



Social action for health and well-being: building co-operative communities

Department of Health strategic vision for volunteering



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Foreword



People are the greatest asset we have – both in the promotion of health and well-being and in the improvement of health and care services in this country. The paid workforce, people with health and care needs, their families, carers, volunteers and the wider community all contribute in different ways to the care and support available in our society.

The Coalition Government is committed to devolving power to citizens and front-line staff. As well as legislative change to open up opportunities, we need to create a supportive environment for social action and to play our part in removing the attitudinal and bureaucratic barriers that stand in the way of more empowered and active communities. It is through this shift of power and support for social action that we will help to build a society where autonomy, responsibility and reciprocity are the norm – the Big Society.

In health, public health and social care, this means more local and shared decision-making, greater choice and control, and more personalised services that make better sense to those who use and interact with them. As we move through the process of necessary reform to achieve these ends, we must make sure that we nurture individual and community

capacity – building on individual interests and motivations, so that more people are able to contribute more often in ways that benefit both themselves and others, and creating better, more responsive and more preventative services and greater community resilience and capacity along the way.

We need to make it easier for people to contribute their views and, where they wish to, their time to creating the kind of society in which they want to live and the kind of services they want to use. This is not about replacing paid employees but finding new solutions to enable people to contribute to their community and the services that matter to them.

We should recognise and celebrate the tremendous voluntary effort that people in this country put in every day to support friends, neighbours and others in their community, to raise funds for additional services and equipment, to inform and improve services, and to create a better, more personal, more caring society. It is this enormously positive force that we want to see grow and flourish in our communities.

We know that times are tough financially for many charitable, volunteer-involving and volunteer-led organisations. We are doing what we can at the centre, through our Financial Assistance Fund and other funds and our Strategic Partners Programme to help through this period of transition and to encourage a more supportive environment for the longer term. However, it is the decisions and actions taken at the local, organisational and community level, including within local authorities, NHS trusts and other organisations, which will make the real difference to how much and how often people are able to give

their time. That is why in 2011, the European Year of Volunteering, we are publishing this call to action, to encourage and facilitate a response from all those local leaders and decision-makers who share our positive vision for the future and have the will and determination to work with us and other partners to make the vision a reality.

A handwritten signature in black ink, appearing to read 'Paul Burstow'.

Paul Burstow MP
Minister of State for Care Services

A handwritten signature in black ink, appearing to read 'Andrew Lansley'.

Rt Hon Andrew Lansley CBE MP
Secretary of State for Health

Executive summary

We want to build a society where autonomy, responsibility and reciprocity are the norm. A society where individuals have greater choice and control and where services and support are patient-led, personalised and responsive to the needs of local people. We are committed to placing more power in the hands of citizens and front-line staff and empowering them to take greater action. Volunteering and wider social action have a vital part to play in realising these ambitions.

Volunteers already make an enormous contribution to health and well-being in this country. They are involved in every sphere of health, public health and social care. We want to ensure that, in the process of system and service reform, this enormous wealth of activity is recognised, celebrated and strengthened. Volunteering increases the quality and diversity of services and support available in our communities. It has multiple health and well-being benefits, not just for those who receive support, but also for volunteers themselves, communities and society as a whole. This is not about replacing paid employees but finding new solutions to enable people to contribute to their community and the services that matter to them. We believe that there is untapped potential within our communities that we cannot afford to ignore. In response to the opportunities and challenges of demographic change alone, it is essential that we nurture and release the capability, capacity and assets that exist within our communities.

It is for all these reasons that the Department of Health (DH) is setting out this vision for volunteering in health and care.

Our vision is of a society in which social action and reciprocity are the norm and where volunteering is encouraged, promoted and

supported because it has the power to enhance quality, reduce inequality or improve outcomes in health, public health and social care.

This document is aimed at leaders and decision-makers, including service planners, commissioners and providers, in health, public health and social care, local authorities, the NHS, the voluntary sector and the community. It is also aimed at other partners at local level with an interest in volunteering and its outcomes, including Jobcentre Plus, educational establishments and local Volunteer Centres. We are looking for people who will pick up and champion this agenda in their own locality, interpreting the vision for their local context and taking action to achieve positive change.

The document covers four strategic themes that fundamentally shape the environment in which volunteering takes place and the willingness and ability of people to contribute. The themes are:

- Leadership – building activity and service provision around people's strengths;
- Partnership – working together to build community capacity;
- Commissioning – for better outcomes and increased social value; and
- Volunteer support – creating good volunteering experiences that are open to all.

Government's role in promoting social action is a facilitative one. We will work with a range of partners nationally and locally to create an enabling health and care environment that encourages, promotes and supports volunteering and wider social action to:

- raise awareness of the potential for volunteering and its added value;

- improve the evidence base for investment in new approaches that work; and
- increase access to best practice examples and opportunities for shared learning.

To achieve this we will:

1. Work with partners to **develop the evidence base** relating to the value of volunteer involvement in health, public health and social care and explore ways in which this might be strengthened in the longer term.
2. Develop **targeted resources for health, public health and social care audiences**, which will build on the key messages in this vision and use evidence and good practice examples to illustrate ways in which volunteering is being effectively promoted and supported locally and having an impact on priority outcomes in each field.
3. Work with partners to **facilitate more in-depth discussion on key issues** that have been identified by stakeholders, including those relating to diversification of service provision and workforce relations and development across the public, voluntary and private sectors.
4. Facilitate **improved access to information and good practice** in relation to volunteering that is relevant and accessible to health, public health and social care audiences.
5. Provide resources and support to stimulate rewarding volunteering initiatives through our **Health and Social Care Volunteering Fund**.
6. Continue to develop our own Employer Supported Volunteering (ESV) scheme and **promote the benefits of ESV** elsewhere in the health and care system.

7. Support the work of **Project CareBank**, a locality-wide test of a reciprocal time credit scheme focused on social care in the Royal Borough of Windsor and Maidenhead.
8. Develop **opportunities for volunteers as part of HealthWatch**, which will be in place from October 2012.
9. **Promote wider social action** through increased voluntary public engagement in the co-production of key health and care campaigns including Change4Life and the Dignity in Care campaign.
10. Work across government and with partner agencies to continue to actively promote **the European Year of Volunteering 2011** including health- and care-focused activities.

This is a starting point. Our vision is a long-term one that needs to be integrated into approaches to system and cultural change. This will, by its nature, take time.

We are looking for leaders who are inspirational, collaborative and committed to the change required to foster a contribution culture where social action and reciprocity are the norm. We are particularly looking to leaders at the local level to pick up this cause and champion volunteering and wider social action locally, for all the health and well-being benefits it can bring and the savings that can accrue from better tailored services and more resilient and connected communities. We urge you to join with us in pursuit of this vision in your local context.

We have included questions at the end of each section to prompt and inspire your thinking. If you would like to get more involved in our work in this area or share your learning, please get in touch at volunteeringvision@dh.gsi.gov.uk and join our volunteering network.

1. Vision and aims

Vision

This document sets out the Government's long-term vision for social action, and in particular volunteering, in support of health and well-being.

Our vision is of a society in which social action and reciprocity are the norm and where volunteering is encouraged, promoted and supported because it has the power to enhance quality, reduce inequality or improve outcomes in health, public health and social care.

Aims

The aims of this strategic vision are to:

- embed a deeper understanding, genuine appreciation and awareness of volunteering and its benefits across all of health, public health and social care;
- recognise the enormous voluntary effort that contributes to health and well-being and to health, public health and care services in this country and ensure that this is celebrated and strengthened in the process of system and service reform;
- ensure that services are built around the strengths and assets that people (including those with health and care needs, carers and communities) can bring to them, through volunteering as well as co-production and shared decision-making; and
- encourage the various parts of the health, public health and social care systems to recognise the value of volunteering in relation to their respective priorities and consider, from a more informed stance, where a more strategic approach and

coherent investment in volunteering would lead to improved quality, equity and outcomes.

Definitions

Social action is an important expression of citizenship and is fundamental to democracy.

