



Health and
Social Care

Regional Plan for Volunteering in Health and Social Care 2016-2018

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Introduction

Volunteering has always been part of the delivery of the statutory health and social care provision in Northern Ireland. Volunteers add value to the work of paid staff by providing befriending, driving, meeting and greeting, chaplaincy, meal time support and many other roles. The Health and Social Care Board (HSCB) undertook a scoping study in 2011 to look at the number of volunteers involved in Health and Social Care Trusts (Trusts) across Northern Ireland and the kinds of roles they play. This report evidenced the substantial impact volunteers were making to health and social care and the value placed on volunteers by Trusts and made a number of recommendations for how the engagement of volunteers could be further developed.

In 2012 the HSCB commissioned Volunteer Now to support the development of a 3 year, Regional Plan for Volunteering in partnership with the Public Health Agency and Trusts across Northern Ireland. This plan sets out a series of proposals to promote and support the role of volunteers within health and social care, including, improved pathways and processes supporting volunteering in health and social care, supporting the quality of commissioning assessment and recognition of good volunteering practice and an increase in profile of health and social care employer supported volunteering opportunities. One example of positive development and progression of the current profile of volunteering within health and social care will be that each Trust will increase the numbers of men, young people and people from BME backgrounds as registered and active volunteers.

The broader role of the community, voluntary, private and public sector beyond health and social care in volunteering is addressed in the Department for Social Development's NI Volunteering Strategy and Action Plan which seeks to develop and support volunteering in its widest context. Consequently, this proposed Volunteering in Health and Social Care Plan does not aim to replicate this Inter-departmental and cross sectoral Strategy.

The HSCB and PHA are grateful to the participants on the Regional Steering Group, listed at Appendix 1, who have helped to bring this work to this

stage. We would also like to thank everyone who contributed to this work and took time to respond to the consultation document.



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Context

The Health and Social Care Board carried out a scoping study on volunteering in 2011. The study indicated that there were over 1,500 volunteers across all Health and Social Care Trusts, placed throughout all programmes of care, with the majority of volunteers being in acute settings. All Trusts placed high value on the work of volunteers. The HSCB made a number of recommendations as a result of this study and these are reflected in the Action Plan of this document.

The Department for Social Development launched the first volunteering strategy for Northern Ireland in March 2012; it provides the policy framework and a context for this Regional Plan for Volunteering in Health and Social Care. Many of the concepts in the Strategy have been further developed for a statutory health and social care setting as part of this regional Plan.

In December 2011, *Transforming your Care: A Review of Health and Social Care in Northern Ireland*, was published. This document will shape the development of health and social care services in Northern Ireland over the next five years. There is a focus on people's own homes being the hub of care, avoiding admission to hospital/ residential care and also the introduction of reablement. There are opportunities for Trusts to involve volunteers in a number of settings to support the implementation of *Transforming Your Care*. This plan seeks to provide a context for this involvement in terms of building good volunteering practice and providing the flexibility within the model of volunteering used by Trusts. This will enable the development of new roles and the deployment of increased numbers of volunteers, including in partnership with other organisations.

A number of other Department of Health Social Services and Public Safety, Health and Social Care Board and Public Health Agency strategies and plans such as , *Promoting Good Nutrition*, *Personal and Public Involvement*, *Community Development*, the Public Health framework '*Making Life Better*', among others, reference the critical involvement of volunteers. This Regional Plan seeks to provide a framework to support the implementation of good quality volunteering opportunities wherever they

arise within the statutory health and social care environment. It also seeks to consider opportunities for employer-supported volunteering in appropriate situations within Health and Social Care.

The recent census¹ statistics show a rise in the population of Northern Ireland with an increase of 18% in the number of people over 65 years including a 35% rise in the population over 85 years. This population change presents challenges but also opportunities to involve older people as volunteers in a statutory health and social care context. Many older people are already actively volunteering in Trusts across Northern Ireland and this plan will seek to extend that number to make the best use of the skills and experience of older people.

Involving volunteers in a statutory health and social care context is not about replacing paid staff. Across all Trusts, arrangements exist to ensure that Trades Unions are consulted about the development of roles such as befriending, meeting and greeting, reading to patients etc. In recent months for example, the Royal College of Nursing has recognised the role that volunteers can and do play. This Plan will look at building on this work with Trades Unions to consider how new volunteering roles can be developed which can add value to the work of paid staff in the changing health and social care environment.

³Northern Ireland Statistics and Research Agency, NI Census, 2011.

