

## Health and Wellbeing Board

11 September 2017

### Volunteering “Obsession”

#### 1. Purpose

- 1.1. This paper reports on the output of the Volunteering Obsession workshop held on 21 July and seeks approval on how to take forward the Board’s priority for increasing volunteering.

#### 2. Recommendations

- 2.1. The Health and Wellbeing Board:
  - 2.1.1. approves the revised focus of the “obsession”,
  - 2.1.2. approves the key activities in the action plan,
  - 2.1.3. agrees to identify members from each partner organisation to join the Task and Finish Group and approves its reporting frequency.

#### 3. Report Detail

- 3.1. Several projects with the aim of supporting the capacity and growth of the borough’s voluntary and community sector (VCS) are currently underway. These include Walsall Council’s VCS Transformation programme, Public Health’s Making Connections programme and One Walsall’s work funded by local partners. On 24 April, the Health and Wellbeing Board (HWB) agreed to adopt the following “obsession” on volunteering as a priority:

*“To support the capacity of VCSEs in Walsall, and greater connectivity between the VCS and partners, in order to improve health and wellbeing for all, by increasing the number of Walsall residents who volunteer, in particular around loneliness and isolation and physical activity”*

- 3.2. At the HWB’s meeting of 12 June, further discussion of the obsession identified it was not sufficiently distinct from other VCS-focused projects, and conflates the aim to increase the level of volunteering in Walsall with wider activities to build capacity of voluntary and community sector organisations.
- 3.3. On 21 July, One Walsall hosted a workshop for HWB partners to further explore how the obsession could be taken forward. The workshop considered how volunteering could impact the HWB’s priorities, the current barriers to engaging in volunteering, and the practical action that could be taken to address these at the organisational and partnership level. Details of the workshop are included at **Appendix B**.

#### Revised Obsession

- 3.4. Considering feedback at the workshop and the stated aims of other VCS-related projects, One Walsall is recommending the HWB’s “obsession” is revised to focus on

what HWB partners can do within our own organisations to support increased voluntary action, and differentiate this from wider activities to support to the voluntary and community sector more widely. It is proposed the obsession is restated as:

*To increase voluntary action in support of health and wellbeing in Walsall, by addressing identified barriers within Health and Wellbeing Board partners' policies, procedures and processes.*

- 3.5. This revised focus helps draw a distinction between the work of the HWB and the other VCS-focused projects but, by implication, will support the capacity and growth of the voluntary and community sector more generally, not least by supplying an increased pool of active and skilled volunteers from our collective workforce.

#### Key Activities

- 3.6. It is recommended the following actions are taken forward to deliver this revised obsession:

- Create and adopt a shared Walsall Volunteering Policy, which sets out clearly the aims of volunteering within partners organisations, and puts in place the appropriate procedures and support measures to effectively organise and manage volunteers within programmes delivered by partners.
- Create and adopt a shared employee volunteering policy, which encourages and enables staff within all partner organisations to engage in local voluntary action.
- Establish a single point of access, information and support for employees of partner organisation to engage in local voluntary action relevant to their skills and desires.
- Create and adopt and implement a common policy and procedure on social value that encourages and enables partners' contractors to engage in local voluntary action.
- Establish a single repository of intelligence on local voluntary action, including volunteering activities and opportunities within partner organisations and the VCS, volunteer demographics and other relevant data, to provide a comprehensive picture of voluntary action in Walsall and inform future work.
- Develop and deliver a joint communications and promotional strategy that promotes the value of volunteering within partner organisations and the borough, and recognises the impact volunteers achieve in supporting health and wellbeing.

- 3.7. Further detail on these actions, including suggested lead partner organisations, timescales and measures of success, is included at **Appendix A**.

- 3.8. The following activities are important and related to this revised obsession but, to avoid duplication, should be considered out of scope:

- Delivery of general capacity building support to voluntary and community sector organisations (e.g. to increase organisational quality and business planning). This forms the core work commissioned from One Walsall.
- Development of specific volunteering projects within partner or VCS organisations and secure funding for these. This is intended as an output of the revised Locality partnership working structures currently being rolled out, which

will avoid “top down” approaches to identifying solutions which are likely to be more sustainable if developed within communities themselves.

- To develop and agree a framework for better working practices between the statutory sector and VCS (e.g. how services are commissioned or grant funded, decommissioned, outcomes framework, how VCSEs are consulted, co-production of projects etc). This piece of work is within the scope of the Council’s VCS Transformation programme.

