

# Recruiting and managing **volunteers** in NHS providers

## a practical guide

# In this guide



**1. The purpose of this guidance** 4

**2. Introduction** 9

**3. Commitment to volunteering** 12

**4. Creating a framework to develop and support volunteering** 15

**5. Developing volunteer roles** 21

**6. Inclusive approaches to attracting volunteers** 25

**7. Recruiting volunteers** 29

**8. Safeguarding volunteers, staff and service users** 34

**9. Induction and training for volunteers** 38

**10. Supporting and supervising volunteers** 41

**11. Working in partnership** 44

**12. Valuing and recognising volunteers' contributions** 49

**13. Appendices** 52

# Appendices



**The case for volunteering in health and care: strategy and policy 53**

**'Plan on a page' volunteer strategy summary 58**

**Policy and procedures checklist 59**

**Volunteer managers' guide to getting started 60**

**Example role description 62**

**Making volunteering inclusive – in practice 64**

**Gifts and goals template 75**

**Criminal record checks 76**

**Partnership memorandum of understanding (MOU) 78**

**Managing risk in partnerships 80**

# 1. The purpose of this guidance

This guidance offers practical support and information for NHS providers to enable them to support the strategic ambition to grow and develop volunteering in the NHS. It will help providers

- develop the right processes, procedures and frameworks to support quality volunteering opportunities that make an impact
- achieve a balance in their approach; ensuring effective processes for recruitment and management of volunteers are in place without creating unnecessary barriers or being too risk-averse
- ensure that the approach is accessible and inclusive, there are opportunities for a diverse range of people and volunteers reflect the communities in which we work. This includes involving people who experience the most health inequalities as volunteering can help to reduce these
- identify existing good practice and develop a framework based on [Investing in Volunteers](#), a recognised standard for volunteer management also recommended by the [Lampard Inquiry](#) as a way for NHS trusts to formally review their volunteering programmes.

The guidance does not deal with every setting or context in which volunteers are involved in the NHS but the [key principles](#) can be applied across settings. The case studies and examples included aim to illustrate how these principles have been put into practice in a range of settings.

Approaches can be applied flexibly to ensure recruitment and management is appropriate for the nature of the volunteer role and the context in which it takes place.

This guidance does not focus on wider public participation and public voice. Further information on this can be found on the [NHS England Involvement Hub](#).

---

## Who is it for?

This guidance is aimed at NHS providers across a range of settings including hospitals, primary care, general practice and community services.

It will be most useful for those who have a role in recruiting and managing volunteers, particularly voluntary service managers and volunteer coordinators. However, other personnel may also find it useful in their work. Board members and senior



management who have a strategic responsibility for volunteering may find it useful in shaping the direction of their approach and implementing a robust framework to support volunteering in their organisation.

We also recognise that a large number of voluntary, community or private sector organisations work in partnership with the NHS and involve volunteers in NHS settings. The guidance may also be useful for these organisations.

### Brief 1. Examples of volunteer roles in NHS provider organisations

#### Hospitals

- Discharge assistant
- Hospital guides/navigators
- Welcome volunteers
- Governors and trustees
- Hospital radio
- Ward and department volunteer including specialist roles, for example Neonatal family support volunteers, Intensive Care, Stroke Ward.
- Bedside buddies, befriending, reading
- Dining companions, mealtime assistance
- Shop volunteers, tea or café volunteers
- Library volunteers
- Entertainment/music/arts and crafts/activities

- Buggy service, mobility support
- Pet therapy
- Trolley service
- Administrative support
- Running errands and collecting prescriptions/test results/paperwork.
- Chaplaincy
- Dementia buddies
- A&E volunteers
- Support with unplanned admissions
- Outpatient support
- Discharge support
- Volunteer mentors supporting other volunteers
- Mobility volunteer/physical activity

#### Primary care & general practice

- GP patient participation group
- Social and activity event organisers
- Interpreters

- Information stand (signposting and guidance)
- Expert patients
- Practice health champions

#### Community settings

- First responders
- Befriending/buddying/visiting
- Self-care
- Expert patients
- Dementia friends
- Speech and language support
- Hospital to Home escorts
- Health champion
- Occupational therapy activity volunteers
- Fundraising
- Support with long-term conditions
- Peer support
- Care champions, Care navigators

- Lifestyle coach
- Mentors
- Respite support
- Counselling
- Advocacy
- Information and advice
- Signposting
- Organising and running activities/ social organiser/ community connectors
- Teaching and training roles
- Delivering equipment and supplies
- Transport assistance
- Falls prevention

This list is not comprehensive: it indicates some of the roles undertaken by volunteers in NHS providers. Volunteers often operate across both roles and health settings.



## Using this guidance

This guidance is linked to relevant [Investing in Volunteers](#) indicators. This guide is interactive. You can:

- use the [contents page](#) to click through to different sections of the guidance. The 'home' symbol at the bottom of each page returns you to the contents page.
- use Figure 1 to identify the parts that are most useful to you. Indicators 1-4 are focused on strategic development of volunteering and indicators, 5-9 are focused on practical delivery of volunteering including how to recruit and manage volunteers.

The guide does not deal with the indicators in numerical order but instead is organised around the volunteer journey. For example, the guide deals with the setup of your volunteering programme first before moving on to recruitment and management. The diagram links each Investing in Volunteers key indicator to the relevant section of the guide.

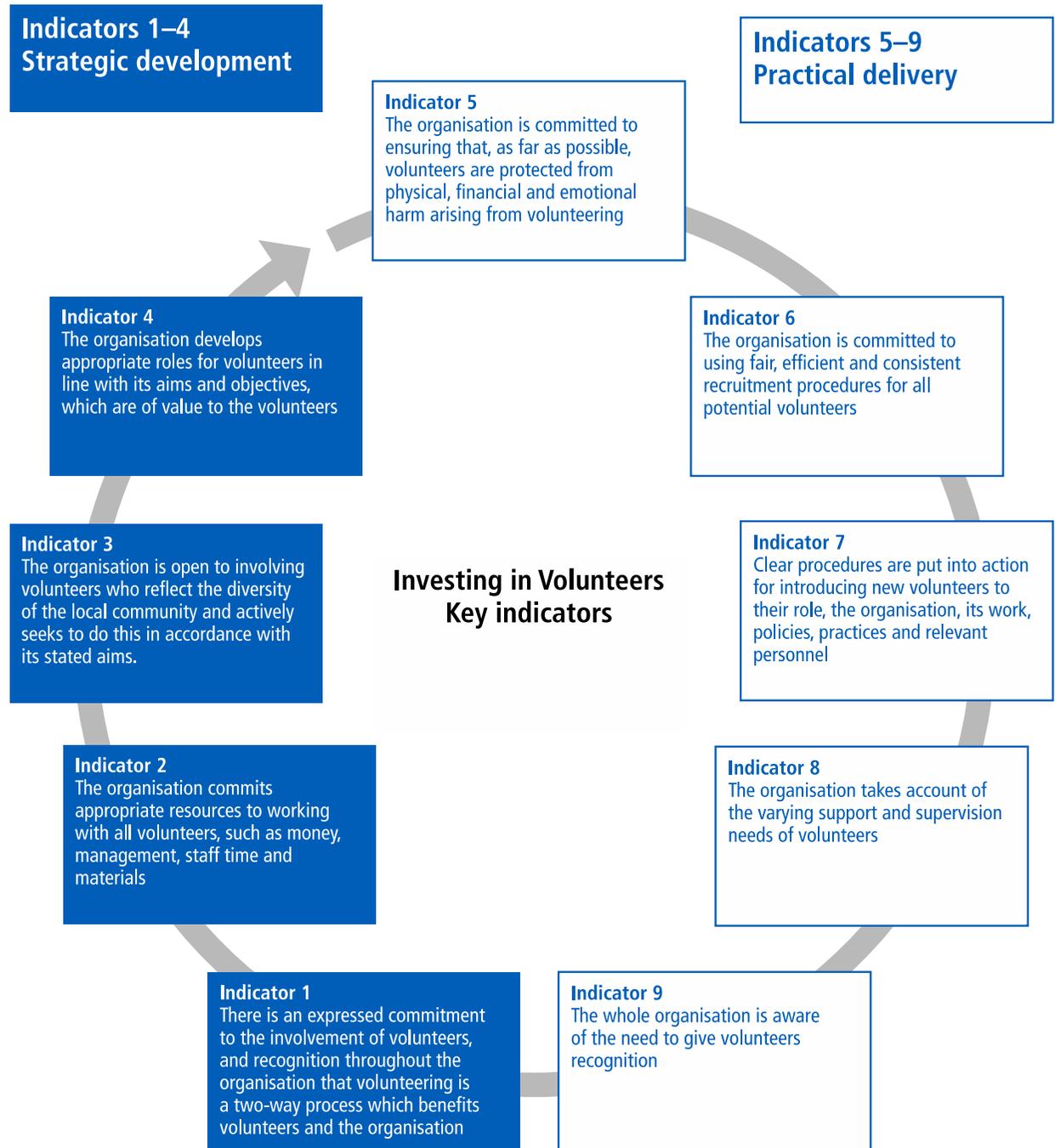


Figure 1: Investing in Volunteers, key indicators



---

## Key principles

### Volunteers make a unique contribution

By giving their time, volunteers make a unique contribution and bring their own credibility to the roles they perform. Involving volunteers provides opportunities for the NHS to learn from the perspectives, insight and experience they bring and to work in partnership in developing new approaches.

It is important to recognise that managing volunteers is different from managing staff. There is no contractual relationship between volunteers and the organisation. Instead the relationship is based on mutually agreed expectations about the role. Volunteers have different roles from staff (and should not replace staff) and have different motivations and expectations. These are key underpinning principles to understand in order to recruit and manage volunteers well.

### Volunteering should be mutually beneficial

Volunteering should have a positive impact that makes a difference to patients, staff and the work of the NHS but volunteers should get something out of the experience too. This may include making a difference to a cause they care about or meeting people and feeling part of the community. Volunteers may value the opportunity to develop new skills and gain experience. There is also a growing body

of evidence that shows [volunteering has a positive impact on wellbeing](#) and giving is identified as one of the [five ways to mental wellbeing](#) and so as an activity in itself, [volunteering](#) is of value to the individual and the NHS.

### Quality

This guidance is underpinned by tried and tested principles of good practice in volunteer management from the [Investing in Volunteers quality standard](#). The standard was recommended by the Lampard Inquiry as a framework for improving the management and quality of volunteering and a number of NHS organisations have achieved the standard. This principle recognises that offering and delivering quality volunteering experiences is vital to volunteer retention and ensuring that people want to continue to give their time. It is also about ensuring the right structures and support are in place so volunteers can have a positive impact and make a difference.

### Flexibility

We recognise the enormous scope and scale of volunteering in the NHS and more broadly in health and care. This guidance encourages the flexibility needed to accommodate the range of volunteer roles in NHS provider organisations and the contexts in which they are engaged.



## Inclusivity

This guidance aims to help NHS providers take an inclusive approach to volunteering and develop accessible opportunities. By ensuring volunteering is accessible it can help a diverse range of people get involved and promote equality, improve reach into communities and reduce health inequalities.

## Collaboration and a culture of partnership

This guidance encourages day-to-day collaboration between volunteers and staff. It recognises volunteers as part of the wider NHS family and the value of their contribution alongside paid professionals. It aims to support an asset-based approach and culture of partnership. Asset-based approaches are place-based approaches that develop local solutions, drawing on all the assets and resources of an area; integrating public services and also building the resilience of communities. It also provides support to organisations who are already working in partnership with NHS providers to effectively recruit and manage volunteers.



## 2. Introduction

An estimated three million people volunteer in health and care. The time volunteers give every day, in a very wide range of roles, makes a valuable contribution to the quality of care that patients experience.

The NHS treats thousands of patients every day and volunteering is a key enabler in transforming the way the NHS works with people and communities. Involvement of volunteers is essential for the success of the [Five Year Forward View](#) and particularly Chapter 2 which outlines the vision for a new relationship with patients and communities and the need to 'encourage community volunteering'.

The NHS could do more to embed volunteers as part of the extended NHS family or team and as partners alongside paid staff. There is a strategic ambition across health and care to grow the number of volunteers involved and to develop their roles across a range of NHS settings including; hospitals, urgent and emergency care and primary care. To realise the vision and future ambitions for volunteering in the NHS it is important that the right frameworks are put in place to support volunteering.

### Brief 2. **Volunteering makes a difference**

#### **To people, patients and service users**

- enhances patient experience and outcomes
- enables people to take control and manage their own health and wellbeing

#### **To services and staff**

- extends and adds value to services
- facilitates new approaches to health and care including community centred approaches and social prescribing
- volunteering can help the NHS to engage with communities and citizens in new ways
- helps to connect up services and provide more integrated care
- engages hard to reach groups and tackles health inequalities
- helps change the culture of organisations and the way they operate
- supports governance and accountability
- brings unique perspectives and credibility
- helps access new skills, knowledge and experience
- helps free up staff time
- improves staff satisfaction and organisational culture

#### **To volunteers**

- supports the health and wellbeing of the volunteer
- provides opportunities to meet people and get to know the community
- develops skills and experience through volunteering



In 2015 [the Lampard Inquiry](#) reported on its investigations into Jimmy Savile and his crimes in the NHS. It recommended that in order to reduce the risk of such events occurring again, NHS trusts needed to review their voluntary services arrangements and ensure that:

- they are fit for purpose
- volunteers are properly selected, recruited and trained and are subject to appropriate management and supervision
- all voluntary services managers have development opportunities and are properly supported.

Having the right processes, procedures and framework in place enables volunteering to take place safely and ensure it has a positive impact on patients, people, communities and volunteers themselves. Good volunteer management helps to ensure volunteers have a positive experience and so are encouraged to keep giving their time. This guidance will help you achieve this.

---

## What is volunteering?

Volunteers are individuals who choose to commit their time and energy to support the work of the NHS, without receiving any financial benefit beyond reimbursement of expenses. Volunteering is a choice freely made by each individual. As shown by the examples in [Brief 1](#) volunteering takes many forms and can be:

- formal or informal
- in a range of settings
- supporting services, patient experience, self-care and other volunteers
- led by the NHS, voluntary and community sector, or in partnership
- taken by people of all ages, cultures, ethnicities and background
- a form of social action.

---

## Other ways of involving people and communities

### Social action

Social action is about people coming together to help improve their lives and solve the problems that are important in their communities. It involves people giving their time and other resources for the common good, in a range of forms – from volunteering and community-owned services to community organising or simple neighbourly acts. Volunteering is one form of social action.

Social action may occur without the support of the NHS. In some cases the role of the NHS providers may be to ensure the right conditions are in place for social action to happen or to identify ways in which the potential of social action can be harnessed and help contribute to health and care outcomes.



This guide does not focus on social action but you should consider the role social action and more informal forms of engaging people and communities can play in supporting health and care outcomes.

**Further information** [Enabling Social Action guidance](#) has been developed by the Department for Culture, Media and Sport and the New Economics Foundation

### **Social prescribing**

Social Prescribing is a means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker. The link worker works directly with people to access local support and often works across services, with the health and the voluntary sectors, to fulfil this role. They provide an opportunity for people to have a face-to-face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription'- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector. This can include supporting and enabling people to volunteer.

The [Social Prescribing Network](#) provides further information and resources. Their 'Making Sense of Social Prescribing' document will act as a guide to new commissioners and existing professionals who are active in the social prescribing field. It has been co-produced by a group of people already involved

in social prescribing and covers a range of subjects, including different models, risk management and governance, commissioning and evaluation checklists and how to make good quality referrals. You can [download this interactive version](#) which allows you to click on web addresses to take you through to the resources you need, or you can [download a print version](#).

**Further information** NHS England developed a programme of work to explore the potential of social movements in health. [The report from Nesta](#) highlights examples and explores how the NHS and other institutions can partner and work alongside them.



## 3. Commitment to volunteering

To involve volunteers effectively there needs to be a high-level, formal commitment to volunteering in the organisation. Identifying a lead on the board for volunteering expresses the organisation's commitment to volunteering and embeds it in your governance process.

A positive volunteering culture is set by the board and they play a role in embedding volunteering – making it integral to what the organisation does.

You should identify how involving volunteers can add value to what your organisation does and how it can support you to achieve your mission and strategic objectives. Volunteering should be mutually beneficial, so consider how volunteers will benefit from being involved and what you can offer them. There should be recognition throughout the organisation that volunteering is a two-way process which benefits volunteers and the organisation.

Recognise the differences between managing paid staff and volunteers and the unique contribution volunteers can make to the organisation. This means that although existing policies you have in place may be a useful starting point you will need to ensure you adapt them so they are appropriate for volunteers.

Staff across the organisation will need to have time, skills, experience and support to manage volunteers.

---

### Things you will need

**A business case** for volunteering which identifies the current strategic and policy drivers for developing volunteering. A summary of the key national policy and strategic drivers is provided in '[Appendix 1. The case for volunteering in health and care: strategy and policy](#)' on page 53.

The business case should also identify the cost of running a volunteering programme and help make the case for the investment required.

- Draw on research and evidence to demonstrate the impact volunteering can have.
- Identify how volunteering may make a contribution towards achieving key organisational objectives or targets. This will help demonstrate what can be achieved as a return on the investment made.
- Establish what outcomes can be achieved as a return on the investment made and ensure these can be measured. Further guidance can be found in '[4. Creating a framework to develop and support volunteering](#)' on page 15.

#### Investing in Volunteers Indicator 1

There is an expressed commitment to the involvement of volunteers and recognition throughout the organisation that volunteering is a two-way process which benefits volunteers and the organisation.

University Hospitals of Morecambe Bay NHS Foundation Trust developed a 'plan on a page', shown in '[Appendix 2. A plan on a page](#)', that provides a short and succinct version of their volunteering vision and objectives. This can be a useful communication tool to support a longer volunteering strategy document.



