



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

Response to the consultation

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

Response to the consultation

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Contents

- Contents.....3
- Foreword by the Minister for Care Services..... 4
- Statement of support by the Minister for Third Sector.....5
- Executive Summary.....6
- Toward a strategy to support volunteering in health and social care – Summary.....7
- The Consultation.....8
- Summary of responses on plans for a more coherent vision for health and social care..... 9
- Respondents Demographics.....10
- Key Themes: Element 1. Support for individual volunteers.....11/12
- Key Themes: Element 2. Effective management within organisations.....13/14
- Key Themes: Element 3. Commissioning environment and infrastructure.....15/16
- Key Themes: Element 4. Promoting Partnership.....17/19
- Key Themes: Element 5. Leadership.....19/21
- What we intend to take forward:**
- Developing a substantive volunteering strategy in Health and Social Care.....22
- Department of Health: Strategic review of funding to third sector organisations.....22/23
- Conclusion.....24
- Annex 1: Organisations that responded.....25/32
- Glossary.....33



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, slightly slanted 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
- 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 3rd June 2008. The consultation period ran until 30th 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

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:

Towards a strategy to support volunteering in health and social care: Response to the consultation

- 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;

Towards a strategy to support volunteering in health and social care: Response to the consultation

- 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.

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
42nd 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