



# **Towards a strategy to support volunteering in health and social care: Consultation**

*Response to the consultation*

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<b>Description</b>	This response document is in response to 'Towards a strategy to support volunteering in health and social care' consultation. It sets out messages heard during the consultation process through nine regional workshops held around England, an on-line questionnaire; and detailed written responses received by the Department of Health. This document sets out key themes identified, an analysis of the feedback received, and outlines how we intend to take forward work to develop a substantive strategy on volunteering in health and social care.
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# Towards a strategy to support volunteering in health and social care: Consultation

## *Response to the consultation*

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## Foreword by the Minister for Care Services

Having worked with volunteers and third sector organisations throughout my career, I know how important they are to the development and delivery of high quality care and support, and am committed to developing opportunities for volunteering to add value in health and social care. I am delighted to be publishing this response to the consultation on the development of a strategy to support volunteering across the health and social care system.

There are a great number of volunteers who do an excellent job in adding benefit to patients and service users in the delivery of health and social care services; complementing services provided by paid staff. Their contribution should not be underestimated, and I would like to take this opportunity to thank each and every volunteer for their contribution.

This consultation has provided a real opportunity to engage with a wide cross section of organisations, from the NHS, social care, local government, third sector organisations and volunteer-involving agencies. Their feedback has clearly demonstrated the enthusiasm and dedication of volunteers across England, and a commitment to supporting and developing the important role they play.

There are some excellent examples of commissioners engaging volunteers when redeveloping services, of effective partnership working between PCTs, local authorities and third sector organisations, and individual experiences of volunteers working with NHS and social care agencies. All of them are truly inspiring.

We need to build on these further, and look at how we can draw on excellent examples of best practice when drawing together the strategy itself. I am committed to ensuring that the spirit of partnership highlighted through the consultation process continues. That is why we are working with organisations from across the health and social care system - public and third sector - to work alongside us in the development of the volunteering strategy, to ensure we continue to benefit from their wealth of expertise. This ongoing partnership approach is critical to ensuring the strategy is effective, meaningful and robust.

Time is now needed for the key themes to be considered and developed further, to inform more definitive conclusions on the priority areas for action. I look forward to seeing the outputs from this work, with publication of the substantive volunteering strategy.

A handwritten signature in black ink that reads "Phil Hope". The signature is written in a cursive, flowing style.

PHIL HOPE



## Statement of support Minister for Third Sector

Volunteers already contribute a huge amount to our health and social care services. Baroness Neuberger, the Government's former Volunteering Champion, reviewed the role of volunteers in the health service last year, and she found that thanks to the time and effort of volunteers, many patients experience a more personal and friendly NHS. Volunteers are also at the heart of many of the third sector organisations that work in partnership with the health service.

I welcome the Department of Health's response to the public consultation. The key themes that have been drawn out from the feedback and reflected in the response document, very much mirror the themes addressed in Baroness Neuberger's report. I now look forward to working with the Department on the publication of their final strategy.

A handwritten signature in black ink that reads "Angela Smith". The signature is written in a cursive, flowing style.

ANGELA SMITH

## Executive summary

This response to the 'Towards a strategy to support volunteering in health and social care' consultation sets out the messages we heard during the consultation process through nine regional workshops held around England, an on-line questionnaire; and detailed written responses received by the Department of Health. This document sets out the key themes identified, an analysis of the feedback received, and outlines how we intend to take forward work to develop a substantive strategy on volunteering in health and social care.

The consultation document described a more coherent vision to the value volunteering activities bring to the health, well-being and social care system. Establishing a coherent vision would: raise the esteem and profile of volunteering; improve management and support of volunteers; allow more coherent investment; and support evaluation of outcomes and benefits. To achieve this, the vision for volunteering in health and social care needs:

- support for Individual volunteers;
- effective management within organisations
- commissioning environment and infrastructure
- promoting partnership; and
- leadership.

The response to the consultation broadly supported the approach we set out to achieve this vision. Some debate and discussions were raised around specific questions, which will need to be considered when developing the substantive volunteering strategy.

The overall outcome of the review and consultation process is the creation of a volunteering strategy in health and social care.

If you want more information you can contact the Third Sector Partnership Team:

- By email at [volunteeringstrategy@dh.gov.uk](mailto:volunteeringstrategy@dh.gov.uk)
- By telephone on 0113 2546259

## Towards a strategy to support volunteering in health and social care: Summary

The Department of Health recognises the potentially critical role that volunteering plays in supporting improved health and well-being for individual patients, carers and service users. In June 2008, a formal consultation on the proposals for the development of a strategy on volunteering in health and social care was published. This set out the challenging vision for the future of health and social care services, and how the Government sees a vital role for volunteers in its vision for future society. It identified a variety of essential roles, at all levels, within health and social care services, and demonstrated through examples the contribution that volunteers can bring to the overall outcomes for a whole range of client groups and across a range of care and planning pathways.