- In some cases you may be able to identify cost savings through working differently or as a result of volunteer involvement. However, cost savings should not be the central motivation for volunteer involvement so you should identify other additional benefits. It can also take time for a return on investment to be realised.

**A vision for volunteering**, endorsed by your board, which sets out how volunteers will be valued and involved throughout your organisation – and what the organisation aims to achieve from involving volunteers. This vision will inform the development of a volunteering policy which will provide a framework to guide implementation of your volunteering strategy. Further guidance on this is provided in ‘[4. Creating a framework to develop and support volunteering](#)’ on page 15.

**Plans and objectives for the development of volunteering** should be built into your regular planning processes and should be reviewed at least annually. Plans should identify strategic objectives for the development of volunteering. Objectives might include

- extending the scope and role of volunteering
- working with new parts of the community
- new areas of work to be supported by the recruitment of volunteers.

You should also think about including objectives around the experience and satisfaction of volunteers.

**Engage staff across the organisation** in planning and developing volunteering. Build volunteering into plans for specific teams or areas of work.

Involving staff across the organisation will help:

- volunteering become more integrated and part of how you work
- bring in new perspectives and ideas for how volunteers could be involved
- ensure staff are bought into the process and can see how volunteering can make a meaningful contribution
- volunteers feel part of a team
- encourage staff to support and communicate with volunteers.

‘[5. Developing volunteer roles](#)’ on page 21 provides further guidance on developing volunteering roles.

**Investment and an agreed budget for your volunteering** activities will ensure you can implement your plans. Cover all costs associated with your planned volunteering activities including volunteer expenses, recruitment and training. Include management and staff time to support and manage volunteers

**Support and training for staff who manage volunteers.** Staff across the organisation may manage volunteers alongside their current role. This could include clinical and other staff who have not managed volunteers before. They will need additional training and support which should be accounted for in your plans and budget.

### Case 1. **A vision from Kingston Hospital**

Several NHS organisations have adopted short statements about their vision and values which have helped focus their more-detailed policies and procedures. Kingston Hospital NHS Foundation Trust’s ‘Our vision’ states:

‘Volunteers will enhance the experiences of people using Kingston Hospital and their unique perspectives on hospital life will shape the care provided. Our volunteers will have a personally rewarding experience and know that their role has made a difference. Our approach to volunteering will strengthen our contribution to the life of our local community.’

An [example business case](#) is one of the resources available from the Nesta Helping in Hospitals Programme.



**A plan to communicate your commitment to volunteering** to help everyone in the organisation understand the vision for volunteering and its importance to the organisation. You will need to reach patients, staff and stakeholders within the wider community. The board and senior managers should provide a leadership role for volunteering in the organisation and help ensure high-level buy-in and investment. Ensure volunteering is on the agenda of relevant meetings and try to involve volunteers in meetings relevant to them. For example, volunteers could be invited to team meetings with staff they work alongside.

[‘Appendix 6. Making volunteering inclusive – in practice’ on page 64](#) provides some examples of where to promote volunteering and advertise volunteer roles in your area.

**A monitoring and reporting process**, to check how your vision and policy are being put into practice and that you are achieving the objectives of your plan, needs to be put in place. Ensure you have a process for reporting back to stakeholders, for example providing reports to the board in an NHS trust context or perhaps to the practice manager or lead GP in a primary care setting. Reporting should give a sense of the impact of volunteering and the difference it makes. It should draw on data collected as part of measuring the impact of your volunteering. Further information on measuring the impact of volunteering is provided in [‘4. Creating a framework to develop and support volunteering’ on page 15](#).

## Case 2. **Involving citizens as volunteers – Altogether Better**

[Altogether Better](#) have developed an award-winning model that has engaged more than 25,000 citizens who gift their time as health champions working in a primary care, acute services, mental health trusts and care home settings in more than 18 CCG areas around the country.

By encouraging collaboration between people within the health service and people from local communities, Altogether Better create a new fresh space, where change can happen and lives and services can be transformed. This is neither formal space which has to follow organisational rules, nor informal space where no rules apply. It is a new third space, carved out by the willingness and energy of people working together to do something meaningful and make everyone’s lives better.

This third space is at the core of the model: collaborative practice. The collaborative practice model is about bringing citizens and services together. The model provides a freedom from the constraints of the systems and organisations we work in, takes advantage of the diversity of skills and life experience that people have to offer, and encourages people to try something new

and different.

This attracts pioneers. People within our health system who are willing to think and do differently in order to make care better. And the people from our local community who want to use their life experience and knowledge to help improve lives, including their own.

These citizens (we call health champions) work alongside, or in collaboration with, health professionals and become part of the service family. Together they reshape services and provide a range of additional activities and support. For example, Practice Health Champions help develop new community activities to improve health and wellbeing and bring insight from the local community about local need to improve services and inform decision making

It consistently leads to positive outcomes both for individuals and for services. Collaborative practice releases resources and frees up demand on health services, while providing the social support and connection people need to improve their own health.

As a result, both services and people become more resilient, and everyone’s lives are improved.



## 4. Creating a framework to develop and support volunteering

Your vision and aspirations for the development of volunteering will need to be supported by policies and processes which will provide a framework for effective volunteer management. The right framework will support a consistent approach to volunteering across your organisation.

This section details key policies and procedures and shows how to support staff to ensure they are implemented.

---

### Things you will need

**A volunteering policy** which defines the role of volunteers in the organisation and the policies and procedures which will define how volunteers should be supported. Most volunteering policies will include details of other organisational policies that relate to volunteering.

A volunteering policy should include information on:

- volunteer recruitment and selection
- equal opportunities and diversity
- safeguarding
- induction and training
- health, safety and welfare
- supervision and support for volunteers

- expenses policy and process for claiming expenses
- confidentiality and data protection
- a problem-solving process or policy on how complaints from volunteers or about volunteers will be dealt with
- approach to reward and recognition for volunteers
- a checklist of policies and documentation you may need for recruiting and managing volunteers is in [‘Appendix 3. Policy and procedures checklist’ on page 59.](#)

**A volunteer expenses policy and process to ensure volunteers are not left out of pocket** from volunteering. It is good practice to reimburse volunteers for out-of-pocket expenses incurred while volunteering with you, for example for travel and subsistence. You should have an expenses policy in place and this should be communicated to volunteers, along with the process for claiming expenses.

**A data protection policy which covers the information you collect and store about volunteers.** Data protection law applies to volunteers and so you must ensure volunteer data is dealt with in line with legislation and good practice. Similarly if volunteers are responsible for dealing with data they need to understand their roles and responsibilities in line with data protection and should be provided with adequate training.

### Investing in Volunteers Indicator 2

The organisation commits appropriate resources to working with all volunteers, such as money, management, staff time and materials.



**A process for reviewing volunteering policies and procedures** to ensure they remain fit for purpose. The review can be built into any existing review processes you have in place for other policy documents.

**Clear expectations for volunteers can be outlined in a volunteer agreement or volunteer charter** to provide clarity from the outset on what you expect from volunteers and what volunteers can expect from the organisation. This is an important part of establishing a framework for volunteer involvement.

A role description helps to identify what the expectations of volunteers are in a particular role whereas volunteer agreements or charters explain this in a wider context, identifying what all volunteers can expect in terms of support from the organisation. Volunteers should be introduced to the volunteer agreement as part of their induction. See [‘9. Induction and training for volunteers’ on page 38](#) for more guidance on induction.

When developing volunteer agreements and charters you should follow these principles of good practice:

- Volunteer agreements and charters should be distinctly different from a contract and should be worded appropriately. The agreement can help set out mutual expectations clearly whereas a contract for staff sets out contractual obligations. Think

### Case 3. **South East Coast Ambulance Service Volunteering Charter**

This extract from the charter explains why it matters and how it should be used by staff and volunteers. [The full charter is available online.](#)

#### **What it is**

At its simplest, the Volunteer Charter describes the principles that underpin the relationship between South East Coast Ambulance Service and volunteers. It sets out rights and responsibilities for the Trust in relation to volunteers, and for volunteers in relation to the Trust.

The Charter is designed to aid volunteers in understanding what they can expect from the Trust in return for giving their time, and to help volunteers understand what the Trust expects from them.

#### **Why it matters**

The Charter has been developed jointly by volunteers and staff. Volunteers do not have an employment contract with the Trust, but should still expect a decent standard of support in their volunteering activity, and the Trust should expect volunteers to behave appropriately while volunteering. The Charter is basically an agreement to treat each other well; to behave appropriately towards patients and each other.

#### **I’m a volunteer – how do I use the Volunteer Charter?**

Volunteers should use the Charter both to understand the support, communication, training etc they should expect to receive from the Trust, and to understand their commitments and responsibilities while volunteering to benefit patients. If you do not feel you are being treated in the spirit of the principles set out in the Charter, you must let us know. Similarly, if we feel you are not volunteering in the spirit of the Charter, we will let you know.

#### **I’m a staff member – how do I use the Volunteer Charter?**

Staff should use the Charter to ensure their policies, procedures, communications, processes etc. (i.e. all interactions with volunteers) aspire to the standards set out in the Charter. In time, those who manage volunteers or are the owners of policies or procedures which affect volunteers should review them against the Charter and ensure they live up to the principles and values set out there.

Staff should also use the Charter to help volunteers understand their responsibilities to patients and the Trust, or to discuss any issues where a volunteer may not be behaving in the spirit of the principles in the Charter.



carefully about the language you use, focusing more on setting out hopes and expectations which helps to acknowledge more clearly that the volunteer is free to come and go as they wish.

- It is important that you do not create the perception, even unintentionally, that a legally binding relationship is being created. The intention to create a legally binding contract may not be something that either party has expressed or even considered. It could simply be implied by the circumstances.

**There must be a clear management structure in place for volunteers** and an identified person with overall responsibility for volunteering. Ensure that for staff who are involved in supervising volunteers, volunteer management is included in their job description, even if it is only part of their role, for example for staff on a ward or within a GP practice. This can help with raising the profile of volunteer management as well as clarifying expectations of staff.

**Support for staff working with and managing volunteers** to ensure they have the relevant skills, knowledge and experience to do so.

- build volunteering and volunteer management into relevant induction and training plans
- provide materials and resources to support them and ensure they are aware of and have access to relevant policies and procedures
- enable staff to support each other and meet to share good practice

### Brief 3. **Anytown GP practice Volunteer Agreement**

This example volunteer agreement can be adapted for your organisation. Ensure volunteer agreements are consistent with other volunteering documentation.

**This volunteer agreement** aims to clarify expectations between Anytown GP Practice and its volunteers.

It outlines what we expect from everyone who volunteers with us and what you can expect from us. By being clear about expectations we believe it can help all of us ensure volunteering with Anytown Practice is enjoyable and rewarding.

#### **As an Anytown GP Practice volunteer you can expect**

- Induction and training relevant to your role, including health and safety.
- Supervision, support and flexibility including a named contact to discuss any successes, problems or ways in which you would like to develop your volunteering with us.
- To be listened to and have your views taken into account when performing tasks.
- To be reimbursed for out of pocket expenses incurred while volunteering with us in line with relevant policies and procedures.
- To be treated fairly and with respect, in line with our equal opportunities policy.

- Any problems, complaints and difficulties you may have while you volunteer with us as outlined in our problem-solving procedure.
- Adequate insurance cover for your volunteering in roles authorised by us.

#### **We expect all Anytown GP Practice volunteers**

- To support our mission and objectives through your volunteering.
- To perform your volunteering role to the best of your ability.
- To follow all relevant policies and procedures at all times including health and safety, equal opportunities and confidentiality.
- To treat volunteers, staff and members of the public you volunteer alongside with respect and understanding.
- To meet time commitments and standards which have been mutually agreed to and to give reasonable notice so other arrangements can be made when this is not possible.

#### **About this agreement**

This agreement is binding in honour only, is not a legally binding contract between us and may be cancelled at any time by either party. Neither of us intends any employment relationship to be created either now or at any time in the future.



- provide access to relevant membership and networks to help staff develop and improve their volunteer management and practice. The [National Association of Voluntary Services Managers \(NAVSM\)](#) is a membership organisation that exists to support and develop best practice in volunteer management in the NHS and healthcare to enhance the experience of patients, carers, the public and staff. They provide a range of resources, training and networking opportunities.

A guide to useful resources and networks for new volunteer managers is in '[Appendix 4. Volunteer managers' guide to getting started](#)' on page 60.

**Volunteer management software** designed to support with volunteer recruitment and management can be a useful tool. Systems available can help automate some tasks to help save time, support communication with volunteers and collect data to support with monitoring and reporting. They can be especially useful if you manage larger numbers of volunteers.

There are a range of options available and so time should be taken to choose a system that works for your volunteer programme before investing. Any system chosen will need to have adequate processes for keeping data secure and it will need to meet the requirements of your organisation's policy and associated standards for data security. Your organisation may have another system already in place that could be adapted to support volunteering. Your IT department may be able to help with this.

[Knowhow Nonprofit](#) has a short 'how to' guide to help with choosing volunteer management software and covers different aspects you will need to consider.

**A complaints process and problem-solving procedure** should outline a clear process to deal with situations where there may be an issue with the performance or behaviour of volunteers in the role. You should ensure that the processes and procedures are communicated clearly to staff and volunteers throughout the organisation to ensure that issues are dealt with fairly and consistently. If you adopt good volunteer management and supervision practice most issues can be identified early and resolved.

Where issues cannot be resolved then a process will also help to demonstrate the steps you have taken in the event that your organisation's relationship with a volunteer has to be ended.

More information on support and supervision of volunteers is provided in '[10. Supporting and supervising volunteers](#)' on page 41.



Define outcomes to be achieved

Identify and select measures and agree with stakeholders

Develop a monitoring and evaluation framework

**A process for measuring the impact of volunteering** should be something you consider early on in the development of your volunteering programme. The approach you take should be tailored to the needs of your organisation and the nature of the volunteering taking place. You should identify a set of indicators that you want to measure in order to help demonstrate the impact and value of volunteering. The data you collect on impact should feed into your monitoring, review and reporting process, covered in ['10. Supporting and supervising volunteers' on page 41](#).

Consider the resource, both time and money, required to measure and evaluate impact so you can ensure it is manageable. The indicators chosen need to be meaningful to the range of stakeholders involved, including those at a strategic level in the organisation. There needs to be joint ownership of the process across all stakeholders if you are to ensure that the value of volunteering is recognised and understood across the organisation. 'Figure 2: Getting impact evaluation right' summarises the key steps to be

Figure 2: Getting impact evaluation right

#### Case 4. **Measuring the impact of volunteers at King's**

At King's College Hospital NHS Foundation Trust they have been able to demonstrate that volunteers have a positive impact on patient experience. They used the Friends and Family Test survey to identify what impact volunteers had on the patient experience. The survey results showed that patients who have contact with a volunteer are between 3–5% more likely to recommend King's as a place to be treated as an inpatient. This is evidence that the volunteering service is fulfilling one of its primary aims – to improve the quality of patient experience. Quotes from staff, patients and clinicians are also used as supporting evidence for the difference volunteers make.

Specific measures may need to be identified for certain volunteer roles so you can evidence the impact of volunteers. One role for volunteers in the hospital is to call patients to remind them about their follow up appointment. Since this initiative started, there has been a 40% reduction in Did Not Attends (DNAs) for follow up appointment. Given that each DNA costs the trust circa £160.00, this represents an average saving of £6200 each year.



taken. There are a range of tools and frameworks to support you with impact measurement and evaluation of volunteering and examples are provided under 'More information' in this section.

---

## More information

### Examples of volunteering policies

Guy's and St Thomas' NHS Foundation Trust have a [detailed volunteering policy](#).

Worcestershire Health and Care NHS Trust includes relevant forms and procedures with its [Volunteer Policy](#).

### Policies and procedures

[Best Practice Policy Writing](#) from the National Association of Voluntary Service Managers (NAVSM)

[A guide to drafting a volunteer policy](#) is available on the National Council for Voluntary Organisations (NCVO) Knowhow Nonprofit site. It is not specific to the NHS, but is recommended in the NHS Employers guide '[Recruiting and retaining volunteers](#)' which also provides additional information.

### Measuring impact

For hospital settings [Nesta Helping in Hospitals](#) has guidance from the hospitals involved on evaluation and impact measurement.

The [Volunteer Impact Assessment Toolkit](#) and the [Volunteer Investment and Value Audit](#) have been developed especially for volunteering programmes.

The [Realising the Value Programme](#) looked more broadly at a range of approaches to enabling people to take an active role in their own health and care. The tools and resources include information to help organisations look at the impact and cost of these approaches.



## 5. Developing volunteer roles

Thinking carefully about the roles volunteers will undertake is important to do at the outset. Roles should be:

- mutually beneficial and so you should identify what volunteers will get out of the role and how it will benefit patients, staff and the organisation
- developed in line with your vision for volunteering and your volunteering strategy. This helps to ensure that volunteering is integrated into the strategic objectives of the organisation.

Brief 4 includes a checklist of questions you could ask yourself when developing a new volunteer role. You could also use the checklist to review existing volunteering roles.

---

### Things you will need

**Clear volunteering role descriptions** will cover as much information as possible about what the volunteer role will entail. It ensures that volunteers are clear about the tasks and activities they will be involved in and the expectations of the role.

#### Brief 4. **Checklist: creating a volunteer role**

- Why is the role needed?
- Is it a role that will help to support your aims and objectives?
- Will it involve volunteers in a way that fits with your volunteering vision and strategy?
- Is it feasible to provide and manage that opportunity? Do you have the resources and time?
- Is this something people want to do? Is there demand for this type of role?
- Ensure you are clear on why you are involving volunteers in this way- why does it add value or how does it improve things?
- What might the risks be? And could you manage or mitigate these?
- What is the relationship to other roles you have available? Is it going to support you to develop a more diverse range of volunteering opportunities?
- What kind of skills, experience and attributes will be needed to do the role?
- What level of time and commitment will be involved?
- What steps can you take to make the role accessible to a diverse range of people?

