Ariennir gan **Lywodraeth Cymru**
Funded by **Welsh Government**

Framework for Volunteering in Health and Social Care

WCVA CGGC

helplu helpforce

Comisiwn Bevan Commission

Gofal Cymdeithasol **Cymru** Social Care **Wales**

richard newton consulting

Planning, delivering and supporting volunteering in Wales.

Contents

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Introduction

Volunteering delivers social value and plays a key role in delivery of health and social care and preventative health, meaning that there is a return on investment.

This Framework is a resource that supports those involved with health and social care volunteering to 'hold the gain' that they have experienced during the pandemic. This is essential if the value of volunteering is to be fully recognised and sustained, not just in respect of the emergency response that was experienced in 2020, but also the wider unique value that volunteering brings to health and social care.

Volunteering in health and social care in Wales extends well beyond the voluntary sector, with organisations from the public, private and voluntary sectors all supporting services and health and social care outcomes through volunteering. Our later section – 'Overview of Volunteering in Health and Social Care' – explores the many roles that volunteers undertake within this environment.

Whilst volunteering is not new, the coronavirus pandemic has repositioned volunteering within health and social care. The pandemic saw health services engaging with volunteers at unprecedented levels (with the public prepared to volunteer at these levels and above).

Volunteering was supported with additional resources and processes were streamlined in places to support responsive commissioning and volunteering. Alongside this, people in their tens of thousands across Wales energised themselves, co-producing support in response to the needs of local community members. >>

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...tens of thousands across Wales energised themselves, co-producing support in response to the needs of local community members.

This Framework has been developed further to recommendations from the Helpforce Cymru steering group, to develop a resource that supports those involved with health and social care volunteering to 'hold the gain' that they have experienced during the pandemic.

This is essential if the value of volunteering is to be fully recognised and sustained, not just in respect of the emergency response that was experienced in 2020, but also the wider unique value that volunteering brings to health and social care.

Funding through Welsh Government's Coronavirus Recovery Grant for Volunteering has enabled us to explore with organisations their first-hand experience of planning, delivering or supporting volunteering. Through this, we understand what needs to be considered to ensure that volunteering is recognised as a key service within health and social care in Wales, which contributes to key goals such as those laid down in the Wellbeing of Future Generations (Wales) Act and A Healthier Wales.

This Framework offers a series of common questions that should be considered by all organisations involved in volunteering. Signposting to wider resources, case studies and a self-assessment tool allow each organisation to develop an organisation-appropriate response, recognising the diversity of health and social care organisations in Wales.

The Framework focuses on those areas where volunteering supports a third-party health or social care outcome. Although we have not included initiatives such as social prescribing and arts for wellbeing, we recognise and fully support the benefits that these bring. By volunteering, we mean:

- Voluntary
- Not for financial gain
- For the benefit of others beyond the volunteer's household and/or family

The Framework was developed by –

Comisiwn Bevan Commission

helplu helpforce

WCVA CGGC

richard newton consulting

Gofal Cymdeithasol Cymru Social Care Wales

The Framework is intended to be a long-lasting resource and will be reviewed and updated over time. We welcome feedback to inform future updates and this should be sent to volunteering@wcva.cymru

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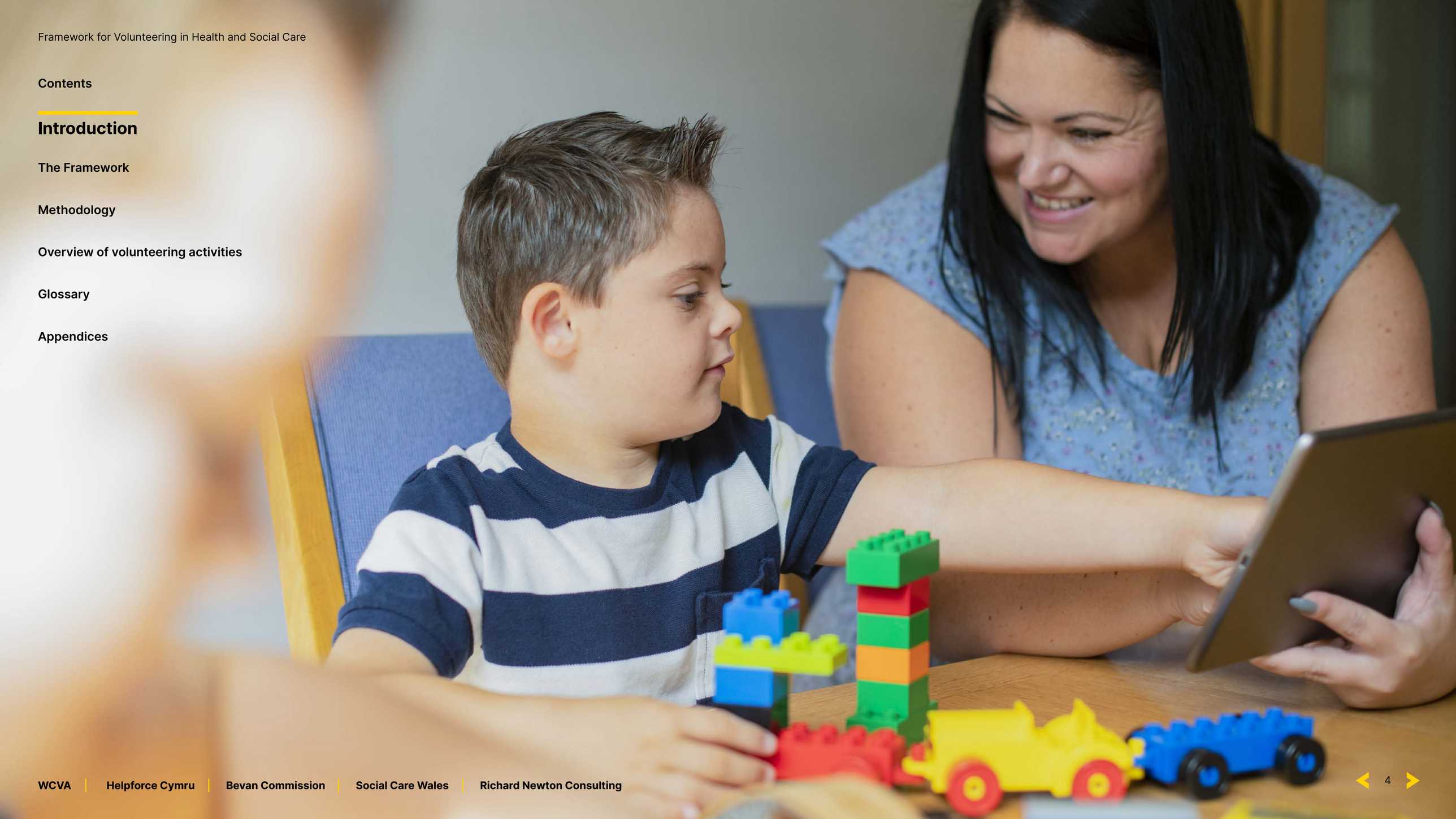