It outlined that a coherent vision for volunteering would bring clarity to the value volunteering activities bring to health, well being and social care, and identified both the opportunities and challenges involved in building on the long track record of volunteering in health and social care. It identified that we now need a shared understanding of the essential elements for a proposed long-term strategy to deliver a coherent vision, comprising:

- support for individual volunteers;
- effective management within organisations;
- commissioning environment and infrastructure;
- promoting partnerships; and
- leadership.

Underpinning these five elements with clear strategic principles would increase coherence and strategic impact on volunteering.

The consultation consisted of nine regional workshops and an on-line questionnaire. Detailed written responses were also encouraged. Responses represented a wide cross section of organisations, from the NHS, the third sector and volunteering involving agencies.

The Department will continue to work closely with third sector colleagues in developing a strategy on volunteering in health and social care, through the Volunteering Strategy Working Group and Reference Group. Together they will draw on their wealth of volunteering knowledge and experiences to produce the final strategy.

## The Consultation

'Towards a strategy to support volunteering in health and social care' consultation document was published on the 3<sup>rd</sup> June 2008. The consultation period ran until 30<sup>th</sup> September 2008.

Nine consultation workshops were held regionally, inviting individuals from a wide cross section of organisations from the NHS, third sector and volunteering involving agencies. Over 750 individuals attended these workshops, providing important feedback both verbally and in writing, raising some very valuable debate. Undertaking the workshops at regional level enabled a large number of groups and organisations to participate who would otherwise have been excluded if we had adopted a national approach.

As part of the consultation, respondents were asked to complete a questionnaire; either on-line or paper based. This asked fifty-two questions about their organisation and their views on the future of volunteering in health and social care. Over one hundred and twenty responses were received by the Department, which have been read and analysed. The feedback received through discussion at the workshops was also reflected in the over forty detailed written responses received.

We now need to look at the feedback in detail when taking forward work in developing a strategy on volunteering in health and social care.

Feedback from each of the nine workshops is available at [www.dh.gov.uk/volunteeringstrategy](http://www.dh.gov.uk/volunteeringstrategy)

The names of the organisations that submitted responses and / or participated in one of the workshops are at Annex A of this response document.

## Summary of responses on plans for a more coherent vision to volunteering in health and social care

This document provides a summary of responses received to the consultation, and presents the numerical results on the consultation questions received via the questionnaire. It is important to note that not all of the questions asked were answered by everybody. When submitting responses, a number of respondents only answered those questions that were relevant to them. This is reflected in the numerical data.

In most areas, there was a very large majority in favour of the consultation proposal. In these areas, the review of comments has focused on the few exceptions to allow any residual issues to be identified and addressed. Where there wasn't a clear majority in favour of the proposals we are undertaking further work and engagement to refine and develop these in partnership with organisations and individuals from the statutory and third sector health and social care organisations.

## Respondents Demographics

### Scope of Organisation

Of the 128 respondents, 39 represented local organisations; 24 represented national organisations; 12 regional and 53 left this question unanswered.

### Focused on meeting the specific needs of a specific group of people

Of the 128 respondents, 25 did not focus on a specific group; 46 did; and 57 left this question unanswered.

### Organisation user-led?

Of the 128 respondents, 32 were not a user led organisation; 26 were; and 70 left his question unanswered.

## Key Themes

This provides an analysis of feedback received from the questionnaire, followed by a high level summary of the feedback received during the nine regional workshops and detailed written responses.

This is broken down in to the five elements:

### **Element 1 - Support for Individual Volunteers**

**Question 1a. Does the vision set out here reflect the true potential of what we should be aiming to achieve for support for individual volunteers?**

Raw results, showing the extent to which respondents agree with the vision to improve volunteering in health and social care are given below:

	Number of respondents	Percentage
Strongly agree	23	18.0%
Agree	46	35.9%
Disagree	2	1.6%
Strongly Disagree	0	0.00%
Did not respond *	57	44.5%

Answers here were clearly strongly in favour, with only 2 responses disagreeing. Comments from these two said that we need to value the contribution of volunteers, not just support their efforts, and that we should work to strengthen existing provision rather than emphasising the provision of new services.

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

**Question 1b. Are the obstacles we have identified the right ones? Can you tell us about any that we might have overlooked?**

	Number of respondents	Percentage
No	5	3.9%
Yes	62	48.4%
No response*	61	47.4%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

Question 1c. Would the possible actions and solutions we have identified address the perceived obstacles effectively? For example, is existing guidance helpful, or in need of review?