*By **social action** we mean: individual or group activity that involves interaction with others, especially where this action is organised towards social reform.*

This definition encompasses a wide range of potential activity by different players in local communities and in the health and care system. It is not something that government can, or should, compel people to do; it has to be built from the bottom up, on the back of free decisions by individuals to respond to causes around them.¹ However, in the process of transition and service reform, government can help to create the kind of environment in which social action is encouraged. As part of this, we have a particular interest in the wide diversity of voluntary activity contributing to health and care in this country, and are committed to seeing this nurtured and supported for the longer term.

Volunteering is an important component of social action. It takes many forms and presents tremendous opportunities for people to make a positive difference to their own lives and to the lives of others by contributing their time and energy to an individual, service, community or cause.

*By **volunteering** we mean: activity undertaken freely that involves spending time, unpaid, doing something that aims to benefit the environment or individuals or groups other than (or in addition to) close relatives.*

¹ HM Government (December 2010) *Giving Green Paper*.

We understand this definition to include formal activity undertaken through a group or organisation, reciprocal arrangements such as peer support networks or time banks, and informal activity undertaken independently, such as visiting an older or vulnerable neighbour or providing transport for someone to access local services.

2. Introduction

Why are volunteering and wider social action important to health and care?

Volunteering and wider social action contribute to every sphere of health, public health and social care. This activity contributes to prevention, the creation of people-centred and relationship-based services, and improved patient and service user experience. Greater involvement of members of the public (including people who use health and care services, families, carers and volunteers) helps to develop support mechanisms and services that genuinely meet people's needs, and are more personal, strength-based and community-owned.

Volunteering presents a wealth of opportunities for people to learn new skills, share ideas and experiences, meet other people and contribute to the local community. Volunteering can promote both physical and mental health and well-being² and contribute in different ways to individual care pathways. It can also help to strengthen local connections and intergenerational bonds and enhance trust and community resilience. Involvement in volunteering also helps to:

- keep people active, engaged and independent;
- address prejudices and negative preconceptions, promoting a positive impression; and
- nurture a sense of shared social responsibility.

Taking responsibility – making connections between old and young

Souped Up

NCB (National Children's Bureau) has worked with vulnerable young people, supporting them to develop their own volunteering projects. These projects, funded by Nokia, enabled young people to design their own activity, which fostered a high level of engagement. One group decided that they would make soup for older members of the local community whom they invited for lunch at their school.

Early support from senior staff, the high profile of the activity and confidence building at the outset helped to maintain the young volunteers' input. Challenging behaviour demonstrated at school was not replicated on the project and attitudes to volunteering changed radically as a result. Having initially thought that volunteering would make you look 'weak' or 'like a mug', at the end of the project the young volunteers described feelings of pride and increased confidence. Another positive outcome was the strengthening of intergenerational links in the local community.

² The Mental Health Strategy (February 2011) *No health without mental health: A cross-government mental health outcomes strategy for people of all ages* promotes giving time, volunteering or joining a community group among its five ways to individual well-being.

Dawn Patrol

Dawn Patrol is an intergenerational project, run by the British Red Cross, in Newton le Willows, Merseyside. Dawn Patrol supports independence and resilience for vulnerable older people who live alone by building links with local schools. The older beneficiaries of the service display a number in their window corresponding to the appropriate day of the week to signal that all is well. The numbers are visually checked by young volunteers (between age 8 and 11) on their way to school. If the

right number is not shown the school then contacts British Red Cross to set a response in motion, which starts with telephone contact. This low cost intervention has helped to identify vulnerable people and trigger an appropriate response at the earliest opportunity. The older people feel less vulnerable and value the unobtrusive nature of the service. Young people develop a sense of achievement and responsibility. The project, which also has regular coffee mornings to bring young and older people together, is helping to strengthen community links.

For older people in particular, the benefits of volunteering can be multiple. Volunteering can give older people a sense of purpose and self-esteem, facilitate meaningful interaction with others and reduce the social isolation that is so damaging to health and well-being in later life. A significant proportion of over-65s already volunteer and give generously of their time, providing the mainstay of much volunteering and wider social action in this country.³ In future years, the increasing proportion of older people in our society will provide both a resource and a source of need in terms of volunteering and wider social action.⁴ In response to the opportunities and challenge that demographic change presents in terms of health and care demands, releasing the potential in our communities, enabling and empowering people to participate, is a necessity.

Volunteering and wider social action help to maintain a sharp sense of purpose for health and care – to heal and help in ways that have greater meaning for individuals. Volunteers add value to organisations as well as communities, bringing opportunities for innovation and different and fresh perspectives on how services could achieve better outcomes or be provided more cost effectively. Promoting and supporting volunteering can be an effective way for NHS foundation trusts and other organisations to connect with and build ownership within local communities, and enhance active member involvement and wider community engagement.

³ Data from the 2009–10 Citizenship Survey shows that 29% of those aged 65–74 do some formal volunteering at least once a month. People in this age group also gave the largest amount of time to regular informal volunteering of any age group.

⁴ WRVS (March 2011) *Gold age pensioners: Valuing the socio-economic contribution of older people in the UK*.

Linking the NHS with the local community

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

Carol Rawlings, Associate Director of Patient Affairs, says: "The engagement of volunteers means that we can provide a better experience for patients. Our volunteers provide support that is complementary to our core services, such as a meet and greet service in the hospitals." The Trust has changed the profile of its volunteers to better reflect the local community. Previously, most were white British women of retirement age. Now there

are more young volunteers (38% under 25), black and minority ethnic volunteers (37%) and male volunteers (25%). This has been achieved by promoting opportunities through colleges, universities and the local media.

Sheffield Teaching Hospitals NHS Foundation Trust has about 700 volunteers involved across its five hospital sites in roles that complement the work of the paid staff. Fifty volunteers have been trained to use hand-held digital devices to collect feedback from patients about their care. This was found to be a good way of getting open and honest feedback, as volunteers are independent of the patients' care and treatment. The Voluntary Services Team work with education providers and youth groups to engage young volunteers and those from socially excluded groups. Volunteer leads are identified for all wards and departments using volunteers, which encourages staff to develop meaningful roles that benefit patients and are enjoyable and worthwhile for the volunteers. The Chief Executive, Chair and Chief Nurse fully support the volunteer programme.

Volunteers also help to raise millions of pounds each year for the NHS, health research and other charities providing health and care services and support. As health and care services become more diversified, specialised and technologically advanced, the benefits of volunteer involvement, to enhance personalisation and the user experience, are greater than ever before.

In the areas of prevention, health inequalities and public health, community-based activity and peer volunteers can be especially effective. Behavioural science shows the extent to

which our lifestyle and health behaviours are influenced by our environment and those around us. Nurturing capacity for peer support within communities has the potential for considerable cost savings further down the line as improved access to timely information, positive role models and greater community resilience and capacity for self-help result in increased prevention and early intervention. There is also a wealth of evidence regarding the positive effects of the natural environment on physical and mental well-being, promoted through schemes such as Walking for Health and Green Gym.⁵

⁵ See www.wfh.naturalengland.org.uk/ and www2.btcv.org.uk/display/greengym

For all these reasons, we need to look more closely at volunteering and the way in which it is valued and supported in relation to health, public health and social care.

Scale and scope of volunteering

The full extent and value of volunteering in health and care is difficult to measure. The National Council for Voluntary Organisations estimates that formal volunteering contributes approximately £21.5 billion to the UK economy each year.⁶ It is extremely difficult to estimate

the full extent of informal volunteering, because many people who are socially active within their community (e.g. providing support to friends or neighbours or involved through faith groups) would not necessarily refer to themselves as volunteers. However, Volunteering England estimates that when informal activity is factored in volunteers may contribute around £48.1 billion to the economy annually – the equivalent of around 2.1 billion hours.⁷ Skills for Health estimates that around 3.4 million people volunteer in health alone.⁸

The power of peer support and community outreach

Face 2 Face (F2F) is network of local schemes, led by Scope, to provide emotional support to parents of disabled children and children with special needs. The service is delivered by trained volunteer befrienders who themselves are parents of disabled children. This helps parents of disabled children to make positive changes for their own and their families' lives. F2F increases parents' participation in local communities and reduces barriers to inclusion experienced by disabled children, young people and their families. Reported outcomes include reduced isolation, increased empowerment and increased ability to communicate effectively with professionals and be proactive in accessing and influencing the development of services. Another measure of the success of these schemes is that around 25% of parents who are supported become befrienders themselves.