The Framework

There are six key questions that all organisations engaged with volunteering in health and social care should reflect upon. The nature of the reflections will vary depending on the role that organisations play in supporting or delivering volunteering.

There are two pathways through the framework, either via the six questions or the four organisation categories. The pathways allow you to access the information relevant to you.

Following the questions pathway allows you to cross refer to the other organisation categories, recognising that some organisations, for example health boards, may have a responsibility for both planning and delivery.

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How do we talk about volunteering?

Self Assessment

Commissioners and service planners

Working at a national, regional, local and organisational level to plan health and social care services that engage volunteers in service delivery.

Delivery organisations

Organisations from the public, private or voluntary sectors who deliver volunteering programmes to support health and social care outcomes. These may or may not be delivered in direct partnership with statutory organisations.

Community-based organisations

Often referred to as mutual aid groups, these organisations are often not registered with the Charity Commission/Companies House. Services are co-produced with community members.

Infrastructure and membership organisations

These organisations support the wider capacity and representation of both delivery and community organisations. They may be place-based, such as CVCs, thematically-focused or support a network of local branches.

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Self Assessment

Volunteering plays an important role in supporting the delivery of health and social care services in Wales and all those involved in the delivery of health and social care services should consider the unique value that volunteers can offer.

These themes were explored in a report commissioned by Helpforce in 2017 (‘Can volunteering help to achieve better health and care?’) to review the current evidence on the effectiveness, deployment and impact of volunteers in the NHS. This was followed by a seminar in 2019 to grow an understanding of how to develop and design impactful volunteering within healthcare settings.

The ‘Capturing the skills and energy of volunteers to address city challenges’ report by Nesta in 2016 looks at how to better understand the potential impact of volunteering, working hand in hand with local government and how the model ‘has helped to elevate the significance and status of volunteering for the councils involved’ (page 4).

Commissioners and service planners

Commissioners and service planners should have a detailed understanding of the needs of the population that they serve. This could be at a national level (for example Welsh Government), regional level (for example Regional Partnership Boards) or at a local level (Local Authorities/ Public Services Boards).

Read more

Delivery organisations

Delivery organisations are encouraged to reflect on the opportunities to enhance their services through the development of volunteering. In some instances, this will result in embedding volunteering into their own established service provision; in other cases this may require the development of delivery partnerships.

Read more

Community-based organisations

Community-based organisations, including mutual aid groups, are typically formed by local residents responding to local needs. Whilst this is a voluntary response, it is regarded by many as being neighbourly rather than volunteering. By its nature, however, the response is initiated by those giving freely of their time; as such, volunteering is central to the delivery model.

Read more

Infrastructure and membership organisations

Infrastructure and membership organisations represent and support their members. The TSSW (Third Sector Support Wales) network in Wales has responsibility for developing, promoting and enabling volunteering.

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Self Assessment

Having identified that volunteers can add value to health and social care services, organisations should consider a range of factors when planning for volunteering.

Commissioners and service planners

Service planners and commissioners should be clear as to the benefits that they expect to see delivered through volunteering. This should be viewed in the broadest sense, recognising that there are benefits to those receiving services delivered by volunteers as well as to the volunteers themselves.

Read more

Delivery organisations

Delivery organisations have a key role to play in planning for volunteering. Where the delivery organisation initiates the proposed volunteer activity, there is likely to be a greater need to ensure that appropriate management and impact measurement approaches are in place; where services are commissioned, these approaches are likely to be prescribed, at least to some extent, by commissioners.

Read more

Community-based organisations

Community groups, including mutual aid organisations, are often formed as a result of a community response to an issue or an emergency. This grassroots response is coordinated at a community level and, at least in the initial stages, there is limited advanced planning due to the speed with which the response forms.

Read more

Infrastructure and membership organisations

In planning to include volunteering into health and social care services, infrastructure and membership organisations have an important role to play in supporting both delivery organisations and service planners/commissioners.

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Self Assessment

When planning or reviewing volunteering services, it is important to consider the breadth of organisations with whom it is possible to work to deliver a high-performing service.

Commissioners and service planners

Commissioners and service planners should, by this point, have determined the added value that they wish to bring to provision through volunteering and consider if there are particular organisations that will help them.
It could be, for example, organisations that engage volunteers with lived experiences to increase their capacity to support people with a particular need, health condition, language, culture or demographic characteristic.

Read more

Delivery organisations

Delivery organisations recognise that working with a wider network of organisations helps to improve the services delivered.

Read more

Community-based organisations

The grassroots nature by which many community groups and mutual aid organisations are established means that their activity is essentially co-produced within the local community. As it develops, the group may want to consider how they connect with other organisations.

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Infrastructure and membership organisations

It is within the remit of infrastructure and membership organisations to work with other organisations.

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Self Assessment

Volunteering should be regarded as a long-term commitment. Once established, there are a number of considerations to ensure that it is managed and developed on an ongoing basis; for example, how shared processes could support the long-term sustainability of volunteering, including training, recognition and celebration, and volunteer mobility between organisations.

Standards for volunteering in health and social care provide a benchmark for developing training. They can also enable shared training between organisations and recognition of prior learning.

Commissioners and service planners

Commissioners and service planners have a key role to play in developing volunteering, through embedding it into service design and ensuring that there are appropriate resources available to effectively manage volunteering. They need to ensure that contracting and reporting processes are not overly burdensome.