	Number of respondents	Percentage
No	5	3.9%
Yes	56	43.8%
(blank)*	67	52.3%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

Of the five who answered no to question 1b, also answered no to question 1c. Comments on the obstacles from the five included:

- need to see CRB checks as good practice, not obstacles;
- volunteers with the wrong attitude because told to do it eg by University;
- seems to assume that there is poor management of volunteers;
- funding should be made available to Trusts to support a VSM post;
- recognise not all volunteering is linked to employment opportunity.

### Feedback from Regional Workshops and Detailed Written Responses

- There needs to be open access to volunteering opportunities with intelligent screening and matching of volunteers to roles;
- volunteering needs to be clear what it is intended to achieve, but dynamic and flexible in its approach;
- there needs to be a reduction of bureaucracy of volunteering recruitment with an improved understanding of reimbursement of expenses and benefit rules;
- awareness needs to be raised of the Access to Volunteering fund;
- there needs to be promotion of mutual respect between volunteers and paid staff and a resistance to the temptation to over-professionalise;
- there needs to be an improvement to volunteer retention.

## Element 2 - Effective Management within Organisations

Question 2a. Does the vision set out here reflect the true potential of what we should be aiming to achieve for support effective management within organisations?

	Number of respondents	Percentage
Strongly agree	22	17.2%
Agree	43	33.6%
Disagree	2	1.6%
Strongly Disagree	0	0.00%
(blank)*	61	47.7%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

There was strong agreement here, with only 2 disagreeing. One said that 'misunderstanding the nature of volunteering' should be added to the obstacles. The other comments that a better understanding of the role of volunteer manager is needed.

Question 2b. Are the obstacles we have identified the right ones?

	Number of respondents	Percentage
No	6	4.7%
Yes	56	43.8%
No response*	66	51.6%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

Most thought the obstacles had been correctly identified. Comments from the six who didn't, focused on under-valuing the role of volunteer management.

## Question 2c. Would the possible actions and solutions we have identified address the perceived obstacles effectively?

	Number of respondents	Percentage
No	6	4.7%
Yes	46	35.9%
No response*	76	59.4%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

Most of those who responded thought the solutions would address the obstacles. Amongst the remaining six, comments included:

- training volunteers alongside employees can intimidate or alienate the volunteers;
- assess the impact of volunteers e.g. through annual health check;
- introduce a 'investor in volunteers' standard;
- important the managers in NHS see volunteering as distinct;
- staff awareness programmes are needed, and a realistic budget for volunteering;
- NHS employers publish some excellent guidance on work experience, aimed at young people.

### Feedback from Regional Workshops and Detailed Written Responses

- There needs to be a clear understanding of the Compact with all organisations;
- there needs to be a clear focus for volunteering within organisations, building capacity, standards and sustainable and realistic funding;
- there needs to be an understanding of the business case for volunteering, where it adds value and contributes to strategic priorities;
- there needs to be raised awareness and understanding of volunteers among managers and staff;
- there needs to be proposed templates for organisational policies, setting clear standards and guidance;
- there needs to be a resistance to temptation to over-professionalise volunteer roles.

### Element 3 - Commissioning environment and infrastructure

Question 3a. Does the vision set out here reflect the true potential of what we should be aiming to achieve for the commissioning environment and infrastructure? What would strengthen the vision?

	Number of respondents	Percentage
Strongly agree	19	14.8%
Agree	37	28.9%
Disagree	6	4.7%
Strongly Disagree	0	0.00%
Did not respond*	66	51.6%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

Strong support for the vision. Amongst the other six, comments included:

- clear the commissioners do not understand what is happening at the sharp end;
- more national funding is needed;
- recognition of smaller organisations;
- recognition that it is not just a “job”;
- currently not inclusive: all the quoted examples were set up by government.

Question 3b. Are the obstacles we have identified the right ones?

	Number of respondents	Percentage
No	6	4.7%
Yes	51	39.8%
No response*	71	55.5%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

Objections here from six respondents, four of whom also disagreed with question 3a. Their comments included:

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- volunteering integral to delivery sets the wrong tone. Volunteers should be supporting service delivery;
- small scale organisations at a disadvantage with regard to funding;
- why integral to delivery, when tax payers fund delivery?;
- NHS Volunteer Service Managers are not able to access DH funding, in the same way that the third sector can.

### Question 3c. Would the possible actions and solutions we have identified address the perceived obstacles effectively?

