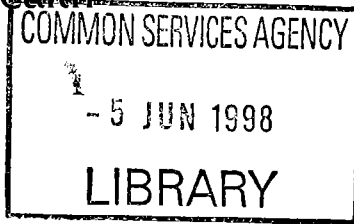




NHS Management Executive  
St. Andrew's House  
Edinburgh EH1 3DG



Dear Colleague

**GUIDANCE ON VOLUNTEERING IN THE NHS**

**Summary**

1. This letter encloses revised guidance as the first stage in a strategy aimed at raising the profile of volunteering in the NHS in Scotland and assisting the development of new local initiatives. It replaces NHS Circular No 1986(GEN)16 issued on 7 July 1986 which is now cancelled.

**Action**

2. Health Boards, in partnership with NHS Trusts, primary care providers, local authority voluntary sector liaison officers and social work departments and volunteering interests in their area, are requested to:

- draw up a policy statement on NHS volunteering in their area; and
- co-ordinate, monitor and support the development of these services.

Health Boards and NHS Trusts should also nominate a Director responsible for the oversight and development of volunteering.

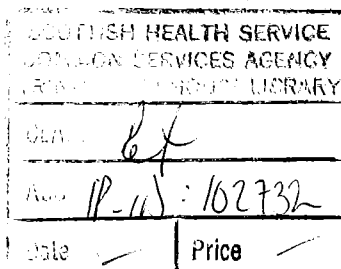
**Seminar: The Scottish Health Service Centre, 22 June 1998**

3. Details have already been sent to Health Boards of a seminar to:

- examine the key issues raised by this MEL;
- clarify the relationship between volunteers and the NHS through the development of a volunteer policy; and
- explore how this works in practice.

Yours sincerely

**DAVID R STEEL**  
Head of Health Gain



4th June 1998

NHS Circular No 1986(GEN)16 is cancelled

**Addressees**

For action:

General Managers, Health Boards  
Chief Executives, NHS Trusts

For information:

General Manager, Common Services Agency  
Chief Executive, Health Education Board for Scotland  
General Manager, State Hospitals Board for Scotland  
Executive Director, SCPMDE CoSLA  
Directors/Chief Officers of Social Work and Voluntary Sector Liaison Officers  
Local Health Councils/SAHC  
Major Voluntary Organisations  
LVDA's

**1. General enquiries on NHS volunteering policy should be addressed to:**

Mrs D Hunt  
Public Health Policy Unit  
Room 401  
St Andrew's House  
EDINBURGH EH1 3DG  
Tel: 0131-244 2502  
Fax: 0131-244 2846

**2. Specific enquiries relating to policy statements should be addressed to:**

Roy Sturrock  
Health Gain Division  
NHS Management Executive  
Room 51  
St Andrew's House  
EDINBURGH EH1 3DG  
Tel: 0131-244 2399  
Fax: 0131-244 2372

**To whom completed policy statements should be sent by 30 November 1998.**

# **VOLUNTEERING IN THE NHS**

**Guidance for Health Boards and NHS Trusts**

## **VOLUNTEERING IN THE NHS**

### Purpose of Guidance

1. This guidance draws the Government's policy on volunteering to the attention of Health Boards to help them determine the NHS's relationship with volunteers and voluntary organisations in their area. It describes the scale and scope of volunteering in the NHS, the roles undertaken by volunteers; provides information on Government initiatives which affect the NHS; and offers a model policy statement aimed at ensuring that, where volunteers are involved in the NHS, their role is understood and accepted by the staff whose work they will complement. Following publication of this guidance a series of seminars will be held to discuss the development of good practice for NHS Trusts and primary care providers.

### Scope of Guidance

2. Volunteers offer their services to the NHS in many different ways and are managed variously by clinical and other staff, specifically appointed voluntary service managers and by voluntary organisations. This diversity is a strength and, while all forms of volunteering are to be encouraged, this guidance focuses on how Boards can develop service specifications which ensure that the health services provided in their area develop the structures and procedures necessary to enable volunteers to work effectively alongside health service personnel.

### Action Required

3. The guidance requests:

3.1 **Health Boards**, in partnership with NHS Trusts, primary care providers, local authority voluntary sector liaison officers and social work departments and local volunteering interests in their area, to:

- develop and publish a policy statement detailing ways in which NHS services should engage volunteers and encourage volunteering generally;
- co-ordinate, monitor and support the development of these services.

3.2 **Health Boards and NHS Trusts** to nominate a Director responsible for the oversight, development and monitoring of the agreed volunteering policy; and

3.3 **General Managers and Chief Executives** to draw this guidance to the attention of all staff involved in drawing up service specifications or with the voluntary sector or volunteers.

### The Government's Commitment To Volunteering

4. "Volunteering" can be defined as:

the commitment of time and energy for the benefit of society and the community, the environment or individuals outside one's immediate family. It is undertaken freely and by choice without concern for financial gain.

5. The Government is committed to supporting voluntary action as an essential element in the concept of citizenship. A Scottish Office policy to support and promote volunteering has been developed and is built around 4 key objectives:

- to encourage and enable people to become and remain volunteers;
- to maximise the involvement of volunteers and the impact of volunteering;
- to improve the organisation and infrastructure of volunteering; and
- to communicate the importance, effectiveness and value of volunteering.