Read more

Delivery organisations

Delivery organisations take responsibility for the day-to-day management of volunteering in most health and social care situations. As such, they are instrumental in volunteer management and integral to how this can be developed.

Read more

Community-based organisations

The co-production approach taken by many community-based and mutual aid groups and at times the speed with which the response is established, means that organisational and management systems and capacity change and develop over time, based on experience and changing need and the organisation's life cycle.

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Infrastructure and membership organisations

It is within the remit of infrastructure and membership organisations to work with other organisations.

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Self Assessment

Volunteering within health and social care has the potential to deliver positive impact to both the volunteer and to those receiving support from the volunteer. Whilst it is important to measure impact, it is important also to reflect on the purpose of this and the challenges that many have to face in collecting such data.

Commissioners and service planners

Commissioners and service planners should consider what impacts need to be measured at a collective level, against those that need to be measured at an individual project or service level. The data that is being collected (and the resources required in collecting it) should not be disproportionate to the level of work commissioned. A baseline is needed from which the difference made by volunteering in health and social care settings can be benchmarked and this information linked into mainstream planning.

Read more

Delivery organisations

Delivery organisations often focus on collecting qualitative and case study-type information as this has immediate relevance to people who use their services and can be used to support engagement and to inspire confidence in services. Ensuring that the volunteer and patient voice is heard through the gathered stories is also essential and this voice needs to represent the diversity of the communities served by volunteers.

Read more

Community-based organisations

The community-based response of mutual and other groups means that they generally do not report to a commissioner or funder. Methods to measure the difference made to the local community as a result of the group's activity may not have been put in place at the outset.

Read more

Infrastructure and membership organisations

Infrastructure and membership organisations should consider how they can help to create a common reporting process reaching across sectors, with impact measurement linked into wider service planning.

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Self Assessment

Organisations involved in volunteering in health and social care settings extend well beyond the traditional voluntary sector; they also include the public sector and private sector care providers. Narratives that are used to talk about volunteering need to present it as a key and integrated service and reaffirm the high quality of activity that can be delivered through volunteering.

This links into the Welsh Government policy in A Healthier Wales: long term plan for health and social care. Volunteer involvement helps to meet many of the principles outlined in this policy.

In 2018 the Bevan Commission (in A workforce fit for future health and care) argued for the need for inclusion of the wider workforce, including members of the public, patients, carers and volunteers in workforce planning. A recent blog by Helpforce Cymru looked at the strategic opportunities to be gained from volunteering and a paper was presented to the Equality, Local Government and Communities Committee inquiry into the impact of Covid-19 on the Voluntary sector.

Commissioners and service planners

Volunteering should be recognised as a standalone service; commissioners and service planners should make distinct reference to volunteering and the role that it can play in delivering wider services. A clear definition of what is meant by 'volunteering' should be adopted in order to prevent ambiguity. This can form the basis for a collective narrative that can be used across the sector.

Read more

Delivery organisations

Delivery organisations need to communicate with a breadth of audiences. This includes volunteers, those to whom they are providing health and social care support (plus their families and support networks), staff, trustees, funders, partner organisations and the general public. Delivery organisations need to be aware of the numbers of stakeholders with whom they need to communicate and the different tone and content that may be required for these communications.

Read more

Community-based organisations

The community-focused, co-production approach of mutual aid organisations lends itself to a narrative that is different from more formal delivery organisations. There is likely to be more focus on participation, neighbourly help and on community wellbeing. Those involved may not see themselves as 'volunteers' and those benefitting from its activity may not identify as 'service users'.

Read more

Infrastructure and membership organisations

Infrastructure and membership organisations have a central role in ensuring that the value of volunteering is fully understood by commissioners, delivery organisations and the public.

Read more

Commissioners and service planners

Framework Question 2

Question 1: How can we involve volunteering within our service delivery?

See question overview

Commissioners and service planners should have a detailed understanding of the needs of the population that they serve. This could be at a national level (for example Welsh Government), regional level (for example Regional Partnership Boards) or at a local level (Local Authorities/ Public Services Boards).

Services should meet the wider needs of the population that are identified through exercises such as population needs assessments, service reviews or responses to specific local, regional or national events – for example the COVID-19 pandemic.

When seeking to address needs, commissioners and service planners should identify the added value that can be delivered to core services through volunteering. This could, for instance, include those playing advocacy or peer support roles within their communities; befriending or volunteer companionship as part of end-of-life care; or local community members supporting their neighbours to return home post-hospital admission.

This meets many of the themes in 'A Healthier Wales'.

PIVOT (Pembrokeshire Intermediate Voluntary Organisations Team) is an example of a multi-agency approach providing transport and support to prevent hospital admission and to facilitate hospital discharge. Marie Curie, in partnership with Helpforce, is working with NHS organisations throughout the UK to develop their end-of-life volunteering services.

Volunteering provides a vehicle through which commissioners and service planners can contribute to wider legislative requirements such as those required under the Wellbeing of Future Generations (Wales) Act, the Social Partnerships (Wales) Bill and Public Health Wales Equality Plan 2020.

The roles undertaken by volunteers are distinct from those undertaken by the paid workforce. There are clear guidelines about this within the WCVA/Wales TUC Charter. This includes ensuring that volunteering is not used primarily to deliver cost savings, or to displace staff, or to undermine professional standards.

Volunteering should be appropriately resourced in the long-term. Volunteering is not free.

In making resourcing decisions, commissioners and service planners should recognise the full benefits delivered by volunteering. Whilst the primary purpose may be to deliver health and social care outcomes to those in receipt of volunteer support, we also know that volunteers gain significant benefits through a sense of belonging, reduced isolation, new skills etc. Many of these benefits are explored here.

In order to assess the effectiveness of volunteering, it should be seen as a distinct service that can be reviewed and evaluated.

Reports

'Time well spent: a national survey on the volunteering experience' 2019 by NCVO

Volunteering, Health & Wellbeing – Scotland. A critical appraisal of the evidence, in order to understand the contribution of volunteering to volunteers' health and wellbeing.