Shantona Women's Centre conducted research in the local community to feed into the Healthcare Commission Maternity Services Review in 2008. This research identified that women from black and minority ethnic communities in poorer areas of Leeds were missing out on vital information about healthy living and maternity services. In response, they bid successfully for three years' funding through the Department of Health's Health and Social Care Volunteering Fund for a **Maternity Outreach Volunteering project**. The project has recruited 16 local women, who can communicate in eight different community languages, as volunteers. It has worked closely in partnership with other voluntary organisations and NHS Leeds to provide training for volunteers in areas such as: smoking cessation; reducing levels of obesity; encouraging uptake of breastfeeding; and improving access to maternity services and care. In return, volunteers are delivering key messages in a culturally sensitive way within their networks of friends and social groups. The project started in 2010 and will be evaluated on an ongoing basis.

⁶ National Council for Voluntary Organisations (April 2010) *UK Civil Society Almanac*. Figures based on estimated replacement cost using median hourly wage.

⁷ Based on 2005 figures from the Citizenship Survey. Department for Communities and Local Government (June 2006) *Active communities topic report*.

⁸ Skills for Health (December 2009) *The 'hidden' workforce: Volunteers in the Health Sector in England*.

Figures from the Citizenship Survey⁹ show that in 2009/10 25% of adults in England volunteered formally at least once a month and 40% volunteered formally at least once a year. Levels of formal volunteering have remained largely static in recent years although levels of informal volunteering have recently dropped, from around 35% of adults in 2008/09 to 29% in 2009/10. This fall is seen consistently across most demographic groups, regardless of age, gender or ethnicity.

We know that levels of involvement in volunteering differ among different demographic groups and that different types of opportunity appeal to different kinds of people. Lack of awareness of opportunities and lack of time are commonly stated as reasons for not getting involved. There are also bureaucratic and attitudinal barriers that limit the opportunities available and their attractiveness to potential volunteers. Although many voluntary organisations report volunteer shortages there are also those who have waiting lists of people wanting to give their time.

If we are to nurture and build on existing voluntary effort and release more of the untapped potential that exists within communities, we need to increase the range of ways in which people can contribute, formally and informally, at times and in ways that fit in with their lives. We need to get much better at capturing the moment, at asking people to contribute when the context is right and when the opportunity presented is salient and meaningful to them. The desire to improve things is a strong motivator and behavioural science suggests that we are strongly inclined

towards reciprocity¹⁰ – to want to give something back for what we, or those close to us, have received.

Government role and intention of this vision document

Government's role in promoting social action is a facilitative one. Government cannot and should not compel individuals, communities, groups or organisations to undertake social action or embrace volunteering and all it can offer. Government can, however, remove bureaucratic barriers and promote the cultural change necessary for social action and voluntary activity to flourish. We are doing this with our Communities First and Community Organisers programmes, the National Citizen Service, the Giving White Paper and our barrier-busting work with Big Society vanguard communities and our red tape taskforce.¹¹ We can also provide information, resources and support that help those in the health, public health and social care sectors to create an enabling environment.

This core document sets out our long-term vision for the environment we would like to see. It is our intention to work with national and local partners and existing networks to:

- raise awareness of the potential for volunteering and its added value;
- improve the evidence base for investment in new approaches that work; and
- increase access to best practice examples and opportunities for shared learning.

⁹ Department for Communities and Local Government (July 2010) *Citizenship Survey April 2009 – March 2010*.

¹⁰ Cabinet Office and Institute for Government (March 2010) *MINDSPACE: Influencing behaviour through public policy*.

¹¹ HM Government (May 2011) *Giving White Paper*.

As a starting point for this, we will develop three resource documents that set out practical ways to support this vision tailored for health, public health and social care audiences. These will be developed with leaders in each field and will provide examples of good practice in each respective area.

We will also link up with other initiatives across government where there is potential for positive impacts on health and well-being and the quality, equity and outcomes of health and care services. Where there is learning to share from successful promotion and support of volunteering and wider social action opportunities, we will identify ways in which this can be shared effectively across traditional boundaries.

3. Leadership – building community activity and service provision around people's strengths

Leadership will be essential to achieving this vision. It is leadership that sets the tone and influences the culture within organisations and it is community leadership that opens up the possibilities for collective action, mutuality and increased engagement of local people. We are looking for leaders who are inspirational, collaborative and committed to the change required to foster the Big Society and a contribution culture – where social action and reciprocity are the norm and where volunteering is encouraged, promoted and supported within our public services and our communities.

We are particularly looking to leaders at the local level to pick up this cause and champion volunteering locally, as an integral part of their response to the three key strands of the Big Society agenda – social action, community empowerment and public service reform. We are looking for people who are prepared to promote and support volunteer involvement and volunteer-led initiatives that enhance quality, reduce inequality or improve outcomes in health, public health and social care. Among these leaders we include:

- council leaders;
- local authority Chief Executives;
- councillors with a lead on health and well-being, social care and carers;
- Directors of Adult Social Services;
- Directors of Public Health;
- GPs and future leaders of clinical commissioning groups;
- NHS Trust Chairs and Chief Executives;
- voluntary sector leaders;
- community leaders – including parish councillors and those in faith and sports groups;

- patients, service users and carers;
- private sector providers; and
- front-line professionals such as health visitors.

This is not a new requirement, initiative or programme. It is a way of looking at the world, the services and support available to people and the part we each play in these – starting from an appreciation of the strengths and assets that people can bring to them. We are moving on from a world where people will accept being passive recipients of care, where professionals are deemed to have all the answers and where we can afford to ignore the potential within individuals and communities to collaborate and create solutions greater than the sum of their parts. Now is the time to:

- explore opportunities for innovation in promoting and supporting volunteering and wider social action;
- recognise and build on the assets that exist among service user groups, carers and the wider community; and
- recognise the costs and potential savings involved in developing effective volunteering opportunities and enabling engagement of diverse groups of people – including those on low incomes and others currently less engaged or under-represented among volunteers.

We need committed leaders and managers across sectors and across health, public health and social care who recognise that volunteering and wider social action are central to the provision of flexible and responsive services and are prepared to:

- look for more sustainable approaches to this; and
- challenge bureaucratic and attitudinal barriers that get in the way.

Leeds' commitment to volunteering and volunteer-led services

Leeds City Council has taken a strong leadership stance in promoting both volunteering and volunteer-led services, recognising the significant benefits that volunteering brings to both individuals and the wider community. The Council has, over many years, nurtured the development of Neighbourhood Network Services (NNS), covering 37 areas across the city, which are run by older people for older people. All are run by independent voluntary groups with volunteer trustee boards and a wealth of mostly volunteer-led services and support designed to reduce isolation, increase participation, choice and control and enhance well-being. Activities include information provision and benefits advice, Dementia Cafes, walking groups, befriending schemes, luncheon clubs and other social activities. Together the networks provide ongoing support to over 17,000 older people with a volunteer force of nearly 6,000. The networks are well linked with GPs, statutory agencies and other voluntary groups in the city.

Since October 2010, following a competitive tendering process, these

networks have been secured on a common contractual basis, jointly funded by Adult Social Care and NHS Leeds, totalling £2 million a year for the next five years (with the option of annual continuation for a further three years). A joint review of the NNS in 2008 showed that they brought in an additional £1.7 million from other funding sources over the 2007/08 financial year, along with the volunteer contribution – estimated to contribute the equivalent of £804,000 per annum in time alone – more than doubling the value of the Council's investment.

Leeds City Council also designated 2010 as Leeds Year of Volunteering to celebrate the work of volunteers and more widely promote volunteering opportunities. This work linked to the Leeds Strategic Plan and was hugely successful – over 8,000 people attended 100 events held under the Year of Volunteering 2010 banner, including 10 events on a health and well-being theme. The City Council's Executive Board has endorsed a plan to continue this work as part of the European Year of Volunteering 2011. The programme will include a specific focus on health and well-being related volunteering during November and December.

