive innovation, excellence and service development"

Results were:

Agree or strongly agree – 148 organisations
Disagree or strongly disagree – 27 organisations.

There was therefore a large majority in favour, with no clear difference in response for national, local or regional respondents.

Summary of follow up questions in question 4

In the three follow up questions above, there were various patterns of agreement and disagreement:

Only 4 organisations disagreed with all 3 proposals and 3 of these were local. Their concerns were again around the need to focus on sustainability rather than innovation for its own sake.

A total of 12 organisations agreed with ‘including focus to drive innovation’, but disagreed with the other two proposals. Almost all of these were local organisations (one national stated that this was a low priority). Their comments focus particularly on the ‘red tape’ involved in bringing in external evaluation. A lot of time would be required to explain the nuances of the sector to the external evaluator. Comments did not strongly support the third statement, and were generally of the ‘why not’ variety.

9 organisations favoured only the ‘evaluation’ proposal. 4 national, 3 regional, 2 local. More lengthy comments here focussed almost exclusively on the need to base funding on excellence and evidence of what works, rather than innovation per se. There wasn’t any strong advocacy for a particular model of evaluation, but strong support for evidence based funding.

A bigger number, 27 organisations, favoured the evaluation model and the explicit focus on innovation, but not the link to SEIF funding. These were split evenly between national and local organisations, with a few regionals. Comments again focussed almost exclusively on the need for sustainability of investment, although some referred to a lack of confidence amongst organisations in this sector to bid against funds in this way, or submit themselves to formal evaluation. Many referred to the effectiveness of section 64 grants to fund development. One comment identified that social enterprise and third sector had different investment needs. SEIF addresses the difficulty that SEs have in accessing funds from banks, given their business model. Issues for the wider third sector are not necessarily the same.

12 organisations supported the link to SEIF, and the explicit focus on innovation, but not the academic involvement in evaluation. Again, comments focussed on support and development of existing charities.

86 organisations agreed with all three statements. This was by far the most frequent combination of responses, and comments made by these respondents highlighted the following points:

- SEIF should be linked to specific elements of funding, and there should be alternative funding streams for other strands (delivering sustainability)

- External evaluation is important, but role of academic evaluation would need to be more clearly defined and is not necessarily the only model. The model should be un-bureaucratic and not necessarily paper based
- Put in place sharing mechanisms for best practice and lessons learnt. Roll out of successful models is a real issue
- Need to distinguish between project funding (e.g. for innovation) and service delivery
- Funding for effective existing service delivery is important
- There is a need to fund innovation, but support for existing successful service providers is important too
- Linking SEIF to project funding would provide a one-stop-shop, which is a positive development
- We can draw lessons from the recent review of National Lottery investment.
- Existing 3 year project funding does not support sustainability.
- Suggestions that the evaluation role may not need to extend to baseline, service providing, functions
- Focus on statistical summaries of outcomes misses substantive detail.
- Need to futureproof against structural re-organisations (e.g. introduction of PCTs and abolition of GP fund holding)

Other combinations of responses (including 'no response') did not form any other large groups. Additional comments made by other respondents include:

- need to understand commercial sensitivity
- A warning not to overlook the lessons from the national lottery (which has shifted its focus to innovation)
- Recent changes to section 64 funding have been an improvement

Broadly, the respondents therefore supported all 3 statements, with the qualifications and comments set out above. A sizeable minority supported all but the link to SEIF funding, and their concerns were around the need to fund ongoing service provision and ensure sustainability.

Question 5. What approach to deciding priorities and managing applications would enable better achievement of outcomes?

Respondents indicated agreement or disagreement with each of the proposed prioritisation models as follows:

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
DH should be more prescriptive in its expression of funding priorities	25	52	71	21	17
DH should be less prescriptive in its expression of funding priorities	25	69	61	10	21
Strategic partners should have a role in informing funding priorities on behalf of the third sector	58	76	30	9	13
Third sector organisations should be involved in the process of assessing funding applications	77	46	39	12	12

A majority opposed the idea that DH should be more prescriptive about funding priorities. A total of 21 respondents disagreed strongly. (9 local, 5 regional, 7 national). Comments included:

- in an innovative sector, need to avoid being clogged up with strategy and bureaucracy
- guidance yes, direct involvement no
- There will be regional and cultural variation in needs, and this precludes a centralised prioritisation scheme
- DH needs to give the sector some freedom
- DH is already too prescriptive
- Investment in strong people and strong communities as important as strong themes
- Should be clear rather than prescriptive

A considerable number of respondents also disagreed with the opposite proposal, that DH should be less prescriptive, but only 9 organisations disagreed with both (half national, half local). Only 1 explicitly endorsed the current approach (saying that current model is well structured). Other comments from these 9 suggested that the level of prescriptiveness needs to be flexible to circumstances.

