

Key Messages

Valuing and Sustaining Volunteering in Health 14th May 2019

Summary

This VHS conference aimed to explore good practice in volunteering where it is delivered by NHS and third sector working together. The focus was primarily on volunteering in NHS settings, in particular hospitals. We set out to raise the profile of volunteering in health, celebrate what works well, be open and honest about issues and challenges, and look to the future of volunteering in both hospitals and the wider community.

The conference was held in Glasgow, sponsored by the Scottish Government and co-designed with the NHS Scotland National Volunteering Programme. 145 delegates, speakers and exhibitors participated, drawn from across the third sector, NHS boards, health and social care partnerships and Scottish Government. Responding to the post-conference survey, 100% of respondents said that the conference had strengthened their interest in collaboration between NHS and third sector in relation to volunteering and 89% said it had improved their knowledge and understanding about NHS and third sector approaches to volunteering in health.

Introduction to key themes of the day

Conference Chair Paul Okroj, Assistant Director of People Driven Development at Chest Heart and Stroke Scotland, set the scene by illustrating the current situation of volunteering in Scotland. Volunteering rates in Scotland have been largely static, with a small decline in recent years, and it is becoming harder to sustain and recruit volunteers. More people are involved in episodic volunteering and portfolio volunteering, rather than in sustained, longer term volunteering assignments. Horizon scanning and future proofing is essential as we plan and develop services where volunteer involvement is needed. Paul commended VHS's Clear Pathway guidance, which supports safe, effective and person centred volunteering in NHS settings where volunteers are deployed by the third sector.

Claire Stevens, Chief Executive of VHS explained the background to the Clear Pathway guidance. The publication of Kate Lampard's Report for the Department of Health in 2015 focused attention on lessons learned as a result of the deployment of Jimmy Savile as a volunteer in a number of hospitals in England. The report was the catalyst for the National Group on Volunteering in NHS Scotland to look at whether it had implications for volunteering in NHS settings in Scotland. This led to the collaborative Clear Pathway project, with VHS and the National Group co-producing guidance designed to support NHS and the third sector to work better together to ensure that indirect volunteering in NHS is as beneficial to patients, staff and volunteers as it can be. The Scottish Government distributed the guidance to every health board in 2018 and later this year VHS will evaluate its impact.

Volunteering in health and for health

There are an estimated 215,000 volunteers in health in Scotland, 6,500 of them directly engaged by the NHS. Matthew Linning, Head of Research at Volunteer Scotland, set out the findings from their 2018 report, *Volunteering, Health and Wellbeing*. This focused on the health benefits of volunteering to volunteers themselves. Mental and physical health benefits, reduced loneliness and social isolation, and overall improvements in community wellbeing were evident. However, analysis of the Scottish Household Survey depicted the paradox whereby affluent demographics are more likely to volunteer but the impact this has on their lives is negligible as they already experience high levels of health and wellbeing. Whereas more deprived demographics are less likely to volunteer but the impact this has on their health and wellbeing is transformational. This begs the question of how we can support more people from less affluent backgrounds to volunteer.

Alan Bigham, Programme Manager for the NHS Scotland Volunteering Programme located within Healthcare Improvement Scotland, discussed volunteering in NHS settings and his team's role in supporting health boards to develop sustainable volunteering programmes towards three nationally agreed outcomes. The three outcomes focus on volunteering that supports health gains for both the volunteers and patients; that ensures there is an appropriate infrastructure to support volunteering in the NHS; and that develops a strong culture of valuing volunteering and volunteers within the NHS. Research and data analysis into the profile of volunteering within the NHS provides an insight into the issues health boards face around recruitment, support and retention of volunteers. There is an average ratio of one volunteer manager to 144 volunteers, meaning many volunteer managers are so tied-up in administrative tasks that their capacity to develop and support volunteers is constrained. Alan's data also highlighted a fourteen week average recruitment process, which results in almost a third of volunteer applicants dropping out of the process

In discussion, Alison Bunce from Compassionate Inverclyde spoke about their own volunteer recruitment processes and how certain positions took longer and more detailed checks than others, and how this is clarified with applicants at the beginning to manage expectations and to keep people engaged with the process. There was a suggestion from the NHS National Education for Scotland (NHS NES) delegate that they could develop a national training programme to help address delays in getting volunteers processed, assigned to roles and trained. In response, delegates thought that a national training resource was an interesting idea but that in practice the training needs to be specific to the volunteer role, patient hospital needs etc.

How and why we value volunteering in health

Conference participants held table discussions to explore how and why we value volunteers in health, and what more could be done to improve this. The key points each table made are as follows:

Table	Comments
1	 Streamline process to recruit volunteers and create meaningful opportunities
	 Promote the benefits of volunteering for all and try to attract people who do not volunteer
	 Do more to recognise volunteering through awards and events
2	Make volunteering more accessible
	 Develop a person centred approach to volunteers
	 Create an organisational culture that understands and values volunteers and their contribution
3	 Market volunteering opportunities and make it easy to find opportunities
	 Promote and support more inclusive volunteering regardless of age and ability
	 Thanking individuals and demonstrating the impact and benefit of the volunteers widely
4	 Review the recruitment process to include more face-to-face
	contact with potential volunteers rather than impersonal
	application forms.
	Communicate the benefits of volunteering to raise its profile
	 Have more flexible roles and a person centred approach to volunteers
5	 Develop partnerships between the third sector and NHS
	Manage expectations
	 Appropriate recognition and management of volunteers
6	 Management process e.g. expenses, policies, support and training for volunteers should be embedded in governance structure
	 Not all about illness it is about wellness and we need to value
	social and peer support of volunteering
	 Share best practice of where volunteering works and how it is supported
7	 Cultural shift within organisations towards volunteering
	 Prominent volunteer hubs within hospitals
	Measure the impact rather than volume
8	 Partnerships between NHS, third sector and Scottish Government
	 Understanding the role of volunteers by medical and nursing staff Streamlining the length and formality of recruitment process.
9	Streamlining the length and formality of recruitment process.
3	 Recognising role of volunteers Duty of care for volunteers and investment in retention
	 Duty of care for volunteers and investment in retention Speeding up recruitment
10	Recognition of volunteers
	 Tailored support for volunteers
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	 Streamlining recruitment processes by sharing training, and
	assessing whether disclosure is always required
11	 Improving recruitment procedures
	 Supporting retention by understanding volunteer needs such as
	paying expenses on time
	 Recognises and rewarding volunteers
12	 More research on value of volunteering
	 Support more people from deprived communities to volunteer
	Creating meaningful roles
13	 Use social media and different communication methods to
	advertise opportunities
	 Partnerships between sectors need to have a resource
	 Language needs to be accessible to potential/current volunteers
14	 Investing in volunteers to help them achieve their aspirations in
	volunteering
	 Understand that volunteers are assets that improve our
	communities
	 Support volunteers with expenses and ensure that their voice and
	contributions matter
15	 Simplifying NHS for third sector and how to develop partnerships
	 Focus on diversity and those demographics that have the most to
	gain from volunteering i.e. more deprived communities
	 Respond to trends e.g. having a range of opportunities that are
	suitable for different people
16	 Dispel myths regarding volunteering on benefits
	Fellowship over function
	Unpaid labour vs unique resource
17	 Measure the impact of volunteers and use it to sell volunteering
	 Ensure volunteer managements models are fit for purpose
	 Capture the value of volunteering when accessing and
	administering funding

It was clear from the discussions that delegates viewed cultural change within organisations as central to improving how we value volunteers. People also thought it was important to ensure appropriate, person centred support is available to volunteers and that processes and procedures to support volunteers are embedded into management and governance processes. People also highlighted the importance of streamlining and improving the recruitment processes in order to retain more applicants and to help improve the experience of volunteers. Better developed partnerships between the NHS and third sector were cited as good ways to improve the value of volunteers.

Parallel sessions

In the afternoon, delegates chose one of three parallel sessions, focusing on: Patient Centred and Holistic; Innovation and Leadership; and Partnership and Collaboration. A short plenary followed, where the session Chairs gave feedback.

Patient Centred and Holistic

Chaired by Susan Brown, Marie Curie.

Presenters: Sandie Dickson, The State Hospital; Rob Murray, Cancer Support Scotland.

The session focused on the commonalities and differences between volunteering in the State Hospital within a secure unit and through Cancer Support Scotland who provide a localised service that complements clinical services. The common factors included:

- The need for policy and training to support volunteers
- Ensuring that volunteers are appropriately matched to the person they are supporting
- Ensuring that there is a positive culture and enough flexibility for volunteers to thrive
- An understanding that people volunteer for reasons that are important to them
- Capturing people's lived experience and stories to use as evidence alongside statistics.

The differences included:

• Local versus non-local volunteering. Cancer Support Scotland highlighted the importance of local services and volunteering within our communities, whereas the State Hospital highlighted the importance of preserving anonymity of both the volunteers and those who are receiving support.

Innovation and Leadership

Chaired by Helen Webster, Scottish Government

Presenters: Maggie Byers-Smith, NHS Lothian: Stuart McLellan, Scottish Ambulance Service; Craig Hunter, Scottish Ambulance Service

Key messages from the session: the importance of the four P's:

- Professionalism: the need for good governance and management of volunteers as well as the need to recognise and value the role of volunteers.
- Providing space to have conversations about statutory and voluntary roles
- Passion: the need for passion to be a counterbalance to the risk adverse nature of the NHS
- People: the impact volunteering can have on creating social communities and tackling loneliness and social isolation.

Partnership and Collaboration

Chaired by Alison Bunce, Compassionate Inverclyde.

Presenters: Tracey Passway, NHS Tayside; Helena Buckley, NHS Forth Valley: Rosemary Fletcher, Volunteering Matters (Retired and Senior Volunteer Programme) Key messages from this session included:

- Developing innovative ways to manage risk that work alongside allowing volunteers to flourish
- Systems and processes that allow volunteers to give personalised support to people
 - Understanding the importance of policies and strategies to safeguard volunteers and those receiving support.
 - The importance of recognising reciprocity in volunteering and acknowledging the benefits to all those involved.
- Ensuring that management within hospitals understand the role and importance of volunteering.

Ministerial Address

The conference concluded with an address from Joe Fitzpatrick MSP, Minister for Public Health, Sport and Wellbeing. He highlighted the importance of celebrating the contribution that volunteers make to the NHS in Scotland and discussed how volunteering can be better supported in hospitals and the wider community. The Minister reminded delegates of the importance of the Clear Pathway guidance, highlighting its over-arching message that clear governance and strongly maintained relationships and communications between the third sector and NHS are vital to ensure volunteering develops and thrives in health settings.

Further reading and information

Conference presentations, a photo slideshow and guest blogs are available on the VHS website:

https://vhscotland.org.uk/key-messages-valuing-and-sustaining-volunteering-in-health-conference/

For further information about the Clear Pathway project, guidance and planned evaluation, contact Claire Stevens, Chief Executive, VHS:

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