The underlying principles of the relationship between the Government and the Voluntary Sector in Scotland are set out in a 'Scottish Compact' which was issued for consultation in March 1998.

6. The Government's Millennium Volunteers Programme will offer young people opportunities to develop a sense of civic responsibility and self worth. It is important that these young volunteers are provided with good quality placements and the NHS should play its part in this initiative. Details on the programme and the 'Scottish Compact' are given in a consultation papers issued by The Scottish Office Voluntary Issues Unit, Room 45, James Craig Walk, Edinburgh, EH1 3BA (Tel: 0131 244 5459).

#### Scottish Office Volunteering Initiatives

7. The Scottish Office has a policy to promote and develop volunteering in Scotland and, as part of this strategy, is supporting 5 major volunteering projects. They are:

- **Local Volunteering Development Agency (LVDA):** Funding is being provided to establish a national network of LVDA's, which may also be known as volunteer bureaux, in each local authority area to promote and develop volunteering - 75% of this network is now in place. The scheme is administered by Volunteer Development Scotland (VDS), the national centre for volunteering in Scotland.
- **Young People Volunteering:** Funding for Scottish Community Education Council's *Viva* project to promote volunteering amongst young people.
- **Older People Volunteering:** Funding for Age Concern's *Engage Scotland* project to increase opportunities for volunteering for older people and Community Service Volunteers' *Retired and Senior Volunteer Programme*.
- **Volunteering in the National Health Service:** VDS have also been funded to take forward a strategy "Volunteering in Health" aimed at raising the profile of volunteering in the NHS in Scotland; assisting the development of new initiatives and building a sound policy and practice framework so that volunteering remains a valued and effective NHS resource. This initiative will be supported and sustained at local

levels through the LVDA network. VDS will keep Boards and Trusts advised of progress on this initiative (see also paragraph 11 below).

- **Guidance to Local Authorities on Volunteering Policies:** following the publication of circular SWSG15/1995, The Scottish Office is working in partnership with CoSLA and VDS to encourage each local authority to develop a volunteering policy statement and to disseminate good practice to local authorities to strengthen that policy<sup>1</sup>.

### Volunteering In The NHS

8. In the NHS volunteers **always** complement the services of paid staff and are **never** a substitute for them.

9. The rich tradition of voluntary effort in the NHS in Scotland is distinguished by the imaginative response it finds to individual needs and the added value it offers to patients. The diversity of this voluntary contribution can be seen in:

- the voluntary hospice movement;
- the work of national voluntary organisations, such as WRVS, Leagues of Friends, St Andrew's Ambulance Service and the Red Cross;
- local befriending/carer support services;
- voluntary car schemes;
- support for day centres;
- the provision of advocacy services;
- support for alcohol and drug abuse projects;
- support for community care projects; and
- self-help groups.

10. The benefits of social contact and increased self esteem which volunteering can bring are not only beneficial to many patients; it can offer similar benefits to the volunteer - involvement in volunteering activity is, for example of proven therapeutic value to individuals who are disabled or who have experienced mental health problems. Furthermore by harnessing the goodwill and motivation of volunteers, the NHS not only complements the care provided by its staff, it also creates an informed public that appreciates the needs and ambitions of the Service and has a sense of ownership.

### The VDS Initiative: "Volunteering in Health"

11. The Scottish Office Department of Health have funded Volunteer Development Scotland to develop the "Volunteering in Health" initiative. This is intended to encourage the NHS in Scotland to make the best use of the enthusiasm, energy and commitment of volunteers to complement the skill and professionalism of its staff and to enhance the quality of care it delivers to patients and those who care for them. This initiative is in four parts:

11.1 **A Policy Framework:** with the publication of this guidance, VDS will contact Boards and Trusts to discuss issues raised in the guidance. This will set the scene for the next stage.

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<sup>1</sup> *Local Authority Policy for Volunteering: VDS, 1997*

11.2 **A General Development Programme:** the programme will aim to provide fresh impetus for the development of volunteering in the NHS in Scotland, and continue to build on the aims stated in the '*Make a Difference*' initiative.

11.3 **An Action Research Initiative on Volunteering in Primary Care:** the growth of care in the community has extended the range of volunteer involvement in more local, community settings. A 2 year action research project will test the scope for involving volunteers in a General Practice in order to enhance the quality of care and support to patients and those who care for them. VDS will keep Health Boards and NHS Trusts informed of progress in this area.

11.4 **Local Support Structure:** VDS is administering the programme to establish an effective LVDA or volunteer bureau in each local authority area. The LDVAs are a national network of volunteering agencies which represent a resource which Health Boards and/or NHS Trusts may use to promote volunteering within the Health Service. They can provide advice on service agreements, volunteer recruitment, training and management and other volunteering issues. VDS will be encouraging LDVAs to seek support from their local Health Board/NHS Trusts who may provide support in the form of grant (see Annex A and B) or help in kind to further this work. VDS will maintain contact with Boards and Trusts and encourage them to respond positively to such approaches, and remind them of the importance of volunteer involvement.