Vision, Definition, Aims and Principles

Volunteering is defined as:

“The commitment of time and energy, for the benefit of society and the community, the environment or individuals outside, (or in addition to) one’s immediate family. It is unpaid and undertaken freely and by choice” (Department for Social Development, Join in Get Involved, Build a Better Future 2012).

Our vision is that volunteering will be welcomed and supported wherever it is additional to the role of paid staff, to improve people’s experience of statutory health and social care services, in a range of settings, across Northern Ireland.

Aims

This plan aims to:

- Provide leadership to ensure recognition and value for volunteering in health and social care;
- Enable volunteering in health and social care to develop and add value to, but not replace the role of paid staff;
- Improve the experience of volunteers in health and social care by building best practice;
- Build an evidence base to support and develop volunteering in health and social care;
- Support staff to ensure volunteers are involved effectively; and
- Enhance service user experience of health and social care.

Underpinning Principles

A number of principles have been identified which are key to the success of the delivery of the plan:

Leadership – a commitment that volunteering will have strong leadership at all levels in health and social care

Equality – a commitment to fairness in recruitment and involvement

Adding Value – a commitment that volunteers will only be engaged where they can add value to the role of paid staff and will not be used to replace staff

Partnership – a commitment to working in partnership with individuals, organisations and communities to deliver the best health and social care service possible

Volunteer Management – a commitment to striving for the best possible volunteer management in health and social care, including in commissioned services, based on the Investing in Volunteers² standard

Commissioning – a commitment to ensuring that commissioning processes consider how volunteering can enhance service provision and resource it appropriately

Impact – a commitment to seeking to measure the impact volunteering is making using a consistent regional approach

Quality – a commitment that the involvement of volunteers will enhance the quality and safety of the services provided.

² *Investing in Volunteers* is the UK quality standard for the involvement of volunteers within an organisation. It is designed to help volunteer-involving organisations review and improve their volunteer management. It is a nationally recognised award that allows organisations to publicly demonstrate and promote their commitment to volunteering.

Action Plan

The following Action Plan outlines how the vision and aims of the plan will be taken between 2016 and 2018. The Action Plan contains a range of practical tasks which will seek to build a strong foundation to develop volunteering in Health and Social Care. A Quality Indicator for each Action is included which will help practitioners decide if the Action has been met.

Aim 1: Provide leadership to ensure recognition and value for volunteering in health and social care.		
	Action	Quality Indicators
1	All Trusts provide recognition for volunteers at least annually	Trusts have volunteer policies in place based on principles of equality and diversity; Trust staff recognise volunteers' contributions and effectively communicate their appreciation to volunteers both formally and informally.
2	All Trusts raise awareness with staff about the role and value of volunteers	People at all levels of Trusts have been informed of and can articulate the Trusts' reasons for involving volunteers and the benefits to volunteers.
3	Trusts to review policy to promote volunteering in the workforce.	Trusts have employer-supported volunteering policies in place based on principles of equality and diversity; Trusts encourage staff to volunteer, in particular those leaving the workforce e.g., in retirement to consider volunteering as an option to sustain wellbeing.
Aim 2: Enable volunteering in health and social care to develop but not replace the role of paid staff.		
	Action	Quality Indicators
1	All Trusts should have a plan to develop volunteering.	Trusts will have a regionally consistent plan for volunteering which is reviewed regularly.
2	Trusts increase the number and variety of roles available across all	If feasible, a variety of tasks are made available which will attract a range of people while still meeting the needs and aims of the

	programmes of care.	organisation; where possible, tasks are adapted to suit the needs, abilities and interests of individual volunteers.
3	Trusts to propose protocols for ensuring any new plans for health and social care supports volunteering	Trusts to review policy annually to ensure it supports volunteering.
4	A mechanism is put in place for sharing roles across Trusts e.g. meet and greet roles	If feasible, a variety of tasks is made available which will attract a range of people while still meeting the needs and aims of the organisation; where possible tasks are adapted to suit the needs, abilities and interests of individual volunteers. An indicator of the development and implementation of the shared roles between Trusts will be that examples will be showcased through the regional volunteering group and can be evidenced.
Aim 3: Improving the experience of volunteers in health and social care by building best practice.		
1	Trusts give consideration to skill development for volunteers in relation to their role.	Volunteers are provided with the necessary information and/or training to carry out their role, including any policies as appropriate.
2	All Trusts review volunteer recruitment processes in light of new Safeguarding Vulnerable Groups Guidelines	Trusts approach to the use of official checks takes into account the relevant Government guidelines and the roles in which volunteers will be placed.
3	Trusts will set consistent standards for the time recruitment processes should take.	People interested in volunteering are provided with clear information about the opportunities, the recruitment and selection procedure, what volunteers can expect from the Trust and what the Trust's expectations are.