See our case studies

Community Services, Denbighshire Council

Commissioners and service planners

Question 1 Question 3

Question 2: How do we plan for volunteering?

See question overview

Service planners and commissioners should be clear as to the benefits that they expect to see delivered through volunteering. This should be viewed in the broadest sense, recognising that there are benefits to those receiving services delivered by volunteers as well as to the volunteers themselves.

The Bevan Commission's Adopt and spread programme supports the sharing of knowledge about how innovative approaches can best be adopted and adapted, which can be applied to volunteering. The programme involves working with Swansea University and supporting Bevan Exemplars, who are health and care professionals, to take their innovative ideas forward to other teams in Wales.

Clear plans should be drawn up for measuring the impact of volunteering. This is explored further in Question 5 and should have a direct relationship with how volunteering services will be funded and reviewed.

Some organisations involved in service planning/ commissioning are also delivery organisations (for example local authorities, health boards), in which case the planning stage should make a clear decision about the delivery model i.e. whether these services are to be delivered in-house or through partnership with other organisations.

Even when there is capacity to deliver in-house, the engagement of other specialist groups has the potential for added value; for example involving volunteers whose lived experiences make them able to engage more effectively with particular groups of service users.

A full risk analysis should be undertaken at this stage, recognising risks to both the organisation and the volunteer. This analysis needs to take into account the delivery environment, which may contain clinical or environmental risks. Risk analysis should consider perceived risks in addition to actual risks; some people may assume that volunteer-supported services are of a lower quality. Service planners need to ensure that equality and diversity is considered within proposals.

Service planners and commissioners should adopt consistent approaches to managing volunteering (for example resourcing, impact measurement) across their portfolios of operation. There should also be a consistency of approach over time in order to allow services to grow and be benchmarked. This requires that volunteering is fully funded beyond the short term.

Requirements and expectations in respect of reporting and management need to be relative and proportionate to the size, nature and context of any programme and relevant to the initial objectives for supporting volunteer activity.

Commissioners and service planners

Question 2 Question 4

Question 3: Who should we work with to deliver volunteering within service delivery?

See question overview

Commissioners and service planners should, by this point, have determined the added value that they wish to bring to provision through volunteering and consider if there are particular organisations that will help them.
It could be, for example, organisations that engage volunteers with lived experiences to increase their capacity to support people with a particular need, health condition, language, culture or demographic characteristic.

Healthy help: enabling people through volunteering presents a model of good practice for involving volunteers in preventative services, which is recommended to be adopted more widely. It is built upon successful collaboration between statutory Health and Social services and voluntary sector staff and volunteers, to ensure competence and confidence in supporting people with complex conditions.

As volunteering develops in status, commissioners and service planners may wish to reflect on wider strategic and development issues. This could include recognising the need to fund volunteering not only directly, but also indirectly, by adding to the capacity of the infrastructure bodies that provide underpinning support and expertise, helping their member organisations to grow whilst maintaining a high quality of volunteer services.

Co-working with infrastructure and membership bodies may also lead to conversations about the viability of developments such as enabling volunteer mobility between organisations, shared systems of volunteer recognition, training and aligning impact measures to policy priorities.

Commissioners and service planners

Question 3 Question 5

Question 4: How do we manage and develop volunteering?

See question overview

Commissioners and service planners have a key role to play in developing volunteering, through embedding it into service design and ensuring that there are appropriate resources available to effectively manage volunteering. They need to ensure that contracting and reporting processes are not overly burdensome.

Volunteering needs to be recognised as an effective activity to deliver against priorities in legislation such as the Wellbeing of Future Generations, A Healthier Wales and Coronavirus Recovery and Reconstruction Planning.

A good example of how volunteering can help to deliver against national policy priorities can be seen in the Education Programme for Patients (EPP Cymru). This provides a range of self-management health and wellbeing courses and workshops for people living with a health condition or for those who care for someone with a health condition.

A number of people who attend an EPP Cymru course go on to train as volunteer tutors to help deliver the programme locally.

Guidance to planning bodies such as Regional Partnership Boards needs to highlight the importance of volunteering in health and social care and how this relates to initiatives such as population needs assessments, Intensive Learning Academies and the Integrated Care Fund.

In planning services, it is important to ensure that the volunteer voice is heard (in the same way that patient and staff voices need to be heard), to support quality assurance. Commissioning should make this a requirement of service delivery. There should also be channels for volunteers to have a voice at a collective planning level.

Reports

Monmouthshire Council volunteering strategy

New project to turn volunteering work into rewarding careers in health and social care
Lancaster University 2020

Commissioners and service planners

Question 4 Question 6

Question 5: How do we measure the impact made by volunteering?

See question overview

Commissioners and service planners should consider what impacts need to be measured at a collective level, against those that need to be measured at an individual project or service level. The data that is being collected (and the resources required in collecting it) should not be disproportionate to the level of work commissioned. A baseline is needed from which the difference made by volunteering in health and social care settings can be benchmarked and this information linked into mainstream planning.

The collection of data needs to be integrated into wider planning for programme management and quality assurance. There needs to be purpose for the data that is collected and a plan as to how it is used; for example for quality improvement and performance monitoring.

For data to be useful and informative at a wider level, there needs to be common reporting frameworks and consistent approaches to measuring social value and impact used by different delivery organisations. A consistent approach over time should also be adopted to enable trends and improvements to be monitored.

There is a need for a blend of quantitative and qualitative data. Commissioners and service planners should appreciate that many delivery organisations use qualitative data and case studies regularly, as these build trust and confidence with volunteers and those using services. Quantitative impact data and value-based calculations are much more challenging for most organisations to deliver. If impact data is required to integrate with wider patient data, this must be negotiated and enabled at a planning and commissioning level. Nesta, for example, worked with ten hospital trusts to help them build significant impact volunteering programmes. Helping in hospitals includes a toolkit and evaluation report.

Volunteering often has a unique value, which makes it hard to express in financial terms. Delivery organisations should not be required to continually undertake value assessments; if these are required, commissioners and service planners should look to separately commission and establish a value framework that can be applied across different volunteer situations. In calculating value, commissioners and service planners should reflect on this. For instance how do you value the work of a volunteer who enables health and/or social care services to engage with harder-to-reach communities thereby avoiding long-term health issues? How do you place a value on one-to-one companionship at end of life?