#### Investing in Volunteers Indicator 4

The organisation develops appropriate roles for volunteers in line with its aims and objectives, which are of value to the volunteers.



The skills, experience and attributes that will be beneficial to undertake the role can be included in the role description or in other recruitment material. This will help match the right volunteers to the right roles.

**Initiative and imagination** to bring new and creative approaches to develop volunteering roles to help transform health and care. Well-established volunteer roles are still valuable but we also need to consider new and innovative ways of working with volunteers and integrating them into service design and delivery in a range of settings. The possibilities for developing new roles are huge, from hospital and community settings to self-management, micro volunteering, and at home to support 'behind the scenes' activity.

**A process for involving others** when developing new roles. Discuss with staff, existing volunteers and other volunteer managers about their ideas and experiences and what roles could make the biggest difference. If you are introducing volunteering into the organisation for the first time you may need to spend a significant amount of time meeting with staff and volunteers to discuss the development of new roles and ensuring their support and buy-in. Engaging staff and volunteers in role development on an ongoing basis can be beneficial. It can help to identify different opportunities to involve volunteers in response to changes in response to changes in ways of working or to support new services or projects. See [Case 5](#) and [Case 6](#) for examples.

## Brief 5. **Volunteers and the law**

### **Avoiding creating employment contracts**

The terminology and language you use in documentation like role descriptions should not imply an employment relationship. For example; volunteer role description is better terminology to use than referring to a 'volunteer job description'.

Volunteers are not covered by employment law and therefore do not have formal rights to redress in an Employment Tribunal. This is because employment law is based on having a 'contract' of employment or for providing work or services, and volunteers do not have such contracts with the organisations that they help.

It is important that you do not create the perception, even unintentionally, that a legally binding relationship is being created. The intention to create a legally binding contract may not be something that either party has expressed or even considered. It could simply be implied by the circumstances

You can lay out the general elements of the role, what the expectations are of the volunteer and what the volunteer can expect from the organisation but you should be careful to ensure that you do not create formal obligations – for example by specifying the required number of

hours someone should volunteer for. This then appears too similar to an employment contract. You should also not provide any payments to volunteers beyond reimbursement of expenses. Training provided should be relevant to the role as additional benefits could be seen as a perk.

Think carefully about the language you use, focusing more on setting out hopes and expectations, rather than obligations, which helps to acknowledge more clearly that the volunteer is free to come and go as they wish.

### **Volunteers with statutory roles or duties**

Most of this guidance applies to all types of volunteer but some voluntary roles have specific duties and responsibilities. For example NHS foundation trust governors are volunteers but have standing in law and have a number of statutory rights and duties. Their formal roles and responsibilities are at least partly set out in law.

The NHS Improvement [Well-Led Framework](#) sets out how providers should carry out reviews of their leadership and governance.

NHS Providers have a range of guidance and information in their [resource library](#) on governance aimed at providers as well as volunteers undertaking governance roles.



**An asset-based approach** to embrace the wide range of ages, abilities, availability, backgrounds, needs and motivations of volunteers. Think about how you can shape roles around the skills and experiences volunteers have to offer.

**A range of volunteer roles to help you meet a range of people's needs and offer flexibility.**

Designing a range of roles or tasks that can suit a range of abilities and interests helps to ensure a diverse range of people can get involved. There is more information on making volunteering inclusive in '[Appendix 6. Making volunteering inclusive – in practice](#)' on page 64 on making volunteering inclusive.

**Try to offer flexible or short-term volunteering** that can help people fit volunteering in around their other commitments.

- **National data shows** that lack of time due to commitments at work or at home is the number one barrier to volunteering in the UK. Offering roles that are more flexible or one-off and short-term activities can be a way to overcome this barrier and offer volunteering that fits in with peoples' lifestyles.
- Some organisations have developed 'micro-volunteering' which are short-term bite-size roles that are quick to start and easy to complete. [NCVO provides guidance on how to develop and manage micro volunteering.](#)

**Brief 6. What are my legal responsibilities?**

Within the NHS there is a duty and responsibility to be inclusive. [The Public Sector Equality Duty \(PSED\)](#) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. This duty should also be upheld in your approach to involving volunteers.

Volunteers are not protected in the same way as employees under the [Equality Act 2010](#) and so it is particularly important to demonstrate your organisation's commitment to diversity and inclusion for volunteers. It is good practice to reflect the spirit of the legislation and not discriminate against volunteers or treat them unfairly. The organisational approach to diversity and inclusion should be reflected in other volunteering policies and procedures like your approach to recruitment and design of volunteer roles.

**Case 5. Developing volunteer roles with clinicians in Leeds**

Leeds Teaching Hospitals NHS Trust has introduced a clinically-led model of volunteer role development. The new approach was introduced in order to achieve volunteering population across the Trust and to improve volunteering retention rates.

Clinical staff are asked 'what can you not currently do for patients that you would like to?' which acts as a conversation starter. There is then a meeting to design a role profile for volunteers. Staff from teams that will be supporting the volunteer directly are involved in other aspects of the recruitment process including interviews.



## More information

The format and style of your volunteer role descriptions will depend on the nature of the volunteering role and the context in which you are working.

NAVSM provides [guidance on developing volunteer roles](#) and a [sample role description to guide you](#).

The University Hospitals of Morecambe Bay NHS Foundation Trust developed a template and standard format used for volunteer role descriptions. '[Appendix 5. Example role description](#)' on page 62 is an example of a role description for an office volunteer.

NCVO's Knowhow Nonprofit site provides [guidance on writing volunteer role descriptions](#) and [online training on creating volunteer roles](#).

Nesta's [Helping in Hospitals: A guide to high impact volunteering in hospitals](#) provides guidance on developing high impact volunteering roles that align with the goals of NHS trusts. It also includes a list of high impact volunteering roles developed as part of the programme and [sample role descriptions](#) available to download.

### Case 6. **Developing volunteer roles with staff in Norfolk**

After establishing a clear vision and strategy for volunteering and ensuring this was communicated effectively to staff, the next step is to work with staff to identify and develop volunteer roles.

At Norfolk and Norwich University Hospitals NHS Foundation Trust they:

- engaged staff across the organisation with the volunteering vision and strategy including presenting to the Trust Board, Senior Nurses and at staff inductions
- undertook a fact finding process with staff asking how volunteers could support them and their work
- created a website questionnaire.
- created a steering group to spread the workload and spread the word
- engaged existing volunteers and external volunteer groups
- promoted the service through internal and external media
- identified volunteering ambassadors throughout the Trust to support the development of volunteering



## 6. Inclusive approaches to attracting volunteers

According to the [British Social Attitudes Survey](#), at least 24 million British adults would consider volunteering for the health and care profession. However, some groups may not get involved because they may experience barriers to volunteering.

This section covers key things you will need as part of an inclusive approach to volunteering. Further detail on how to put this into practice and additional guidance on involving specific groups is provided in '[Appendix 6. Making volunteering inclusive – in practice](#)' on page 64.

It is hugely beneficial to involve volunteers from every part of the community your organisation works with. This includes young people and adults from a range of backgrounds and with a range of abilities or experiences. This includes people:

- with a disability or a physical impairment
- from black minority and ethnic groups
- with learning disabilities
- who are refugees and asylum seekers
- who are ex-offenders and people with a criminal record
- from rural or geographically-isolated areas
- from low incomes or from economically-disadvantaged backgrounds.

A diverse team of volunteers can:

- **improve patient experience** by providing opportunities for patients to be supported by people who have had similar experiences or are from similar backgrounds
- **help reduce health inequalities** and evidence suggests that those who experience health inequalities often have the most to gain from volunteering
- **promote trust** by having volunteers that are representative of all parts of the communities you serve
- **improve services** by bringing different perspectives and helping to deliver more flexible services to meet everyone's needs
- **provide a diverse range of skills and experiences** and help to develop skills across communities.

All staff have a role to play in recruiting volunteers who reflect the diversity of the local community and in providing volunteers with a safe, supportive and welcoming environment, free from discrimination.

You should ensure that your volunteer recruitment plan takes an approach that will help to attract a diverse range of volunteers. '[7. Recruiting volunteers](#)' on page 29 covers attracting and recruiting volunteers in more detail.

### Investing in Volunteers Indicator 3

The organisation is open to involving volunteers who reflect the diversity of the local community and actively seeks to do this in accordance with its stated aims.



## Things you will need

**A volunteer recruitment plan** can help you take a more strategic approach to volunteer recruitment. It should identify who you hope to recruit as volunteers and how you plan to reach them. This can then help ensure that as many people as possible are aware of the opportunity to volunteer and identify how you may plan to attract groups who are underrepresented. [‘Appendix 6. Making volunteering inclusive – in practice’ on page 64](#) includes further guidance on where to advertise roles and how to reduce the barriers to volunteering for specific groups.

**Information on volunteering that is available and accessible** to the widest possible group of recipients. Consider providing information in a range of formats and consider adapting materials where appropriate to meet people’s access needs. NHS England has produced an [Accessible Information Standard](#) which all organisations that provide NHS care or adult social care are legally required to follow.

You may be able to call on help from the communications team in your organisation with meeting the standard. Further guidance on making materials accessible is also provided under ‘More information’ in this section.

**A person-centred and flexible approach** to supporting the individual to volunteer. Ask about access needs and how they may like to be supported at the recruitment stage. Make reasonable

### Case 7. **Diversity and faith groups in Feltham**

[Feltham Community Chaplaincy Trust \(FCCT\)](#) recruit volunteers to work in two prisons in London, as resettlement mentors. FCCT is a small faith-based charity seeking to help young people stay out of prison.

They aim to enable young men (aged 15 to 25), on their release from prison, to draw on the support of their faith; so that by mentoring and guidance they may be inspired and encouraged to enjoy crime-free lives and to make a positive contribution to society.

The majority of the volunteers are recruited from different faith communities across London. Members of faith communities are often keen to engage in social action, but are still looking for a route to getting involved. Most are recruited when one of the staff members speaks at a community event about the work they do. Their staff speak at mosques, churches and conferences, and they have found this to be very productive. Students also approach them to volunteer as part of their studies, often in Criminology or Practical Theology.

They help to address potential barriers to volunteering by providing a budget to provide travel expenses.



adjustments to enable participation, for example by choosing an accessible venue where the role is carried out and ensure training and induction is provided in a suitable format for those participating. To make certain roles more accessible volunteers may require equipment or assistive technology to support them. There should also be a policy for providing resources or financing adaptations to accommodate volunteers with particular needs.

Being flexible may also mean considering flexibility around hours and level of responsibility. Offering a variety of volunteer roles that can adapt to the needs of different groups can help make volunteering more inclusive.

People with complex needs or those who may have been out of a 'working' environment for some time may need additional support to be successful in volunteer roles. This could take the form of extra mentoring, peer support, training or simply allowing more time for them to get used to the environment they're volunteering in.

**Involve volunteers in developing and reviewing your approach.** A volunteers' viewpoint can help provide a different perspective on accessibility and your approach to inclusion. This could be through focus groups or surveys or as part of supervision sessions. If you complete exit interviews for volunteers make sure that you identify any barriers or challenges around accessibility so you can follow up on them and make changes if needed. This will help you to

## Brief 7. **Supported volunteering**

### **Peer support**

Formal peer support may help your volunteers feel supported and it can be a good way to recognise the experience of existing volunteers and could be a development opportunity for those looking to develop leadership or mentoring skills. However, asking volunteers to support others will be an extra responsibility in their role and so you should ensure that they are comfortable with this and that they feel supported too. A buddying system for new volunteers can be a good way of providing them with additional support early on in their role.

Case study – Voluntary Action Oldham, [Establishing a successful volunteer peer support scheme](#). To develop a supportive environment for volunteers, peer support for volunteers was set up at the induction stage. This meant they were able to respond to the support needs of their volunteers and it helped to improve the volunteer retention rate.

### **Allow people to volunteer alongside a supporter**

People may not have the confidence to volunteer independently and so may feel more comfortable if they can volunteer alongside someone else they trust. This could be a friend, carer or support worker. You may also wish to develop opportunities for other volunteers to offer support.



continue to improve your approach. Offer diversity training. Training may help boost the knowledge of staff and volunteers and support them in putting your inclusive approach into practice.

**Work with local experts and partners** for the particular groups you are trying to reach. User-led organisations working with people with a range of impairments, mental health issues, refugees or ex-offenders will be happy to advise or perhaps work with you on recruitment and matching roles to people. For example; if you are looking to engage more young people think about how you might work with local colleges or youth charities.

Your local Volunteer Centre or Council for Voluntary Services (CVS) knows local charities and voluntary sector groups you may be able to work with. They may also offer information, guidance and training that can help you develop your approach.

- NCVO has a [Volunteer Centre finder](#) to identify the centre in your local area.
- NAVCA have a [membership directory](#) to help you find your local CVS.

The VCSE Health and Wellbeing Alliance brings together a number of organisations with expertise in working with particular communities or groups with protected characteristics.

More information on working in partnership is available in '[Types of partnership involving volunteers](#)' on page 47.

---

## More information

[The NHS England Equality and Health Inequalities Hub](#) brings together equality and health inequalities resources and provides useful links and information.

[AbilityNet](#) have information and guidance on accessibility for printed information as well as web content

- RNIB provides a range of guidance for [supporting professionals with sight loss](#). Practical guidance and standards for making information accessible are provided by the [UK Association for Accessible Formats](#).
- [Action on Hearing Loss](#) provide information on support available for people with hearing loss and a range of services and training for organisations
- The World Wide Web Consortium has created [Web Content Accessibility Guidelines](#) to complement its more technical standards in accessibility.

[Volunteering, Inequalities and Public health](#) is a review of evidence by Leeds Beckett University for Volunteering Matters on volunteering and inequalities.

[Making the difference: Diversity and inclusion in the NHS](#), an analysis from the King's Fund, looked at the culture of the NHS and how to tackle discrimination

There are many more links and sources of information in '[Appendix 6. Making volunteering inclusive – in practice](#)' on page 64.



## 7. Recruiting volunteers

The recruitment process is a key stage in helping to establish:

- if a volunteer is suitable for the role or project
- if the role is suitable for the volunteer and will it meet their expectations.

It should be a two way process that enables you to find out more about the person as a potential volunteer but also for them to find out more about the volunteering role and about your organisation.

You should aim to make the process as clear and as simple as possible. It should also be appropriate for the volunteer role and the setting in which it is taking place. Volunteers can be put off by recruitment processes that are disproportionately long or complex for the type of role they are applying for so it is important to strike a balance and minimise barriers and delays where possible.

Figure 3 provides an overview of a generic volunteer recruitment process and shows how the different steps work together.

This section covers the steps that should be taken when recruiting volunteers and provides some examples of good practice. 'Appendix 6. Making volunteering inclusive – in practice' on page 64 provides detailed guidance on how to recruit specific groups and where to advertise roles.

### Case 8. Volunteer recruitment at Royal Voluntary Service

The screenshot shows the Royal Voluntary Service website. The header includes the logo and tagline 'Together for older people'. A navigation menu has 'Volunteer' highlighted. A 'Text to donate' box is visible. The main content area is titled 'Hospital trolleys' and includes a circular logo with a cross and the text 'VOLUNTEER AT YOUR LOCAL HOSPITAL'. The text describes the role of pushing hospital trolleys and lists benefits like meeting new people and being active. A video player shows two volunteers, Kim and Mary, in a hospital setting. The page also features a 'Find services' button and a 'Meet our volunteers' button.

The Royal Voluntary Service (RVS) provides a range of information on volunteering roles in the NHS on its website. The information is presented in an informal and engaging way that aims to give a sense of what people can expect and experience as part of their volunteering roles. They also have videos which feature volunteers sharing their experiences. This particular [video features hospital trolley volunteers](#).

### Investing in Volunteers Indicator 6

The organisation is committed to using fair, efficient and consistent recruitment procedures for all potential volunteers.