Taken together, these results suggest a roughly even split between those who think DH should be more prescriptive and those who think DH should be less prescriptive.

A majority supported the view that Strategic Partners should have a role in informing funding priorities and that third sector organisations should be involved in assessing applications.

Those who disagreed about Strategic Partners being involved in funding priorities said:

- danger that large parts of the voluntary sector will be excluded
- Existing system works well
- DH should invest in grass roots and allow innovation to flourish

Those who disagreed with including 3rd sector in assessing applications said:

- Potential for conflict of interest
- Strategic Partners should be advisory only
- Organisations are delivery focussed and may not have the capacity

What we intend to take forward:

Innovation, Excellence and Service Development Fund

The Innovation, Excellence and Service Development Fund will replace the existing Section 64 general Scheme of Grants – Project funding. More information is available at www.dh.gov.uk/thirdsectorinvestment.

For the 2009 – 10 funding round the fund will open in July 2008 alongside the Strategic Partner Programme. The fund is designed to reflect the feedback received and defines a clearer, more focussed and strategic approach to the role of central DH funding to third sector organisations.

Applications will be invited under three strands; Innovation, Excellence or Service Development.

The applicant will then need to identify which of the cross-cutting themes their proposal addresses;

- Information, advice and advocacy
- Personalisation, dignity and carer support
- Community / user participation and peer support
- Prevention / early intervention
- Reducing health inequalities

Evaluation

One of the outcomes of the review is that third sector organisations have expressed a need / want support with the evaluation of funded projects. We are working to identify ways in which we can achieve this. Projects funded under this year's scheme will be included in future evaluation and learning plans but this will not replace the requirement to have a strong evaluation strategy in place.

Other issues

This approach reinforces the role that central DH funding can play within the wider health and social care economy. Third sector organisations may need support to develop their capacity to engage with commissioners at a local level and the transition arrangements we make for existing core grant holders will support this.

Much of the feedback received indicated a low level of awareness of how the health and social care reform agenda has impacted on funding arrangements and flows across all sectors. The need for clear information and guidance is evident and we intend to take this forward through collaboration with third sector organisations under the Strategic Partner Programme.

There was support for third sector involvement in the assessment of applications for DH investment. This is an area that we will look at in the development and role for Strategic Partners. We will also consider how other stakeholder groups the Department works with might contribute to the assessment process. The ultimate decision to fund an application under the section 64 powers will remain with Ministers.

Question 6: Should funding of volunteering be changed to have greater strategic relevance and impact in the context of the wider health and well-being agenda?

Raw results, showing the extent of agreement with three separate delivery models for a volunteer development fund are given below:

	Strongly agree	Agree	Disagree	Strongly disagree	N/K
A Single national delivery partner	8	15	53	69	41
B Multiple, national, thematic delivery partners	29	36	58	19	44
C Multiple regional delivery partners	36	43	46	13	48
D Combination of the above models	32	50	35	16	53

These results reveal a strong antipathy towards the proposal for a single national delivery partner, with only 23 of 186 respondents agreeing (12%). Results for other options are more mixed with small majorities in favour of ‘multiple regional delivery partners’ or ‘combination of the models’ and a slight majority against ‘multiple, national, thematic delivery partners’.