#### Task and Finish Group

- 3.9. It is proposed a Task and Finish group is established with Terms of Reference, a regular meeting schedule and operating under established project management methodology. The Health and Wellbeing Board will receive six-monthly highlight reports from the Group. Membership of the Group should representatives from each partner who are able to progress practical activities in timely manner. Consideration should be given to resourcing the project management of the obsession to ensure progress is maintained

### **4. Implications for Joint Working arrangements**

#### Financial Implications

- 4.1. It is widely acknowledged that to achieve strong outcomes from volunteering programmes, investment in effective infrastructure and management is required. Partners seeking to develop internal volunteering programmes should consider these as an opportunity to deliver better value services, rather than considering volunteering a “free option”. However, several reviews of the economic return of volunteering programmes in health and care services have identified a that a nominal £1 investment yields an average return of between £3.83 and £10.46 (Institute for Volunteering Research, 2011).
- 4.2. Increased opportunity and greater promotion of employer-supported volunteering may impact on partners resources depending on the approach taken. There may be financial implications for partners who intend to release staff for volunteering activities during hours of employment. However, the financial implications should be considered against the identified health and wellbeing benefits of volunteering to both the employee, and those their voluntary action supports.
- 4.3. Through HWB partners taking a lead in engaging its workforce in volunteering, and leveraging the potential for contractors to do the same, this is likely to have a positive impact in increasing the profile and take up of volunteering more widely within the borough.

#### Legal Implications

- 4.4. Any new or revised volunteering policies will need to be reviewed by partners’ HR teams to ensure they are compliant, and may also require negotiation with unions. Procurement teams will need to be involved in the development of a joint Social Value policy to ensure compliance.
- 4.5. Sharing of personal or sensitive volunteer information will need to be considered with regard to data protection legislation and existing data sharing protocols will need to be reviewed.

#### Other Resource Implications

- 4.6. Consideration should be given to resourcing the project management of the obsession to ensure progress is maintained. The Task and Finish Group will need to be attended by individuals who have sufficient authority to make progress around the key activities but also have the capacity to take forward actions.

### **5. Health and Wellbeing Priorities**

- 5.1. At the 21 July workshop, the HWB priorities were ranked in terms of the potential for volunteering to make a positive impact. The priorities it was felt the greatest impact could be made were:
- Reduce Isolation and loneliness and increase support through social networks
  - Supporting independent living
  - Maximise emotional wellbeing and resilience of adults
  - Deliver prevention and intervention through health and care locality delivery models
- 5.2. There is a large body of research which demonstrates how volunteering can impact these priorities for the volunteer (e.g. increased feelings of self-worth, self-esteem and remaining physical active and socially engaged) for health care users (e.g. better ability to cope with ill health, better self-care, healthier lifestyle) and for the health and care system (e.g. reduce demand).

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## Appendix A – Key Actions

The following is an initial starting point to be developed further into a full project plan by the Task and Finish Group.

Task	Proposed Lead	Timescale	Outputs/Measures of success
Create and adopt a shared volunteering policy	<b>Walsall NHS Healthcare Trust / WDMHT</b> (building on current policies)	12 months – Year 1	<ul style="list-style-type: none"> <li>• Number of partners adopting policy.</li> <li>• Number of volunteers engaged in supporting partner services.</li> <li>• Volunteer feedback on experience.</li> <li>• Volunteer retention.</li> </ul>
Create and adopt a shared employee volunteering policy	<b>Walsall Council</b> (building on existing employee volunteering policy)	12 months – Year 1	<ul style="list-style-type: none"> <li>• Number of partners adopting policy.</li> <li>• Number of volunteer hours given locally by partner employees.</li> <li>• Satisfaction with placement from volunteer.</li> <li>• Feedback on impact from VCSEs/Communities.</li> </ul>
Establish a single point of access, information and support for partner organisation to engage in volunteering	<b>One Walsall</b> (utilising existing online volunteering matching portal and volunteer coordinators forum).	12 months – Year 1	<ul style="list-style-type: none"> <li>• Numbers of volunteer opportunities advertised</li> <li>• Number of employees registering as volunteers</li> <li>• Number of volunteer placements</li> <li>• Training offered/taken up</li> </ul>
Create and adopt a common policy and procedure on social value that encourages engagement in local voluntary action.	<b>Walsall Council</b> (building on WMBC Procurement Team's Social Value "TOMs")	12-24 months – Year 2	<ul style="list-style-type: none"> <li>• Number of contractors providing ESV through contracts</li> <li>• Number of hours voluntary action delivered</li> <li>• Feedback on impact from VCSEs/services.</li> </ul>
Establish a single repository of intelligence on local voluntary action.	<b>One Walsall</b> (building on existing volunteering information management system)	12 months – Year 1	<ul style="list-style-type: none"> <li>• Annual volunteering analysis</li> </ul>
Develop and deliver a joint volunteering communications strategy.	<b>Walsall CCG</b> (building on work during national Volunteers Week 2017).	12 months – Year 1	<ul style="list-style-type: none"> <li>• Numbers of volunteer opportunities advertised</li> <li>• Number of employees registering as volunteers</li> <li>• Number of volunteer placements</li> </ul>