Volunteering also offers benefits in relation to workforce development and well-being. Opening up volunteering opportunities can facilitate recruitment of a more diverse workforce, help to create a positive working environment, offer staff development opportunities and be part of the transition to active retirement. DH has its own Employer Supported Volunteering (ESV) scheme, championed at the highest level within the

Department and promoted as part of this Government's commitment to creating a Civic Service, whereby civil servants are encouraged to give their time. ESV is linked to organisational and personal development plans for the benefits it can bring for the individual and for organisational performance in an environment where experience of working with different communities and in different environments is increasingly valuable.

Leaders have a vital role in dialogue with the paid workforce, wherever volunteers are involved alongside paid staff, and in creating the right culture and environment for volunteering to thrive within organisations and for volunteers to have a voice wherever they work. Leaders also have a responsibility to ensure that volunteering is effective, fulfilling and safe, and that volunteers are not being used to undercut on cost by directly substituting for what should rightly be paid jobs.¹²

We particularly need leaders who are prepared to test new ground, share their learning and inspire others to act. We also need national

partners and membership and professional bodies from different sectors to support this vision and work with us to facilitate change by:

- raising awareness of the potential for volunteering and its added value;
- improving the evidence base for investment in effective approaches to promoting and supporting volunteering; and
- increasing access to best practice examples and opportunities for shared learning from those championing volunteering and pioneering new approaches locally.

Are you championing volunteering and wider social action?

Questions for leaders and decision-makers:

1. Are there activities you could facilitate within your local community to involve local people in co-production of their own health, care and well-being?
2. Is there any support or service that people with health and care needs or the wider community could be providing for one another that would improve health and well-being and reduce demands elsewhere in the health and care system? And what could you do to facilitate this?
3. Are there activities within your organisation that could be undertaken by volunteers which would enhance the quality, experience or outcome of services, increase capacity or reduce future demand?
4. Do you have policies that enable paid staff to volunteer or enable local people to get a taste of work in your organisation or profession?
5. Are there local volunteer-led groups or volunteer-involving organisations that you could be working with to improve the health and well-being of the local community and engage more people in co-creating health?

¹² The TUC and Volunteering England have an agreement that can be used to form the basis of any such discussion – TUC and Volunteering England (December 2009) *A charter for strengthening relations between paid staff and volunteers: Agreement between Volunteering England and the TUC.*

4. Partnership – working together to build community capacity

To achieve our vision, realise our aspirations for the Big Society and meet the demographic challenges ahead within current financial constraints, collaboration and more integrated working need to be the norm in both policy and practice. This is particularly true across health, public health and social care but also in the way in which volunteering and wider social action are encouraged and supported.

In the health and care fields, partnership-based, cross-sector initiatives that promote local community capacity and self-help (e.g. Partnerships for Older People Projects (POPPs)) have already demonstrated the benefits of community and volunteer involvement in meeting shared objectives, improving quality of life and identifying opportunities for prevention on an 'invest to save' basis.¹³

There is much to gain from services delivered in more joined-up ways that foster a sense of belonging and increase capacity for mutual support along the way. User-led, volunteer-involving and voluntary sector groups should play a central role in the development of comprehensive Joint Strategic Needs Assessments (JSNAs) and joint health and well-being strategies and in decisions taken at local level, working alongside service providers, commissioners, local Health and Wellbeing Boards and clinical commissioning groups. These organisations not only have extensive insight and information about the needs of different parts of the community, but they are also catalysts for the kind of cultural shift that enables services to become more personalised, user-focused and responsive.

Volunteer Centre Southwark – Step Out Supported Volunteering Project

The Step Out Supported Volunteering Project, delivered by Volunteer Centre Southwark in London and funded by Guy's and St Thomas' Charity, supports mental health service users into volunteering. The project offers a graded approach designed to empower people at different stages in their recovery. Support includes volunteer taster days, a peer support group, a mentoring scheme and flexible volunteering opportunities based within mental health and mainstream voluntary and community organisations. To help to reduce possible stigma and increase opportunities, the project offers practical support and

mental health awareness training to these organisations. As a result 38 new volunteer roles have been created. In partnership with local organisations and primary care mental health services the project is promoting active recovery and social inclusion for local residents engaged in mental health services.

"I think that often the clients we work with are used to being on the receiving end of services and often have no outlet to serve and influence the lives of others in a positive way. Voluntary work gives them a chance to see themselves in a positive light and understand and realise their own skills and abilities." – Occupational therapist, Maudsley Hospital

¹³ DH (January 2010) *Improving care and saving money: Learning the lessons on prevention and early intervention for older people.*

Increasing community capacity within current resource constraints will require a more cohesive and collaborative approach to promoting and supporting volunteering and wider social action. There are a wide range of local agencies, professionals and practitioners with an interest in social action and in the outcomes volunteering can help to achieve, including:

- improved health and well-being outcomes and impact on wider determinants of health (e.g. education, environment, employment and crime);
- increased learning opportunities, employability and job-related skills;
- increased social capital and community resilience; and
- increasing integration of the socially excluded.

Greater collaboration between agencies with an interest in these outcomes (including local authorities, Jobcentre Plus,¹⁴ NHS trusts, GP practices, educational establishments, volunteer-involving, user-led organisations and local Volunteer Centres) could and should radically enhance the degree to which the benefits of volunteering are recognised and the extent to which volunteering is encouraged, promoted and supported locally. This is consistent with the findings of the Marmot Review,¹⁵ which highlights the link between participation, social capital and personal agency, and increased levels of well-being and personal and community resilience. If we are to address the health inequalities in our communities, Marmot recommends more integrated approaches to services locally and the removal of barriers to community

participation and action. Voluntary and community organisations have a critically important role to play in this.

A more collective local approach requires partnership that is both:

- strategic – focusing on areas where there is most to gain from collaboration; and
- solution focused – linking to practical action and projects on the ground.

Local authorities have a particularly important part to play in this, reflecting their core community leadership role. This is not a new responsibility; volunteering should no longer be a peripheral concern, but an agenda pursued through locally tailored approaches for pragmatic and financially sound reasons, closely linked to the duty to involve and public bodies' responsibilities under the Equality Duty. Many local authorities and primary care trusts already have integrated working, lead commissioning and pooled budgets in place to good effect. In future local authorities and clinical commissioning groups will want to consider use of these tools in the development of joint health and well-being strategies.

One of the major challenges to effective partnerships is the fact that positive outcomes and/or financial savings do not necessarily accrue commensurately to those who invest the most. It is hoped that the Community Budget approach being tested in 16 areas, bringing partners and resources together to focus on solutions for families with multiple and complex problems, may provide some further learning on how effective pooling of resources around shared objectives can be achieved in practice.

¹⁴ Promoted through Jobcentre Plus, Work Together is a nationwide initiative launched in October 2010 to encourage unemployed people to consider volunteering as a way to improve their employment prospects while they are looking for work.

¹⁵ Marmot Review (February 2010) *Fair society, healthy lives* – www.marmotreview.org

The defining feature in developing good, effective partnership arrangements is the quality of local leadership and relationships, built on trust and strong community engagement mechanisms that lead to a sense of shared vision and priorities. It is not about

putting processes and mechanisms in place but a genuine desire to work collaboratively to explore new ways of working that build community capacity, enhance organisational performance and improve services and outcomes for their local populations.

Are you working effectively with others to build community capacity?

Questions for local partners:

1. Do local public and voluntary sector organisations in your area have a shared vision for promoting and supporting volunteering and wider social action?
2. Is this linked to the work of health visitors, community organisers or other key figures in your community?
3. Does the expertise and insight of user-led, volunteer-involving and voluntary sector groups influence local decision-making and spending on health and well-being?
4. Are there organisations you could be working with locally to improve health and well-being outcomes and the wider determinants of health (including education, social capital and employment) through increased support for volunteering?
5. Are there other organisations or groups you could be working with to involve people more and enhance community capacity and connectedness in the way in which services are delivered?

5. Commissioning – for better outcomes and increased social value

The way in which services are commissioned has a significant influence on the extent to which volunteering and wider social action are encouraged and can contribute positively to health, public health and social care outcomes. There are volunteers working in all sectors (including in local authorities, NHS trusts and private care homes), by far the majority being involved independently or through local community groups and voluntary organisations.