It is clear that many respondents expressed agreement with more than one option. The following tables show the extent to which respondents ‘cross pollinated’ proposals:

Table 2: National respondents

	Numbers agreeing with proposal:			
	A	B	C	D
Agree only with this one	4	11	7	11
Agree total	9	33	24	36
Disagree	64	40	49	37
<i>Of those who agree, numbers also agreeing with other proposals:</i>				
A	3	2	5	
B	3	13	20	
C	2	13	15	
D	5	20	15	15

Table 3: Regional respondents:

	Numbers agreeing with proposal:			
	A	B	C	D
Agree only with this one	3	2	7	3
Agree total	3	4	12	6
Disagree	21	20	12	18
<i>Of those who agree, numbers also agreeing with other proposals:</i>				
A	0	0	0	0
B	0	2	0	0
C	0	2	3	3
D	0	0	3	3

Table 4: Local respondents

	Numbers agreeing with proposal:			
	A	B	C	D
Agree only with this one	5	6	14	15
Agree total	7	18	35	31
Disagree	64	53	36	40
	<i>Of those who agree, numbers also agreeing with other proposals:</i>			
A	1	1	2	2
B	1	11	11	6
C	2	11	15	15
D	2	6	15	15

What do these numbers tell us?

There are a number of useful pointers here. Firstly, none of the proposals attracts majority agreement across the different levels of organisation. Nationals favour a combination of models most, but within that they have a preference for the thematic partner approach.

Regional organisations were less inclined to support the combination approach, and are most likely to favour multiple regional delivery partners.

Local organisations favour combination models again, but this time with an emphasis on the regional partners elements.

These results seem to imply that the most desirable model across the board would be a combination approach, with appropriate elements of models B and C – providing appropriate national, thematic, focus as required but also providing for regional structures where appropriate.

Detailed written comments for question 6

Respondents provided a rich quantity of qualitative data in their written responses. There were 4 comments in which the themes were:

- OfV as it stands isn't working (same organisations every year)
- Management by intermediate organisations is not transparent
- Role of people with disabilities needs to be given greater priority
- Combination preferred. Could DH carry out an audit?
- More explanation needed on 'themes'
- Strategic Volunteering fund could help to build infrastructure in 3rd sector

- Need to involve 3rd sector in scoping and decision making
- Academic sector can help in developing evidence base
- In assessing value of investment, need to assess impact on the volunteers

Implications are that we need investment criteria that the third sector contributes to, including involvement of certain groups. There were 14 comments from organisations that favoured option B, but not option C:

- Volunteers gain from the process too
- Continuation of light-touch risk-sharing is desirable
- Need to develop volunteering specific groups (eg elderly)
- Need mechanisms to 'take on' successful start ups, suggest expert reference group
- Need to review current partners, and process
- Again, involve partners in establishing criteria
- Need entry route for new partners
- Option C look like 'change up consortia' with their weaknesses. Admin costs would be high
- There is a need for DH to be more involved, hence support for option B

The broad thrust of these comments is the need for greater DH or national input in setting direction, but also similar comments to those above about involving partners in establishing the investment criteria and enabling 'market entry'. Finally, for national respondents, there were 12 comments from orgs that didn't agree with either B or C (7 of whom favoured a combination).

- Volunteers needed in less common condition areas
- Investors in Volunteering to be more widely recognised
- Capacity development in strategic areas needed
- Involve volunteers where they arise
- Straightforward application process
- Need to remove barriers to volunteering by disabled or other disadvantaged groups
- DH not the right organisation. Cabinet office has an access to volunteering fund
- Need to link to DWP and CLG
- Focus on service development

- Desire to scrap current system of national agents
- Need to address lack of sharing, failure to monitor, transparency of process

What we intend to take forward:

Investment in Volunteering in Health and Social Care

Opportunities for Volunteering is a long established and valuable scheme. To ensure that we are able to take account of the views expressed we have put into place transitional arrangements to ensure that local groups and organisations who benefit from this scheme are not adversely impacted by any changes.

The existing National Agents (annex 2) will be advertising a final year for the scheme in its current form. More information about which National Agents will be opening a funding round for 2009 – 12 is available on the Volunteering England website – www.volunteering.org.uk.