	Number of respondents	Percentage
No	4	3.1%
Yes	48	37.5%
No response*	76	59.4%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

#### Comments include:

- look locally to see what organisations do;
- commissioners unlikely to access training on a subject they don't value. DH investment should be accompanied by 'directives';
- genuine access to funding for voluntary organisations.

### Feedback from Regional Workshops and Detailed Written Responses

- There needs to be raised awareness and understanding by commissioner's of third sector organisations, and vice versa;
- costs of supporting volunteers need to be reflected within contracts;
- evaluation needs to have qualitative and quantitative outcomes;
- there should be recognition of volunteers' contribution to achievement of hard targets and soft outcomes;
- commissioners need to understand the value of investment in volunteer infrastructure, and promote an awareness of resources available within the third sector.

## Element 4 – Promoting Partnership

Question 4a. Does the vision set out here reflect the true potential of what we should be aiming to achieve for promoting partnership between organisations within and between sectors?

	Number of respondents	Percentage
Strongly agree	16	12.5%
Agree	40	31.3%
Disagree	5	3.9%
Strongly Disagree	1	0.8%
Did not respond*	66	51.6%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

The balance of responses is positive but a small number of respondents disagreed. In this case, one respondent strongly disagreed. They comment that the vision would be strengthened by funding for “core” volunteering to allow them to build capacity. For those who disagreed, comments included:

- insufficient emphasis on volunteering centre network as a partner;
- there are different degrees of partnership and not ‘one size fits all’;
- NHS Trusts should be free to choose their approach;
- need reference to who will arbitrate if there is a dispute.

Question 4b. Are the obstacles we have identified the right ones?

	Number of respondents	Percentage
No	2	1.6%
Yes	54	42.2%
No response*	72	56.3%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

Of those who said no, comments were:

- need clarity on what the first and last obstacles actually mean;
- not always the best project gets funding. Organisations have to compete for ever-

decreasing pool of funding.

#### Question 4c. Would the possible actions and solutions we have identified address the perceived obstacles effectively?

	Number of respondents	Percentage
No	12	9.4%
Yes	43	33.6%
No response*	73	57.0%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

A larger number of respondents disagreed on this question. Twelve respondents in total thought that the actions identified would not address the obstacles. Comments included:

- promote PALS as signposting;
- create web-based mapping exercise, listing placements and opportunities;
- more guidance on sustainability in context of good practice;
- attitudes need to change in the NHS. Respect for volunteering is patchy;
- clarity around insurance cover;
- standards agreed so volunteers do not have to fill in several different forms to work with different agencies;
- develop business standards;
- recognise local perspectives;
- there is nothing in the solutions that effectively addresses the issues around regional and national partnerships. Partnership working is much more than supporting and sustaining volunteering opportunities and time and investment needs to occur in developing knowledge skills and experience of potential partner organisations so that any engagement is transparent and based on trust;
- need frameworks and mechanisms to allow everybody to be heard. Many organisations simply do not have the capacity.

#### Feedback from Regional Workshops and Detailed Written Responses

- There needs to be real partnership between organisations at strategic level, and engagement and partnership at every level – top to bottom;
- partnership is needed to achieve joint outcomes;

- there is a need to work with schools and link with Higher Education institutions to raise awareness among young people;
- identification and dissemination of good practice within and between organisations needs to happen;
- there needs to be an investment to recognise what already works.

## Element 5 – Leadership

Question 5a – Does the vision set out here reflect the true potential of what we should be aiming to achieve for effective leadership support for volunteering?

	Number of respondents	Percentage
Strongly agree	17	13.3%
Agree	42	32.8%
Disagree	3	2.3%
Strongly Disagree	2	1.6%
Did not respond*	64	50.0%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

Of those who expressed a view, most supported the vision. The 2 who strongly disagreed said:

- [Need] a recognition that volunteers are not leant on as integral to service delivery, e.g. they are important but are not propping up a seriously under-supported plan.

For the other 3 who disagreed, comments included:

- need clarity on what the aims actually mean;
- too much emphasis on champions. Needs more than there being the notion of a champion to achieve leadership. The vision would be strengthened by a more directive approach to this issue.

Question 5b. Are the obstacles we have identified the right ones?

On this question, 52 respondents expressed a view and they all said “Yes”.

## Question 5c. Would the possible actions and solutions we have identified address the perceived obstacles effectively?

	Number of respondents	Percentage
No	4	3.1%
Yes	47	36.7%
No response*	77	60.2%

\*Not all questions were answered. A number of respondents only answered specific questions relevant to them.