### The Volunteering Challenge

12. It is clear that a pool of enthusiasm, energy and commitment exists which can be channelled to complement the skill and professionalism of NHS staff and to enhance the quality of care delivered to patients and their families. However, if the NHS in Scotland is to deliver the Government's commitment to volunteering, Health Boards must ensure that the primary and secondary care services provided in their area:

- encourage more people from all sections of the population to participate in volunteering in the NHS, particularly those groups in the population whose potential is insufficiently tapped, for example young people, people with a disability, older people and people from black and ethnic minority communities;
- make it easier for people to participate in volunteering across the NHS, ie in hospitals, in primary care and in community settings;
- involve volunteers purposefully and imaginatively in supporting the delivery of health care, whether through formal volunteering or through the informal response of each community to its needs;
- encourage effective use of the contributions of individual volunteers, for the benefit of the volunteers themselves and for the recipients of the voluntary action;
- improve the organisation and infrastructure of NHS volunteering and its management;

- communicate and thus promote the importance, effectiveness and value of volunteering to the NHS;
- secure greater recognition and appreciation for the contribution of volunteers;
- work more closely with existing volunteer engaging organisations; and
- construct and communicate more positive images of volunteers and volunteering in the NHS.

Managers should also consider the scope for encouraging the active participation of NHS staff on a voluntary basis in the organisation of personal services to patients as members of Leagues of Friends or similar bodies.

### Multi-Agency Planning and Provision

13. To be effective, and to channel volunteers to the area of the NHS which can make best use of their skills and talents, local volunteer programmes must be developed jointly by Health Boards and the primary and secondary health care providers in an area. Moreover, to maximise benefit to patients it must be developed in partnership with, and complement the services provided by local social work departments and voluntary organisations. LDVAs can provide links for health services into the local volunteering sector, assistance with volunteer policy development and review, advice on good practice and assistance in developing new volunteer opportunities, in addition to matching volunteers to placements.

### A Local Policy Statement On Volunteering

14. A volunteer policy statement should indicate that:

- 14.1 the Board and the NHS Trusts in its area have a nominated Director responsible for volunteering and for reporting progress to the Board;

and that the NHS in their area will:

- 14.2 be direct involvers of volunteers;
- 14.3 be funders of volunteers in other organisations;
- 14.4 be commissioners of services which may involve volunteers in their delivery;
- 14.5 be employers who actively support employees who volunteer; and
- 14.6 allocate adequate resources to the above.

15. It should also contain commitments to:

- 15.1 monitor and review policies to assess whether they have a positive impact on volunteering;
- 15.2 good practice in consulting volunteering interests in the wider community;
- 15.3 supporting and developing new volunteering initiatives in hospitals, in community services and in GP practices;
- 15.4 work with LVDAs; and
- 15.5 ensuring that services provided:
- adopt good practice in engaging volunteers;

- provide training and support for volunteers engaged in service delivery and for the NHS staff who work with them;
- identify the range of roles which volunteers could be encouraged to play within the health sector by sharing best practice;
- have appropriate monitoring arrangements to ensure that the above aims are met; and
- encourage voluntary organisations funded by them to adopt similar commitments where appropriate.

An example of a model policy is attached as Annex C. Information and advice is also available from VDS and LDVAs who will be happy to support the development of the policy.

16. Copies of the policy statement should be sent to all primary and secondary health care services; to local authority voluntary sector liaison officers and to social work departments; to the key voluntary organisations in the area; and to Health Gain Division in the NHS Management Executive. Copies of the full policy statement should be available to the general public on request.

#### Good Management Practice

17. Patients and carers should be informed where volunteers are providing health services, and their wishes should be respected.

18. Volunteers must feel that their time is being used effectively and that their role and efforts are recognised and valued; failure to do so can result in them being lost to the NHS. The planning and co-ordination of voluntary effort is therefore essential and the role and task of volunteer management must be clearly identified and resourced.

#### Voluntary Organisations

19. Annexes A and B to this paper provide information about the statutory position of, and grant schemes for voluntary organisations.

#### Monitoring Arrangements

20. The nominated Director should regularly report to the Board on the development and monitoring of its agreed policy. The annual reports of Boards and NHS Trusts should describe the volunteer work undertaken and its value in meeting health care objectives.

21. In monitoring the implementation of this guidance the Management Executive will look for evidence of:

- greater co-operative working between Boards, Trusts, local authorities and primary care providers in respect of the implementation of the agreed policy statements (see paragraphs 12 - 18);
- the involvement of GP practices (via Primary Care Trusts and Local Health Care Co-operatives when they are established).



## Future Developments

22. VDS have been asked to provide support to Health Boards in developing and implementing their policies on volunteers. In the short term VDS have been asked to set up a series of seminars to discuss the development of good practice guidelines for Boards, NHS Trusts and primary care providers. Details of the first of these events has been issued to Health Boards.

Management Executive Health Gain Division  
The Scottish Office Department of Health  
May 1998

hmm3205

## STATUTORY PROVISIONS

### National Voluntary Organisations

1. Section 16B of the National Health Service (Scotland) Act 1978, as amended, gives the Secretary of State the statutory power to make grants to national voluntary organisations in Scotland, whose activities consist of or are complementary to the health services required by statute to be provided. Organisations seeking assistance must be engaged, although not necessarily exclusively, in the provision, promotion or publicising of services which correspond or are similar to those which may be provided by the Secretary of State under the 1978 Act, as amended. Alternatively, the organisation may be engaged in giving advice on the provision of such services.