See our case study

Pembrokeshire Association of Voluntary Councils (PAVS) (Most Significant Change)

Commissioners and service planners

Framework Next category

Question 6: How do we talk about volunteering?

See question overview

Volunteering should be recognised as a standalone service; commissioners and service planners should make distinct reference to volunteering and the role that it can play in delivering wider services. A clear definition of what is meant by 'volunteering' should be adopted in order to prevent ambiguity. This can form the basis for a collective narrative that can be used across the sector.

One example is:
Volunteering is an unpaid activity that is
- Voluntary
- Not for financial gain
- For the benefit of others beyond the volunteer's household and/or family

The role that volunteering can have in contributing to key policy priorities such as Wellbeing Goals should be clearly communicated.

The narrative needs to reaffirm the unique value of volunteering, based on impact and value assessment in order to sustain confidence in volunteer services. A report from Volunteering Matters – **Public health working with the voluntary, community and social enterprise sector: new opportunities and sustainable change** – provides a reminder that a sustainable and diverse voluntary, community and social enterprise sector is essential if local authorities are to realise their potential to help improve the health and wellbeing of their communities.

Reports

Volunteering in health and care – Securing a sustainable future (King's Fund) looks at how volunteering could be an important part of a new, closer relationship between health services and the communities they serve.

Delivery organisations

Framework Question 2

Question 1: How can we involve volunteering within our service delivery?

See question overview

Delivery organisations are encouraged to reflect on the opportunities to enhance their services through the development of volunteering. In some instances, this will result in embedding volunteering into their own established service provision; in other cases this may require the development of delivery partnerships.

The Mobilising Volunteers Effectively (MoVE) project is a collaboration between the Universities of Sheffield, Hull and Leeds. Over the course of 18 months, the research examined how to understand, scale and maximise the effectiveness of volunteer responses to COVID-19. In the second of three reports, they looked at new, innovative models of cross-sector collaboration and how rapid community responses to COVID-19 were built upon growing relationships between local authorities and voluntary and community sector organisations. Report#2: Models and frameworks for coordinating community responses during Covid 19.

A clear and confirmed delivery model should be in place prior to recruiting volunteers. This ensures that there is a clear understanding of the numbers of volunteers required and clarity as to which organisation is responsible for managing and supporting volunteer activity.

Organisations should reflect on the roles that they are asking volunteers to undertake and to be confident that these are appropriate to be delivered by volunteers. Organisations should be familiar with the concepts within the WCVA/Wales TUC Charter. A report by Kings Fund in 2018 explored The role of volunteers in the NHS – views from the front line.

The delivery environment in which volunteering takes place needs to be considered to ensure its suitability. Some volunteers will be engaging with highly regulated environments, whilst others may be working remotely. The specific context will inform the risk assessment and induction training for volunteers. In addition, the impact that the introduction of volunteers may have on employees and service users also needs consideration, including how this should be communicated (see Question 6).

Organisations should be satisfied that they have appropriate resources to meet the direct and indirect costs of volunteering, including costs of training, support and travel expenses. Access to volunteering should be freely and equitably available and volunteers should not be left ‘out of pocket’.

Organisations should aim to support volunteers in line with best practice guidelines such as those contained within Investing in Volunteers. Support is available from local County Voluntary Councils.

See our case studies

Community Services, Denbighshire Council

Delivery organisations

Question 1 Question 3

Question 2: How do we plan for volunteering?

See question overview

Delivery organisations have a key role to play in planning for volunteering. Where the delivery organisation initiates the proposed volunteer activity, there is likely to be a greater need to ensure that appropriate management and impact measurement approaches are in place; where services are commissioned, these approaches are likely to be prescribed, at least to some extent, by commissioners.

Delivery organisations should reflect on the change that they wish to achieve through volunteering. This should include both the benefits imparted to the person receiving support from a volunteer and those that the volunteer gains as a direct result of volunteering. There should be systems in place to appropriately record this (as explored in Question 5).

Adopting best practice principles, such as those included within the 'Planning for Volunteers' quality area of Investing in Volunteers, will ensure that best practice approaches to the volunteer experience are incorporated into development plans. This includes developing role descriptions for volunteers, confirming supervision and management processes and ensuring that induction training is available. Volunteering needs to be accessible and equitable to follow the principles of equality and diversity.

Consideration should be paid to organisational culture. Whilst charities are likely to have a culture that understands drivers for volunteering and best practice management approaches, public sector organisations may not. Support may be needed for those tasked with the management and supervision of volunteers (for example operational managers in health board or local authority settings) to understand the basic principles of volunteering.

Induction and training programmes should be developed. These should be proportionate for the role; for example a volunteer at a mass vaccination centre acting as a car parking marshal is likely to require less training than those responding in frontline roles such as a first responder within the Ambulance Service. Where possible, delivery organisations might consider whether prior learning could be recognised or whether training opportunities could be shared with peer organisations. Whilst induction needs to be organisation-/place-focused, wider training (such as manual handling, equalities) could be shared across delivery settings. A range of resources to support volunteering can be found on the Third Sector Support Network website. Consideration as to who else an organisation could work with to develop volunteering (Question 3) is also key to planning.

Delivery organisations need to ensure that they understand the full costs of managing and delivering a volunteer programme and that they have access to funding (from their own funds or via commissioned services) to meet these. Volunteering should be freely and equitably accessible to all and volunteers should not be 'out of pocket'.

Report

The Helpforce Volunteer Innovators programme worked with a range of NHS trusts across England, with funding from NHS England and NHS Improvement and Royal Voluntary Service. The programme developed and tested a wide array of volunteering innovations across the patient pathway. The aim was to produce evidence of the impact that the innovations made on people and services and a set of volunteering service guides to help other NHS Trusts adopt and benefit from these innovations.

Delivery organisations

Question 2 Question 4

Question 3: Who should we work with to deliver volunteering within service delivery?

See question overview

Delivery organisations recognise that working with a wider network of organisations helps to improve the services delivered.