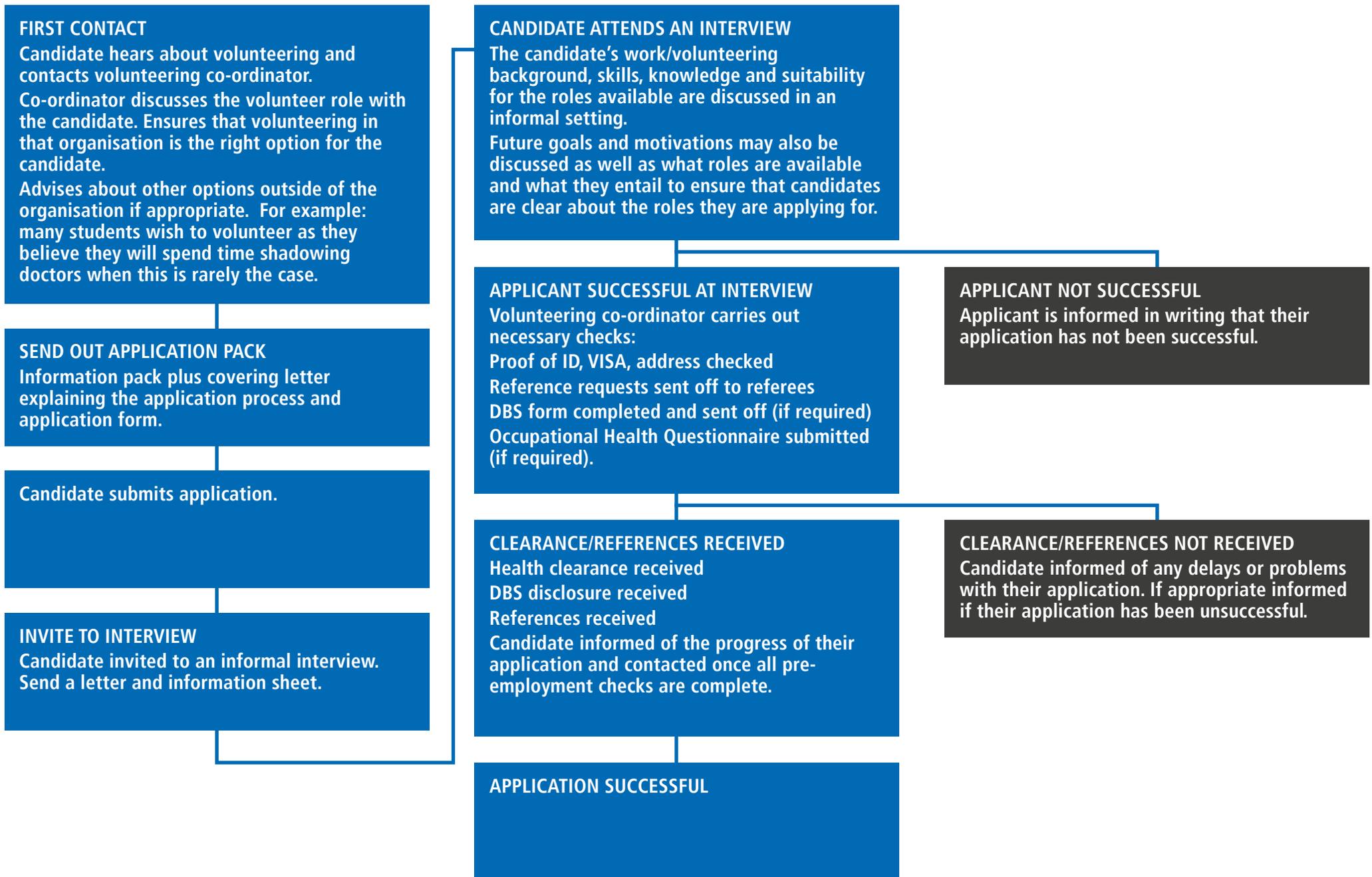


Figure 3: Overview of a generic volunteer recruitment process



## Things you will need

**A 'recruitment pack' or 'volunteering information pack'** to bring together all the information that potential volunteers need to help them make decisions as part of the recruitment process. Providing information before the application stage is important to enable volunteers to find out more about the role before they apply. This information should be kept up to date and reviewed regularly. A checklist of pack contents is shown in [Brief 8](#).

This information pack needs to be accessible and available in a range of formats. This might include printed as well as online resources, 'large-print', easy read and other languages if appropriate. More information on providing accessible materials is available in '[Appendix 6. Making volunteering inclusive – in practice](#)' on page 64.

**Application forms** should collect information to help you find out more about a potential volunteer and help you identify what role may be most suitable for them. It can also be where you collect information and data you need such as address and contact details.

Your HR department and local voluntary sector organisations such as your local Council for Voluntary Services (CVS) or Volunteer Centre may be able to help you develop your form and adapt it to ensure it is appropriate for volunteers.

Explain the reasons why an application form needs to be completed. The form should be simple to complete and collect only the information required to assess if the person is suitable for the volunteer role. To increase accessibility allow the form to be completed in a variety of ways including online as well as on paper.

Finding out about people's motivations for volunteering is useful at this stage. From a practical perspective you should identify how much time they can volunteer and when they are available. You should also find out if applicants need any extra support to volunteer or whether adaptations may need to be made to the role or the environment to enable them to volunteer.

You should ensure you are only collecting information that is really needed and that you do this in line with data protection legislation. [The Information Commissioners Office has tools and resources if you are unsure](#).

**Interviewing potential volunteers** can be informal and does not have to be structured with the same formality as for staff. Allow time to cover the volunteer role, expectations and the organisation or what contribution the role will make to the bigger picture. Ensure you also leave time to hear from the volunteer about themselves and to ask any questions. Remember the interview is also a chance for volunteers to decide whether the role and organisation is for them.

### Brief 8. Checklist: recruitment pack content

- Why volunteer for the NHS
- Who can volunteer with us (inclusivity statement)
- Volunteering opportunities with us
- How to apply and what will happen after that (selection, interview, safeguarding, induction).
- Safeguarding and references
- Training
- Application form
- Volunteer agreement
- Support or volunteers (including any specific local arrangements if you involve volunteers on a number of sites or across a large organisation)



**Selection and matching** volunteers to the right roles is a crucial part of the process. Your recruitment process should help you find out more about what skills and experiences volunteers can bring to the role, their motivations for volunteering and what they hope to gain from the experience. This will help you establish what volunteer role may be the best fit for them.

**Offer taster sessions** for volunteers to try out the role. Some organisations have provided 'About volunteering with us' information online but this can also be supported by face-to-face conversations at volunteering days and drop-in sessions, etc. Remember to present the range of volunteering opportunities and provide advice on roles like NHS governors which may have different recruitment processes.

Events and outreach activities can provide opportunities for people to find out about what roles are on offer. [Case 9](#) provides an example of a 'pop-up shop' run by Northumbria Healthcare NHS Foundation Trust.

**References** help to provide an independent perspective of a volunteer's skills, reliability and possibly their attitude. It can also give an insight into how they have approached situations and work in the past. It is common practice for two references to be requested. References should be provided by those who have had recent contact with the volunteer and should not be accepted from family members. For some people providing two references could be a challenge and so you may want to consider what kind

of referees are appropriate for giving an independent perspective on the individual but not be too restrictive in your policy. For example, not everyone will be able to provide a reference from an employer, so it may be appropriate to consider references from teachers, cultural or community leaders, or social workers. References will only provide part of your process of identifying if someone is appropriate for the role.

**Recruitment plays a role in safeguarding** and interviews and references can help ensure that you recruit appropriate volunteers and find out more about their attitudes, previous experiences and how they might approach particular situations. It can also identify any issues or concerns early about whether someone is appropriate for a volunteering role. More information on safeguarding and volunteers in '[8. Safeguarding volunteers, staff and service users](#)' on [page 34](#).

**Other checks for volunteers** may be required by your organisation's policy. Ensure you identify whether other checks will be required as part of volunteer recruitment. Volunteers should receive an explanation as to why such checks are necessary. Additional checks may include:

- employment checks (proof of identity, Visa, proof of address) to NHS Employment Check Standard, if appropriate
- criminal record checks through the [Disclosure and Barring Service \(DBS checks\)](#)

### Case 9. **Volunteering pop-up shop at Cramlington**

When Cramlington's Northumbria Specialist Emergency Care Hospital, part of Northumbria Healthcare NHS Foundation Trust, opened in June 2015 a lot of interest was generated by press coverage on the new hospital. An empty retail unit in the town was used to open a pop-up stand on volunteering to launch the new initiative to recruit volunteers. Potential volunteers could visit the stand and talk to existing volunteers about their experiences of volunteering. It engaged people who didn't know that volunteering opportunities were available at the hospital which helped to raise awareness and recruit new volunteers. Volunteers also enjoyed being able to share their experiences.



- occupational health check or questionnaire to ensure that the volunteer can perform the role without risk. The need for such checks should be balanced against the need to also ensure equality and diversity of access to volunteer roles
- checks for specific skills required for the role, such as driving or first aid.

**Minimise red tape** by ensuring you do not include any unnecessary checks or stages in the process and remember recruiting volunteers does not necessarily require the same processes as for staff.

**Keep volunteers informed** about the progress of their application and where possible give them an estimate for how long it may be until they can start volunteering. If there is a delay it is well worth letting them know, as long application processes may put them off. Consider whether there is an interim role or activity they could be involved in while their application is being processed to help keep them engaged. For example, if they are awaiting a DBS check, could they shadow a member of staff or volunteer or undertake roles that do not require a DBS check?

**Unsuccessful applicants** should be informed if you decline or defer their application and try to provide honest feedback in a sensitive way. If you think you may be able to involve them in the future, perhaps in a different role, you could offer to keep them up to date with volunteering opportunities that become available.

**Holding or storing information on volunteers should be done in line with your data protection policy.** This applies to both electronic and paper records. Information on data protection and volunteers is included in '[8. Safeguarding volunteers, staff and service users](#)' on page 34.

**In partnerships it should be clear in your arrangements who is responsible for each stage of the recruitment process.** You should also agree a consistent approach. '[11. Working in partnership](#)' on page 44 provides further guidance on working in partnership.

As part of a Department of Health Funded pilot of volunteering in care homes, NCVO and [Skills for Care](#) developed a 'Gifts and Goals' template shown in 'Appendix 7 | Gifts and Goals Template'. This is a questionnaire aimed at volunteers to explore what they can offer and what they hope to get out of their volunteering. It can also be a useful exercise to get to know volunteers and could be used as a more informal approach than an interview and help with matching volunteers to the right roles.



## 8. Safeguarding volunteers, staff and service users

All volunteer involving organisations have a duty of care to volunteers and must ensure volunteers are protected from physical, financial and emotional harm while volunteering. This is alongside your duty to manage the risks to patients, service users and staff that may arise from involving volunteers.

Safeguarding volunteers is a high priority in the NHS because of the nature of the roles volunteers are undertaking and the context or setting.

You should:

- Take a holistic approach to safeguarding which involves a range of policies and procedures to ensure an effective approach including; effective risk assessment, recruitment, training and supervision. Only if the role requires it should DBS or other checks be completed and they should be seen as part of the wider approach.
- Ensure safeguarding approaches are appropriate to the volunteer role and proportionate to risk.
- Be clear about everyone's responsibilities for safeguarding. Volunteers must also be aware of their role and responsibilities on safeguarding, including how to identify and report any concerns.
- Consider if safeguarding procedures need to be adapted for volunteers with different needs or ages, for example health and safety or supervision to support inclusion and safeguarding for all.

- Regularly review your approach to safeguarding when involving volunteers as the roles they undertake may change over time.

---

### Things you will need

**A risk assessment process for volunteer roles and an approach to safeguarding that is proportionate to the risk.** Assessing the risk associated with a particular volunteer role can help you identify what steps need to be taken to safeguard volunteers and those they are working with. Some roles may be very informal or one-off. They may have very low levels of risk, as a result the level of management and approach to safeguarding may be quite different and more light-touch in comparison to roles where volunteers are providing direct support to patients or working one-to one with people. Volunteers providing support to people in the community may be more likely to be volunteering unsupervised. Volunteers may be working directly with vulnerable adults or children or with people at a time when they are feeling unwell or experiencing stress. You should consider the potential risk to volunteers of being exposed to situations that may

### Investing in Volunteers Indicator 5

The organisation is committed to ensuring that, as far as possible, volunteers are protected from physical, financial and emotional harm arising from volunteering.



cause upset or stress. The risk assessment will also assist with identifying the information to be provided on induction, the training required and the level of supervision needed.

**A policy for protecting children and vulnerable adults that covers volunteers.** Your organisation should already have a safeguarding policy and a policy on protecting vulnerable adults and children. It is important to ensure that the policy team considers volunteers and their activities. It should have clearly identified roles and responsibilities of staff and volunteers for putting the policy into practice. This should be clear about how volunteers should respond or report any safeguarding concerns they have or that may be disclosed to them, for example volunteers may hear about a safeguarding issue while carrying out their role. The policy should underpin training and induction for staff and volunteers. Staff and volunteers should be aware of where to access the policy and any associated procedures or information.

**A whistleblowing policy and procedure that is relevant to volunteers.** Staff in the NHS are encouraged to raise concerns they may have regarding quality of care or patient safety. It is important that volunteers also know how to raise concerns appropriately and that there is an open and supportive culture that encourages this. Ensure volunteers are aware of the whistleblowing policy and procedure.

#### Case 10. **Managing risk with volunteers - Timebanking UK**

Timebanking has been working closely with commissioners and adult social care. A network of timebanks has been set up across the county of Surrey, working in partnership with the council and Adult Social Care. Although initially risk-averse the council was reassured by the measures put in place to manage the risk. In the context of a timebank volunteers can be undertaking a diverse range of roles, including roles supporting more vulnerable members of the community and potentially home visits. Timebanking has to provide reassurance that risk is being assessed and managed appropriately. They have done this successfully by:

**Documenting ways of working-** All Timebanking UK members adhere to a set of working practices and guidelines. This working declaration formalises the activities in the timebank. This includes safeguarding policies and procedures and a handbook which covers; risk assessment, appropriate behaviour for volunteers, confidentiality and what to do if things go wrong as well as other topics. Timebanking UK members are required to work

through the handbook.

Members who have signed up to the working declaration are supported with online tools including an app which enables online access to the full range of policies, the handbook and other documentation.

**Co-producing training with local commissioners** so they are assured of the quality of training in areas like safeguarding.

**Getting the balance right** by managing the risk while ensuring that volunteers find it easy to get involved.

**Quality assurance** – Timebanks can choose to recognise their approach formally through a national quality mark for time banks to be examples of best practice. There are training sessions on how to obtain the quality mark, along with other topics such as safeguarding, pitfalls to avoid, organisational timebanking, managing risk and engaging with the community.

Find out more about how timebanking works in their [Prospectus](#).



NHS England provides a [national integrated whistleblowing policy](#) that will help standardise the way NHS organisations should support staff who raise concerns. [Additional guidance is provided for primary care.](#)

**A health and safety policy and associated procedures that cover volunteers.** Although some legislation refers particularly to employees it is good practice to treat volunteers with equal consideration when it comes to health and safety. Organisations have a duty of care to their volunteers as well as to staff. Risk assessments will help identify the health and safety issues which relate to particular volunteering roles, and will also identify the induction, training and supervision requirements which will reduce those risks. For more detailed guidance about your responsibilities you should discuss with the lead for health and safety in your organisation. It may also be relevant to discuss with occupational health. Further information and guidance is also provided by the [Health and Safety Executive](#). They provide specific guidance for organisations who involve volunteers and for activities taking place in specific settings.

**Criminal record checks (if appropriate)** may be required for some volunteers roles but a check may only be completed if the role is eligible. These checks are completed through the [Disclosure and Barring Service \(DBS\)](#) and so are **often called DBS checks**. When developing volunteer roles it is important to identify early whether the role will require DBS check.

More advice on identifying whether a DBS is required for a role is available in '[Appendix 8. Criminal record checks](#)' on page 76.

DBS checks should be seen as part of a holistic approach to safeguarding as outlined at the beginning of this section.

**Insurance.** Adequate insurance cover should be in place for volunteers and the activities they undertake. An organisation or group involving volunteers needs:

- **Employer's liability insurance or public liability insurance** to cover the organisation in the event that a volunteer is harmed due to the organisation's negligence.
- **Public liability insurance** to cover both the organisation and the volunteer in the event that a third party is injured through the actions of a volunteer.
- **Motor insurance for volunteer drivers.** If volunteers are going to be driving vehicles provided by the organisation, the organisation must ensure that its insurance covers volunteers. If volunteers will drive their own vehicles, then the organisation must check that they are appropriately insured.

Due to the variation in insurers and policies we can only offer general guidance. If you are unsure whether volunteers are covered in your policy then it is good practice to contact your insurance provider to check. You should be clear about the nature of the roles volunteers undertake and how they are managed as it is important to identify what steps are

#### Brief 9. **Checklist: insurance for volunteers**

- ensure that the policies explicitly mention volunteers and covers them
- check if there are upper and lower age limits for volunteers
- ensure that the policies reflect the types of activities that the volunteers will be doing
- conduct a risk assessment for each of the roles that volunteers will be performing, because this will help your insurer to tailor your policy to suit your needs
- if you are working in partnership then it is important to be clear on whose insurance policy volunteers are covered and which organisation is taking on the liability.



being taken to mitigate risk. There may be specialist insurance policies which are required. The checklist 'Insurance for volunteers' in [Brief 9](#) may help with this process.

**Uniform or identification for volunteers** may be needed as part of your approach to security or safeguarding. This could be a uniform, or badges and lanyards to identify volunteers.

**Protection from financial harm** for volunteers: do not leave them out of pocket from volunteering. It is good practice to reimburse volunteers for out-of-pocket expenses incurred while volunteering with you. More information on volunteer expenses is in '[10. Supporting and supervising volunteers](#)' on page 41.

**Support for volunteers** who are involved in intensive one-to-one support to patients or people in the community. For example, providing volunteers with access to a counseling service or helpline can provide them with a confidential opportunity to discuss any emotional or stress related issues. Mentoring could also be appropriate. Some NHS trusts have made staff support services which can provide an anonymous service available to volunteers.

---

## More information

[Altogether Better](#) developed a simple one-sided document which helped them to establish clarity on their approach to risk management when working with GP practices. Their 'collaborative practice' document is included in '[Appendix 10. Managing risk in partnerships](#)' on page 80.

NAVSM provide [guidance on risk assessments](#) for volunteer roles.

NCVO has [guidance on safeguarding for volunteer involving organisations](#) which includes links to other useful information and resources

Local authorities have a statutory obligation to safeguarding and offer local support and information. Your area will also have a multi-agency safeguarding policy and procedure that you should be aware of and build into your processes as appropriate.



## 9. Induction and training for volunteers

The induction process for volunteers should prepare them for their role and should help them get to know the organisation and who will support them. The way you bring new volunteers into your organisation, or induct them, sets the tone and their expectations for your relationship. A good induction should ensure volunteers are able to contribute effectively and feel part of the organisation or team.

---

### Things you will need

**An induction checklist** for the issues and actions that need to be covered can be extremely useful and also provide a record that new volunteers know what they need to know. An example induction checklist is shown in [Brief 10](#).

**A process that is tailored to the role and the setting it is taking place in.** For example, for one-off or short-term volunteers where the role is low risk the induction may be short and straightforward. Volunteers based in the community who are doing home visits or volunteers providing information and advice for example may need a more in-depth induction that includes topics specific to their role.