To determine the future arrangements for a volunteer investment fund a specific reference group has been set up to ensure that we consider the implications and impact of any specific options. For more information and up-to-date news visit www.dh.gov.uk/thirdsectorinvestment

The Department is also consulting on a vision towards a volunteering strategy for health and social care. A volunteering strategy for health and social care will articulate the key actions needed to address the perceived obstacles to making a refreshed vision for volunteering in health and social care a reality. Informed by this consultation process, the proposed strategy will provide a framework through which to pursue long-term organisational and culture change across the whole system to support volunteering more effectively, in relation to:

- Individual volunteers
- Effective management within organisations
- Commissioning environment and infrastructure
- Promoting partnership, and
- Leadership, across the public and third sectors

The strategy will build on existing best practice and develop partnerships for sustained involvement of volunteers through an increasingly diverse range of services in statutory and non-statutory settings. It will provide the basis for more coherent national investment by the Department of Health, to improve the strategic impact of volunteering, for the benefit of patients, carers and service users.

In partnership with CSIP a series of consultation workshops are being held in each of the nine English regions. More information and booking details is available on the DH website at www.dh.gov.uk/volunteering strategy.

Conclusion

Third Sector organisations are critical and integral in the delivery of improved health and well-being outcomes for individuals in England. The Department of Health needs a strategic and coherent framework for investing in the sector and for supporting the sector to develop the capability and capacity to achieve its true potential.

The wide engagement of third sector organisations and other stakeholders in this consultation process has contributed a wealth of insight, expertise and knowledge into the design of the new 'Third Sector Investment Programme' that will support us into the future.

Many issues were raised during the consultation process that were outside the scope of the review itself. However, these issues have not been lost and will be used to inform other policy developments with the Department and more widely across Government.

Change to established systems and processes is always challenging but, in the spirit of partnership working, working together with effective communication we can achieve change that benefits third sector organisations and contributes more effectively to achieving better health and well-being outcomes for the population of England.

Work will continue on the review throughout 2008 – 09 and we intend to publish details for the future arrangements for the Opportunities for Volunteering (OFV) scheme in Autumn 2008.

Development of robust, but proportionate evaluation support will be undertaken, informed by Strategic Partners and other stakeholders.

In relation to procurement and contracting, we will continue to strive to ensure that tendering and procurement practice across the Department does not preclude third sector organisations and provides a fair playing field. To ensure the right funding mechanism is used in the right circumstances we will build on the National Audit Office 'decision making tool', for DH to use in the decision making processes to determine the most appropriate funding mechanism for specific pieces of work. This work will be developed with the DH Procurement Hub engaging third sector organisations in the process.

The Department will continue to engage and work in partnership with third sector organisations and welcomes feedback and comments as we move forward with these new arrangements for investment in third sector organisations.

Annex 1

Organisations that responded

The following organisations contributed to the consultation through completing the questionnaire, submitting a written response or participating in one of the consultation workshops.

Name of organisation

14Vision	ARC
5 Boroughs Partnership NHS Trust	Arrhythmia Alliance
870 House	Art for Change Ltd
A4e	Arts Council England
Aardvark Recycling	Arts Council England, East
AB Plus	Asha
Abplus	Ashfield Womens Centre Ltd
ACEVO	Ashram Housing Association
Acorns Children's Hospice	Aspire
ACT (Association for Childrens Palliative Care)	Assist UK
Action for Blind People	Asylum Support & Immigration Resource Team
Action On Addiction	Atonement Enterprise CIC
Action With Communities in Rural Kent	Attend
Active Dorset County Sports Trust	AWM
Addaction	Barnsley Sexual Abuse & Rape Crisis Helpline
Adfam	Barnardo's
ADS (Addiction Dependency Solutions)	BASSAC
Afiya Trust	BCC (Birmingham)
African HIV Policy Network	BCHA
Age Concern Cheshire	BECON
Age Concern Darlington	Behcets Syndrome Society
Age Concern Deal Centre for the Retired	Bethel Health & Healing Network
Age Concern Enfield	Big Lottery Fund
Age Concern England	Birmingham Association of Youth Clubs
Age Concern Leeds	Birmingham City Council
Age Concern Malvern & District	Birmingham Focus on Blindness
Age Concern Newcastle	Birmingham Voluntary Services Council
Age Concern North East	Black Enviroment Network
Age Concern North Tyneside	Black Health Agency
Age Concern Oxfordshire	Black South West Network
Age Concern Preston & South Ribble	Blackburn with Darwen CVS
Age Concern Shropshire, Telford & Wrekin	Blackheath Live At Home Scheme
Age Concern Somerset	BME Regional Network
Age Concern South Lakeland	BME Regional VCS Panel (Yorkshire & Humber)
Age Concern Suffolk	Body & Soul
Age Concern York	BOSPA
All Saints Community Project	Bottisham, Burwell & Soham Cluster
Allens Croft Project	Bradford Area Occupational Health & Safety Forum
Alzheimer's Society	Bradford CVS
Alzheimers Society Bristol	Bradnet
Amber Valley CVS	Breakthrough Breast Cancer
Anchor Staying Put	Breast Cancer Care
Anchorage Activity Centre	Brighter Futures Housing Association
Bristol South Crossroads	Bristol & Avon Chinese Women's Group
British Assn for Counselling & Psychotherapy	Citizens Advice
British Cancer FoundationARC	CK Academy
	Colchester Rape Crisis Line