Delivery organisations should aim to forecast demand. Balancing the supply of and demand for, volunteers is critical to service delivery and to maintaining good relations with (potential) volunteers. Consideration should be given to working collectively with other organisations to plan for and manage the recruitment of volunteers.

Reaching service users is key. Whilst some organisations have direct access to service users who would benefit from volunteer support, others have to facilitate this either through their own departments (for example within a health board) or through working with other organisations.

Some organisations have the capacity and profile to recruit volunteers directly; others will benefit through working with specialist organisations such as County Voluntary Councils.

There are also cases where volunteers may be sought with certain skills (for example medical students) or characteristics (for example members of BAME communities), in which case it may be appropriate to work with particular organisations to support targeted recruitment. Volunteer training is expensive and time-consuming to develop and deliver. Consideration should be given to finding ways of delivering shared core training and of recognising prior learning.

Reports

Case study on recruiting young people as volunteers by NCVO Voluntary Action Oldham shares how it engaged younger volunteers and developed a recruitment process to improve retention.

Community Care Collaborative – an innovative model of GP practice, which aims to involve volunteers within its multi-skilled teams.

Delivery organisations

Question 3 Question 5

Question 4: How do we manage and develop volunteering?

See question overview

Delivery organisations take responsibility for the day-to-day management of volunteering in most health and social care situations. As such, they are instrumental in volunteer management and integral to how this can be developed.

Delivery organisations need to be able to understand, and respond to, the difference that they are making to volunteers and to service users in receipt of health and social care. It is comparatively easy to map the impact made to volunteers (for example new skills, wellbeing) compared to the impact made to those receiving health and/or social care support, where volunteer activity is often only one of many interventions.

There needs to be a mechanism to capture feedback from both volunteers and those they are supporting in order to develop services, building on positives and addressing negatives.

When developing and managing services, organisations should ensure that best practice in volunteering is embedded into delivery through using, for example, Investing in Volunteers. A range of resources to support volunteering can be found on the Third Sector Support Network website, including information on Safeguarding and the Disclosure and Barring Service.

Working with other organisations to develop shared processes can support the long-term sustainability of volunteering. The most significant benefit of a robust, functional system of shared volunteer processes (for example recruitment, ID checking, training) would be that volunteers could move easily from one voluntary group to another, according to the need of the current situation, the best fit for that volunteer and the shifting local situation, especially in times of crisis. This idea is explored in a blog 'Volunteer passports – do we need them?'

Reports

The Pennine Lancashire Volunteer Project has a set of guidance documents on how to show recognition to volunteers and how to provide peer support.

Monmouthshire Council volunteering strategy

Volunteer experience survey NCVO

New project to turn volunteering work into rewarding careers in health and social care Lancaster University 2020

Learning and development for volunteers Macmillan

Volunteering in General practice: opportunities and insights – Kings Fund 2018 approaches to supporting volunteering

See our case studies

Cardiff and Vale University Health Board (CVUHB)

Delivery organisations

Question 4 Question 6

Question 5: How do we measure the impact made by volunteering?

See question overview

Delivery organisations often focus on collecting qualitative and case study-type information as this has immediate relevance to people who use their services and can be used to support engagement and to inspire confidence in services. Ensuring that the volunteer and patient voice is heard through the gathered stories is also essential and this voice needs to represent the diversity of the communities served by volunteers.

There is, however, demand from commissioners and service planners to collect quantitative data to ascertain and compare 'value for money'. Delivery organisations should be prepared to collect a blend of the two. They should not be expected to undertake impact measurement and reporting that is disproportionate to the scope and value of their provision.

When collecting information for impact measurement, organisations should be sure that they understand why the data is being collected and that sufficient evidence is being collected to enable the fullest picture to be captured of the impact of volunteers. There should be clear ways to ensure that this connects into their own quality assurance processes to enable continuous improvement.

Impact measurement has a resource cost, and delivery organisations need to ensure that this is considered when costing planning projects. An NPC briefing on Impact measurement for small charities highlights the need to keep impact measurement in proportion.

Helpforce Impact and Insight Service provides an end-to-end service, which includes a website and team of volunteering evaluation experts offering support. An online digital tool is available for measuring volunteering impact, which is useful for those who wish to prove the value of volunteering against health measures. Following a step-by-step approach, it supports users to define, design, collect data and evaluate a volunteering project, making the link between activity and outcomes by gathering the necessary evidence. It produces summary headlines and quotes, summary stats and relevant charts for reporting purposes.

Delivery organisations

Framework Next category

Question 6: How do we talk about volunteering?

See question overview

Delivery organisations need to communicate with a breadth of audiences. This includes volunteers, those to whom they are providing health and social care support (plus their families and support networks), staff, trustees, funders, partner organisations and the general public. Delivery organisations need to be aware of the numbers of stakeholders with whom they need to communicate and the different tone and content that may be required for these communications.

Delivery partners should work towards a collective narrative, supported by key messages developed by commissioners, that helps to elevate the status of volunteering in health and social care nationally.

Reports

Volunteering in health and care – Securing a sustainable future (King's Fund) looks at how volunteering could be an important part of a new, closer relationship between health services and the communities they serve.

Community-based organisations

Framework Question 2

Question 1: How can we involve volunteering within our service delivery?

See question overview

Community-based organisations, including mutual aid groups, are typically formed by local residents responding to local needs. Whilst this is a voluntary response, it is regarded by many as being neighbourly rather than volunteering. By its nature, however, the response is initiated by those giving freely of their time; as such, volunteering is central to the delivery model.

Those involved in the coordination of local community groups should reflect on how this voluntary response can best be supported and recognise that volunteers themselves also benefit from increased wellbeing.

It is important to understand the motivation for the community action. Is it linked to a specific event (for example the COVID-19 pandemic or a flood) and therefore potentially time-limited, or is it a longer-term initiative? Attitudes, availability and commitment may all change over time.

Groups should be aware of their own capacity to manage supply of volunteers with the demand for support. This includes being aware of any 'cold-spots' where volunteer availability is weaker and responding to these with appropriate mitigation.

Mutual aid and local community groups are often established quickly and, by nature, are informal in their set-up. The group should, however, develop and embed basic processes to ensure safety and accountability and to ensure legal compliance (for example Safeguarding, GDPR), as well as developing connections with wider service provision.