Amongst the 4 who said no, comments include:

- it is unclear how a strategic lead by DH will help, who will be influenced by that?;
- volunteering champions at a senior level are a cop out and will mean nothing. It needs serious senior leadership and commitment and to be included in people's measured performance;
- need clarity on how sharing good practice assists with achieving sustainability;
- shared recognition of (the very many and varied) reasons why people volunteer is fundamental and affects the whole structure and philosophy of how volunteers are involved and managed;
- this consultation has not appeared to capture that breath and depth and variety as yet;
- true leadership from within organisations will only come if those organisations are measured on the outcomes of volunteering;
- more thought should be given to the public voice to influence leadership, bottom up successes should underpin the messages about why volunteering works for communities. Champions should be invited onto committees/boards from the grass roots;
- boards etc should have more exposure to the realities of service delivery and hear first hand accounts of the benefits of having a mixed workforce in delivering and receiving these services.

### Feedback from Regional Workshops and Detailed Written Responses

This cuts across other four elements:

- volunteering should be built up into leadership development. Leaders should bring volunteering higher up LAA agenda;
- there is a need to link volunteers to workforce development, encourage cross sector learning and stimulate and support peer engagement and support between leaders, learning between sectors;

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- organisations should have a volunteering champion accountable at Board level;
- ownership should be embedded at all levels within and between organisations;
- there should be centralisation of organisations' volunteer information, and a mapping database of what is currently available;
- there needs to be a culture change – volunteer awards.

## What We Intend to Take Forward

### Developing a Substantive Volunteering Strategy in Health and Social Care

In developing the strategy on volunteering in health and social care, it is essential to continue the spirit of partnership that has been developed during the consultation process. The participation of third sector organisations along with other stakeholders has been, and will continue to be, essential to this work. To ensure that the volunteering strategy is robust and meaningful we have set up two groups:

The Volunteering Strategy **Working Group** is a small, task focused group that is working closely with the Department of Health in shaping the Volunteering Strategy, drawing on existing resources and tools where appropriate. The group has a limited number of members, who each bring a depth of knowledge and breadth of experience. This group has involvement from the NHS, Unions, NHS Employers, Local Government, other government departments, third sector organisations and the Commission for the Compact.

The Volunteering Strategy **Reference Group** is a much wider group that acts as a sounding board, giving periodic feedback and comments on the developing volunteering strategy as we move towards publication. This group has a broader invitation across volunteer involving organisations, and includes wide representation from third sector organisations, and health and social care.

This work will look to develop a substantive volunteering strategy within health and social care.

### Strategic review of Department of Health funding to third sector organisations

The Department of Health's strategic review of its funding of the third sector recognised the critical and integral role of the third sector to the delivery of improved health and well-being in England. This role is at multiple levels from contributing to the development and implementation of policy to help drive innovation and development; and contributing throughout the cycle of commissioning for health and social care services helping to understand users needs and expectations; and as providers of health and care services commissioned by the NHS and local authorities.

The review aimed to achieve a more strategic approach to investment in the third sector that was more consistent with its role in the health and social care system. A clear framework for funding and investment in the third sector will allow more coherent investment; support evaluation of outcomes and benefits; increase value for money; and reinforce the sector's integral role.

The vision for future funding of the third sector included: investment in strategic partners;

support for innovation excellence and service development; promotion and support for volunteering; and contracting for expertise required at national level. There was strong support for this vision and the principles underpinning this approach.

From the feedback on the proposals a common funding framework will underpin the new Third Sector Investment Programme that will develop further as more funding schemes in the Department are brought within it. For 2009-10 the Third Sector Investment Programme includes:

- Innovation Excellence and Service Development Fund
- Strategic Partner Programme

Full information about the consultation and copies of the documents are available at [www.dh.gov.uk/thirdsectorfundingreview](http://www.dh.gov.uk/thirdsectorfundingreview).

## Conclusion

The 'Towards a strategy to support volunteering in health and social care: Consultation' has now ended. The analysed feedback received from the nine regional workshops, the questionnaire and the detailed responses was encouraging and very much supported the vision and approach set out in the Consultation document.

Work towards the development of a strategy on volunteering in health and social care is ongoing. It is essential to ensure that we work closely with third sector organisations and other stakeholders in the development of the strategy. That is why the Department has established a Volunteering Strategy Working Group, to help in the development and drafting of the strategy, and a Volunteering Strategy Reference Group, to act as a sounding board. Both of these groups include representation from third sector organisations with relevant expert knowledge.

The Strategy for Volunteering in Health and Social Care will be a high-level cross cutting document, putting forward the defining case for volunteering in health and social care for all audiences. Several detailed separate documents will follow on from the publication of the strategy, individually addressing the key themes that have been drawn out from the consultation process and stakeholder groups. Encouraging volunteering and tackling barriers, the strategy and its supporting papers will be aiming to inspire all.