In the process of system and service reform we need to ensure that this enormous wealth of activity is recognised, celebrated and strengthened. In July 2011, the Government published the Open Public Services White Paper.¹⁶ The White Paper commits the Government to a programme of modernising public services based on the key principles of increasing choice, decentralising services, opening services to a range of providers, ensuring fair access, and accountability to users and taxpayers. The White Paper will be followed over the next few months by a wide-ranging discussion with individuals, communities, public sector staff, providers and others with an interest in how public services are delivered. You can visit the open public services website at www.openpublicservices.cabinetoffice.gov.uk. The Government is also supporting the Public Services (Social Enterprise and Social Value) Bill, which has been sponsored by Chris White MP. Both these and the existing local authority duty of best value, introduced to get away from cost-only approaches to commissioning, prompt commissioners to consider more fully how social value and social capital can be built

through commissioning processes and the services that result from them.

The incentive for commissioners in health, public health and social care to do so is the potential for:

- more effective and sustainable service solutions;
- greater choice and capacity to help people to navigate choice; and
- better connected, more resilient communities for the future.

Fully informed, evidence-based strategic commissioning for health and care starts with effective JSNAs. Through HealthWatch¹⁷ and consultative mechanisms feeding into Health and Wellbeing Boards and clinical commissioning groups, effective JSNAs will take into account the views and experience of people with health and care needs, families, carers, volunteers and communities, to help to identify local priorities and inform the joint health and well-being strategies produced by Health and Wellbeing Boards. Health and Wellbeing Boards will be the centre of local prioritisation on health and well-being in communities. Subject to the passage of the Health and Social Care Bill, it is proposed that clinical commissioning groups will have specific duties in relation to improvements in service quality, involving patients and healthcare professionals in the discharge of their functions, and co-operation with local authorities including participation on Health and Wellbeing Boards.

¹⁶ HM Government (July 2011) *Open Public Services White Paper*.

¹⁷ Local HealthWatch is to be the local consumer voice for people who use and need health and care services.

Volunteer involvement in Connected Care

Connected Care is Turning Point's model of community-led commissioning and has worked in 10 areas of the country. It is based at neighbourhood level, and local people are recruited and trained as Community Researchers to identify their community's health and well-being needs. They then work with commissioners to design and deliver services which better meet these needs. While this is a paid position, in many Connected Care areas the Community Researchers have gone on to voluntary roles in implementing the service redesign. For example, in Basildon, Essex, a Community Researcher is now the co-chair of the working group

responsible for commissioning the new service; in Hammersmith and Fulham in London, Community Researchers have joined the Local Involvement Network (LINK) to oversee the implementation of service recommendations. The value of community members taking on these roles is that, through the research, they have an excellent insight into what local needs are and can help to ensure that newly commissioned services genuinely meet these needs. Often the service redesign includes building the community's capacity to volunteer and Community Researchers have played a central role here too, for example by contributing to time banks, becoming health champions and joining other peer support schemes.

Voluntary organisations have a very significant role to play in the delivery of high-quality, patient-centred, cost-effective care. Many of our most influential and well-respected voluntary organisations are poised to work with statutory authorities, professional bodies and commissioners to promote this and to ensure that co-ordinated care is realised through commissioning, workforce planning and shared learning from service models that have been shown to work.¹⁸

To maximise social value, we need commissioners to have a better understanding of the role and added value of voluntary and community organisations and of volunteering more generally in the health, public health and social care services that they are responsible for.

Those with the commissioning lead in each area, be that within a local authority or, in future, clinical commissioning groups, have ongoing responsibility for market development as well as the service provision that results from commissioning processes. We look to commissioners to work with non-statutory partners and to share good practice in innovation and market development that enhances social capital, social value, community connectedness and well-being as well as service outcomes.

¹⁸ King's Fund/Richmond Group (September 2010) *How to deliver high-quality, patient-centred, cost-effective care: Consensus solutions from the voluntary sector* – www.kingsfund.org.uk/publications/articles/how_to_deliver.html

KeyRing Living Support Networks

KeyRing facilitates Living Support Networks in which a number of people with support needs live in their own homes within walking distance of one another.

A Community Living Volunteer also lives in the area and offers support to the Members in addition to the range of help available from paid community support workers. KeyRing Members agree to be 'good neighbours' to each other and to share their skills. It is the relationship between volunteers, Members and their community that is so effective in addressing isolation and enabling people to live independently. Community and relationship mapping helps to link Members to local amenities and less formal aspects of community life. The networks empower Members to be partners in the support provided and active as members of their own community.

KeyRing currently supports around 900 people in this way in 54 different local authority areas. Living Support Networks can have a transformative effect on people's lives. One KeyRing Member who joined a network with only paid support workers in his life and no real friends has, six years on, held a joint birthday party with another KeyRing Member, at which there were 30 well-wishers, and been named Volunteer of the Year by a local group where he himself volunteers. A study for Care Services Efficiency Delivery¹⁹ identified indicative average savings from the Living Support Network model of £1,491 per full time equivalent Member, when compared with more traditional provision based on floating support and day care. Despite this, commissioners often struggle with the idea of purchasing services that have volunteers at their heart.

In all commissioning and procurement, we are committed to the principles of increasing choice, decentralising services, opening services to a range of providers, ensuring fair access, and accountability to users and taxpayers. The 'any qualified provider' approach that we are taking forward in health will open up markets to a greater diversity of providers. This should present more opportunities for volunteer-involving organisations to be part of the delivery chain and for different relationships and service configurations to evolve. These will include public–voluntary sector, private–voluntary sector and voluntary–voluntary sector relationships. We are planning to work with partners to identify in more detail what some of the relationship opportunities

and challenges might be, particularly those between private and voluntary sector organisations, where relationships are less well established.

There are a range of different options for financing services and activities that achieve outcomes and enhance social value by promoting volunteering and wider social action. Determining the right modes of finance – grant, contract, loan, other social investment or joint finance models – for the right circumstances is part of the commissioning challenge. In every case the mode of finance should be appropriate and proportionate to the desired outcomes and aligned to local needs and priorities. Here is not the place to

¹⁹ Working together to shape integrated services across social care, housing and health, Care Services Efficiency Delivery (March 2009) *CSED Case Study – KeyRing: Living Support Networks* – www.csed.dh.gov.uk

explore the pros and cons of different models for different commissioning scenarios.²⁰ However, proportionality (of process to the kind of activity and outcome desired) is key, particularly for smaller and voluntary sector providers that may provide niche and culturally appropriate care and support to potentially disadvantaged groups and are more likely to be led by or involve relatively higher proportions of volunteers.

Where volunteer-involving services are commissioned, it is particularly important that commissioners and providers are content that the costs associated with that involvement (including adequate support, training and expenses for volunteers) are covered and that volunteers are not being exploited or used as a means to undercut on cost by substituting for pre-existing paid jobs or carrying out tasks

that, by law, require clinical or professional training. It is also important that any provider carrying out regulated activities is registered with the Care Quality Commission (CQC)²¹ whose requirements apply to volunteers as well as paid staff.

Personalisation also creates opportunities for new kinds of services and solutions tailored around individuals and the communities they live in. There are many ways in which volunteers can and do add value to personalised services and pathways of care, for disabled people, older people and those with mental ill health or learning disabilities in particular. Social action in these fields has also had a significant influence over the reform of services for some of these groups in recent years.

Dorset Social Care Innovation Fund²²

The Dorset Social Care Innovation Fund (DSCIF) was created to help to develop innovative social care and support services to meet the needs of people taking up individual budgets. The project has built on the relationship between Dorset County Council and DOTS Disability, a local user-led organisation, and has fostered a real sense of co-ownership. A total of £200,000 has been allocated to the fund and grants of up to £5,000 are made to stimulate a growing market of flexible and responsive services for disabled people. Applications to the fund are assessed by the DSCIF Panel,

made up of service user representatives (DOTS Disability volunteers), officers from Dorset County Council and other voluntary sector representatives. This has proved to be a valuable learning experience for both commissioners and service users. The fund has seed-funded a number of innovative new 'micro' social care and support services that add choice and diversity to a market that can otherwise be dominated by a small number of large providers. These micro services provide an important alternative for those looking for personalised services but who do not wish to directly employ their own staff.