4	Health and Social Care Board /The Public Health Agency will review guidance to Trusts about Occupational Health screening for volunteers	The Trust asks only for information needed in order to involve a volunteer and this is recorded in a consistent manner.
5	Trusts to consider assessment that includes volunteering practice when commissioning services involving volunteers	Where there is commissioning or procurement of services involving volunteers, Trusts and PHA/HSCB will ensure that consideration will be given to good volunteer management.
6	Trusts will seek to involve a diverse range of volunteers reflective of the community.	Trusts are committed to involving volunteers from a wide range of backgrounds and abilities and to ensure the necessary resources to support such diversity. Specifically, each Trust will increase the numbers of men, young people and people from BME backgrounds as registered and active volunteers.
7	Implement equality monitoring system for volunteers	Trusts monitor the diversity of the volunteer team in a regionally consistent way and implement procedures that aim to increase diversity and representation from the local community.
8	Trusts will benchmark volunteering practice against national volunteer management standards (Investing in Volunteers)	Trusts benchmark against quality indicators in Regional Plan.
9	Agree a regionally consistent approach to paying volunteer expenses across Trusts.	There is a clear policy on the reimbursement of volunteers' out of pocket expense which is rooted in the Trusts' ethos and which takes into account the Trusts' financial situation.

Aim 4: Build an evidence base to support volunteering in health and social care.		
1	Agree consistent definitions for volunteers across all Trusts	Trusts are clear about volunteers' roles and opportunities especially in relation to partner organisations. The involvement of volunteers should complement and supplement the work of paid staff and should not be used to displace paid staff or undercut their pay and conditions of service.
2	Agree regionally consistent volunteer data collection methods for all Trusts.	Trusts only ask for information needed to make a placement and this is recorded in a consistent manner.
3	Trusts will assess the impact of volunteering	Volunteers are asked for feedback about their role and their involvement with the Trust.

Aim 5: Support staff to ensure volunteers are involved effectively.		
1	Trusts will provide training for staff working with and managing volunteers	Trusts take steps to ensure that those who supervise volunteers have the relevant knowledge and experience.
2	Include information about how the Trust involves volunteers in Trust corporate inductions for staff.	People at all levels of Trusts have been informed of and can articulate the Trusts' reasons for involving volunteers and the benefits to volunteers.
Aim 6: To enhance service user experience of health and social care.		
1	Agree a mechanism to consulting service users about impact of volunteers to inform role development	Trusts adopt appropriate procedures for regularly reviewing volunteer involvement in the organisation, including policies and procedures.

Implementation

In March 2016 the Department of Health confirmed that the Health and Social Care Board will cease to function. The conclusion of the related process of restructuring is now on-going. Despite changing structures there remains a need to ensure continued input, guidance and monitoring to and for the Volunteering Plan. Consequently, in the circumstances, it is proposed that the 6 Trusts continue to meet and assume responsibility for the progression and implementation of actions linked to the regional Plan. The PHA and HSCB will ensure and agree with Trusts an annual monitoring process. This will involve reviewing implementation of the annual actions, renewing actions for the coming year and identifying any overarching and/or outstanding actions that may be required

Finance

The levels of investment in Volunteering by the Trusts, Human Resources and Financial, were identified in a scoping exercise carried out by the HSCB and PHA in July 2011. Any specific implementation costs or proposals associated with this Volunteering Plan that are identified will be brought to the attention of the HSCB and PHA in the first instance.

Appendices

Appendix 1 – Regional Steering Group for volunteering in Health and Social Care

Moira	Mannion	Belfast Health and Social Care Trust
Denise	Hayward	Volunteer Now
Fionnuala	McAndrew	Health and Social Care Board
Sonya	Duffy	South Eastern Health and Social Care Trust
Jason	White	South Eastern Health and Social Care Trust
Kristy-Lee	Greene	Northern Health and Social Care Trust
Kathey	Neill	South Eastern Health and Social Care Trust
Marie	Mullan	Northern Ireland Ambulance Service
Anne	Mills	Department of Health and Social Services and Public Safety
Anne	Love	Western Health and Social Care Trust
Harry	Armstrong	Department for Social Development
Bernie	Mitchell	Belfast Health and Social Care Trust
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