## Annex 1

### Organisations that responded

The following organisations contributed to the consultation through completing the on-line questionnaire, attending a regional workshop or submitting a detailed written response: This list is not exhausted.

2gether NHS Foundation Trust  
42<sup>nd</sup> Street  
5 Boroughs Partnership Trust  
ACEVO  
Action for Carers Surrey  
ADAS  
Adult & Community Services, Birmingham  
Advocacy in Gateshead and South Tyneside  
Advocacy in Wirral  
Age Concern  
Age Concern Blackpool & District  
Age Concern Darlington  
Age Concern England  
Age Concern Newcastle  
Age Concern North Tyneside  
Age Concern Northolt  
Age Concern South Tyneside  
Age Concern Teeside  
Airedale NHS Trust  
Alzheimer's Concern Ealing  
Alzheimers Society  
Alzheimer's Society - Lancaster and Morecambe Branch  
Alzheimers Society - Leics & Rutland Branch  
Amber Valley CVS  
Aquarius  
Association of Directors of Adult Social Services  
Association of Volunteer Managers  
Attend  
Avon & Wiltshire Mental Health Partnership NHS Trust  
BADAS  
BAND (Bolton Association of Network Drop-ins Creative Arts Groups)  
BANES  
Barnet and Chase Farm NHS Trust  
Barnado's  
Bassac  
Berkshire East PCT  
Beth Johnson Foundation  
Birmingham & Solihull Mental Health NHS Foundation Trust  
Birmingham East and North Primary Care Trust  
Birmingham Health & Wellbeing Partnership  
Blackburn with Darwen PCT  
Body Positive North West  
Bolton Active Disability Group

Bournemouth & Poole Volunteer Centres  
Bournemouth and Poole Youth Offending Team  
Bournemouth Churches Housing Association  
Bradford Metropolitan District Council  
Breakthrough Breast Cancer  
Brentry & Henbury Children's Centre  
Brighton & Sussex University Hospitals NHS Trust  
Bristol Crisis Service for Women  
Bristol Mind  
Bristol Survivors Network  
British Heart Foundation  
British Red Cross  
British Trust for Conservation Volunteers  
Broadmoor Hospital  
BTCV  
Buckinghamshire County Council  
Bufferzone  
Burnley, Pendle & Rossendale CVS  
BVSC Birmingham  
bWell Birmingham  
Camden & Islington NHS Foundation Trust  
Camden LINK Development Group  
Capacity to Engage  
Capital Volunteering  
Care Services Improvement Partnership (CSIP)/North West Development Centre (NW DC)  
Carers Foundation (LINKs)  
Carers Link - Hyndburn and Ribble Valley  
Carers Network Westminster  
Carers Representative  
Cares  
Cares Sandwell  
Central Lancashire PCT  
Centre for Health Promotion Research, Leeds Metropolitan University  
Chances4Change  
Chapter (West Cheshire) Ltd  
Chelsea & Westminster Hospital NHS Foundation Trust  
Cheshire and Wirral Partnership NHS Foundation Trust  
Churches Together in England  
Citizens Advice  
CNWL NHS Foundation Trust  
Community & Cultural Services Sunderland  
Community First  
Community Links Bromley  
Community Transport Association  
Connect West Midlands  
Cornwall Centre for Volunteers  
Cornwall Health and Wellbeing Board  
Cornwall Regional Reference Group  
County Durham & Darlington NHS Foundation Trust  
Crewe CVS  
CRI Clubhouse

Crisis  
CSIP  
CSIP Devon  
CSV  
Cumbria Council for Voluntary Services  
Curtin University of Technology  
DabB (Disability Action)  
Darlington Borough Council  
Dasaction  
Delivering Inclusion Network  
Dementia Care Training Initiative  
Derwentside Carers Centre  
Devon County Council  
Devon PCT  
Devonshire Healthcare Foundation Trust/Torbay Care Trust  
Diabetes UK  
Disability Information Bureau - Macclesfield and District  
Dorset Advocacy  
Dorset County Council  
Drugline Lancashire  
Dudley CVS  
Ealing Council  
Ealing Crossroads Caring for Carers  
Ealing Mediation Service  
Ealing PCT  
Ealing SSD  
East & North Hertfordshire NHS Trust  
East Birmingham Family Welfare Association  
East Devon Volunteer Support Agency  
East Lancashire PCT  
East Lancashire PCT - CAMHS Partnership Board  
East London NHS Foundation Trust  
EDAS  
Education and Employment Project  
Energise and Willow Tree Healthy Living Centres  
England Volunteering Development Council West Midlands  
Epilepsy Action  
Estuary League of Friends  
Exeter CVS  
Fairfield Club Mind in Croydon  
Faithnet southwest  
Flightways Resource Centre  
Future Health & Social Care Association  
Gateshead Council  
Gateshead Older People's Assembly  
Gateshead Voluntary Organisation Council  
GAVCA  
George House Trust  
Gloucester City Council  
Gloucestershire Drug & Alcohol Service  
Government Office for the North East