British Heart Foundation
British Liver Trust
British Obesity Surgery Patient Association
British Polio Fellowship
British Red Cross
Bristol South Crossroads
British Assn for Counselling & Psychotherapy
British Cancer FoundationARC
British Heart Foundation
British Liver Trust
British Obesity Surgery Patient Association
British Polio Fellowship
British Red Cross
British Standards Institution
British Thyroid Foundation
Bromley Mind
Brook
BTCV
Burnley Pendle & Rossendale CVS
Business Link
BVSC
BWELL Birmingham
CAASS UK
Café West
Calderdale Council
Cambridge Citizens Advice Bureau
Cambridge Older People's Enterprise (COPE)
Cambridgeshire County Council
Cancer Research UK
Cancerbackup
CancerCare
Capitalise

Carers Support Harrow
Carers UK
CASE Kent
Castle Vale Community Housing Association
CCPR - One Voice for Sport & Recreation
CEMVO
Centre for Equality & Diversity
Centrepont

Challenging Behaviours Foundation
Child Accident Prevention Trust
Child Action North West
Child Brain Injury Trust
Child Dynamix
Children North East
Chinese Community Centre
Church Links
Domestic Abuse Counselling Service (DACs)
Doncaster CVS
DORCAS Housing
Down's Syndrome Association
Dudley MIND

Commission for the Compact
Community Action Hampshire
Community Foundation for Greater Manchester
Community Health around Torpoint
Community Links Bromley
Community Matters
Community Project around Torpoint
Confederation of Indian Organisations UK
Connect
Connect in the North
CONTACT (Peer Support Service)
Co-operatives UK
Cornerhouse (Yorkshire)
Cornwall Blind Association
Cornwall Centre for Volunteers
Cornwall Partnerships NHS Trust
Council of Disabled People
Coventry Citizens Advice Bureau
COVER
CPPIH
Crossover
Crossroads Association
Crusaid
Cruse Bereavement Care
CSV
CSV Environment
CSV Volunteering Partners
CTE (Churches Together in England)
D.I.A.L Lowestoft and Waveney
Darlington BC
Darlington C.A.B
Derbyshire Association for the Blind (DAB Sight Support)
Derbyshire Learning & Development Consortium
Development Trusts Association
Devon Primary Care Trust
Dhek Bhal
DHIVERSE
DIAL - Lowestoft & Waveney
DIAL UK
Different Strokes
Directorate of Health & Social Care - Midlands & East of England
Disabilities Trust
Disability Advice & Equipment Bradford
Disability Essex
Disability Stockport - Connect Plus
Disability Support
Disabled Living Foundation
DOBREC
Genetic Interest Group
Gentoo
Glasshoughton Community Forum
Gloucestershire County Council
Gold Standards Framework