²⁰ National Audit Office (March 2010) *Successful commissioning – How to secure value for money through better financial relationships with third sector organisations* – www.nao.org.uk/successfulcommissioning

²¹ All organisations carrying out regulated activity must be registered with the CQC. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 set out the essential safety and quality requirements that all providers must demonstrate in order to register.

²² A video about DSCIF is available from the Social Care Institute for Excellence (SCIE) on Social Care TV.

As a multitude of different models and solutions are found we need to ensure that we have ways of sharing these and capturing learning that could be applied elsewhere. The Building Community Capacity (BCC) project, aimed at promoting social capital in the personalisation and transformation of social care, has already provided a wealth of examples.²³ We intend to build on these and enhance the availability of this kind of information in the health and public health fields too. The BCC project has also been

working with academic and local authority partners to explore the effective measurement of social capital and community capacity. The aim is to build on existing methodologies in order to develop user-friendly, practical tools for commissioners and providers to assess costs and benefits. We will continue working with these and other partners to improve practice in this field and strengthen the evidence base for investment in volunteering and community capacity building more broadly.

Are you commissioning for better outcomes and increased social value?

Questions for leaders and commissioners:

1. Are the voices of people from the local community, including those with health and care needs, families, carers and volunteers, being heard in the process of needs assessment? Are these voices influencing priorities for the services you commission?
2. Are there services that you are responsible for commissioning in which people with health and care needs, volunteers and members of the community could play a greater part? How might you be able to encourage this through your commissioning processes?
3. How strong are the community connections within your local provider market? Is there anything you could be doing to encourage different types of effective provision to evolve, including through volunteer-involving activities and organisations?

²³ DH (November 2010) *Practical approaches to improving the lives of disabled and older people through building stronger communities*. This and other resources from the BCC project, including case studies, are available on the SCIE website – www.thinklocalactpersonal.org.uk/BCC

6. Volunteer support –
creating good volunteering
experiences that are open to all

Motivating and inspiring volunteers takes knowledge and skill. Volunteers who feel well supported and appreciated are better placed to add value and tend to stay involved longer. Good volunteer support helps to ensure that voluntary activity is effective, fulfilling and safe. But it is not cost free. Although volunteers give their time for free, some degree of investment is almost always required to maximise the value of their involvement within an organisation, initiative or community. Those managing, co-ordinating and supporting volunteers are also highly valuable in building connections within local communities, enabling volunteers to contribute in ways that are timely and meaningful and mobilising volunteers in ways that enhance community resilience and the capacity for community self-help.

There are many organisations in the voluntary and public sectors with extensive expertise in supporting volunteer involvement. Many of those involved are well networked and engaged in sharing knowledge and developing excellent practice. There is already a wealth of resources available to inform practice in this field.²⁴ If we are to build on people's strengths, release more of the potential within our communities and inspire more people to get involved, there are four golden rules that define good volunteer support:

- be flexible;
- be proportionate;
- be supportive; and
- be inclusive.

Be flexible

Whether volunteer support comes from a volunteer manager, scheme co-ordinator or another member of the community working

in a voluntary capacity, flexible approaches that match activities and opportunities to individuals according to differing motivations, capabilities, interests and levels of time commitment work best. Different roles and organisational cultures appeal to different people. Some will be looking for structure and routine in the way in which 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 more formal 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.

Matching people to activities has a real impact on the quality of the volunteering experience and the likelihood of a volunteer staying involved or engaging in volunteering in the future.

Peer support can be very powerful; like individuals can be extremely well placed to provide appropriate support to their peers and to influence the services available to them. However, assumptions about what any particular group of individuals (such as older people, young people or disabled people) might be capable of or interested in doing should be avoided. A more flexible, individual approach builds on people's strengths and can ensure that volunteering is open to as wide a range of people as possible. This is particularly important for the engagement of people with personal experience of mental ill health, disabled volunteers and others with health and care needs, who may or may not need adjustments or other support to enable them to volunteer. Tailoring activities to different individual interests and circumstances encourages greater diversity and a wider pool of people willing to give their time.

²⁴ A list of useful networks and resources can be found at Annex 1.

Altogether Better – Community Health Champions

Altogether Better works to build capacity in order to empower communities to improve their own health and well-being and reduce health inequalities. They have trained over 12,500 volunteer community and workplace health champions who in turn have influenced the health and well-being of 75,000 further people within their communities. Altogether Better uses a community development approach to the recruitment and engagement of volunteers, building on existing networks, infrastructure and local expertise and using a targeted approach to reach excluded groups. Different levels of training are offered to meet different needs, from

half-day sessions to accredited courses. The training is designed to be fun. It values participants' unique contributions and builds trust and confidence. Training is delivered in ways that remove barriers (e.g. in school hours and in local community venues) and helps people to improve their own health and well-being and build their confidence to use their new skills within their own communities. Altogether Better values all levels of volunteering from simply influencing friends, family and peers to becoming involved in community health activities. They work with people's individual motivations and interests, provide experienced support to motivate, encourage and inspire Community Health Champions, and provide practical and financial support (e.g. out-of-pocket expenses).

Be proportionate

Converting interested individuals into active participants means responding quickly to offers of help and making sure that any barriers that might get in the way of swift engagement are overcome, or at the very least are explained, early on. There is nothing more dispiriting to a potential volunteer than having their offer of help put on hold. We are very aware of the bureaucratic barriers that have stood in the way of volunteering in the past. It is for this reason that we have introduced legislation to scale back the vetting and criminal record regime. Subject to Parliamentary approval, changes proposed in the Protection of Freedoms Bill²⁵ will mean that many volunteers will no longer be subject to checks – unless the organisation involving the volunteer deems this necessary.

Depending on the activity and the setting, some checks and procedures will be required to manage risk appropriately and to ensure that both volunteers and potentially vulnerable service users are protected from harm and exploitation. To avoid creating unnecessary barriers to volunteering and legal challenges on issues of employment law, procedures for recruiting and supporting volunteers need to be proportionate to the volunteer activities being undertaken and kept as simple and straightforward as possible within organisational and legal constraints. Where volunteers are involved within an organisation that also has paid staff, volunteer recruitment and management should, for example, be distinct from the management of paid staff for these reasons. Volunteers should only be asked for information about themselves that

²⁵ The Protection of Freedoms Bill proposes that broadly the scheme will focus on those volunteers who carry out health or personal care, help a person to manage their money, or act as independent mental health or mental capacity advocates. More information on the Bill is available at www.homeoffice.gov.uk/publications/about-us/legislation/protection-freedoms-bill/

is necessary and have the same rights under the Data Protection Act as any member of the public or member of staff.

Be supportive

Organisations have a duty of care for volunteers working with them as well as those who use or benefit from services or support. All volunteers should be provided with the necessary information, support and, where appropriate, training to undertake their role safely and effectively. Although volunteers do not have the same legal rights as paid employees and may not be fully covered by the same policies, this does not mean that the principles behind such rights and policies should not apply equally to volunteers. For example, many workplaces have whistleblowing procedures designed to protect people from intimidation or unfair dismissal if they raise concerns about the practice of others. Volunteers do not have the same legal protection in relation to unfair dismissal. However, 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. Volunteers can, with this assurance, also provide valuable additional oversight of the quality of care being provided.

Be inclusive

Creating an environment where volunteering and wider social action and reciprocity are the norm and where more people are able to contribute more often in ways that fit in with their lives means using all available channels to capture people's imagination and get them involved. Facilities such as Do-it.org, which provides easy access to opportunities online, help to attract more young people. Slivers-of-Time provides technology that can be used to facilitate the giving of relatively small amounts of time and more flexible opportunities to contribute, which can work better for people with busy lives but who still want to contribute.

Time banks also provide flexible opportunities for people to engage in ways that suit them, and have the added value of building reciprocal relationships between individuals within a community and help to promote strength and resilience. Research suggests that time banks can attract people less likely to engage in more formal volunteering roles.²⁶

²⁶ New Economics Foundation (November 2008) *The new wealth of time: How timebanking helps people build better public services.*

Do-it

The Do-it website provides online access to information on around 1.6 million volunteering opportunities from 550 Volunteer Centres, grassroots organisations and major charities. All opportunities are searchable by postcode and area of interest and are supported by articles and advice on finding the right role. To help people to find opportunities wherever they want them, organisations can also syndicate the Do-it search to their own websites, to highlight the opportunities in their area. Potential volunteers can register with the site for information about opportunities that they are interested in and, in most cases, apply online. www.do-it.org.uk

Time banking

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

complementary form of treatment.