Greenwich interim LINK (Local Involvement Network)  
Groundwork North West  
GUCH Patients Association  
Guideposts Trust  
Guinness Care & Support  
Guys and St Thomas and Kings College Hospital Trusts  
Halton Voluntary Action  
Haringey Council Mental Health Day Centre  
Harrow Partnership With Older People  
Hartcliffe & Withywood Community Partnership  
Havering Association of Voluntary & Community Organisations (HAVCO)  
Heart of England NHS Foundation Trust  
Helen Ley Care Centre  
Help the Aged  
Hereford PCT  
Home-Start UK  
Hull and East Yorkshire Hospitals NHS Trust  
Imagine Mental Health  
Institute of Fundraising  
Jewish Care  
Jobcentre Plus  
Kent & Medway NHS and Social Care Partnership Trust  
Kent Adult Social Services  
Kent County Council  
Kingston University  
Lancashire Teaching Hospital NHS Foundation Trust  
League of Friends, Taunton Hospital  
Lewisham LINKs  
Lewisham PCT  
Lincolnshire Partnership NHS Foundation Trust  
LINK  
LINKs  
LINKs Redcar & Cleveland  
Liverpool PCT  
Liverpool Social Care Partnership  
Local Government Association  
London Borough of Hammersmith & Fulham  
London Borough of Wandsworth  
London Development Centre  
London South Bank University  
Making Music  
Manchester Community Health - Healthy Living Network  
Manchester Refugee Support Network  
Manor Gardens Health Advocacy Project  
Mayday Healthcare NHS Trust  
MCCH Society Ltd  
Medway Council  
Mentoring + Befriending Foundation  
Mid Cheshire NHS Foundation Trust  
Midland Mencap  
Mind

Mind in Taunton & West Somerset  
Mind in Tower Hamlets  
Mind Somerset  
Mindline  
Mindline Somerset  
Motor Neurone Disease Association  
Multiple Choice Drugs Service  
Nacro  
Nacro Dorset  
National Association of LINKs Members  
National Association of Voluntary Service Managers (NAVSM) – Eastern Region  
National Osteoporosis Society  
National Phobics Society  
National Society for Epilepsy  
NELMHT  
New Directions Rugby  
New Ideas Advocacy  
Newcastle Children's Services NHS North of Tyne  
Newcastle PCT  
Nextstep Voluntary Services  
NHS South East Coast  
NHS South of Tyne & Wear  
NHS Walsall  
North East Association of Voluntary Services Managers in the NHS and Healthcare  
North East London Foundation Trust  
North East Strategic Health Authority  
North Lancashire Teaching PCT  
North Somerset Council  
North Tees PCT  
North Tyneside Adult Social Care  
North Tyneside Council  
Northampton Volunteering Centre  
Northumberland Tyne & Wear NHS Trust  
Nottinghamshire Healthcare NHS Trust  
Nugent Care  
Oxleas NHS Foundation Trust  
Paignton Guild Social Services  
Pan Birmingham Cancer Network  
Parkinson's Disease Society  
Patients Council, Bristol  
Pennine Care Day Services  
Pennine Care NHS Foundation Trust  
Pioneering Care Partnership  
Plymouth Teaching PCT  
Plymouth Volunteer Centre  
Preston Disability Information Services Centre  
Primary Care Psychology Service in Swindon, Kennet & N Wilts  
PSS - Seel Street  
RADAR  
Real Opportunity Centre for People with a Disability  
Redbridge Supported Volunteering Scheme