#### Brief 10. **Checklist: volunteer induction**

- Introduction to the organisation or project and why you involve volunteers – use your volunteer policy if you have one.
- Introduction to the volunteer role and setting.
- Volunteer policies and procedures – could be through issuing the volunteer handbook and the volunteer agreement. Include any key organisational policies.
- Introduction to relevant staff and identifying key point of contact.
- Training and supervision arrangements.
- Health and safety information- should include first aid, fire procedures, infection control, occupational health.
- Expenses procedures – it can help to work through the expenses form, for example.
- General site induction, for example location of toilets, meeting rooms and refreshments.
- Security arrangements.
- Standards of behaviour and dealing with difficult situations.
- Issue of ID badge or uniform.

#### Investing in Volunteers Indicator 7

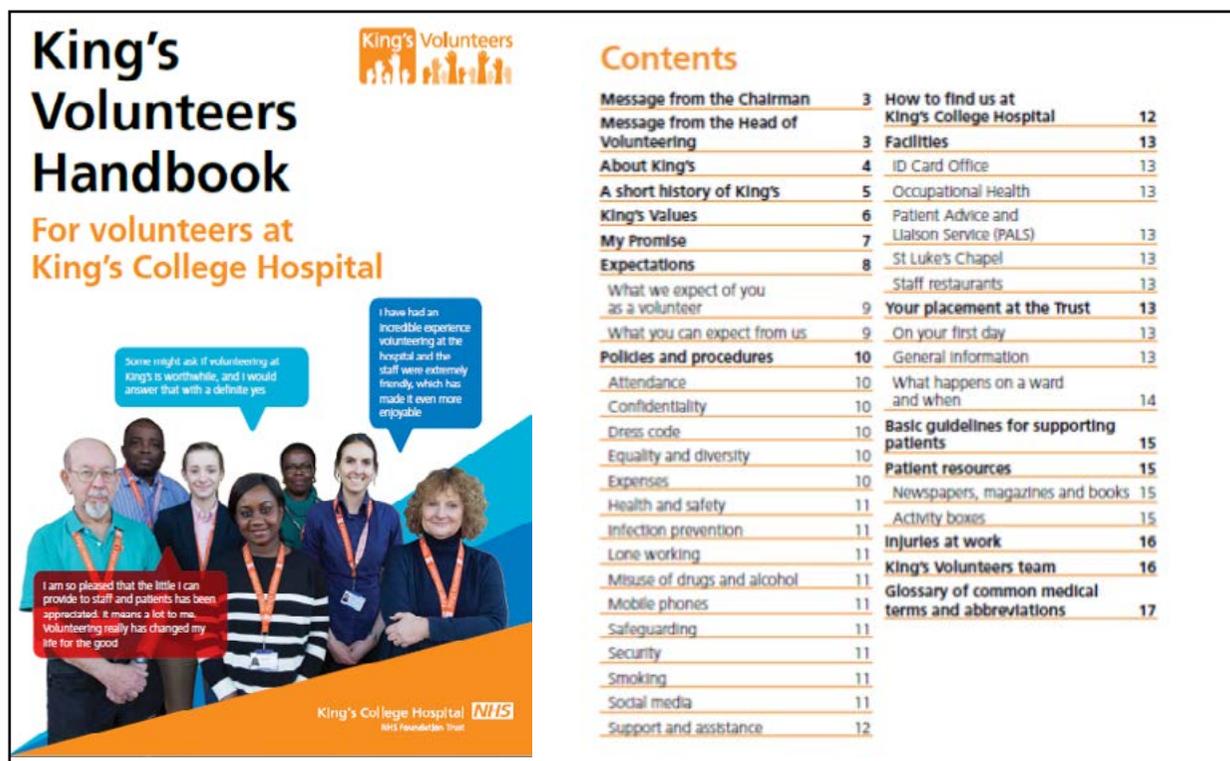
Clear procedures are put into action for introducing new volunteers to their role, the organisation, its work, policies, practices and relevant personnel



**Try and be flexible about when induction sessions are offered.** Volunteers may not be able to attend inductions that last a full day and may have work or caring responsibilities to fit their volunteering around.

**A volunteer handbook** or information pack should be provided for all new volunteers at induction. This needs to cover all the key information that the volunteer may need to refer to. Referring to procedures may be enough rather than including the full procedures. The checklists 'Volunteer induction' in [Brief 10](#) and 'Volunteer handbook content' in [Brief 11](#) cover what your handbook should contain.

The volunteer handbook should present the information clearly and in an engaging way. It should be a document that volunteers keep so they can refer to it and find practical information easily. Like this example from King's College Hospital.



- Volunteers will bring varying skills and experience to the role so use the recruitment and induction process to understand what training needs they may have.
- Keep records of induction and training provided.

**Training and development help volunteers feel valued and supported.** It can also be a motivator for those who are interested in developing their skills and experience through volunteering. Training should be relevant to the volunteer role and you must cover mandatory topics like health and safety. Consider the most appropriate training format. Online training may be a good way of making training more convenient.

**Ensure you allocate an adequate budget for volunteer training.** You may be able to include volunteers on training already run for staff but this may not always be appropriate. You may need to balance the cost of training with the duration of the volunteer role to ensure it is cost-effective.

## More information

NHS Employers offers [Guidelines for volunteer induction, statutory and mandatory training](#).

Knowhow Nonprofit provides an [overview of how to approach volunteer inductions and what to include](#).

### Brief 11. **Checklist:** **volunteer handbook content**

- Welcome and volunteering policy
- Volunteer agreement
- Role description
- Key contacts
- Code of conduct
- Equal opportunities and diversity statement
- Confidentiality and data protection
- Health and safety duties and responsibilities (including accident reporting)
- Expenses policy and claim procedure
- Internet and telephone usage policy
- Dress code
- Seeking advice and raising concerns



## 10. Supporting and supervising volunteers

Ensuring volunteers receive the support and supervision they need helps them to make a positive contribution. Providing good support to volunteers also ensures they have a positive experience which can help with volunteer retention.

On-going support and supervision for volunteers can allow you to:

- ensure volunteers feel supported and recognised and that their needs are met
- identify issues and potential problems early
- understand the motivations of your volunteers.

---

### Things you will need

**Clearly outlined roles and expectations** in volunteer role descriptions and volunteer agreements or codes of conduct. This helps to clarify volunteers' expectations early and puts boundaries in place. This can help to prevent misunderstanding and issues arising with performance or behaviour. They can also be a useful tool to support conversations in support or supervision meetings. ['5. Developing volunteer roles' on page 21](#) provides more detailed guidance on developing role descriptions and volunteer agreements.

**A named support contact for volunteers.** This could be a staff member or another volunteer. It is likely that a range of staff in different roles will be this point of contact. For example, for volunteers supporting patients on the ward the point of contact may be a nurse working on that ward.

**A flexible approach which can be adapted** to suit different volunteer roles and settings. One size does not fit all and volunteers as individuals will also have varying support and supervision needs. For some roles a more formal, structured approach may be appropriate; for more informal or one-off roles a more informal chat or bringing groups of volunteers together to check in with them may be better.

**An understanding of volunteers' motivations and that this may change** is key to good volunteer management and support. Volunteering is a two-way relationship and understanding what they want to get out of their volunteering experience with you is important. As part of the recruitment process you will find out about peoples' motivations for volunteering but peoples' motivations may change.

Volunteers may not stay in the same role. Their circumstances may change or they may just want to try something different. [Pathways through Participation research](#) shows how people's ability to participate changes during their lives.

### Investing in Volunteers Indicator 8

The organisation takes account of the varying support and supervision needs of volunteers.



**Regular support and supervision** ensures volunteers are happy in their role and feel supported. The checklist 'Volunteer supervision' in [Brief 12](#) lists key things to cover in informal or formal supervisions for volunteers. You may also wish to ask specific questions about their role or follow up on things you have discussed previously. The last question provides them with an opportunity to raise anything the other questions do not capture that they want to address.

Some things to think about when organising supervisions are:

- **Choose an approach that considers the time volunteers have available.** Offering a range of ways to stay in touch can be helpful. Think about the times of day you schedule in supervisions and whether they need to be done in person or could be done over the phone or online.
- **Consider the amount of staff time available** and how many volunteers you have. This will determine what approach to supervision is practical.
- **Keep a record or note of supervisions.** This is helpful if volunteers are involved with the organisation over a longer period, if their role is particularly complex, or for keeping track of any arising issues. It can also be useful for the volunteer as there is a record of how they are developing and learning in the role. [Case 11](#) provides an example of developing a structured approach to supporting volunteers from Healthwatch Islington

- **Include a process for giving feedback to volunteers and let volunteers know when they have made a positive contribution.** This embeds reward and recognition into your volunteer management and ensures it is not just something for a one-off occasion such as volunteer awards. More on recognising volunteers' contributions is in '[12. Valuing and recognising volunteers' contributions' on page 49.](#)
- **Provide opportunities to discuss issues or concerns** Encourage volunteers to raise problems or concerns early, before they grow into something which seriously affects them or the organisation. If you feel there is an issue with the volunteer's work or behaviour you should also raise this as early as possible. It is important to understand why the issue has arisen and how the organisation or other individuals may be causing or contributing to it.
- **Deal with issues sensitively** and frame the issue as a shared problem. Be solutions-focused and discuss steps you could take together to improve things. For more serious issues your complaints or problem-solving procedure should put in place. Guidance on policies is provided in '[4. Creating a framework to develop and support volunteering' on page 15.](#)

**Other ways to keep in touch.** You can keep volunteers engaged and informed in many ways, especially if you work with large numbers of volunteers over a large area. Useful tools include:

- phone calls
- volunteer noticeboards

### Case 11. **Personal support plans in Islington**

Healthwatch Islington set up regular support and supervisions for volunteers and offer personal development plans. Some of their volunteers have taken these up and others have not, the decision is with the volunteer. Either formally or informally, all volunteers are given the opportunity of a one to one with a member of staff.

### Brief 12. **Checklist: volunteer supervision**

- What do you feel has gone well?
- What has not gone well for you?
- Are there any other tasks or roles within the organisation you would like to do?
- Do you feel there is any support or training you need?
- Is there anything else you would like to discuss?



- email bulletins
- newsletters
- group meetings, for example volunteer focus groups, informal drop-in sessions
- social media, for example Twitter, Facebook, LinkedIn
- teleconferencing
- online discussions, for example Google Hangouts, Skype calls, FaceTime

Peer support may be effective in some circumstances to make your volunteers feel supported. It can be a good way to recognise the experience of existing volunteers and could be a development opportunity for those looking to develop leadership or mentoring skills.

**Asking volunteers to leave.** When issues cannot be resolved the relationship between the organisation and the volunteer may need to be ended. Ideally this decision should be taken after the stages in a problem-solving process have been worked through.

If you do decide to ask a volunteer to leave, have an exit meeting if possible to explain the decision and tie up any loose ends. At this stage the decision should be final: any opportunity for the volunteer to appeal or discuss the issues should have been taken earlier in the process.

There are a number of areas to consider for the meeting:

- Ensure the meeting is confidential and discrete.

- The volunteer should be given the option to be accompanied by a person they choose.
- Expect volunteers to express their emotions, but try to keep your emotions in check.
- Inform staff, patients, service users and other volunteers of the outcome. In some cases it may be appropriate to keep the reasons for the volunteer's departure confidential.
- If the volunteer had responsibilities for patients or service users make sure that alternative support is provided.
- For certain roles volunteers may have ID badges and uniforms. For security and safeguarding, ask them to return these. Ensure that there is a way of following this up after the meeting if required.

---

## More information

NAVSM provides [guidance on volunteer management](#) including approaches to reviewing volunteers and developing volunteer agreements.

NCVO's practical guidance covers different aspects of [supporting and supervising volunteers](#).

[NCVO mentoring and befriending](#) provides guidance on setting up and developing mentoring and befriending programmes.



## 11. Working in partnership

Partnerships play an important role in delivering the Five Year Forward View, supporting the development of volunteering in the NHS and in [New Care Models](#). Partnerships are diverse and wide-ranging and this is an area that is changing as new approaches are tested and developed. It is important to think through your approach to partnership working and how it will affect the recruitment and management of volunteers.

[New Care Models](#) often involve partnership working both across the NHS and with other partners in the public sector, the Voluntary, Community and Social Enterprise (VCSE) sector, and with the community.

[Integrated care models](#) can involve a range of partners across different areas in the NHS, social care and the community. Other models like multi-disciplinary team working require health and care professionals to work together to support people with complex care needs.

The VCSE sector is an important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes.

Partnerships help the NHS. They can:

- meet the needs of a changing population
- deliver a more holistic approach to health and care for individuals
- extend or connect up services and make the care and support people receive more person-centred

### Case 12. **Maternity Mates run by Women's Health & Family Services**

[Maternity Mates](#) are female volunteers who provide support to disadvantaged pregnant women in East London hospitals, helping them through pregnancy and giving birth, as well as caring for their new baby.

Maternity mates are local women, representative of their local demographic and cultures and give practical and emotional support where women may feel isolated, overwhelmed by the occasion, confused by the system or simply unable to communicate in English with over-stretched staff. Volunteers can also accompany women to appointments and support health professionals to help the mother to make informed decisions about her care, and that of her baby. Volunteers gain access to accredited training and hugely rewarding experiences.

Voluntary sector partners may support brokerage or volunteer recruitment. For example, youth volunteering partners like the Prince's Trust and Vinspired have helped involve young people in NHS provider settings. Other organisations like Kissing it Better specialise in bringing volunteers and involving communities in care settings.

### Case 13. **Navigating information for patients in Watford**

[Macmillan Cancer Support](#) provides information and support services in hospitals so patients can easily access the support and information they need. [In Watford General Hospital](#) information and support is offered to anyone affected by cancer. Visitors are patients, their families or health care professionals supporting them. The Centre is run by a Macmillan Information Manager and supported by trained volunteers who provide an essential service assisting visitors. They find the right booklet or drug factsheet, listen to their fears or signpost them to outside help. They also make ward visits to cancer in-patients and take telephone calls for nurses.



- empower patients to take the lead in managing their own health and care.

Partnership working can help support the development of volunteering by:

- creating new volunteering opportunities and increasing the capacity to involve volunteers
- opening up opportunities to engage a more diverse range of volunteers
- enabling volunteering to support new ways of working, new roles and new models of care and thereby helping volunteers to have a bigger impact.

Partnership working in volunteering can take several forms including:

- supporting in house services
- commissioning specific services
- brokering volunteers
- social prescribing.

This section aims to help you develop effective partnerships to support volunteering and ensure the recruitment and management of volunteers is of high quality. You will need to adapt your approach to suit the nature of your partnership and the context in which you are working.

## Things you will need

**Clarity on what kind of partnership opportunities you are seeking.** Before you start having conversations with potential partners think through how you think partners could add value or support your work. For example, if you are looking to recruit younger volunteers then consider working with your local college or established youth services. '[Appendix 6. Making volunteering inclusive – in practice](#)' on page 64 provides examples of partnership working to help recruit a more diverse volunteer base.

**A plan developed with partners which identifies how volunteers will be involved.** Different organisations have different approaches to volunteer recruitment and management. Make sure you agree what processes will be in place and who is responsible for managing and supporting volunteers. For example, you will need to agree an approach to safeguarding and DBS with partners.

**Documenting what you agree with partners** will avoid any misunderstanding of the roles and responsibilities of each partner. Document what you agree about how volunteers will be recruited and managed in the partnership. This will mean partners have something to refer to in future which can help ensure that processes are followed consistently and that each volunteer has a good experience and is treated equally.

### Case 14. **Social prescribing in Leeds and Kirklees**

Touchstone run social prescribing programmes in Leeds and Kirklees. Working closely with local GP practices and a range of volunteer-involving charities, they work with patients to develop holistic plans that can address their wider health and wellbeing. When patients are able to manage their own health and address other challenges in their life, they are less likely to require acute NHS services. 80% of participants would seek community based solutions rather than the health system in the future.



**The approach you take to documenting an agreement should be proportionate** to the nature of the partnership and the activity it supports. Complex projects involving multiple partners, funding arrangements and higher risk will need a formal contract or agreement. One-off activities delivered in partnership to support an event, for example, may not require such a formal arrangement to manage it.

**More formal partnerships may have a contract.**

This could be part of a funding arrangement or where partners are commissioned to deliver a project or service involving volunteers. A contract for services involving volunteers may specify requirements for recruiting and managing volunteers. It may detail specific checks to be completed as part of the recruitment process, numbers of volunteers to be recruited and it may detail who is ultimately responsible for the management of volunteers.

**Partnership agreements may still be useful even if funding is not involved.** This approach may also be useful if you are running or supporting a complex project involving multiple partners or if you are working with partners for a significant period of time.

**Memorandums of Understanding (MOUs)** are not legally binding and are used to describe the relationship between partners. They recognise mutual understanding and agree a way of working together. There is no one format or structure but they should be mutually beneficial agreements and should set out the relevant information needed as a foundation to make the project or partnership successful.

Things to include are:

- key responsibilities of each partner for volunteer recruitment and management
- agreed activities and outcomes for volunteers and partners involved
- identified lead contacts for the partners involved – in some cases it may also be appropriate to include details on funding or reporting arrangements.

**More informal partnerships**, for example a one-off event or way of working that is more informal may just need a meeting to discuss and agree the approach to volunteers. Minutes or notes from the meeting record what was agreed. In some partnerships you may find that you have similar processes in place for recruitment and management and so don't need to agree anything separately.

**Liability and risk need to be considered when working with partners.** This may be covered in contracts or agreements with partners. All organisations involving volunteers need to ensure they have adequate insurance cover and that they are taking necessary measures to assess and mitigate risk. In the context of a partnership it is important that each party is clear on who is liable for the risk entailed.

**Effective communication is important** in all types of partnerships. If you are working with partners for a significant period you should think through how you will keep each other up to date. Regular meetings to update on how things are working are useful. Choose an approach that feels right for you and partners and

Case 15. **Sharing simple healthcare ideas from local communities**

Kissing it Better aims to share simple healthcare ideas and harness the energy of the most dynamic groups in a local community and inviting them to use their specialist skills to make a difference to the care of patients and their carers within hospitals and care homes. The ideas they develop aim to improve care and the experience of patients and staff in hospitals and care homes.