A recent study carried out for the Building Community Capacity project identified what could be significant net financial gains from involvement in time banks.²⁷ For more information on time banks, go to www.timebanking.org

Slivers-of-Time

Technology pioneered by Slivers-of-Time facilitates local 'micro-volunteering' in the community. The technology enables volunteers to flag their availability and be matched with those in need of help, and allows people to broker their own involvement. This is already being used for a new model of volunteering which supports older and disabled people in Hertfordshire. Hertfordshire County Council's adult social care service uses the technology to manage their in-house volunteer services, Breakaway for Carers. Volunteers are vetted and provided with training in infection control, confidentiality, safeguarding, moving and handling, communication and lone working. This opens up volunteering opportunities to people who do not have a lot of time or cannot make a regular weekly commitment. Service users also prefer the flexible short visits that the system facilitates. www.slivers.com

The payment of out-of-pocket expenses, such as additional travel or childcare costs, can help to broaden the range of potential volunteers. Although not all volunteers will want to take up the offer of expenses, for those on low incomes or not currently in employment, or those in rural areas where travel and other

costs may be greater, 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 benefits²⁸ is important in addressing the concerns that people may have and challenging myths about getting involved.

²⁷ Martin Knapp, Annette Bauer, Margaret Perkins and Tom Snell (September 2010) *Building community capacity: Making an economic case*. PSSRU Discussion Paper 2772 – www.PSSRU.ac.uk/pdf/dp2772.pdf

²⁸ Department for Work and Pensions (February 2010) *Volunteering while getting benefits* – www.dwp.gov.uk/docs/dwp1023.pdf

Many who volunteer in the health and care field do so because they have some personal, close family or other connection with the service or the cause they support. If we are to release more of the untapped potential that exists within communities, we need to get much better at capturing the moment, at asking people to contribute when the context is right and the opportunity presented is salient and meaningful to them.²⁹ Word of mouth between people in a local community is also particularly important in promoting

volunteering. This makes the quality of the volunteering experience and the case for investment in effective volunteer support critical to future involvement.

Finally, but by no means less important, all volunteers deserve recognition, respect and thanks for what they do. This should be reflected in the support they are given, the opportunities they have to shape services and the ways in which their input and their achievements are recognised and celebrated.

Are you creating good volunteer experiences that are open to all?

Questions for leaders and service managers already working with volunteers:

1. Are your processes and procedures for volunteer involvement streamlined, flexible and open to all kinds of people?
2. Are you using all available channels to engage volunteers?
3. Are your volunteers adequately protected from harm and exploitation and recognised for the work that they do?
4. Are there barriers to even greater inclusion that could be overcome?

Questions for leaders and service managers *not* currently working with volunteers:

5. What activities might you want to involve volunteers in?
6. What resources would you need to support volunteer involvement?
7. Are there others you might want to learn from or work with to do this?

²⁹ Cabinet Office and Institute for Government (2010) *MINDSPACE: Influencing behaviour through public policy*.

7. Next steps

Our vision is of an environment where social action and reciprocity are the norm and where volunteering is encouraged, promoted and supported because it has the power to enhance quality, reduce inequality or improve outcomes in health, public health and social care.

Central government's role in this is a facilitative and enabling one. We cannot and should not compel people to get involved but we can support other parts of the system to create the right environment for people to be involved more and better in the co-production of health and the co-design and delivery of health and care services by:

- building community activity and service provision around people's strengths;
- working together to build community capacity;
- commissioning for better outcomes and increased social value; and
- creating good volunteering experiences that are open to all.

What can you do?

If you share our vision and agree with us that there is untapped potential within our communities that we cannot afford to ignore, we would like you to look at the questions at the end of each section in this document and ask yourself three more:

- What more could you be doing?
- What experience do you have that would be useful to share with others or what knowledge do you need to do more?
- What networks might enable you to share your experience more widely or gain the knowledge you need from others?

If you want to champion volunteering and are inspired by what you have read, we encourage

you to take action. We have given you some useful links and resources in Annex 1. If you would like to share your learning and get more involved in our work in this area, email volunteeringvision@dh.gsi.gov.uk and ask to join our volunteering network.

What will we do?

This vision forms part of a bigger programme of work for government outlined in the Giving White Paper, published in May 2011. The Giving White Paper is based on the belief that everybody can make a difference and it sets out three core strands of activity where the Government wants to work with partners to:

- make giving as easy as possible by helping giving to fit into people's everyday lives, providing better information and removing barriers that impede giving;
- make giving as compelling as possible by offering tax incentives, match funding schemes, looking at new models of reciprocity and paving the way to establish new social norms; and
- give better support to those organisations that provide and manage opportunities to give – be they charities, community groups or others.

The White Paper includes a number of measures to promote these three strands, including:

- over £40 million of funding over the next two years to support volunteering, giving and volunteering infrastructure by way of the Social Action Fund, Challenge Prizes and the Local Infrastructure Fund;
- £1 million to support **Youthnet**, which runs the volunteering website www.do-it.org.uk and which will share its data more freely with organisations;

- £400,000 support from Government and **NESTA** to trial 'Spice' in England, which gives volunteers 'thank yous' such as vouchers or discounts with local businesses when they do good things for the community;
- holding a Giving Summit to bring together charities, philanthropists, businesses, technologists and financiers to set the course for the future of giving; and
- leading by example through Civic Service proposals to encourage more civil servants to give time and through a Ministerial commitment to volunteering one day a year for their chosen charity or community group.

Over the coming months, DH plans to do the following in pursuit of the vision that we have set out here. We will:

1. Work with partners to **develop the evidence base** relating to the value of volunteer involvement in health, public health and social care and explore ways in which this might be strengthened in the longer term.³⁰
2. Produce **targeted resources** for health, public health and social care audiences. Each of these online tools will build on the key messages here and use evidence and good practice examples to illustrate ways in which volunteering is being effectively promoted and supported locally and having an impact on priority outcomes in each field.
3. Work with partners to facilitate more **in-depth discussion on key issues** that

have been identified through discussion with stakeholders. Two initial areas identified for further exploration are:

- volunteering in relation to the private sector – issues arising from the diversification of service provision; and
- workforce relations and workforce development – opportunities and risks presented by promoting volunteering.

The outcome of these discussions will inform our next steps in relation to volunteering in health and care.

4. Facilitate **improved access to information and good practice** in relation to volunteering that is relevant and accessible to health, public health and social care audiences. We will work with partners to improve access to information, networks and practical resources for those promoting volunteering, developing volunteer schemes and supporting volunteers at the front line. In doing this we aim to build on, rather than replicate, existing networks and online resources, some of which are listed in Annex 1.
5. Provide resources and support to a number of volunteering initiatives through our **Health and Social Care Volunteering Fund**. In line with our commitment to good practice in volunteer support, local organisations in receipt of grants also receive a package of support to help to build organisational capacity.³¹ National organisations have been awarded funds to deliver strategic and developmental programmes at national level. For up-to-date

³⁰ The Institute for Volunteering Research has been commissioned to carry out a literature review on the benefits of volunteering in health and social care, and follow this up with a number of case studies. This will be available before the end of 2011 at www.ivr.org.uk

³¹ This package is provided by our managing body Ecorys UK in partnership with PrimeTimers, Attend and CSV, and has already been made available to successful applicants.

information on this scheme please visit www.volunteeringfund.com

6. Continue to develop our own Employer Supported Volunteering scheme as a model of good practice and as part of the Civic Service. We will exchange learning from this scheme with others across government and in the health and care system to promote the benefits and **encourage practical implementation of Employer Supported Volunteering** schemes elsewhere in the health and care system.
7. Support the work of **Project CareBank**, a locality-wide test of a reciprocal time credit scheme focused on social care in the Royal Borough of Windsor and Maidenhead. Project CareBank is supported by DH and across government; it will look to address barriers as well as to test whether people can be encouraged to undertake reciprocal activity in relation to low-level social care. It will also explore options for creating a sustainable business/social enterprise model for the scheme that could be easily adopted elsewhere in the country, and link in to other local time credit schemes.
8. **Develop opportunities for volunteers as part of HealthWatch.** Subject to Parliamentary approval, Local HealthWatch organisations will carry out existing LINK functions and will take on additional functions in supporting individuals by providing information on choices and providing, or signposting to, NHS complaints advocacy services. Local HealthWatch organisations will begin to operate in October 2012, although their role in complaints advocacy will not begin until April 2013. DH is working with the voluntary sector, LINKs members and local agencies to develop HealthWatch. This work includes roles and ways of working for volunteers in HealthWatch.³²
9. **Promote wider social action** through increased voluntary public engagement in the co-production of key health and care campaigns including Change4Life and the Dignity in Care campaign.
10. Be an active partner in **promoting the European Year of Volunteering 2011.** We will work across government and with identified partner organisations to encourage volunteering and promote good, inclusive practice in volunteer support through the national priorities for the year. These include a health and care focus as one of five themes across the year, to encourage and enable individuals to contribute within their community and address social issues through volunteering.