2. In addition, Section 16 empowers the Secretary of State to assist national voluntary organisations by allowing them to use NHS premises or by making available goods, materials, vehicles, equipment or the services of staff. The facility is restricted to those voluntary organisations “whose activities include the provision of a service similar or related to a service provided under the Health Service Acts”. Guidance on charging voluntary organisations for using NHS premises is contained in Part C/Section 5 of the NHS Property Transactions Handbook.

### Local Voluntary Organisations

3. The (Function of Health Boards) (Scotland) Order 1991 delegates to Health Boards the power to give financial assistance to voluntary organisations under Section 16B of the National Health Service (Scotland) Act 1978, as amended, subject to such terms and conditions as the Secretary of State may with the approval of the Treasury determine. The reason behind this delegated power is to avoid a situation whereby funding by Central Government of a local service might cut across arrangements which could properly be made between the body concerned and a Health Board. Boards also have delegated powers in relation to the practical forms of assistance referred to in paragraph 2 above.

## SECTION 16B GRANT SCHEME

1. Grants in respect of services provided nationally or over a wide geographical area, will continue to be the responsibility of The Scottish Office Department of Health. Boards may however use the power provided by section 16B of the 1978 Act to make grants to assist services related to their area whether provided by a local body or by for example the local branch of a national body. Such grants should be made towards running expenses only, and not for capital purposes. If in special circumstances a Board wishes to make a grant for capital expenditure the prior approval of the Department will be required: it should be noted however that such approval will be quite exceptional. Before making grants it is expected that Boards will make such enquiries as are considered necessary (including the extent to which organisations make use of volunteers) and will require organisations to submit certified copies of their annual accounts to indicate that grants are used in the proper manner. Voluntary organisations should also be required to provide a written report, complementary to the annual accounts, which describes the use to which the grant has been put with as much qualification as is appropriate. If a Board is approached directly for a grant in respect of services provided nationally or over a wide geographical area, the application should be referred to the Department.
2. Where the Department and a Board are supporting the same national body there is the possibility of overlap. It is most important therefore that Boards inform the Department of their grants made to branches of national bodies for the provision of services locally.
3. Boards will wish to look critically at proposals which imply a continuing reliance on public bodies for a high proportion of an organisation's funds; but where the activities of an organisation have a clear relationship with the provision of health services and there may be special difficulty in raising funds from the general public to support these activities (organisations concerned with alcohol problems may be an example), it may be appropriate for a significant proportion of the organisation's running costs to be met by the NHS, in conjunction with local authorities in appropriate cases. Proposals for assistance in forming new bodies should also be looked at with special care to ensure that the new body fulfils a genuine need rather than causing fragmentation of voluntary effort.

**A MODEL  
POLICY FOR  
VOLUNTEERING  
IN A HEALTH BOARD AREA**

# **Volunteer Development Scotland**

**Volunteer Development Scotland (VDS) is Scotland's national centre for volunteering. It is the representative voice of volunteering in Scotland. It promotes quality of opportunity and high standards of achievement and generates new initiatives to expand the range and effectiveness of volunteer action and active citizenship.**

**A Model Policy for volunteering in a Health Board Area  
Volunteer Development Scotland 1998  
72 Murray Place, Stirling, FK8 2BX**

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# **A Model Policy for Volunteering in a Health Board Area**

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**Statement of Aims of The Policy for Volunteering**

**Statement on Principles of Good Practice**

**Further Reading**

## Introduction

### The Vision Of Volunteering

*first*, of a society in which the right of all citizens to engage in voluntary or community action is unequivocally recognised and valued as an essential part of living democracy; and

*second*, of a society in which citizens choose to exercise that right:

- because they want to be active participants;
- out of a sense of shared responsibility;
- because they want to help others;
- in order to seek change; and
- to have a share in their community.

### The Government's Objective

1. The Government wishes to:

“encourage volunteering initiatives and the idea that voluntary activity is an essential part of citizenship”<sup>1</sup>.

2. Government policy to support and promote volunteering is built around 4 key objectives:

- to encourage and enable people to become and remain volunteers;
- to maximise the involvement of volunteers and the impact of volunteering;
- to improve the organisation and infrastructure of volunteering; and
- to communicate the importance, effectiveness and value of volunteering.

3. The Government wish to build on the special relationship of trust that exists between the Scottish people and their health service. Patients are grateful that doctors and nurses are there when needed. Many active and healthy people would, if they knew how, be happy to express their gratitude by helping the NHS to help those who are less fortunate than themselves. The challenge for the NHS is to tap into this fund of goodwill and build a partnership of care between the Scottish people and their local health service.

**The benefits to the individual,  
to their community, to the NHS and  
to society as a whole are incalculable.**

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<sup>1</sup> “Building the Future Together - Labour’s policies for partnership between Government and the Voluntary Sector”