Initiatives range from implementing ideas to improve the welcome patients receive in hospital, for example by supporting volunteers to welcome patients with a friendly 'here to help' badge, to involving patients and the local community in producing art that can be displayed in the hospital to brighten the surroundings and improve people's moods.



what you are working on together. A written update may not be needed but a regular conversation face-to-face or on the phone, can help identify any issues early, recognise what is working well and identify opportunities for improvement.

**Ensure volunteers understand who is responsible for their management and support.** It may be that one organisation takes the lead on this or that responsibility is shared. Where responsibility is shared across organisations it can still be helpful to have just one point of contact for volunteers. If this is not possible then each volunteer should be aware of who to contact in relation to their particular volunteering role.

**Put an exit plan in place if the work is time limited.** Consider early on what your exit strategy may be and how that may impact on volunteers involved in your work. You should be clear with volunteers that the project or service is time-limited so they know if and when their role may come to an end. If you are hoping to find ways to continue involving volunteers then you should plan early for that. Where possible involve volunteers in this discussion and ensure they are supported through the process.

**Volunteers should be informed about the end of a project or any significant changes that will affect their role early.** If you are handing over volunteer management to another organisation give volunteers the opportunity to meet the new people

supporting them and to ask questions. When projects or programmes are well established it is sometimes possible for volunteers to continue and support each other to continue in the role.

Independent volunteer-led projects or programmes can work well but it's important that those involved are aware of their liability and responsibility. For example, in a volunteer befriending scheme run by a charity the volunteers would be covered by the charity's insurance. Volunteers running a befriending scheme by themselves would need to consider the risk and liability to them as individuals.

---

## Types of partnership involving volunteers

Cases 12–17 provide brief examples of voluntary sector organisations working in partnership with NHS.

**In-house services** in NHS premises or services may be used as a base to help voluntary sector organisations reach people who may benefit from their services. They may provide a complementary service or activity that helps to enhance the patient experience.

**The NHS may commission or fund voluntary sector partners** who involve volunteers to deliver specific services. The service is usually commissioned to be part of a multi-agency response – perhaps to help a vulnerable person leave hospital more quickly.

### Case 16. **Hospital discharge support by British Red Cross**

British Red Cross provide support with hospital discharge in a number of local areas. Volunteers provide practical support to help patients return home quicker and regain their independence. Referrals to the service are made by GPs, primary care, hospitals, social workers and individuals.



Voluntary organisations and charities may also involve volunteers in the community in a way which compliments other NHS services and where volunteers are providing support alongside health professionals. This can help to improve the experience of patients or those accessing services.

**Social prescribing** models connect people to organisations or community based activities. These models are being developed in acute and primary care. [Case 14](#) is an example using this model in Leeds and Kirklees. There is more about this in '[Social prescribing](#)' on page 11.

---

## More information

'[Appendix 9. Partnership memorandum of understanding \(MOU\)](#)' on page 78 provides an example MOU that was used by King's College NHS Foundation Trust when they were working with charity partners. It can act as a guide but will need to be adapted to ensure it is appropriate for your partnership and organisation.

The NHS England website provides an [overview of key partners and the approach to managing relationships with partners](#).

[New care models in the NHS](#), including vanguards and integrated care, are key examples of new approaches and models of partnership working and their role in improving health and care.

NCVO provides [guidance on developing joint working agreements](#).

The VCSE review looked comprehensively at the role of the VCSE sector in contributing to health and care outcomes and made recommendations for [how to realise the potential of the sector](#).

### Case 17. **Royal Voluntary Service (RVS)**

Royal Voluntary Service have over 400 hospital shops and trolley services. The volunteers enjoy meeting new people on their rounds and building relationships with staff and visitors in the hospital. The volunteers help to ease the stress and upheaval often experienced by older patients during their stay in hospital. RVS work in partnership with hospitals across the country to deliver this service.



## 12. Valuing and recognising volunteers' contributions

Recognising the value of people who give their time freely and the difference they make across your organisation is important. Volunteers value being recognised for their contribution and achievements and like to know how their help makes a difference. Recognition promotes motivation, morale and volunteer retention.

Public recognition can also help to raise the profile of volunteering in the organisation and demonstrate more widely the contribution volunteers make to your organisation's success.

### Things you will need

**A range of approaches to recognising volunteer contributions and achievement.** There are many ways of recognising and celebrating your volunteers personally and publicly. Below are a number of approaches to recognising and thanking volunteers.

- **Awards for service or contribution over time** are a popular approach. Lots of organisations offer recognition of long service by volunteers.

- **Awards for special achievement** are generally celebrated publicly - perhaps at an organisational Volunteer Day or as part of [Volunteers' Week](#). Awards are also given to staff to recognise their contribution to supporting volunteers. [International Volunteer Managers](#) day takes place on 5 November each year
- **A simple thank-you** from supervisors, staff and service users/patients is the most-valued reward for many volunteers. This can be a more low-key and personal approach. [Case 18](#) shows some examples of different approaches to recognition.

### Investing in Volunteers Indicator 9

The whole organisation is aware of the need to give volunteers recognition.



Northumbria Healthcare NHS Foundation Trust's Hospital Volunteer Service (HVS) says 'thank you'.





The Altogether Better charity created a series of factsheets to highlight the work and achievements of individual volunteers in their projects

**Support and supervision for volunteers should be an opportunity to give volunteers positive feedback** on their performance and to say thank you for their contribution. There is more on this in '10. Supporting and supervising volunteers' on page 41.

**Training and other opportunities for volunteers to develop can be a way to value their contribution.** For some an important aspect of volunteering is the opportunity to develop their skills and experience. For example, young people interested in a career in health and care may see volunteering as a way to gain relevant experience in the sector. Many health and social care courses require a certain number of hours of experience or volunteering. People who have been long-term unemployed may find volunteering a way to build confidence and gain experience to help them get back into employment.

Your organisation may distinguish work experience from volunteering. Check what your organisational policy is on work experience and how this relates to volunteering.

**Offer references or recognition of skills and experience gained.** If you are able to offer references to volunteers be specific about the circumstances in which references will be provided. For example, you may require volunteers to have contributed a certain number of hours before they can be eligible for a reference. Include your references policy in your volunteer handbook and/or your volunteer policy.

### Case 18. Saying thank you in different ways

Sherwood Forest Hospitals NHS Foundation Trust gives long-service awards, while The University Hospitals of Morecambe Bay provides a certificate of recognition for any volunteer who serves 100 hours.

Aneurin Bevan University Health Board run annual Volunteer Awards for individuals and groups who have contributed in various categories including Service Improvement or Innovation as well as individual 'star volunteer' awards. The award include one for paid staff for volunteering in the community – a way of bringing staff and volunteers together, and further demonstrating the links between the organisation and the community it is part of.



**Share volunteer stories or case studies** which show how volunteers make a difference with staff, volunteers and the wider community. Use existing communication channels like staff newsletters, posters in relevant buildings, conferences and updates for management. This could be stories about the contribution of volunteers in general or about the achievements of individuals.

Always ask permission from individuals if you wish to identify them in case studies or stories and tell them how you plan to use the information. It is sometimes more appropriate to anonymise the information for volunteers and perhaps the patients or people they are supporting. [Altogether Better have brought together a series of 'Amazing Stories'](#) which help showcase and profile how volunteers make a difference and also the benefits volunteers have experienced. Work with your internal communications team and your press office.

**Have a process in place to collect feedback from volunteers on their experience and other issues that affect them.** Providing a good experience for volunteers is one of the most important ways in which you can recognise the value of their contribution. This could be through volunteer surveys, exit interviews or running volunteer focus groups or drop-in sessions. You may also get feedback more informally or anecdotally through day-to-day conversations when they are undertaking their role. Demonstrating that feedback is being taken on board and acted on is a way to demonstrate that volunteers' opinions and their experience is valued.

**Creating ways for volunteers to be involved in decision making can also show that you value their contribution.** Invite volunteers to key meetings about issues that affect them or you can set up more formal structures like volunteering steering groups. You could also invite volunteers to be represented in appropriate areas of governance. Establishing a lead board member for volunteering provides a clear route for gathering volunteer feedback and views and ensuring there is a channel for volunteering issues to be raised at the highest level in the organisation.

**Include information about the impact of volunteering in your annual report or produce a separate impact report.** This helps to ensure that the whole organisation, including senior management and the governance of the organisation understand how volunteering makes a difference. It will also help to demonstrate how it contributes to the organisations strategic objectives and key achievements. You could also include volunteering in other aspects of organisational reporting. Some organisations produce a volunteering impact report once a year or publish the results of their volunteer survey. Volunteers also like to know that their time makes a difference so share this information with volunteers too.

['4. Creating a framework to develop and support volunteering' on page 15](#) provides guidance on measuring the impact of volunteering and further information on relevant tools.



## 13. Appendices

**The case for volunteering in health and care: strategy and policy** 53

**'Plan on a page' volunteer strategy summary** 58

**Policy and procedures checklist** 59

**Volunteer managers' guide to getting started** 60

**Example role description** 62

**Making volunteering inclusive – in practice** 64

**Gifts and goals template** 75

**Criminal record checks** 76

**Partnership memorandum of understanding (MOU)** 78

**Managing risk in partnerships** 80



# Appendix 1. The case for volunteering in health and care: strategy and policy

This section identifies some of the key policy and strategic drivers for the development of volunteering in health and care. This intends to place volunteering in the national strategic and policy context which may be helpful when developing a business case for volunteering. Ensuring that you can identify the strategic relevance of volunteering at the highest level will be important in order to influence senior stakeholders.

---

## Five Year Forward View and Next Steps

The [Five Year Forward View](#) (2014) is the vision for the future of the NHS.

Chapter 2 'What will the future look like? A new relationship with people and communities' includes the following which supports the case for the role of volunteering:

- Need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services.

- Creating new options for health-related volunteering; designing easier ways for voluntary organisations to work alongside the NHS; and using the role of the NHS as an employer to achieve wider health goals.
- Encouraging community volunteering. Volunteers are crucial in both health and social care. Three million volunteers already make a critical contribution [...] The NHS can go further, accrediting volunteers and devising ways to help them become part of the extended NHS family – not as substitutes for but as partners with our skilled employed staff.

### Find out more

#### [The Five Year Forward View](#)

In March 2017 the [Next Steps on the Five Year Forward View](#) was published and the involvement of communities and citizens is integrated throughout the delivery plan.



---

## Sustainability and transformation partnerships (STPs)

The NHS and local councils have formed partnerships in 44 areas, covering all of England, to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations.

Involving people, communities and stakeholders in developing and delivering plans is essential in ensuring they meet the needs of people and communities. STPs should build on the six principles for engaging people and communities developed by the people and communities board. The principles include volunteering and social action as key enablers and are outlined in Figure 4.

---

## The Care Act 2014

The [Care Act](#) places duties upon local government and partners. Volunteering can play a role in helping to deliver these requirements, including having a role in supporting wellbeing.

Duties include:

- Establishing the promotion of wellbeing as the guiding principle for adult social care.

- Putting an emphasis on action to prevent, reduce or delay needs; to do this by building on the resources of the local community, including local support networks and facilities provided by other partners and voluntary organisations.
- Providing information and advice for the whole population.
- Joining up the services provided with NHS provision and other health-related services.
- Shaping a diverse and sustainable local market of providers for care and support.

Volunteering can play a role in:

- Identifying quality issues and reporting, for example volunteers as participants in local Healthwatch enter & view audits.
- Peer review of services as “experts by experience”.
- Helping someone think through what is most important in their life – and guiding them in making a support plan.

### Find out more

[Care Act Factsheets](#)



## Six principles for engaging people and communities



Figure 4: Six principles for engaging people and communities

The Five Year Forward View People and Communities Board developed six principles for engaging people and communities and identified volunteering and social action as a key enabler. These principles are being embedded into design and delivery of new models of care and STP areas.

### Find out more

A full description of the work of the Five Year Forward People and Communities Board is on the [National Voices](#) website.

## VCSE Review

This review of the role of the **Voluntary Community and Social Enterprise** (VCSE) sector in improving health and wellbeing outcomes. It made several recommendations on volunteering. It recommended that:

- volunteering is valued, improved and promoted in all NHS settings – not just NHS trusts
- develop more high-quality inclusive volunteering opportunities
- comply with the Lampard Review recommendations on reviewing recruitment, training and management of volunteers, consider Investing in Volunteers.

See the [VCSE Review website](#).



---

## NICE guidelines

NICE provides guidelines on community engagement. These guidelines identify a number of roles that can be taken by volunteers to help improve health equalities and reduce health inequalities and represent local needs and priorities including:

- Bridging roles to establish effective links between statutory, community and voluntary organisations and the local community and to determine which types of communication would most effectively help get people involved.
- Carrying out 'peer interventions' – training and supporting people to offer information and support to others, either from the same community or from similar backgrounds (see learning and training).
- Community health champions who aim to reach marginalised or vulnerable groups and help them get involved.
- Volunteer health roles that enable community members to get involved in organising and delivering activities.

See NICE guidelines on [community engagement](#).

---

## Lampard inquiry

The Lampard inquiry made a number of recommendations following the investigations into the activities of Jimmy Savile relating to the NHS.

It recommended that all NHS trusts should review their voluntary services arrangements and ensure that:

- They are fit for purpose.
- Volunteers are properly selected, recruited and trained and are subject to appropriate management and supervision.
- All voluntary services managers have development opportunities and are properly supported.

See Lampard's [recommendations for the NHS and government](#).

---

## House of Lords Select Committee on Charities

The committee report from March 2017, [Stronger charities for a stronger society](#), made several recommendations on volunteering which are relevant to volunteering in the NHS. This included:

- Greater investment in volunteer management and for public sector grants and funders to consider the need for the costs of volunteer management in bids and proposals.



- A call for employers to allow time off for volunteering; including special leave for people to undertake duties as trustees.

---

## Care Quality Commission key lines of enquiry

The [Care Quality Commission's \(CQC\) key lines of enquiry](#) for inspections now includes a direct reference to volunteering. CQC inspection teams will use this updated framework to assess healthcare services, using the key lines of enquiry (KLOEs) and prompts where they are appropriate.

It includes prompts on the following:

- Are volunteers recruited where required, and are they trained and supported for the role they take?

For an outstanding rating, services would need to demonstrate that:

- Where relevant, volunteers are proactively recruited and are supported in their role.
- The service regularly updates its policies and processes for using volunteers and innovative practice, and the use of volunteers helps to measurably improve outcomes for people.

See the full [CQC briefing](#).



## Appendix 2. 'Plan on a page' volunteer strategy summary

### Our Volunteer Strategy 2017/18

**Our vision** How we see the future of volunteering at the Trust

- To strengthen our links and engagement with the local community and become a leader in community engagement
- To be an organisation that values and supports volunteering, and recognises the important contribution it makes to personal and community development.
- To be an organisation that encourages, supports and provides opportunities for individuals to volunteer and for organisations to contribute.
- For our volunteers to have a personally rewarding experience and be able to utilise and develop their skills.

**Our objectives** Building on the foundations of our Volunteer Programme

- Improve the profile, quality and range of volunteer opportunities and community engagement with a focus on social action through health improvement initiatives, for example Dementia Friends for volunteers and Foundation Trust members.
- Provide flexible volunteering opportunities that consider individuals' needs and overcome

barriers to getting involved for individuals and organisations.

- Constantly improve the volunteering experience and greater community engagement.
- Develop a volunteer community that is responsive, engaged, enthusiastic and can be mobilised to support the needs of the Trust, our patients and community.
- Have a robust and interactive volunteer programme which works with other partners to support the engagement of volunteers across the community wrapping care around the patient and co-ordinates preventative care.
- Create a flexible learning and development programme to meet the needs of our volunteers and community, to create meaningful engagement and to support our staff so they have the skills they need to more effectively engage and manage volunteers in their area.

**Our outcomes** How we will know we are being successful

- We will undertake to carry out an annual volunteer satisfaction survey to understand the experiences of our volunteers, look for ways to improve and achieve a target of 95% of families commenting positively on our patient experience and volunteer involvement.



Document reproduced courtesy of University Hospitals of Morecambe Bay NHS Foundation Trust



## Appendix 3. Policy and procedures checklist

This checklist contains a list of policies and documents that can help you think through what you should have in place as part of preparing for involving volunteers or to check and revise what you have in place already.

- Volunteering policy**
- Volunteer role descriptions**
- Volunteer expenses policy**
- Equal opportunities and diversity statement**
- Volunteer handbook**
- Confidentiality policy**
- Data protection statement**
- Health and safety**
- Safeguarding policy**
- Insurance for volunteers**
- Recruitment and selection policy**
- Volunteer agreement**
- Support and supervision information**
- Monitoring and evaluation information**
- Recognising volunteer achievement**
- Volunteer exit process**
- Volunteer problem-solving process or complaints process**



## Appendix 4. Volunteer managers' guide to getting started

This information is aimed at anyone who as part of their role recruits and manages volunteers in NHS settings. You may also be a charity or voluntary sector partner who works with or alongside NHS services.

It will signpost you to organisations and resources that can support you in developing your knowledge of volunteer management and good practice. It will also help you connect with organisations and networks that can help you develop a peer support network and enable you to share ideas, learning and good practice with others.

---

### Who can support me?

A number of networks and organisations provide support for volunteer managers. When you are new to the role connecting to other volunteer managers can be helpful. Being part of a network can help you build a network of peers that can support you and share learning and good practice.

**National Association for Voluntary Service Managers (NAVSM)** is the lead network for volunteer managers in the NHS. They provide [guidance, training and opportunities for networking](#).

