Framework for Volunteering in Health and Social Care

Wider considerations and recommendations

CONTEXT

In July 2021 a Framework for Volunteering in Health and Social Care was first published. The Framework was funded by the Welsh Government Coronavirus Recovery Grant for Volunteering. It was developed by a partnership of organisations; Helpforce Cymru (part of WCVA), Richard Newton Consulting, Social Care Wales and The Bevan Commission.

The Framework responds to the increased awareness and impact that volunteering in health and social care settings has achieved during the pandemic, which has influenced perceptions and resourcing. It is widely acknowledged that volunteering is an essential component in health and social care provision; with volunteers enriching provision and contributing to health and social care outcomes. The Framework is designed to support the retention of the 'gains' that volunteering has experienced during the pandemic, and to develop a common framework for key partners to use when planning or delivering volunteering in health and social care settings.

The Framework was developed through co-working with a breadth of organisations who are involved in the delivery of health and social care services and which engage with volunteers. These organisations stretch across the public, private and voluntary sector. The Framework was informed by people involved through a programme of focus groups and structured conversations alongside a wider survey and research.

THE FRAMEWORK

The full Framework is hosted on the Helpforce Cymru page of WCVA website https://wcva.cymru/projects/helpforcecymru/. In summary the Framework recognises that organisations delivering health and social care activities fall into four categories –

- Commissioners and Service Planners
- Delivery Organisations
- Community-based organisations
- Infrastructure and membership organisations

The Framework then guides organisations to reflect on six common questions, which if fully considered should enable the achievement of strong sustainable volunteering within the health and social care ecology, from planning through to delivery. These questions are –

- How do we involve volunteering within our service delivery?
- How do we plan for volunteering?
- Who should we work with to deliver volunteering within service delivery?
- How do we manage and develop volunteering?
- How do we measure the impact made by volunteering?
- How do we talk about volunteering?

As part of the Framework, organisations are invited to complete a short self-assessment and action plan in respect of how they manage and develop volunteering. The highest self-assessment mark available against each question is 5 which reflects that the organisation has a strategic and long-term approach to volunteering, which is likely to be effective and sustainable.

RECOMMENDATIONS

In authoring the Framework it was noted that some development areas required a regional / national approach in order to maximise impact, and the changes required are outside the control or gift of any individual organisation. As such to accompany the Framework, this document presents a number of recommendations which call for investment and collective actions.

1. **Shared Volunteering / Volunteer Mobility** - this is a concept that is discussed by many (not just within the health and social care environment). Volunteer mobility has significant benefits, particularly in emergency situations. For volunteers to be mobile between organisations consideration needs to be made in respect of the mobility of DBS checks, shared training records, management controls and reviews. This requires changes to policy and practice alongside wider planning.

2. **Shared training resources** – organisations and volunteers often reported repeating training as each host organisation delivers its own training programme. This has costs for both the organisation and the volunteer. Whilst any induction needs to be place / organisation specific there is the capacity to share core training

(i.e. health and safety, safeguarding) and this should be considered within the concept of volunteer mobility.

3. **Planning for Volunteering** – whilst it is recognised that volunteering plays an important role in the delivery of health and social care it is rarely planned for as a distinct service. RPB's, PSB's and other organisations responsible for service planning should be mandated to consider the role (and funding) of volunteering when developing services. Volunteering should be recognised as a key community resource which can contribute to the quality, flexibility and long - term sustainability of service provision. We need to move to a position where volunteering is planned for as a distinct service.

4. **Reducing bureaucracy** – Volunteers give their time freely. Many highlight frustrations at training and reporting requirements which are not perceived as proportionate to the time invested by the volunteer/ the role to be undertaken. This has a negative impact on volunteers. Organisations delivering volunteering in health and social care, alongside those planning and commissioning services need to ensure that any requirements imposed are proportionate and relevant to the volunteering assignment.

5. **Measuring impact** – It is clear that there is demand for both qualitative and quantitative impact measurement in respect of volunteering. It is much more common that output indicators (such as number of volunteer hours) are collected rather than impacts (related to the difference that the volunteering makes). Many delivery organisations prefer to use qualitative information (in particular, case studies), and are often more focused on the difference made to the volunteer rather than to those receiving health and social care services. Commissioner and Service Planners however often require quantitative information, ideally those that offer some level of cost benefit analysis. Given that many volunteer roles are replicated across organisations (for example, befriender, advocate, driver) it is recommended that a Wales-wide approach is commissioned to determine a value in respect of some common roles. This can then be used by other organisations in the sector to determine a cost benefit analysis based on their own activity levels in respect of levels of volunteering, and ideally would be able to transpose to wider settings such as Social Prescribing. It is also recommended that long-term and nationally recognised evaluation methods are adopted across the breadth of

Commissioners and Service Planners so that a baseline can be developed from which service growth can be measured and commonalities across Wales shared.

6. **Developing the narrative around volunteering. -** A very broad spectrum of volunteering activity is evident, both formal and informal, together with a variety of perception about what it is, why it takes place, what it costs, who does it, who benefits and so on. The language used to explain volunteering which makes sense to one type of stakeholder may feel alien to another. National and regional partners need to be involved in shaping common narratives which reflect the unique quality and value of volunteering in terms that are well understood, and appropriate for a diversity of audiences.

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