Report

Mobilising Volunteers Effectively (MoVE) project is a collaboration between the Universities of Sheffield, Hull and Leeds. Over the course of 18 months, the research examined how to understand, scale and maximise the effectiveness of volunteer responses to COVID-19. In the first of three reports (Lessons from lockdown)they present findings from 49 semi-structured interviews with a range of stakeholders from England, Scotland and Wales, about their responses to the COVID-19 pandemic.

The findings describe lessons learned from the successes and challenges experienced by those involved in coordinating community-facing responses.

See our case study

Seiriol good turn scheme

Community-based organisations

Question 1 Question 3

Question 2: How do we plan for volunteering?

See question overview

Community groups, including mutual aid organisations, are often formed as a result of a community response to an issue or an emergency. This grassroots response is coordinated at a community level and, at least in the initial stages, there is limited advanced planning due to the speed with which the response forms.

There are a number of considerations linked to planning that these groups need to consider as they develop and start to deliver support to their local community. It is recognised that many people are attracted to such activities because of the informality and co-produced nature of the response. Consequently, the impact of these organisations may be diluted through becoming overly formalised in approach. A range of resources to support mutual aid and local support groups can be found on the Mutual Aid website.

However, to be effective these groups need to establish a management/decision making structure. As a minimum this structure needs to take responsibility for;

- Offering an overview of activity delivered and addressing any 'cold-spots' of delivery
- Ensuring that services are safe and compliant
- Reviewing services and making decisions about long-term sustainability or cessation of services if these have been set up as part of an emergency response

Community-based organisations

Question 2 Question 4

Question 3: Who should we work with to deliver volunteering within service delivery?

See question overview

The grassroots nature by which many community groups and mutual aid organisations are established means that their activity is essentially co-produced within the local community. As it develops, the group may want to consider how they connect with other organisations.

This could include linking with wider health and social care initiatives, connecting with statutory services and contributing to local plans. Many organisations (large as well as small ones) experience challenges with regard to establishing formal connections with statutory services. However, where activities align with statutory bodies/core plans, dialogue and co-delivery are possible. A Community Resilience report (Social Care Wales 2018) gathers evidence from multiple sources and highlights, in an accessible way, what works in building community resilience.

Mutual aid and other community groups can also look to build links with infrastructure bodies such as County Voluntary Councils. This offers the opportunity to explore ways to sustain activity and engage support in representing the needs of the group in local planning and other practical support.

Community-based organisations

Question 3 Question 5

Question 4: How do we manage and develop volunteering?

See question overview

The co-production approach taken by many community-based and mutual aid groups and at times the speed with which the response is established, means that organisational and management systems and capacity change and develop over time, based on experience and changing need and the organisation's life cycle.

Through consultation with their community, these groups can determine how they grow and sustain, the extent to which they formalise activities and the desired relationship with statutory providers. Some groups may wish to make the transition to become more formal delivery organisations, whilst others will wish to stay as a community response. Both are appropriate so long as the activities delivered are safe, legal and needed.

Working with other organisations to develop shared processes can support the long-term sustainability of volunteering. The most significant benefit of a robust, functional system of shared volunteer processes such as recruitment, ID checking and training, would be that volunteers could move easily from one voluntary group to another, according to the need of the current situation, the best fit for that volunteer and the shifting local situation, especially in times of crisis. This idea is explored in a blog 'Volunteer passports – do we need them?'. A range of resources to support mutual aid and local support groups can be found on the Mutual Aid website, whilst there is information on Safeguarding and the Disclosure and Barring service here.

Reports

The Pennine Lancashire Volunteer Project has a set of guidance documents on how to show recognition to volunteers and how to provide peer support.

Volunteer experience survey NCVO

Learning and development for volunteers Macmillan

Community-based organisations

Question 4 Question 6

Question 5: How do we measure the impact made by volunteering?

See question overview

The community-based response of mutual and other groups means that they generally do not report to a commissioner or funder. Methods to measure the difference made to the local community as a result of the group's activity may not have been put in place at the outset.

As groups develop, they may require access to funding, or they may start to link with more formal service planning networks. It then becomes important to know what has been achieved and what difference made. One approach to doing this is the Most Significant Change Technique (MSC), which involves collecting and reporting stories and also having processes to maximise learning from these stories. An NPC briefing on Impact measurement for small charities highlights the need to keep impact measurement in proportion.

Inspiring Impact offers a range of resources and information to help voluntary organisations to understand, plan and improve their impact.

Helpforce Impact and Insight Service provides an end-to-end service, which includes a website and team of volunteering evaluation experts offering support. An online digital tool is available for measuring volunteering impact, which is useful for those who wish to prove the value of volunteering against health measures. Following a step-by-step approach, it supports users to define, design, collect data and evaluate a volunteering project, making the link between activity and outcomes by gathering the necessary evidence. It produces summary headlines and quotes, summary stats and relevant charts for reporting purposes.

See our case study

Pembrokeshire Association of Voluntary Councils (PAVS) (Most Significant Change)

Community-based organisations

Framework Next category

Question 6: How do we talk about volunteering?

See question overview

The community-focused, co-production approach of mutual aid organisations lends itself to a narrative that is different from more formal delivery organisations. There is likely to be more focus on participation, neighbourly help and on community wellbeing. Those involved may not see themselves as 'volunteers' and those benefitting from its activity may not identify as 'service users'.

It is recognised that the terminology used should be appropriate for each group; however, as groups develop and sustain, they may want to develop their narrative to reflect a content and style that has greater resonance with commissioners and service planners and that connects them with broader strategic aims and with the wider volunteering network.

Infrastructure and membership organisations

Question 1: How can we involve volunteering within our service delivery?

See question overview

Infrastructure and membership organisations represent and support their members. The TSSW (Third Sector Support Wales) network in Wales has responsibility for developing, promoting and enabling volunteering.

In reflecting on this question, infrastructure/ membership organisations should consider how well volunteering in health and social care is understood by service planners and commissioners. They should also consider whether additional activities are needed to ensure that the value of volunteering is appreciated by forums such as the Public Services Boards.