4. Volunteers contribute to the work of the NHS in many different ways. Experience has shown that volunteering can benefit patients, those who care for them, other users of NHS services, NHS staff, local communities and volunteers themselves. The aim of promoting the development of policies on volunteering is to build on the strong foundation which exists and to ensure that good practice is implemented and maintained.
5. The Management Executive's Guidance on volunteering notes that the NHS has a variety of roles and responsibilities as:
  - direct involvers of volunteers;
  - funders of volunteers in other organisations;
  - commissioners of services which may involve volunteers in their delivery;
  - employers who actively support employees who volunteer.
6. The encouragement of volunteering is an area where NHS experience shows that a small investment can yield a large return. It is particularly important, at a time of increasing demands for services, that the NHS makes full use of the goodwill which flows from the special relationship that exists between the Scottish people and the NHS. It is crucial that a clear basis is established which defines roles, allocates responsibilities and establishes agreed procedures for the effective involvement of volunteers in the work of the NHS.
7. A policy for volunteering recognises the rights and responsibilities of citizens to contribute to their communities. It recognises the resource implications of volunteering and the particular and unique contributions to be made by volunteers. It also confirms the NHS's commitment to the interests of the patients, those who care for them and other users of services provided by volunteers and to the ongoing quality of those services. It ensures that volunteer involvement enhances rather than hinders the quality of care to patients and contributes to the overall well-being of service users.
8. Volunteer involvement extends and adds choice to service provision, and is a resource which the NHS cannot afford to lose. Volunteers are not a cheap alternative to paid employees but can be a cost effective way of adding to the quality of care. The NHS recognises that involving volunteers is not cost free; it involves staff time and financial resources both of which need to be identified and met through the clear allocation of budgets if effective volunteering is to be achieved.
9. Strengthening volunteering in the NHS today whilst ensuring it remains as an effective resource is a major challenge. With changes in the NHS as well as in social and lifestyle patterns, such as an increasing elderly population, high levels of stress and social isolation, changing patterns of employment and an increasingly diverse minority ethnic population, new approaches, new images and new opportunities are needed so that volunteering in the NHS can remain an attractive and valid option.



10. The role of the Health Board is crucial to the success of any initiative aimed at improving the effectiveness of volunteering in the NHS. It is the Health Board's Health Improvement Programme (HIP) that sets the strategic direction of NHS services in an area. The Trust Implementation Plans, contracts and service agreements which flow from the HIP provide the background for the delivery of all health services in the Board's area. Providers of NHS services will work together more effectively and make full use of the potential of volunteers if the strategic leadership of their Health Board encourages this. The effectiveness of a Health Board's promotion of volunteering across the NHS services in its area will be a key factor in the NHS's ability to provide services which are responsive to the needs and wishes of patients and to the volunteers themselves.
  
11. This paper is in two main parts:  
  
Part 1 outlines the Aims of a Policy for Volunteering and presents a set of notes on Procedures for Drawing up a Policy for the Health Board Area  
  
Part 2 presents a Model Policy for Volunteering.
  
12. The challenge for the NHS is to tap into the special relationship the Scottish people have with their health service and encourage them to play their part in a voluntary partnership of care. A policy which co-ordinates the work of the NHS organisations in a Health Board area will play a crucial part in the successful development of NHS volunteering in Scotland. These guidelines are intended to help Health Boards take leadership for NHS volunteering in their area.

# **PART 1**

## **Developing A Policy**

**Aims of a Policy for Volunteering**

*and*

**Procedures for Drawing up a Policy for  
Volunteering in a Health Board Area**

## **Developing a Policy**

### **1. The Aims of a Policy for Volunteering**

1.1. The aims of a policy on volunteering are:

- to highlight and acknowledge the value of the contribution made by volunteers;
- to outline the principles upon which volunteers are engaged by the NHS;
- to define the roles, rights and responsibilities of the NHS and of the volunteers;
- to achieve consistency across all NHS services.

1.2. The objectives of a policy for volunteering need to be clearly specified and agreed by all parties involved. In achieving a consensus of purpose it will be necessary to:

- define the activities covered by the policy;
- be aware of the changing context within which the policy will be applied; and
- take account of the NHS's varied roles in relation to volunteering.

1.3. The Health Board has a crucial role to play in establishing and improving the effectiveness of NHS volunteering in its area. Its policies and procedures should be designed to facilitate the provision of integrated NHS services which involve volunteers as effectively as possible in order to improve the quality of support available to patients, and to support the volunteers themselves in their work.

1.4. The NHS should develop policies which contain commitments to:

- 1.4.1. monitor and review policies to assess whether they have a positive impact on volunteering;
- 1.4.2. good practice in listening and taking account of volunteering interests in the wider community;
- 1.4.3. support and develop new volunteering initiatives in hospitals, in community services and in GP practices;

- 1.4.4. work with Local Volunteering Development Agencies (LVDAs), also known as volunteer bureaux or centres, and with VDS where appropriate;
- 1.4.5. ensure that NHS services provided in the area:
- adopt good practice in engaging volunteers;
  - provide training and support for volunteers engaged in service delivery and for the NHS staff who work with them;
  - identify the range of roles which volunteers could be encouraged to play within the NHS by sharing best practice;
  - have appropriate monitoring arrangements to ensure that the above aims are met; and
  - encourage voluntary organisations funded by them to adopt similar commitments where appropriate.
- 1.4.6. allocate adequate resources to ensure that the above commitments are able to be implemented.

## **2. Procedures for Drawing up a Policy for Volunteering in the Health Board Area**

### **2.1. Approach**

The role of the Health Board is central to ensuring co-ordination of this policy. Traditionally each NHS organisation has had its own way of devising and implementing a policy on volunteering. It is important to ensure general 'ownership' of and commitment to the policy and to bring interested parties together to identify and address issues of mutual interest. These should include primary and secondary health care providers; health councils; local authority voluntary sector liaison officers and social work departments and key voluntary organisations in the area. Volunteer Development Scotland and LVDAs should also be involved. See 2.3 below for further details.