³² Details of this work will be disseminated through regular bulletins about HealthWatch on the LINKs Exchange at www.lx.nhs.uk

Social action for health and well-being – voluntary public engagement in key campaigns

Over 47,000 public-spirited individuals have already registered to support the **Change4Life** social movement. These people tell us that they spend an average of 19 hours per month on Change4Life-related activities, which includes having conversations with people about diet, activity or weight, putting up posters, giving out leaflets or organising events in their local communities. These supporters include childminders, teachers, healthcare professionals and volunteers who are an

incredible resource for encouraging social change. Our aim in future is to empower local supporters to be the drivers of this movement with DH providing the tools they say they need and facilitating sharing and interaction between them.

DH is committed to the **Dignity in Care campaign** and remains a key partner, working alongside the 27,000+ Champions and a wide range of partner organisations behind the campaign, which engages Champions, including members of the public on a voluntary basis, in promoting dignity, respect and compassion.

How will we know if we are succeeding?

This is a long-term vision that needs to be integrated into approaches to system and cultural change. This will, by its nature, take time. Our emphasis is therefore on influencing key players and winning hearts and minds. We need to avoid creating an onerous and costly bureaucracy of performance measurement associated with this. Instead, our focus is on practical action reflected in more live information sharing, a more accessible evidence base and locally tailored approaches.

We will know we are succeeding when volunteering is considered more fully and reflected more prominently in strategic plans at local and organisational level, in particular through JSNAs, joint health and well-being strategies and other local plans.

As a result, we would expect to see:

- more strategic investment in volunteer-involving initiatives and volunteer support;

- more and better supported opportunities for volunteering and wider social action in health, public health and social care fields;
- a higher profile for volunteering activities in health and social care settings;
- more integrated involvement of members of the public (including those who use health and care services, families, carers and volunteers) in service design and delivery; and
- better connected, more resilient communities.

In the first instance, we will use the visionforvolunteering@dh.gsi.gov.uk email address as a route for people to give feedback on this vision and share their experience of local approaches to promoting and supporting volunteering and wider social action. We will work with partners to share this insight more widely through a variety of communication channels and will use what we learn to inform our own policy and practice and our next steps in relation to this vision.

Annex 1: Useful links, networks, resources and publications

Useful links

Volunteering England – www.volunteering.org.uk

Institute for Volunteering Research – www.ivr.org.uk

Volunteering opportunities online at Do-it – www.do-it.org.uk

Mentoring and Befriending Foundation – www.mandbf.org.uk

Time Banking UK – www.timebanking.org

Slivers-of-Time – www.slivers.com

Volunteer Centre finder – www.volunteering.org.uk/volunteercentres

DH Health and Social Care Volunteering Fund – www.volunteeringfund.com

Networks

National Association of Volunteer Service Managers – www.navsm.org

Association of Volunteer Managers – www.volunteermanagers.org.uk

i-volunteer social network connecting volunteers, charities, social action groups and volunteer managers – www.i-volunteer.org.uk

LINks Exchange – www.lx.nhs.uk

The Big Society Network – www.thebigsociety.co.uk

Local Government Improvement and Development Volunteering Community of Practice – www.communities.idea.gov.uk

Resources

Volunteering England's Good Practice Bank – www.volunteering.org.uk/resources/goodpracticebank

Volunteer Management Portal gateway to volunteer management resources – www.volunteering.org.uk/WhatWeDo/Projects+and+initiatives/volunteer-managers

NHS Employers' guidance on volunteering – www.nhsemployers.org/HealthyWorkplaces/Pages/Volunteers_and_volunteering.aspx

A charter for strengthening relations between paid staff and volunteers: Agreement between Volunteering England and the TUC (2009) – available on the TUC and Volunteering England websites www.tuc.org.uk or www.volunteering.org.uk

Volunteering while getting benefits, DWP (2010) – www.dwp.gov.uk/docs/dwp1023.pdf

A guide to effective risk management for providers of mentoring and befriending services, Mentoring and Befriending Foundation (2007) – www.mandbf.org.uk/fileadmin/filemounts/general/Publications/risk_management_guide.pdf

Beth Johnson Foundation Centre for Intergenerational Practice toolkits and guides – www.centreforip.org.uk

Recruiting, retaining and developing disabled volunteers: Guidance for volunteer opportunity providers, Disability Rights Commission (2007) – www.volunteering.org.uk/resources/goodpracticebank

Involving LGBT volunteers, Consortium of Lesbian, Gay, Bisexual and Transgendered Voluntary and Community Organisations – www.lgbtconsortium.org.uk/content/involving_lgbt_volunteers_toolkit

Involving LGBT volunteers: Case Studies, Consortium of Lesbian, Gay, Bisexual and Transgendered Voluntary and Community Organisations – www.lgbtconsortium.org.uk/content/involving_volunteers_case_studies

Volunteers and the law, Mark Restall (2005) – www.volunteering.org.uk/law

Social Return on Investment guides – www.sroi-uk.org

Social Care Institute for Excellence website resources from the Building Community Capacity project – www.thinklocalactpersonal.org.uk/BCC

Publications

Building community capacity: Making an economic case, PSSRU Discussion Paper, Martin Knapp, Annette Bauer, Margaret Perkins and Tom Snell (2010) – www.PSSRU.ac.uk

The new wealth of time: How timebanking helps people build better public services, New Economics Foundation (2008) – www.neweconomics.org

‘Only a footstep away’?: Neighbourhoods, social capital & their place in the ‘big society’, Skills for Care workforce development background paper (2010) – www.skillsforcare.org.uk

Here to help: Multiple perspectives of volunteering in healthcare organisations, Skills for Health (2010) – www.skillsforhealth.org.uk

The hidden workforce: Volunteers in the health sector in England, Skills for Health (2009) – www.skillsforhealth.org.uk

Gold age pensioners: Valuing the socio-economic contribution of older people in the UK, WRVS (2011) – www.wrvs.org.uk

Active ageing in active communities – Volunteering and the transition to retirement, Justin Davis Smith and Pat Gay (2005), Joseph Rowntree Foundation – www.jrf.org.uk

Valuing volunteer management skills, Georgina Brewis, Matthew Hill and Daniel Stevens (2010) – www.skills-thirdsector.org.uk

National skills networks and academies: A framework for building and promoting quality in third sector skills, Skills Third Sector (2011) – www.skills-thirdsector.org.uk

How to deliver high-quality, patient-centred, cost-effective care: Consensus solutions from the voluntary sector, King’s Fund/Richmond Group (2010) – www.kingsfund.org.uk/publications/articles/how_to_deliver.html

Befriending works: Building resilience in local communities, Mentoring and Befriending Foundation (2010) – www.mandbf.org.uk

MINDSPACE: Influencing behaviour through public policy, Cabinet Office and Institute for Government (2010) – www.instituteforgovernment.org.uk

Fair society, healthy lives, Marmot Review (2010) – www.marmotreview.org

The Compact: The Coalition Government and civil society organisations working effectively in partnership for the benefit of communities and citizens in England, HM Government with Compact Voice (2010) – www.cabinetoffice.gov.uk or www.compactvoice.org.uk



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