**Association of Volunteer Managers (AVM)** is an independent membership body that aims to support, represent and champion people in volunteer management in England regardless of field, discipline or sector. It has been set up by and for people who manage volunteers. AVM aims to support peer-to-peer networking and speak out on issues that are key to people who manage volunteers. It works to develop [good practice in volunteer management](#).

**HR departments and NHS Employers** may be able to offer support and guidance if you work in an NHS setting. HR may have existing policies and procedures for involving volunteers if volunteers have been involved before or they may have policies and procedures that can be adapted so they are appropriate for volunteering. They may also have time and capacity to support elements of the recruitment procedure for volunteers. NHS Employers help provide [national guidance on volunteering](#).

**Volunteer Centres** are your [local volunteer support service](#) and provide local guidance and support with volunteer management and good practice. They also act as a broker, helping organisations to recruit volunteers. The centre may be part of a Council for Voluntary Service (CVS) or the volunteer support service may be delivered by another organisation.



**NAVCA** have a [membership directory](#) to help identify other local infrastructure support in your area including your local CVS.

---

## Where can I find resources on volunteer management and good practice?

In addition to this guidance there are a number of places you can go for further information and guidance.

### **Investing in Volunteers**

If you want to assess the quality of your volunteer management and involvement, prove and improve the effectiveness of your work with volunteers, and enhance your organisation's reputation, [Investing in Volunteers](#) provides the ideal framework. Achieving the standard shows your volunteers – and potential volunteers – how much they are valued and gives them confidence in your ability to provide an outstanding volunteer experience.

### **National Council for Voluntary Organisations (NCVO)**

NCVO is the national voice for volunteering in England. As well as championing volunteering and its role across society they provide [practical support on volunteer management and good practice](#).

[Knowhow Nonprofit](#) is NCVO's advice and support website and includes practical guidance, how-to guides and case studies. You can also join a community to share your experience with others online.

### **Volunteering Matters**

[Volunteering Matters](#) develop and deliver high impact volunteer-led solutions across the UK in response to some of the most difficult challenges facing individuals and their communities today. They engage more than 30,000 volunteers and 90,000 beneficiaries every year through 180 active programmes across the UK. They provide a number of reports and guidance which share the learning from their work.

### **National Association of Voluntary Service Managers (NAVSM)**

As well as a number of best practice guides developed with NAVSM members there is also a [resource area on all aspects of volunteer management](#).

### **NHS England Involvement Hub**

The [Involvement Hub](#) is a source of information for people who want to get involved in the work of NHS England or enable others to participate.

### **NHS Employers**

Have developed a short [guide to recruiting and retaining volunteers in the NHS](#).



## Appendix 5. Example role description

University Hospitals of Morecambe Bay NHS  
Foundation Trust

---

### Volunteer role description

**Role Title:** Office Administration Volunteer

**Reports to:** Office Manager

**Responsible to:** Community Engagement Manager

**Base/Department:** Various

#### Main purpose of role:

To assist in the provision of basic office duties and to aid staff and public experience.

#### 1. Main tasks/overview of responsibilities

To carry out a variety of administrative and clerical duties and undertake other general office duties which may include:

- Assisting the office staff when dealing appropriately with all telephone enquiries within the Single Point of Contact using a call answering telephone system as well as face to face patient contact.
- Assisting the office staff using a range of software programmes to produce, maintain and distribute documents, including spreadsheets and databases.
- Understanding of a range of workplace procedures and practices, some of which are non-routine, which require a base level of theoretical knowledge.
- Assisting the office staff, photocopying, scanning, emailing, faxing, distributing, filing and organising letters, reports and other documents.
- Opening, date-stamping, sorting and distributing incoming and outgoing mail.
- Researching appropriate websites, downloading and circulating documents, as requested.
- To assist in the promotion of Trust membership.

#### Planning and organising

- 1 Organise oneself to be clearly visible to those who need assistance.
- 2 To attend volunteer support meetings and training events.

#### Personal

- 1 To adhere to the principles of the volunteer agreement.
- 2 To inform the supervisor if unable to attend at the allocated time.



## Volunteer Development

- 1 To provide support and guidance to new volunteers where required as a part of the volunteer buddy system.

## Communication

- 1 To report any adverse incidents to staff in order that policy and procedure may be adhered to.
- 2 Ensure that patient confidentiality is maintained at all times.

## Infection Control

- 1 To ensure that visitors and staff adhere to the principles of hand hygiene when entering and leaving ward areas.
- 2 To direct visitors and staff to hand washing facilities where necessary.

## Equality and Diversity

- 1 Have an understanding of individual patients' needs taking into consideration cultural & religious requirements.
- 2 Act in accordance with Trust's policy and procedures.

## Health & Safety

- 1 Report any environmental factors that may contravene health & safety requirements.
- 2 Ensure that all work is carried out in line with Trust policies & procedures.

- 3 Attend induction and regular mandatory training.

## Membership

- 1 To actively promote the opportunity to join the Foundation Trust public membership.
- 2 To assist patients and visitors in completing membership registration forms.
- 3 To ensure that completed membership registration forms are transported safely and securely to the membership department.
- 4 To inform the membership department of any outstanding queries regarding membership which need to be resolved with patients and visitors.

*Due to the Trust's commitment to continuous improvement, it is likely that the role will evolve over time. These duties will be subject to review, any amendments will be made in consultation and agreement with the volunteer.*



## Appendix 6. Making volunteering inclusive – in practice

---

### Where and how to advertise

#### Word of mouth

Most volunteers are recruited by existing staff or volunteers and so it can be useful to make sure that your existing volunteers know what opportunities are available. This also means that it is important that people have a good experience while volunteering with you. It is worth bearing in mind that existing volunteers are likely to recruit people similar to them. For this reason this may not necessarily be an effective way to increase the diversity of the people who volunteer with you.

#### Print

Think about what kind of printed material you may need to advertise volunteer roles. You may need material in a range of formats from leaflets and postcards to flyers, posters and banners.

There will be a cost associated with printing materials and so you should think about how you can best distribute this material to ensure you maximise the impact. Public venues where there is a reasonable amount of footfall can help you to reach large numbers of people. Some examples below:

- local authorities
- schools and colleges
- libraries
- town halls and other public buildings
- GP and dental surgeries
- Job Centres
- sports and leisure centres
- religious centres
- shopping centres or supermarkets
- shop windows
- bars

You can target specific audiences and groups you want to reach by placing materials in locations they are more likely to visit. For example if you were looking to recruit more young people as volunteers you may ask younger people for advice on what they might find eye catching about a flyer and then make sure that you distribute it in places they go to regularly, for example schools, colleges or youth groups.



## Volunteer Centres and Councils for Voluntary Services (CVSs)

These local organisations can help promote volunteering and support with recruitment. They have knowledge and expertise to help reach people in their local area.

You can find your nearest Volunteer Centre using the [NCVO directory](#).

NAVCA have a [directory of member CVSs](#).

## Events and talks

Going out to existing events or groups to give talks can help to raise the profile of your volunteering opportunities and inspire people to get involved as volunteers. Giving talks and presentations can be an appealing role for volunteers and it is an excellent way for existing volunteers to share their positive experiences and enthusiasm. Hearing things from the volunteers' perspective can be an effective recruitment tool.

You could run your own volunteer 'open-day' or link in with other talks and events, for example community fairs, events or business pre-retirement courses. Student Unions, Universities and colleges often run events if you are seeking to engage with this audience.

## Link to other campaigns

Other campaigns can be a good hook to attach your recruitment message to and to help raise the profile of what you do. During Volunteers' Week hundreds of organisations that involve volunteers say thank you for their contribution. They also use the campaign as an opportunity to recruit volunteers and inspire people to get involved. Find out more at [www.volunteersweek.org](http://www.volunteersweek.org).

Linking to other initiatives can also be a way to tie your information into a wider story which can help you to get media coverage and potentially reach wider or different audiences with your message. It can also highlight volunteering roles and the difference they make.

## Local press and radio

Newspapers and local newsletters may have space where you can advertise volunteering opportunities. Try and build up a good working relationship with the local media in your area and keep them informed about what you are doing and work with them to identify opportunities of stories with a local interest. This can help to raise awareness of what you are involved in and stories about your volunteers may help to generate interest in volunteering with your organisation. It can also be a way to help recognise the contribution your volunteers make.



Think about targeting specialist publications if you are trying to encourage people from particular groups or people with particular skills or experience to volunteer with you.

### Local businesses

Local businesses may have employees that are keen to get involved in volunteering. Some may approach you or you could have a discussion with them about how they could potentially work with you.

Think about how volunteering could benefit their employees and their business. Volunteering can be a way to help their employees develop skills and experience. It can also be a way for businesses to develop relationships with their community and is a way for them to give something back as part of their Corporate Social Responsibility (CSR). Some companies may be able to allow staff to complete short term or one off volunteering opportunities whereas others may want to develop more comprehensive programmes. Discuss and plan how you can work together to make sure you fully understand each other's expectations.

### Online and social media

Increasingly people are searching online for information about volunteering opportunities. You should think about your online presence on your website and other social media, for example Twitter

and Facebook. Social media can be a quick and easy way to communicate with large numbers of people. It can be another platform to share information about what you do and how people can get involved.

The national volunteering database Do-it is a place where you can advertise your volunteering opportunities online. Volunteers can search by interest and location to find an opportunity that's right for them. [www.doit.org.uk](http://www.doit.org.uk)

Local social media networks can be a useful way to engage people in your area who may be interested in volunteering. They can help to reach special interest groups or people from a particular background in your community, for example there are often local online networks for mums

It is important to bear in mind that not everyone will have access to the internet or have the skills to access opportunities online and so limiting your communications to online platforms only would potentially exclude some people.

---

## Involving specific groups

### Black Minority and Ethnic (BME) groups

A range of research has been completed to help identify barriers to BME groups getting involved in volunteering. Here we identify some of the barriers you should think about addressing so you can make



volunteering accessible to BME groups. Involving people from BME communities as volunteers is also an important way in which we can begin to address health inequalities.

In some cases people from BME communities may have different cultural concepts of volunteering. Many BME communities have a tradition of community involvement but may be used to more informal models of involvement. So, in some cases more bureaucratic processes could be a barrier. The word 'volunteering' itself may not always resonate in the same way as it does for people from white British backgrounds. You can think about other terminology to use such as 'helping out' or particular cultures and languages may have alternative words to use. Discuss with people from the group you are trying to target about what language is best to use and in which contexts.

People from BME communities are also more likely to get involved if they can visibly see people from a range of backgrounds involved. Feeling equal to other staff and volunteers when involved is important. Their involvement shouldn't be tokenistic and so, as with all volunteers, you should be clear about the value of their involvement and the difference their contribution makes. The roles available should also be interesting and meaningful.

Ensure you address language barriers where possible: make materials available in different languages and/or provide help with interpretation. This is important at recruitment stage but also for training and induction.

For some BME groups childcare responsibilities have been identified as a potential barrier. You should therefore think about offering flexible volunteering hours where possible.

[Involving volunteers from under-represented groups, Summary of Findings](#), Joseph Rowntree Foundation, describes in more detail some of the potential barriers and approaches to overcoming them.

Working with community and faith groups may also help to reach people who may be interested in volunteering. Clinks have a [case study on working with faith groups to recruit volunteers who come from diverse backgrounds](#).

The [NHS BME network](#) is open to all staff with an interest in supporting race equality as an employer.

NHS Confederation published a [report with insights on engaging BME communities](#) aimed at NHS leaders.

## Young people

Young people already volunteer across the NHS from 16. The health-sector-wide [VCSE review](#) recommended more opportunities for young people in health and care. It also identified a range of benefits including:

- Bringing in young people's experiences, skills and voice.
- Volunteering as a route to introducing young people to career opportunities in health and care.
- Enabling young people to take better care of themselves and others; leading to healthier more resilient adults.



Research-based guidance is available, to help you develop roles that are appealing for young people. One of the key ways you can do this is by involving young people in shaping and developing their own opportunities.

Consider working with youth charities and other organisations that reach young people. They may be able to help you reach young people interested in volunteering. Organisations who provide a brokerage service may also be able to support you to recruit young people. For example, [Vinspired provide a platform which advertises volunteering opportunities](#) and provide guidance for organisations. You could also consider using online brokers like [Do-it](#) or local [Volunteer Centres](#).

The Young Foundation, with partners including NCVO, developed [a quality framework for youth social action](#). This framework identifies that opportunities should include 6 key principals. Great youth social action, they say, is

- challenging
- youth-led
- socially impactful
- progressive
- embedded
- reflective

Volunteering Matters and partners have developed a range of a toolkit, case studies and other [practical resources on youth social action in health and care](#).

Livvy carried out research produced a [report on encouraging greater youth volunteering in health and care](#) which has tips on how to develop opportunities appealing to young people.

The Nesta Helping in Hospitals project worked with a cohort of hospitals to [develop roles for young people](#) to help improve patient experience, satisfaction and outcomes in hospitals.

The #iwill campaign has shown the contribution young people can make in a range of areas through volunteering and social action, like this [case study of Melina](#) who volunteers with patients on dementia wards. #iwill has worked with NCVO to develop the [Involving young people in social action guide](#).

#iwill is calling on business, education, voluntary and public sector organisations to promote the benefits of youth social action, improve the quality of opportunities and increase the number that are available to young people. Over 500 organisations have already made substantial pledges towards the campaign's goal. The [#iwill pledge guidance](#) will help you think through what you can do to develop your pledge and how to communicate it.

The British Safety Council developed a [range of resources](#) to help organisations understand their responsibilities regarding health and safety and young volunteers.

The Young People's Health Partnership have developed a 'Takeover Day Toolkit' which helps organisations to set up and run 'takeover' events where young people get involved with decisions that



affect their lives. It has advice and activities to help plan and design an event, gather feedback as well as providing advice on safeguarding and supporting young people with additional needs.

## Older people

Older people give the most volunteering hours in the UK and make a significant contribution in health and care. It is important to develop volunteering opportunities that are appealing to older people and that to be flexible around their lifestyle and needs.

Retirement can often be a trigger for older peoples' participation as it means they have more free time. Their motivations vary widely. Get to know older volunteers as individuals to find the volunteering role that's right for them.

As people age they may experience a deterioration in their mental and physical health. Consider how you might be able to support them and adapt volunteering opportunities to enable them to continue to volunteer. From a health and safety perspective some organisations can find this challenging but involving older people in managing risk ensures your approach is person-centred and handled sensitively.

If you have volunteer drivers you need to be aware of specific legal requirements around being fit to drive and about insurance cover for volunteer drivers. There is also a requirement for people to [renew their driving license](#) when they reach 70.

**Age UK** provide [guidance on supporting older people to volunteer](#) in health and care.

**Case study** on developing a volunteering programme for older people: [Volunteering Matters RSVP programme in Coventry](#).

**The Commission on the Voluntary Sector and Ageing** explored ways in which organisations should develop their approach to [continue to engage older people as volunteers](#).

## Disabled people; people with physical, sensory and cognitive impairments and people with learning disabilities or difficulties

Disabled people with impairments and learning disabilities bring skills, experience and value to a range of roles and will like anyone else want some choice. You should think through what adjustments would allow a disabled person to volunteer equally with others in a volunteering roles so that people with disabilities can make a choice about the kind of role that interests them.

In encouraging disabled people to take part in volunteering support is sometimes needed to overcome barriers in access, attitudes, confidence and communication. Offering supported volunteering – where individuals are supported by another volunteer, member of staff or mentor – could help people with the practicalities of the role and also help with



building confidence and supporting communication. It also offers a valuable opportunity for a supporter to learn about disabled people. See [‘Brief 7. Supported volunteering’ on page 27](#)

The Disability Action Alliance, together with CSV and Disability Rights UK, developed a [volunteering charter](#) which outlines a set of best practice principles for promoting a disability-friendly volunteering environment. You can also sign up and make your organisations’ commitment to the principles public.

**Case study** – Volunteering Matters, [Developing supported volunteering for adults with disabilities](#).

[Scope](#) is a national charity that provides a range of information for those working with people with a physical impairment, learning disability and other conditions.

The [VODG and National Care Forum volunteering toolkit](#) provides guidance on how to take an inclusive approach to volunteering, and explores how people who have experienced fewer life opportunities can be encouraged to volunteer.

## **Refugees and asylum seekers**

People who have refugee status or who have ‘exceptional leave to remain’, and their family members, are allowed to do any type of work including voluntary work.

Asylum seekers (people in the process of applying for refugee status) and family members are also allowed to volunteer in both the public and voluntary sectors. This includes while they are appealing against a decision to refuse them asylum.

Volunteers who are refugees or asylum seekers may need to attend appointments with the Home Office and volunteering opportunities should accommodate this.

Voluntary Action Sheffield provide [practical guidance and advice](#).

## **People with criminal records**

More than 11 million people in the UK, or 1 in 6 of the population, have a criminal record, so if you were to exclude people with criminal records you would lose access to a significant proportion of potential volunteers. More importantly, by proactively targeting people with a criminal record as part of your recruitment campaign you are demonstrating your organisation’s commitment to equal opportunities and diversity. Volunteering can provide a person with a criminal record an opportunity to build confidence and skills, and develop a new, positive identity distinct from their offending history.

Each individual should be looked at on their own merit. People who are returning to the community after prison, or people who are on community sentences, may be motivated by wanting to make reparation and help others. Volunteering could also be promoted as an option for people while they



are in prison and can be a part of their preparation for release. This can help to increase the chances of effective resettlement and reduction in re-offending. If someone is moving to a new area after prison it can also be way for them to meet people and get to know their community.

The [Rehabilitation of Offenders Act \(ROA\)](#) generally applies in the same way to volunteering as it does to paid employment. Organisations may only ask about spent convictions or request Standard or Enhanced Disclosure and Barring Service checks if the volunteering role is of a nature that is exempt from the ROA, for example volunteering roles that would be defined as regulated activity.