### **2.2. Formulating a Policy**

Experience suggests that formulating a policy should include the following steps:

- Reviewing current practice in engaging and supporting volunteers in relevant NHS services in the area.
- Examining ways in which the NHS liaises with the community, patient support groups and individual volunteers.

- Nominating a Director responsible within the Health Board area for:
  - ◊ overseeing, co-ordinating and monitoring the development of volunteering activity;
  - ◊ providing a contact for outside agencies; and
  - ◊ providing a focus of responsibility to take forward the policy.
- Establishing a small representative task force with a clear remit, timescale and the necessary authority.
- Conducting a review of current practice in all relevant services by means of a questionnaire and interviews with senior managers, all staff working alongside volunteers, and with volunteers themselves, on current issues and practice.
- Preparing a position statement on current practice. The results of this study should be used to inform the content of the policy statement and give an accurate picture of the volunteering sector's relationships with the NHS in the Health Board area.
- Designing, agreeing and publishing a draft policy statement and consulting staff, primary and secondary care providers, senior officers, unions, local authorities, LVDAs, volunteer engaging organisations, patient and volunteer representatives and Volunteer Development Scotland.
- Adopting the agreed policy, assigning responsibility for monitoring and evaluating progress within their organisation and agreeing action plans for implementing it.
- Establishing a working group to consider the most appropriate ways of incorporating these action plans into the Health Improvement Programmes and Trust Implementation Plans.
- Allocating adequate resources to ensure that the above procedures are able to be implemented.
- Continuing to review the policy and action plans.

### 2.3. Consultation with Wider Volunteering Interests

The LVDAs are a national network of volunteering agencies which provide infrastructure support to the volunteering sector. They could be key allies for NHS organisations in the development, implementation and review of a policy on volunteering (see Appendix A).

LVDAs exist to:

- take a lead in working with others to develop volunteering;
- represent the interests of volunteering;
- maintain and improve the effectiveness and quality of volunteering;
- make it easier for people to volunteer for the benefit of society and the community;
- respond to current issues and emerging needs;
- help recruit volunteers and assist in consultation on policy development.

2.4. The attached Model Policy may be a helpful starting point.

*A Policy for Volunteering, therefore, has a variety of aims and functions*

*It aims to:*

- *Highlight and acknowledge the value of the contribution made by volunteers*
- *Outline the principles upon which volunteers are engaged by the NHS*
- *Define the roles, rights and responsibilities of both the NHS and volunteers*
- *Achieve consistency across all NHS Services*

*Its functions are to:*

- *Provide a code of practice governing the relationship of the NHS with its volunteers. The policy also gives structure and identity to this relationship*
- *Reflect the purpose, values, standards and strategies of the NHS in its involvement of volunteers*
- *Articulate the expectation of both the NHS and its volunteers*
- *Identify how the NHS will fulfil each of its roles and responsibilities for the support and development of volunteering in its area*

## **PART 2**

### **A Model Policy for Volunteering**

- 1 A Definition of Volunteering**
- 2 The Scope of the NHS's Role in Relation to Volunteering**
- 3 A Review of the Context of the Local NHS Organisation's Policy**
- 4 Statement of Underlying Principles**
- 5 Statement of Aims of the Policy for Volunteering**
- 6 Statement on Principles of Good Practice**
- 7 Further Reading**

## A MODEL POLICY FOR VOLUNTEERING

### 1. Definition of Volunteering

#### 1.1. 'Volunteering' is:

“The commitment of time and energy for the benefit of society and the community, the environment, or individuals outside one’s immediate family. It is undertaken freely and by choice, without concern for financial gain.”

*(It is useful to note that the term 'volunteering sector' includes volunteer activity in the statutory and private sectors as well as in the voluntary sector.)*

### 2. The Scope of the NHS's Role in relation to Volunteering

2.1. The Government is committed to supporting voluntary action as an essential element in the concept of citizenship. Government policy to support and promote volunteering has been developed and is built around 4 key objectives:

- to encourage and enable people to become and remain volunteers;
- to maximise the involvement of volunteers and the impact of volunteering;
- to improve the organisation and infrastructure of volunteering; and
- to communicate the importance, effectiveness and value of volunteering.

#### 2.2. The Role of [ ] Health Board

[ ] Health Board recognises that it has a strategic role in planning health care in its area, and that volunteering has a key role to play in meeting those strategic objectives. In all its dealings, it is the responsibility of the Board to fund, encourage and enable volunteering to take place in its area.

This policy, therefore addresses:

- the NHS's relationships with volunteers whom it engages directly in its service delivery and indirectly through other health service providers;
- the implications for NHS funding of volunteer action;
- the implications for commissioning of services;
- how the NHS will consult on policy matters with local volunteering interests;



- the NHS's relationship with LVDAs, which provide important infrastructure for promoting and developing the contribution of volunteering at the local level;
- how the NHS will encourage the development of employer-supported volunteering and how it will support NHS staff who wish to participate in volunteering opportunities;
- the Board's role in the development and co-ordination of the NHS Volunteering Policy in its area.

### 3. **A Review of the Context of the Local NHS Organisation's Policy**

[ ] Health Board will assess and review existing patterns of volunteering. This will be done by means of:

- a review of the pattern of volunteering, as experienced in each NHS organisation and how it relates to other volunteer-engaging agencies in the area;
- an assessment of the strengths upon which a future volunteering policy may be built;
- an assessment of the specific volunteering interests which will take the lead and which should be part of any consultation process;
- the definition of a proposed ongoing review process, including the ongoing proofing of all policies for their relevance to volunteering.