Redcar & Cleveland Borough Council  
Redcar & Cleveland Health and Well Being Thematic Partnership Board  
Redcar & Cleveland Interim LINKs  
Regional Action and Involvement South East (RAISE)  
Rethink  
Rethink Southwest Regional Reference Group  
Rethink/CSIP  
Richmond Fellowship Services  
Richmondshire Council for Voluntary Services/Volunteer Centre  
Rotherham NHS Foundation Trust  
Royal College of Nursing  
Royal College of Physicians  
Royal Cornwall Hospitals NHS Trust  
Royal National Institute for the Blind  
Royal National Institute for the Deaf (RNID)  
Royal Society of Wildlife Trusts  
RSCH Transitional Links Committee  
S Gloucestershire Council  
Salford PCT  
Sandwell & West Birmingham Hospitals NHS Trust  
Scope  
Sefton Local Involvement Network  
Sefton O.P.E.R.A  
Sefton PCT  
Service User Reference Group Sandwell  
Service Users Reference Group  
Sharp Bournemouth & Poole  
Shaw Trust  
Sheffield Teaching Hospitals NHS Foundation Trust  
SHIVER  
Shropshire Mind  
Sight Service Gateshead  
Signpost – Stockport  
Skill: National Bureau for Students with Disabilities  
Skills for Health  
Skinningrove Link-Up  
SLAM NHS Foundation Trust  
Somerset Care  
Somerset County Council  
Somerset Impact  
Somerset LINK  
Somerset Partnership Foundation Trust  
Somerset Skills & Learning  
South Birmingham PCT  
South Devon Health Services  
South Devon Healthcare Foundation Trust  
South Devon MS Society  
South Glos LINKS  
South London and Maudsley NHS Foundation Trust  
South Somerset Association for Voluntary & Community Action  
South Staffordshire & Shropshire Healthcare NHS Foundation Trust

South Tees Hospital Trust  
South Tyneside Council  
South Warwickshire User Forum  
South West Forum  
South West London & St Georges Mental Health Trust  
South Yorks Condition Management Programme  
Springfield Mind  
St Georges University of London  
St Helens Coalition Of Disabled People  
St John Ambulance  
St John Ambulance Library Services  
St Mark's Family and Community Centre  
Staffordshire County Council  
Stockport Care Schemes  
Stockport Cerebral Palsy Society  
Stockport PCT  
Stockport User Friendly Forum (S.T.U.F.F)  
Stoneham  
Sunderland City Council  
SURE  
Surrey and Borders NHS Foundation Trust  
Sutton Babylon Association  
SWAN Advocacy  
Taunton and West Somerset MIND  
Tees, Esk & Wear Valleys NHS Foundation Trust  
The Bridge  
The Crumbs Project  
The George Hardwick Foundation  
The LGBT Consortium  
The Multi-Faith Group for Healthcare Chaplaincy  
The Place2B  
The Queen's Nursing Institute  
The Withywood Centre  
Time for Health  
Time Out Project  
Together: Working For Wellbeing  
Tower Hamlets Adults Health and Wellbeing  
Transporting Somerset  
Trident Housing Association  
Tulip Mental Health Group  
UK Council on Deafness  
UNISON  
United Response  
University College London Hospitals NHS Foundation Trust  
University Hospitals Birmingham NHS Foundation Trust  
User Survivor Reference Group  
Vision Sense  
Vitalise  
VODA  
Voluntary Action Coventry  
Voluntary Action Crewe and Nantwich

Voluntary Action North Somerset  
Voluntary Organisations Disability Group (VODG)  
Voluntary Organisations Network North East  
Voluntary Support Scheme  
Volunteer Centre Camden  
Volunteer Centre Croydon  
Volunteer Centre Glossop  
Volunteer Centre Greenwich  
Volunteer Centre Lewisham  
Volunteer Centre Newcastle  
Volunteer Centre North Tyneside  
Volunteer Centre Rochdale Borough – CVS Rochdale  
Volunteer Centre Sefton  
Volunteer Group - Bonmere Hospital, Chester  
Volunteer Link Up (West Oxfordshire)  
Volunteering England  
Volunteering in Health  
Wakefield MDC  
Walsall Service User Council  
Walsingham  
Wand  
Wandsworth Council  
Warwickshire County Council – Adult Health & Community Services  
West End Befrienders  
West Middlesex University Hospital  
West Norfolk Voluntary and Community Action  
West Suffolk Hospitals NHS Trust  
Westminster City Council  
Whittington Hospital  
Wigan & Leigh Council for Voluntary Service  
Wiltshire County Council  
Wiltshire PCT  
Wirral PCT  
Wirral Voluntary Community Action  
WRVS  
WVSDA  
Xceed UK  
York and District MIND  
Youthnet

## Glossary

### Compact

Established in 1998, the Compact is an agreement between Government and the voluntary and community sector in England. It recognises shared values, principles and commitments and sets out guidelines for how both parties should work together

CRB Criminal Record Bureau

DH The Department of Health

NHS National Health Service

PALS Patient Advice and Liaison Service

### Third Sector

'Third Sector' describes the range of organisations, which occupy the space between the 'State' and the private sector. These include small local voluntary and community groups, registered charities both large and small, foundations, trusts and a growing number of social enterprises including Community Interests and Cooperatives

### Volunteer-involving agencies

Organisations that promote volunteering opportunities and activities in the Third, public or private sectors

VSM Volunteer Service Manager