Dudley Stroke Association
Durham County Council
Ealing Community & Voluntary Service
Ealing CVS
Eas. District Crossroads
East Hull Community Transport
East Lancs Community Action Project Ltd
East Riding Independant Citizen Advocacy
EATA
Eden Carers
Elton John AIDS Foundation
Endometriosis UK
Enfield Voluntary Action
Enterprise Agency of North Kent
Equalities National Council
Essex Carers Network
Essex Council for Voluntary Youth Services
Essex County Council
Ethiopian Health Support Association
Ethnic Minority Foundation
Exeter CVS
Express link-up charity and social enterprise unit
F.C.F.C.G
Fairbridge
Fairbridge in Kent
Families Without Fear Project
Family Fund
Family Welfare Association
Fibromyalgia Association UK
Fields in Trust
Fit4funding
Flagship Housing Group
Focus on Blindness
Foremost Solutions
Foresight (North East Lincolnshire) Ltd
Foundations
Foyer Federation
FPA
Friends Families & Travellers
Friends of the Elderly
Frontline Trust
Funding Information North East
Furness Enterprise Ltd
Galloways Society for the Blind
Gateshead & South Tyneside Sight Service
Gateway Family Services CIC
Gateway to Care
INTAG (Ingol & Tanterton Action Group)
Irish Welfare & Information Centre
ISE
Isle of Wight Citizens Advice Bureau
Islington Training Network
Jewish Care
Joint Epilepsy Council of the UK & Ireland
Good Shepherd
Goodwin Development Trust
Greater London Authority
Greater London Volunteering
Greater Manchester Centre for Voluntary Organisations
Green Light Trust
Halton Autistic Family Support Group
Halton Voluntary Action
Hambleton & Richmondshire Advocacy
Harambee Organisation
Harris HospisCare
Harrogate District Community Transport
Havencare
HCD & Voluntary Local CIC
Headway - the brain injury association
Headway Bristol
Headway Cambridgeshire
Headway Somerset
Heal 8
Healing Arts
Healing Clinic, The
Health Exchange
Healthy Planet Foundation
Help The Aged
Henshaws Society for Blind People
Herefordshire Sustain Project
HERIB - Hull & East Riding Institute for the Blind
Hertfordshire Care Providers Association
Hertfordshire Society for the Blind
Herts Care Providers Association
Hillingdon Association of Voluntary Services
Home Improvement Agency North Staffs
Home-Start
Home-Start Calderdale
Home-Start Hull
Home-Start Medway
Home-Start UK
Home-Start UK North West Regional Office
Home-Start UK Regional Consultants
Horton & Wibsey Bereavement Association
Hospice of St Mary of Furness
Hyndburn and Ribble Valley CVS
Ian Hartley Associates
ICSA
Inclusive Fitness Initiative
Independent
Institute of Fundraising
Millmead Childrens Centre
MIND (National Association for Mental Health)
Mind-in-Furness
MINET
Motor Neurone Disease Association
Moving On With Life & Learning
MS Society

Julian Housing Support - Discovery Quest	Multicultural Arts & Media Centre
Keighley & District Association for the Blind	Muslim Youth Helpline
Keighley Voluntary Services	N Tyneside OPF
Khidmat Centre (Bradford Council for Mosques)	N/T Voda
Kidz Haven	Nacro
Kingston Voluntary Action	Nacro Dorset
Kirklees Council	National AIDS Trust
Knowsley Pensioners Advocacy & Information Service	National Children's Bureau
KUHCC Regeneration Services	National Family Carer Network
Lancashire Sport Partnership	National Heart Forum
Lancaster District CVS	National Housing Federation
LCF Ltd	National Phobics Society
Leeds Partnership Foundation Trust	National Social Marketing Centre
Leeds Primary Care Trust	Natural Breaks Merseyside Ltd
Leonard Cheshire Disability	NAVCA
LGBT Consortium	Naz Project London
Life Education Centre's West Midlands	NCBA
Lifespan	NCH
Lincolnshire Integrated Voluntary Emergency Service	NCVCCO
Link Line	NCVO
Lisieux Trust	NEA
Live Music Now	NEEN
Living Streets	Neovenator Community Organisation
Local Solutions	Neurological Alliance
LVSC	Newcastle Chinese Healthy Living Centre
M&S Residential Care	Newcastle City Council
Manchester Institute of Sport & Physical Activity	NHS Yorkshire & the Humber
Manchester People First	NIWE Eating Distress Service
Manningham Mills Community Association	North East Strategic
Marie Curie Cancer Care	North Tyneside Council
Matthew Boulton College	North West Network
	North Worcestershire Disability Information & Advice Line (DIAL)
MCCH Society Ltd	Northern Legacy CIC
Medact	Norwich and Norfolk Voluntary Services
Medecins du Monde	NSPCC
Medical Engineering Resource Unit	Nugent Care
MENCAP	NWRTA/MRN
Mens Health Forum	NWTRA
Mental Health Foundation	Oasis Community Learning
MENTER	Oasis Project
Mentoring & Befriending Foundation	Ocean Somali Community Association
Merseyside Society for Deaf People	Off The Road
MERU	OFV National Agents Group
MHA	Oldington & Foley Park Community Network
MHNE (Mental Health North East)	One North West
Mid-Cornwall Lifestyles	Sadeh Lok Housing Group
OPAAL	Salford CVS
Open Age	Sandwell MBC
Ormiston Children & Families Trust	Scarborough & Ryedale Carers Resource
Our Celebration	Scarborough Blind & PS Society
Papyrus (Prevention of Young Suicide)	Scarbrough & District Disablement Action Group
Pelvic Pain Support Network	Scope
People First Keighley & Craven	SECOS Barnardos
People in Action	Sedgefield Careers Centre
Pepenbury	