*(The LVDA can be contracted to carry out this audit- see Appendix A.)*

### 4. **A Statement of Underlying Principles for NHS Organisations**

4.1. [ ] Health Board:

- recognise the important role played by volunteers in the work of the NHS services and the important and valuable contribution made by volunteers to enriching the quality of everyday life of patients and those who care for them;
- recognise that the role of volunteers complements but cannot replace that of paid staff and others who provide NHS services;
- acknowledge the unique contribution made by volunteers to the wider community, patients and those who care for them, to paid staff and to the volunteers themselves;

- will implement measures to support volunteering through funding and other forms of help;
- will implement good practice with regard to the involvement of volunteers and will expect organisations with whom we deal to adopt a similar model of good practice;
- will seek to ensure that our policies in general will encourage volunteering;
- will give recognition, support and publicity to the work of the LVDA (*or equivalent agency*) as the key co-ordinating and development body for volunteering in our area, and as an 'open door' recruitment centre for volunteers;
- will demonstrate a commitment to provide training and support for volunteers, whether directly or indirectly, and will expect all NHS services to do the same;
- will make provision for training and support in grants and service agreements;
- will promote, support and provide training for voluntary service managers;
- will nominate a Director responsible for:
  - ◇ the development and monitoring of the volunteering policy across the Board area,
  - ◇ ensuring consistency of approach in the NHS organisations with which we deal.

*(Important tasks for this Director will include:*

- ◇ *the appointment and ongoing support of Voluntary Service Managers;*
- ◇ *establishing and maintaining appropriate communication systems to ensure that NHS staff and volunteers are aware of, and understand, their complementary roles);*
- will establish a mechanism to monitor the value and effectiveness of our policy on volunteering;
- will use our volunteering policy to inform and support other policies including those on the voluntary sector, patient participation, health promotion, removing health inequalities and community care;
- will require patients to be informed where volunteers are providing services, and their wishes respected; and

- will expect organisations from whom we commission services to be volunteer-involving and committed to the above principles.

## 5. **Statement of Aims of the Policy for Volunteering**

5.1. The aims of this policy are to:

- acknowledge the importance of volunteering to the health service and to the communities in our area;
- actively promote the importance, effectiveness and value of volunteering;
- encourage greater recognition and appreciation for the contribution of volunteers in society;
- mobilise more people to volunteer across the NHS, ie in hospitals, in primary care and in community settings;
- make it easier for people to volunteer, especially under-represented groups such as young people, people with a disability, older people, and people from black and minority ethnic groups;
- apply equal opportunities policies to volunteering;
- increase the range and number of volunteering opportunities in all NHS services;
- improve the quality and effectiveness of volunteering in the work of the NHS;
- clarify the role of volunteers and address the relationship between volunteers, those who engage volunteers and those who receive their services;
- improve the organisation and infrastructure of volunteering and set up channels for consultation with the local volunteering sector, including LVDAs;
- clarify the key areas of NHS responsibility and practice in relation to volunteering in our area;
- set standards of good practice in working with volunteers;
- ensure effective systems of management and support are implemented for voluntary service managers.

## 6. A Statement on Principles of Good Practice

6.1. In engaging volunteers the NHS in our area will accept the following principles:

### 6.2. General

6.2.1. It is the responsibility of paid staff to identify ways in which the work of the NHS can be extended by the involvement of volunteers, and to ensure that these opportunities complement rather than replace the work of paid staff.

6.2.2. Opportunities will be given for volunteers to represent their views to senior management level.

6.2.3. The tasks to be performed by volunteers will be clearly defined, so that all concerned with their activities are sure of their respective responsibilities.

### 6.3. Relationship with Staff

6.3.1. Steps will be taken to ensure that paid staff at all levels are clear about the role of volunteers, and that good working relationships are fostered between paid staff and volunteers. Consultation arrangements with Trade Unions will be clearly established.

6.3.2. Appropriate training, support and resources will be provided for all those who work alongside volunteers and for those who have a managerial role in relation to volunteers. Consideration will be given as appropriate to the appointment of voluntary service managers whose primary function would be to oversee all voluntary input from individuals and organisations. Acknowledgement of the central role played by the voluntary services managers in the relationship between paid staff and volunteers will be made, and appropriate supervision, support and resources allocated to these posts.

6.3.3. Volunteers will not be asked to take on tasks formerly undertaken by paid workers whose posts have been cut or hours reduced, or to work in ways which facilitate a decrease in paid employment.

6.3.4. Volunteers will not be engaged in times of industrial action to do the work of paid staff. They may continue with their regular work, but should not be asked to undertake additional duties.

6.3.5. As far as possible, volunteers will have responsibility for carrying out particular pieces of work and will not be used simply to assist paid workers.