## Appendix B – Obsession Workshop

### Invitees List

<b>Name</b>	<b>Organisation</b>	<b>Role</b>	<b>Attended</b>
Paul Tulley	CCG	Director Transformation	N
Denise Perry	CCG	Senior Commissioner	Y
Mike Abel	CCG	Lay Board Member	N
Simon Foglle	HW Walsall	CEO	N
Coral Lemm	HW Walsall	Engagement Manager	N
Alex Boys	One Walsall	CEO	Y
Dave Benge	One Walsall	Development Manager	Y
Shivani Nana	One Walsall	Volunteer Centre Manager	Y
Sarah Taylor	One Walsall	Development Officer	Y
Louise Mabley	Walsall NHS Trust	Volunteer Coordinator	Y
Julie Morgan	WDMHT	Volunteer Coordinator	N
Julie Hayward	WHG	Director	N
Jason Anderson	WM Police	Chief Inspector	Y
Kevin Pitt	WM Police	Engagement Officer	Y
Barbara Watt	WMBC	Dir. PH	N
Angela Aitkin	WMBC	Senior Commissioning Manager	Y
Uma Viswanathan	WMBC	Associate Director Public Health	Y
Cllr I. Robertson	WMBC	Portfolio Holder - Health	Y
Julie Alderson	WMBC	Director Governance and Change	Y
Nigel Rowe	WMBC	Cohesion Manager	Y
Helen Kindon	WMBC	Localities Manager	Y
Cllr A Kudhail	WMBC	Councillor	N
Russ Gauden	WMFS	Station Commander	N

### Presentation and feedback



HWB Volunteering  
REVISED.pptx



HWB Write up.pptx



# Defining Volunteering

- **Formal** - giving unpaid help through a group, club or organisation. Variety of levels.
- **Civic Roles** – well-known, formal roles within public bodies. E.g. School Governor, Magistrate.
- **Informal** - giving unpaid help to individual people who are not relatives - **not** through a group, club or organisation.
- **Employer-supported** – e.g. volunteering leave allowance, or employer arranged activities.



# National Volunteering Data

## **Adults (16+) volunteering at least once a month**

- 27% Formal Volunteering (12 hours av.)
- 60% Informal Volunteering (7 hours av.)
- 8% Employer Supported
- Equal gender split - but activity preferences
- 16 – 25 year olds (32%) and 65 – 74 year olds (31%) most engaged
- 35% unemployed, 27% employed, 27% economically inactive
- Urban and deprived areas less engaged



# Walsall Data

- Very early indications - 125 Volunteers registered since April
- Slight gender bias towards women (but closing)
- 42% unemployed, 21% employed, 7% unable to work, 1% retired
- 33.6 % aged 16 – 25, 1.6% Aged 65 – 74
- WS1 and WS2 over-represented
- Ethnicity 38% White British, 46% BME
- Offer and Interests Gap Analysis



# Motivations to volunteer

## Most important:

- Wanted to improve things/help people 61%
- The cause was really important to me 39%
- Had spare time 34%
- Chance to use existing skills 30%
- Wanted to meet people/make friends 30%
- Connected with family/friends 26%
- Felt there was need in the community 26%

## Least important:

- Career progression/qualifications 3%
- It helps me get on in my career 7%
- I felt there was no one else to do it 8%
- Its part of my religious belief to help people 17%
- My family/friends do it 18%



# Barriers to volunteering

- Work commitments (55%)
- Childcare responsibilities (35%)
- Haven't heard of or know about groups/opportunities (31%)
- Other activities (25%)
- Illness or disability (10%)
- Never thought about it (8%)



# Considerations

- What forms of volunteering can we impact?
- How can we address barriers?
- How can we capitalise on known trends?
- How can we address demographic/geographic gaps?
- How can we ensure robust intel for Walsall?