Percy Hedley
Peterborough and Fenland Mind
Peterborough Primary Care Trust
Phoenix Business Academy
Plymouth & District Mind Association
Plymouth Befriending Consortium
Plymouth Guild
Poems in the Waiting Room
POhWER the Advocacy Agency
Policy Research Institute on Ageing & Ethnicity

Portfolio Education Ltd
Progress Recruitment
Progressive Supranuclear Palsy Association
Quotec Limited
Race Equality Foundation
Race Equality Sandwell
Rainbow Trust Childrens Charity
RAISE
Rape & Sexual Abuse Counselling Centre
Rape Crisis England and Wales
Rathbone
REALISE
REAP Resettlement Agency
Red Cross
REEMAP
Regional Action West Midlands
Rehab UK
Relate - York & Harrogate
Relatives & Residents Association
RESCARE
Re-Solve
Rethink
Retreat York, The
Ricability (Research Institute for Consumer Affairs)
RNIB
RNID
Rochdale Connections Trust
Royal Society for the Prevention of Accidents
Royal Wolverhampton Hospitals NHS Trust
RSVP
Rushey Green Time Bank
S.B.S.
Street Forge Workshops
Studio Upstairs
Sue Ryder Care
Suffolk Family Carers
Sunderland City Council
Sunderland CVS
Sunnyside Rural Trust
Support4Progress
Supporting Older People
Surrey Community Action
Sustrans

SeeAbility
Seeds for Growth
Sefton Council for Voluntary Service
Sefton CVS
Sefton Opera
Selby District AVS
Sense - the National Deafblind & Rubella Association
Service Users Reaching Forward
Shaw Trust

Sing For Your Life
Skills for Care - Head Office
Social Action for Health
Social Enterprise Coalition
Social Enterprise East of England
Social Firms UK
Solent Mind
Somali Youth Education Services
South East Coast Health Authority
South Gloucestershire PCT
South Lincolnshire Blind Society
South Mountain Chinese Older People Ass.
South Somerset Mind
South West Forum
South West of England Regional Development Agency
South Yorkshire Eating Disorders Association
Southend Association of Voluntary Services
Spinal Injuries Association
St Andrew's Hospice
St Anns Hospice
St Barnabas Lincolnshire Hospice
St Helens Chamber of Commerce
St Helens YMCA
St John Ambulance Cheshire
St John Ambulance Cumbria
St John Ambulance Warwickshire
St John Ambulance, Cornwall & Isles of Scilly
St Peter & St James Hospice
St Vincent Support Centre
Stafford District Voluntary Services
Staffordshire County Council and SCIO
Start in Salford
Stockport Cerebral Palsy Society
The Stroke Association
The Survivors Trust
The Tavistock Centre for Couple Relationships
The Together Trust
The Zone, Youth Enquiry Service
Third Sector Coalition
Thurrock Independence Support Centre
Time For Health
Timebank
Together
Tommy's, the baby charity