For most volunteering opportunities (that is, [roles not eligible for a standard or enhanced check](#)), if there is a conviction question on your volunteering application form [only unspent convictions](#) should be disclosed in line with the Rehabilitation of Offenders Act. Organisations should consider removing this box from the application form and not asking about criminal convictions until later in the recruitment process if necessary. Including a criminal record tick box on the application form can discourage people with criminal records from applying to volunteer, as they may assume their application will not be considered. See [Ban the Box](#) for more information.

**Unlock** provides a [range of resources and guidance](#) on involving people with criminal records and guidance for those with criminal convictions.

NACRO provides a guide to organisations on recruiting and employing ex-offenders which has guidance on recruiting to paid and voluntary roles. The NACRO Resettlement Advice Service can be accessed by both organisations and individuals interested in volunteering as well as employment and training.

### **People with existing health conditions**

Encourage volunteers to make you aware of any health conditions they may have that could affect their volunteering. You can do this as part of the recruitment process or at induction. This could also be covered in the volunteers' handbook. Explain to volunteers why the information is required and that it will be treated confidentially. You have a duty of care to ensure the safety of volunteers as well as patients and staff. Your organisation may already require volunteers to take an occupational health assessment depending on policies in place or the nature of the roles volunteers are undertaking.

It is important make adaptations and put support in place to enable people to volunteer safely and that any potential risks associated with their role and their health condition can be managed. Through support and supervision you can also talk to volunteers about what support they may need to continue volunteering.

Occupational Health may be able to help with ensuring that risk assessments are completed where appropriate. For example if someone's health should change over the course of their time volunteering



with you that may mean that adjustments need to be made. For example, if a volunteer becomes pregnant then a new risk assessment may be needed for the role and adaptations be made. Volunteers may also be returning to their role after some time off due to illness. Depending on the severity of the illness or health condition and the nature of their volunteering role it may be appropriate for volunteers to speak to their GP or another health professional about returning to their role and about any adaptations that may need to be made.

## Carers

People who are looking after someone who is disabled, older or seriously ill, as well as former carers, are found in all sections of society. Having experienced significant struggles in their own lives, when supported well they are often tenacious volunteers and highly motivated to help others.

Carers often have a broad range of skills from their working and caring roles. For carers who have had to give up work to look after someone, volunteering may be a rewarding way of using their skills to contribute to their community and take a break from looking after their loved ones. If their caring role has come to an end, volunteering could also help them to refresh their skills and gain the confidence to re-enter the workplace.

Given that carers may be balancing the demands of caring, work and volunteering, it is important to offer a range of flexible roles which suit varying personal circumstances. For example, some carers may have very limited time for volunteering while others may find it very difficult to leave the person they are looking after and would prefer a home-based volunteering role.

Some carers will be more confident in using computers than others, so consideration should be given to providing flexible support and reporting mechanisms (e.g. some volunteers will be happy to receive online support, while others will prefer to receive communications by post or speak on the phone). Given the time constraints of caring, it is also important to make the reporting process for their activities as quick and simple as possible. Carers can often feel isolated and so it can be motivating for them to meet with other volunteers to share learning and support each other.

Carers' circumstances can often change quite quickly (e.g. due to their own health or the health of the person they are looking after) which may affect how much time they are able to give to their volunteering role. It is helpful to acknowledge this when carers begin volunteering, and let them know that taking a break for a few weeks or months or longer whenever they need to.



## Parents

Parents' availability differs according to their work commitments, childcare arrangements and their child's age. Parents who are not working during standard business hours may find it easier to take part in volunteering roles during school hours or nursery hours. Parents sometimes have to change their volunteering arrangements at short notice if a child becomes unwell or childcare arrangements break down and so where possible offer flexibility to accommodate this.

## Lesbian, Gay, Bisexual and Trans (LGBT) People

Many LGBT people give their time and skills as volunteers and a high proportion of LGBT community groups are volunteer led. Involving LGBT people can help improve services to become more LGBT friendly and approachable.

In some cases, LGBT people may feel that they have had poor experiences within the NHS and as such might be cautious that their experience of volunteering would be the same.

You can take some practical steps to ensure that volunteering is inclusive and accessible to LGBT people:

- Work in partnership with your local LGBT group. The LGBT consortium provide [a directory to help you find local groups in your area](#).

- Use visuals such as a rainbow image and Trans Pride Flag sticker or banner to show that you are LGBT friendly.
- Produce public materials that depict a range of LGBT people, including same sex couples
- Consider advertising volunteer opportunities with LGBT organisations that directly target an LGBT people
- Ensure that staff and other volunteers receive Equality and Diversity training
- If you collect information through an Equality Monitoring form, check the language you use is positive, inclusive and follows best practice.

Useful resources are provided on the [National LGBT Partnership Website](#).

Guidance is also available on monitoring how Lesbian, Gay, Bisexual and Trans (LGBT) People access your services. [Trans status Monitoring. Information standard on Sexual Orientation Monitoring](#).

## People from rural or geographically isolated areas

People in rural areas may find that access and the cost of travel can be a barrier. This can be addressed by reimbursing volunteers for travel expenses in a timely manner. More information on volunteer expenses is provided in the Creating a framework to develop and support volunteering section. Some organisations offer additional support with transport, for example offering pick-ups or car share schemes. Planning and



scheduling volunteer hours around transport that is available in rural areas can also be helpful. Take the time to talk about volunteers' transport needs during recruitment.

You can also consider providing opportunities to volunteer at a number of locations or at home. Most people want to volunteer close to home or work and this can help people fit volunteering into their lifestyles.





## Appendix 8. Criminal record checks

### Identifying when a DBS check is appropriate

Eligibility for DBS depends on the type of activity that a volunteer is undertaking and the context in which it is taking place, including how they may be managed and supervised. DBS checks are only a legal requirement for a relatively limited range of roles defined as 'regulated activity'. For some roles you will need to make a decision on whether to complete a check even if the role is eligible for one. The risk assessment of the role and your safeguarding policy and procedure should inform your decision making. You should have a clear policy on DBS checks should you need to complete them for volunteers. The [Disclosure and barring service](#) provides guidance on what you will need in place.

**Recruiting ex-offenders.** It is important that you treat volunteers who may have a criminal record fairly and not discriminate automatically because of a conviction or other information revealed by a check. DBS provides a [sample policy on the recruitment of ex-offenders](#) which can be used as a guide to develop your own policy and approach. Further information on recruiting ex-offenders can be found in '[Appendix 6. Making volunteering inclusive – in practice](#)' on page 64.

---

### Putting the principles into action

**Adapt DBS policies for volunteers.** Your HR department may already have a policy on involving people with criminal records and employment checks for staff. You will need to work with them to develop a policy that is appropriate for volunteers as the roles they take and how they are managed are quite different. For example, staff are more likely to work unsupervised whereas volunteers may be in supporting roles alongside and with paid staff or other volunteers. It's important that you can be transparent about your approach to DBS checks internally and with volunteers. Your policies and procedures should help to ensure that you have a consistent approach across the organisation.

Your HR department may also have a role in processing checks for volunteers and so involving them early in discussions and in planning will mean that they can accommodate additional work and help reduce delays with volunteer applications further down the line. Try and get an understanding of where volunteer checks fit in terms of their priorities



and a sense of the timescale for processing checks so you can factor this into your approach to volunteer recruitment. NHS Employers have [tips on helping to reduce delays with processing DBS checks](#).

**Agree your approach with partners you work with.** If you work in partnership to deliver projects and services that involve volunteers you will need to agree an approach to safeguarding and DBS with partners. This is crucial if all parties involved are to understand fully their roles and responsibilities in the associated processes. More information on working in partnership is covered in Working in partnership.

**Minimising 'red tape' and barriers to volunteering.** It is important that your approach to safeguarding process does not create unnecessary barriers to volunteering with you. It is important to strike a balance between minimising risk and not creating additional barriers.

**Unnecessary DBS checks can be an additional barrier to volunteering.** A criminal record is not necessarily a barrier to volunteering in the NHS and so it is important that those who may have unspent convictions are not put off from applying. Further information on involving people with criminal records is provided in '[Appendix 6. Making volunteering inclusive – in practice](#)' on page 64. A DBS check can feel intrusive because of the level of information it requires and the check can also add on time to the recruitment process. It is important therefore to have a process to identify when a check needs to take place.

**DBS checks have their limitations.** Remember they only reveal offences previously detected by the police and can often contain information that is irrelevant to the volunteering role in question. They also do not provide all the information you need to decide whether someone is a suitable volunteer.

---

## More information

More detailed guidance is available from the [Disclosure and Barring Service](#).

DBS provide a tool to help you [identify whether you can check someone's criminal record](#)

NHS Employers provide guidance on the rules covering criminal record checks. The NHS [Criminal Records Checks Standard](#) explains the rules clearly.

NHS Employers also provide a set of '[Example scenarios which demonstrate eligibility for a DBS check in the NHS](#)'. This includes a number of examples of volunteer roles to demonstrate how to decide if a role is eligible for a check and at what level.



## Appendix 9. Partnership memorandum of understanding (MOU)

Memorandum of Understanding (“MOU”) between King’s College Hospital NHS Foundation Trust (“Trust”) Volunteer Programme and (insert charity name)

The terms of this MOU may be amended or alternatively, the MOU in its entirety, may be terminated in writing by either party. It will also be reviewed annually by the Trust.

### The Trust’s Volunteer Programme will:

- 1 Provide (insert charity name) with the link for volunteers to complete an application form so that (insert charity name) volunteers are included in our Volunteer Management System.
- 2 Require (insert charity name) volunteers to undertake an Enhanced DBS check and complete an Occupational Health check form so that they are compliant with Trust policy.
- 3 Require (insert charity name) volunteers to attend a Corporate Induction day and will provide the invitation and details.
- 4 Require (insert charity name) volunteers to complete the Trust’s online safeguarding course (must be done online at King’s College Hospital) and will provide the invitation and details.
- 5 Require (insert charity name) volunteers to complete the Trust’s manual handling workbook and will send the volunteer the workbook to complete.
- 6 Only on successful completion of the above processes, will the (insert charity name) volunteer be allowed to volunteer on Trust premises.
- 7 Provide details to (insert charity name) volunteer as to how to collect the Trust’s Volunteer Handbook and receive the Trust ID badge.
- 8 Require (insert charity name) volunteers to complete a local induction with their placement manager so that they are aware of local area processes.
- 9 Provide the (insert charity name) volunteer with a contact name of the person who will be their placement manager and who they will need to report to when they come to King’s College Hospital. The (insert charity name) volunteer will also be provided with contact details for the Trust Volunteer Programme.
- 10 Require (insert charity name) volunteers to comply with all Trust policies including confidentiality and safeguarding. Should (insert charity name) volunteers breach any Trust policies the Trust will ask them to leave immediately. The (insert charity name) contact will be informed in such an event.
- 11 Invite the (insert charity name) volunteers to any Trust volunteer recognition events and ongoing learning events.
- 12 Ensure that while volunteers from (insert charity name) are on Trust premises, they will be covered under public liability insurance.



- 13 Require (insert charity name) volunteers to formally sign in and out after each shift. advice and support they provide.

**(Insert charity name) will:**

- 1 Inform their volunteers of the link to the Trust Volunteer application form and explain why they need to complete this process and what Trust training/ induction they need to complete.
- 2 Provide their own training to volunteers which includes: safeguarding; questioning and listening skills; boundaries of the role; diversity and inclusion; providing emotional support; empathy; non-directive language and provide the Trust with evidence of having done so.
- 3 Provide the Trust with evidence that they have two successful character references for their volunteers and facilitate the Enhanced DBS check.
- 4 Manage the relationship with the volunteer (e.g. ensuring regular support/supervision).
- 5 Update the placement area and volunteer programme of any changes to the volunteer's availability or any issues that may arise.
- 6 Cover all of their volunteer's expenses.
- 7 Provide the Trust Volunteer Programme with the role description for the volunteer.
- 8 Provide on a quarterly basis to the Trust Volunteer Programme a record of the volunteers on site.
- 9 Provide their volunteers with appropriate materials and equipment to complete their role.
- 10 Hold and maintain their own insurance that covers their volunteers for their role and the information,

Authorising signature for (insert charity name):

Name:

Title:

Contact details:

Authorising signature for King's Volunteer Programme

Name:

Title

Contact details:



## Appendix 10. Managing risk in partnerships

How **Altogether Better** manages risk in partnerships with general practice

### Public liability policies

Public liability policies will usually extend to activities/groups run by Champions in the capacity of 'volunteers of the practice', in the same way that the staff team are covered. Our advice is always that the practice should check with their cover providers to ensure that this is the case. We take this approach because the Champions are volunteers of the practice, not Altogether Better, and although our support is planned to taper off as the work embeds in the practice, the relationship between Champions and the practice will continue in the long term. In much the same way, other non-clinical organisations (e.g. charities/voluntary sector organisations) will have similar indemnity insurance in their policies which provides cover for volunteers that are supporting or delivering services they are commissioned to provide; liability policies that extends to volunteers is not unusual.

### Managing risk & developing safeguards

To help put this in context we have now developed this model of work with over 90 practices as well as other NHS settings around the country and have not yet encountered an issue where indemnity policies have had to be activated as a result of champion led groups or activities, whether within the walls of the practice building or out in a community venue. Champions have delivered over 216 different types of groups and activities around the country without any untoward incidents. That is not to say, of course, that champion led activities are entirely risk free or that an incident will never happen but we encourage champions and practice teams to give shared consideration to potential risk as ideas are turned into action.

Some of these safeguards include appropriate risk assessment, finding the right champions, providing appropriate induction, training and support, understanding that champions always work in at least pairs and do not work alone or in people's homes, that the proportionate risk of individual activities are considered and planned for and, very importantly, that champions are not advice givers and only offer social/peer support to patients they are working with. Some practices have asked participants in activities to sign a simple disclaimer which explains that if they take part in activities it is at their own risk, although



it should be kept in mind that neither an individual nor an organisation can exclude or restrict liability for injury or death caused as a result of their negligence. Again, this has not proved to be an obstacle. More often than not the types of activities and groups that happen are such that the risks to participants, champions or the practice team are extremely low.

Champions will be required to complete a DBS check by the practice just as practice staff do (the check is free for volunteers but usually incurs a small admin fee, please talk to us if this is problematic).

### **Further information**

Altogether Better

**Email:** [altogether.better@swyt.nhs.uk](mailto:altogether.better@swyt.nhs.uk)

**Web:** [www.altogetherbetter.org.uk](http://www.altogetherbetter.org.uk)

**Follow us:** @altogetherbeter



# Information summaries



**Brief 1. Examples of volunteer roles in NHS provider organisations 5**

**Brief 2. Volunteering makes a difference 9**

**Brief 3. Anytown GP practice Volunteer Agreement 17**

**Brief 4. Checklist: creating a volunteer role 21**

**Brief 5. Volunteers and the law 22**

**Brief 6. What are my legal responsibilities? 23**

**Brief 7. Supported volunteering 27**

**Brief 8. Checklist: recruitment pack content 31**

**Brief 9. Checklist: insurance for volunteers 36**

**Brief 10. Checklist: volunteer induction 38**

**Brief 11. Checklist: volunteer handbook content 40**

**Brief 12. Checklist: volunteer supervision 42**



## In practice



**Case 1. A vision from Kingston Hospital 13**

**Case 2. Involving citizens as volunteers – Altogether Better 14**

**Case 3. South East Coast Ambulance Service Volunteering Charter 16**

**Case 4. Measuring the impact of volunteers at King's 19**

**Case 5. Developing volunteer roles with clinicians in Leeds 23**

**Case 6. Developing volunteer roles with staff in Norfolk 24**

**Case 7. Diversity and faith groups in Feltham 26**

**Case 8. Volunteer recruitment at Royal Voluntary Service 29**

**Case 9. Volunteering pop-up shop at Cramlington 32**

**Case 10. Managing risk with volunteers - Timebanking UK 35**

**Case 11. Personal support plans in Islington 42**

**Case 12. Maternity Mates run by Women's Health & Family Services 44**

**Case 13. Navigating information for patients in Watford 44**



**Case 14. Social prescribing in Leeds and Kirklees 45**

**Case 15. Sharing simple healthcare ideas from local communities 46**

**Case 16. Hospital discharge support by British Red Cross 47**

**Case 17. Royal Voluntary Service (RVS) 48**

**Case 18. Saying thank you in different ways 50**



---

## Acknowledgements

This guidance was developed and written by the [National Council of Voluntary Organisations](#) (NCVO). [Text Matters](#), an information design consultancy, provided support to help ensure that the information was designed around users and communicated clearly.

The development of the guidance was overseen by a strategic advisory group which included representation from:

- NCVO
- Text Matters
- NHS England (including volunteering, safeguarding and patient and public participation leads)
- NHS Employers
- NHS volunteers
- National Association of Voluntary Service Managers (NAVSM)
- Altogether Better
- NHS Providers
- King's College Hospital
- Volunteering Matters (representing the National Network of Volunteer Involving Organisations (NNVIA) and Disability Action Alliance)
- National Association for Voluntary and Community Action (NAVCA)

The work was also supported by NHS Improvement, the Care Quality Commission and Health Education England. Feedback was also provided by Helpforce and the #iwill Campaign.

Throughout the development of the guidance we consulted with volunteer managers, NHS staff working with volunteers, volunteers in the NHS and the voluntary sector. Consultation was done face to face through events including the NAVSM annual conference and through a series of content design workshops held in London, Wakefield, Northumbria and Cumbria. Many more stakeholders shared good practice and contributed to its development online.

A consultation process was also held with key networks and stakeholders in the final drafting stage of the programme.

Thank you to all those who provided their input and shared their experience particularly organisations who helped with hosting workshops and bringing together participants.



This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Please contact 0300 311 22 33 or email [england.contactus@nhs.net](mailto:england.contactus@nhs.net), stating that this document is owned by Community Partnerships Team, Nursing Directorate.

**NHS England**

Publications Gateway Reference: 07198