#### 6.4. Recruitment, Interview and Selection

- 6.4.1. All volunteering opportunities will be advertised widely, in ways that are accessible to all sections of the community. Such advertising will specify the task to be undertaken and will draw attention to the benefits and experience to be gained from participation in volunteering.
- 6.4.2. Written task descriptions will delineate time, commitment, necessary skills and actual duties.
- 6.4.3. Volunteers will be placed in accordance with appropriate volunteer recruitment and selection procedures.
- 6.4.4. There will be clearly understood procedures for vetting volunteers who are to work with children and other vulnerable groups.
- 6.4.5. References will be requested from volunteers where this is seen to be appropriate.
- 6.4.6. Volunteers who offer their services will have their offers dealt with as quickly as possible.
- 6.4.7. The way in which potential volunteers can make contact with the NHS in our area will be regularly reviewed.
- 6.4.8. Placements will match the volunteer's skills, talents and interests with the patients' needs.
- 6.4.9. Once placed, we will expect volunteers to comply with existing policies and procedures.

#### 6.5. Support for Volunteers

- 6.5.1. There will be investment in financial and personnel resources for the adequate management of volunteers.
- 6.5.2. Where appropriate, an induction period and a review session will be provided to assess the progress of the placement and to resolve any problems at an early stage.
- 6.5.3. Funding will be provided for payment of expenses. Volunteers will be given clear information about what expenses can be claimed and how to make a claim.
- 6.5.4. Adequate provision will be made for insurance of volunteers.

6.5.5. Volunteers will be given information on other legislation or policies eg Health and Safety, which may affect them, and will be treated in the same way as paid staff for liability purposes.

6.6. Support for Patients

6.6.1. Patients will be informed where volunteers are providing services, and their wishes respected.

6.7. Engaging Volunteers

6.7.1. The right of volunteers to:

- know what is expected of them and to be given clear information and induction;
- have clearly specified lines of support and supervision;
- be shown appreciation;
- have safe working conditions;
- be insured;
- know what their rights and responsibilities are if something goes wrong;
- be paid expenses;
- be trained and receive ongoing opportunities for learning and development;
- be free from discrimination;
- experience personal development through participation;

6.7.2. and expect volunteers to:

- be reliable;
- be honest;
- respect confidentiality;
- attend training and support sessions where agreed;
- carry out their tasks in a way which corresponds to the aims and values of the NHS; and
- work within agreed guidelines and remits.

6.8. Commissioning Services Involving Volunteers

6.8.1. The role of volunteers will be made clear and satisfactory arrangements will be in place for their management.

6.8.2. Service agreements will provide all necessary information, advice and assistance for the management of those services.

6.8.3. Agreements will be made to set out the roles and commitments of the volunteers. The impact of volunteering and its benefits will be promoted and acknowledged.

6.9. Funding services involving volunteers

6.9.1. The funded organisation will be expected to adopt similar commitments.

6.10. Encouraging employer-supported volunteering

6.10.1. Employees' awareness of the opportunities for volunteering will be increased through advertising in Board and Trust bulletins, pre-retirement courses, etc.

6.10.2. An officer will be nominated to support, promote and encourage or commission a service for the involvement of employees in volunteering.

6.10.3. The value of the employees' volunteering activity will be acknowledged.

6.11. Developing a relationship with the local volunteering sector

6.11.1. The benefits of the involvement of the local umbrella groups in consulting volunteers will be recognised and mechanisms established to ensure that the voluntary sector is consulted on the wide range of issues which affect volunteers.

6.11.2. The need for a strategic approach to the development of volunteering will be recognised and the work of the LVDA (*or equivalent agency*) in providing leadership in the volunteering sector recognised.

6.11.3. Finance and other resources will be provided to support the work of the LVDA.

6.11.4. Networking to co-ordinate work, good practice and ensure quality of service to the patients, those who care for them and other clients will be encouraged.

## 7. Further Reading

Advance (1991) *Good Practice Guide for Voluntary Services Co-ordinators in the NHS*

Darvill, Giles (1986) *Local Government and Volunteers*. The Volunteer Centre: London

McCurley, S and Lynch, R (1994) *Essential Volunteer Management: A Directory of Social Change Publication in The Volunteer Centre UK* (1990) *Guidelines for Relations between Volunteers and Paid Workers in the Health and Personal Services*

NHS Executive (1996) *Making a Difference: Strengthening Volunteering in the NHS*

Pitkeathley, Jill (1993) *Involving Volunteers in Hospitals*. The Volunteer Centre: London

Royal College for General Practitioners (1997) *Goodwill in Practice*. RCPG: London

Social Services Inspectorate, Department of Health (1996) *Working Alongside Volunteers: Promoting the role of volunteers in Community Care*. Department of Health: London

The Volunteer Centre UK (1992) *Managing Volunteers: A Handbook for Volunteer Organisations*. The National Centre for Volunteering in England: London

Volunteer Development Scotland (1997) *Guidelines on Insurance for Volunteers*. VDS: Stirling

Volunteer Development Scotland (1998) *Guidelines on Volunteers' Expenses*. VDS: Stirling

Volunteer Development Scotland (1995) *Protecting Children: A Code of Good Practice for Voluntary organisations working with Children and Young People*. VDS: Stirling

Volunteer Development Scotland (1995) *Engaging Volunteers: A Good Practice Guide*. VDS: Stirling

Volunteer Development Scotland (1996) *A Manifesto for Volunteering*. VDS: Stirling

Volunteer Development Scotland (1997) *Charter for Volunteering*. VDS: Stirling

Volunteer Development Scotland (1997) *Local Authority Policy for Volunteering*. VDS: Stirling

Volunteer Development Scotland (1998) LVDA leaflets and location map.