Sutton Borough Citizens Advice Bureaux
SWIFT Interventions
Tameside 3rd Sector Coalition
TC
Telephone Helplines Association
Temple Head
Terence Higgins Trust
Thames Reach
The Abbey Centre
The Benjamin Foundation
The Cancer Resource Centre
The Care Forum
The Challenging Behaviour Foundation
The Childrens Society
The Childrens Society - Mortimer House Childrens Centre
The Childrens Trust
The Cry-Sis Helpline
The Derwent Initiative
The Disabilities Trust
The Discovery of the Talents
The Ectopic Pregnancy Trust
The Ethnic Minority Foundation
The Experience Corps
The Extra Care Charitable Trust
The Foundation for Conductive Education
The Gingerbread Centre
The Guild (Eastern Region) LLP
The Isis Centre
The Light of the World Community Centre
The Lindsay Leg Club Foundation
The Migraine Trust
The Miscarriage Association
The National Autistic Society
The Norfolk & Norwich Association for the Blind
The Place2Be
The Play House

The Pluss Organisation
The Princes Trust
The Princess Royal Trust for Carers
The Relationships Centre
West Norwich Community Transport
West Suffolk Mind
Whitby & District Disablement Action Group
Wigan, Leigh & District Society for the Blind
Wiltshire REC
Windows for Sudan
Wirral Schools Sports Partnerships
Woking Assoc of Voluntary Service
Wolverhampton Network Consortium
Women of Africa
WOMEN'S RESOURCE CENTRE,
Womens Environmental Network
Womens Health in South Tyneside

Touchstone Leeds
TPAS
Transplant Support Network
Triumph Over Phobia (TOP UK)
Turning Point
Uganda AIDS Action Fund
UK Council on Deafness
UK Online Centres
UK Workforce Hub
Unison
Unite
United Response
Vitalise
Voice Care Network UK

Voice4Change England
Volition
Voluntary Action Barnsley
Voluntary Action Calderdale
Voluntary Action Lewisham
Voluntary Action Rotherham
Voluntary Action Wokingham Borough
Voluntary Organisations Disability Group
Voluntary Sector Training
Volunteer Centre Fenland
Volunteering England
Wakefield District PCT
Walsall Council
Walsingham
WAND UK
Wansbeck CVS
Warrington Disability Partnership
Warwickshire Wildlife Trust
Wear Valley C.A.B
Wear Valley Citizens Advice Bureau
Wessex Partnerships Ltd
West Anglia Crossroads Caring for Carers
West Indian Family Counselling/Roscoe Luncheon Club
West Lancashire Women's Refuge Ltd
West Norfolk Befriending
West Norfolk Carers

Womens Health Matters
Womens Resource Centre
Woodspring Association for Blind People
Worcestershire Mental Health Network
Workbase
Workwise
World Cancer Research Fund
Worthing Society for the Blind
WPF
WPH Counselling & Education Service
WRVS
YMCA England
YWCA England & Wales
York & North Yorkshire Community Foundation
York CVS
Yorkshire & Humber Regional Forum
Yorkshire Metropolitan Housing
Youth Offenders Project
Youth Talk
YWCA

Annex 2

Opportunities for Volunteering National Agents

- Age Concern England
- Attend
- Barnardo's
- Bassac
- Churches Together in England
- Crisis
- CSV
- MENCAP
- Mind
- NACRO
- RADAR
- RNIB
- Scope
- The Children's Society
- UK Council on Deafness (UKCoD)
- Volunteering England

Glossary

BME	Black and Minority Ethnic
Compact	Established in 1998, the Compact is an agreement between Government and the voluntary and community sector in England. It recognises shared values, principles and commitments and sets out guidelines for how both parties should work together.
CSIP	Care Services Improvement Partnership
DCLG	Department for Communities and Local Government
DCSF	Department for Children, Schools and Families
DH	Department of Health
FCR	Full Cost Recovery
GP	General Practitioner
LA	Local Authority
LAA	Local Area Agreement
LSP	Local Strategic Partnership
NHS	National Health Service
NSF	National Service Framework
OFV	Opportunities for Volunteering
OGD	Other Government Department
PCT	Primary Care Trust
S64	Section 64
SEIF	Social Enterprise Investment Fund
Third Sector	'Third Sector' describes the range of organisations which occupy the space between the State and private sector. These include small local voluntary and community groups, registered charities both large and small, foundations, trusts and a growing number of social enterprise organisations including Community Interest Companies and Cooperatives.