Priority: Reduce loneliness and isolation and increase supports through social networks

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Knowing who?</li> </ul> <p>Health and care teams will need to proactively look for those at risk</p> <ul style="list-style-type: none"> <li>• keep locals transport</li> <li>• Admitting loneliness</li> <li>• Organisational Disconnect</li> <li>• Knowing where to signpost people</li> <li>• Duplication (e.g. different directories, multiple organisations)</li> </ul> <p>Confidence of service user</p> <ul style="list-style-type: none"> <li>• Mobility</li> <li>• Permission for people to do things themselves</li> </ul>	<ul style="list-style-type: none"> <li>• Making Connections project</li> <li>• Health and Social Care teams will need to proactively look for those at risk</li> <li>• Keep local transport</li> <li>• Communications</li> <li>• Directory of Services (Walsall Community Living Directory)</li> <li>• Single Point of Access</li> </ul>
Practical Actions	
Organisational Level	Board Level
<ul style="list-style-type: none"> <li>• Information sharing (communication/ consensus/better join up - address fragmented delivery</li> <li>• Put your money where your mouths is</li> <li>• Longer term thinking / investment</li> <li>• What are our own organisation doing with their own staff around loneliness and isolation? i.e. do as I say not as I do .</li> <li>• Encourage local heroes – showcase the good</li> </ul>	<ul style="list-style-type: none"> <li>• Put your money where your mouths is</li> <li>• Longer term thinking/ investment</li> </ul>

## Priority: Supporting Independent Living

Barriers	Solutions
<ul style="list-style-type: none"><li>• Cost</li><li>• Inactions re preventions versus treatment</li><li>• Welfare Reform</li><li>• Dependency (esp. Financial)</li></ul>	<ul style="list-style-type: none"><li>• Health and social care integration</li><li>• Appropriate Volunteer roles (befriending e.g. adults with learning disability)</li><li>• Do things <u>with</u> people <u>not to</u> them (encourage upskilling and less dependence)</li></ul>
Practical Actions	
Organisational Level	Board Level
<ul style="list-style-type: none"><li>• Share Data/Intelligence</li><li>• Share Expertise</li><li>• Time to understand what we're all doing – benefit from expertise, less duplication</li></ul>	<ul style="list-style-type: none"><li>• Share culture – stop partners/staff being 'risk averse'</li><li>• Pool funds for training awareness for volunteers</li><li>• Ensure good communications and consistent approach</li></ul>

Priority: Maximise emotional wellbeing and resilience of adults

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Knowledge/Training</li> <li>• Communication</li> <li>• Understand what others are doing</li> <li>• Stigma</li> <li>• Skills</li> <li>• What exactly does this emotional wellbeing mean/encompass? Stress? MH? Functioning etc.</li> <li>• Finding people we don't know about</li> </ul>	<ul style="list-style-type: none"> <li>• Clear referral pathways</li> <li>• Information governance</li> <li>• Safeguarding</li> <li>• Co-ordinating referral pathway</li> <li>• Making the priority clear and measurable</li> <li>• De-stigmatisation (local volunteer champions)</li> </ul>
Practical Actions	
Organisational Level	Board Level
<ul style="list-style-type: none"> <li>• Police – signposting</li> <li>• Support volunteers to raise awareness and offer peer support</li> </ul>	<ul style="list-style-type: none"> <li>• Support of the VCS</li> <li>• VCS involved in decision making in particular around referral pathways (right people/skills)</li> <li>• Frontline staff involved</li> <li>• Volunteer Framework Standard (IIV?)</li> </ul>

Priority: Deliver prevention and intervention through health and care locality delivery models

Barriers	Solutions
<ul style="list-style-type: none"> <li>• Communication</li> <li>• Public sector need to understand (collect evidence of prevention)</li> <li>• Need to move from output collection to 'outcome'</li> <li>• Need to start with where community is at</li> <li>• Imposed priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteering organisations are represented at locality model</li> <li>• Social return on investment</li> <li>• Public sector need to ask themselves 'so what?'</li> </ul>
Practical Actions	
Organisational Level	Board Level
<ul style="list-style-type: none"> <li>• More directive</li> <li>• Review volunteering capacity internally and match prevention measures based on current evidence of need</li> <li>• Recognise the value of volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Remove bureaucracy</li> <li>• Support and celebrate annual volunteering event</li> <li>• Showcase 'case studies'</li> <li>• Ensure volunteering is a 'corporate' ongoing agenda item</li> <li>• Involve communities in identifying priorities</li> <li>• Collect evidence of what works and share information</li> </ul>

## Measuring Success

### Considerations and final discussion

- Information shared – collated in one system to gather
    - Number of volunteers
    - Sustained volunteering
    - How well volunteers feel valued
  - Skill sharing – between organisations
  - How can we demonstrate impact on HWB and priorities?
    - Case studies to encourage/inspire others to volunteer, demonstrate impact on person(s) benefitting from volunteers contribution
      - Showcase – lead by example
  - Quality Framework – Principle
    - NCVO (IIV) National Tool adopted for consistency across borough
- Monitoring through voluntary policy – sharing with One Walsall
- Key heading – measurable and clear – including clear and consistent terminology
  - Clear Programme of actions to being Obsession to life including infrastructure