The level to which volunteering is established within member organisations is likely to be varied and infrastructure bodies should consider the support that their own members may need, to understand the value that volunteer programmes can bring to their organisation.

Practically, infrastructure organisations need to ensure that they are in a position to support their members to develop volunteering. This includes providing information about best practice approaches, informed for example by the UK quality standard Investing in Volunteers, to ensure that volunteering is appropriately planned, managed and resourced.

Report

Mobilising Volunteers Effectively (MoVE) project is a collaboration between the Universities of Sheffield, Hull and Leeds. Over the course of 18 months, the research examined how to understand, scale and maximise the effectiveness of volunteer responses to COVID-19. In the third of three reports (Building local responses to identify and meet community needs during Covid 19) they examine how local authorities (LAs) and their voluntary and community sector partners identified those in need of support during the pandemic and how volunteer capacity was mobilised in order to meet these needs.

See our case studies

Community Services, Denbighshire Council

Infrastructure and membership organisations

Question 1 Question 3

Question 2: How do we plan for volunteering?

See question overview

In planning to include volunteering into health and social care services, infrastructure and membership organisations have an important role to play in supporting both delivery organisations and service planners/commissioners.

Work with service planners and commissioners should seek to create the best environment for the development of volunteering. This could include identifying and implementing performance indicators that are relevant to volunteering, appropriate for future planning and relative in scale to the activities delivered. It is also helpful to work towards commonality in reporting so that services can be compared.

Infrastructure and membership organisations need to work with their members to ensure their awareness of wider volunteering best practice models such as Investing in Volunteers.

In doing so, they need to recognise the different capacities and drivers that exist between member organisations; for instance, the different structures and motivation that a mutual aid group may show over a national charity.

Some examples of effective methods about the adoption and spread of successful innovations can be found in the Bevan Commission's national Adopt and Spread programme. It supports the sharing of knowledge about how innovative approaches can best be adopted and adapted, which can be applied to volunteering. The programme involves working with Swansea University and supporting Bevan Exemplars, who are health and care professionals, to take their innovative ideas forward to other teams in Wales.

Infrastructure and membership organisations also need to explore the benefits of collective and collaborative approaches. This includes the level to which shared processes can be implemented between organisations (for example shared training, shared volunteers and joint events to recognise achievement). They may also play specialist support roles, such as in relation to volunteer recruitment.

Infrastructure and membership organisations

Question 2 Question 4

Question 3: Who should we work with to deliver volunteering within service delivery?

See question overview

It is within the remit of infrastructure and membership organisations to work with other organisations.

In so doing, infrastructure and membership organisations should aim to continually develop the support that they offer. This may be in terms of direct support volunteer recruitment, or wider support in recognising and sharing what best practice looks like.

Good practice advice may be generic or it may be quite specific, such as how to accommodate social distancing requirements and the introduction of virtual models of volunteering. A Community Resilience report (Social Care Wales 2018) gathers evidence from multiple sources and highlights, in an accessible way, about what works in building community resilience.

Working with planning and commissioning organisations, membership and infrastructure organisations can champion for long-term planning of volunteering, linked to population needs assessments and enablers such as coronavirus recovery funds.

This activity is key to understanding the likely long-term demand for volunteers and managing the available supply through member organisations. PAVO (Powys Association of Voluntary Organisations), for example, supports integrated working across a range of public bodies and networks – see Policies and partnerships on their website.

Infrastructure and membership organisations

Question 3 Question 5

Question 4: How do we manage and develop volunteering?

See question overview

It is within the remit of infrastructure and membership organisations to work with other organisations.

Successful ongoing management of volunteering should be informed by best practice and infrastructure and membership organisations play a key role in ensuring that delivery organisations and community and mutual aid groups are supported to achieve this.

Infrastructure and membership organisations need to ensure that they understand as well as possible the breadth of activities being undertaken by volunteers and the nature and extent of the resulting benefit. They need to be able to articulate the value of volunteering at key forums such as Regional Partnership Boards and Public Service Boards so that volunteering is considered as a key service within health and social care.

As new priorities emerge from Government (such as Race Equality Action plan, Coronavirus Recovery and Reconstruction Planning), membership bodies and infrastructure organisations need to ensure that the potential of volunteering across health and social care is well understood and embedded into these plans. This will require a blend of case studies and quantitative impact reporting.

Reports

The Pennine Lancashire Volunteer Project has a set of guidance documents on how to show recognition to volunteers and how to provide peer support.

Monmouthshire Council volunteering strategy

Volunteer experience survey NCVO

New project to turn volunteering work into rewarding careers in health and social care Lancaster University 2020

Learning and development for volunteers Macmillan

Volunteering in General practice: opportunities and insights – Kings Fund 2018 approaches to supporting volunteering

See our case studies

Cardiff and Vale University Health Board (CVUHB)

Infrastructure and membership organisations

Question 4 Question 6

Question 5: How do we measure the impact made by volunteering?

See question overview

Infrastructure and membership organisations should consider how they can help to create a common reporting process reaching across sectors, with impact measurement linked into wider service planning.

Infrastructure and membership organisations have a broad-reaching representative function that stretches across planners and commissioners, delivery organisations and community and mutual aid groups. Infrastructure and membership organisations are ideally placed to campaign for common approaches (across sectors and geography) in respect of impact reporting. They can also make sure that they support organisations to understand different levels and methods of impact reporting that are appropriate and proportionate to the scale of delivery. Nesta, for example, worked with ten hospital trusts to help them build significant impact volunteering programmes. Helping in hospitals includes a toolkit and evaluation report.

Helpforce Impact and Insight Service provides an end-to-end service, which includes a website and team of volunteering evaluation experts offering support. An online digital tool is available for measuring volunteering impact, which is useful for those who wish to prove the value of volunteering against health measures. Following a step-by-step approach, it supports users to define, design, collect data and evaluate a volunteering project, making the link between activity and outcomes by gathering the necessary evidence. It produces summary headlines and quotes, summary stats and relevant charts for reporting purposes.

Infrastructure and membership organisations also need to play a lead role in ensuring that impact data from volunteering is used to inform future service planning.

Infrastructure and membership organisations need to be able to evidence their own impact and the role that they are playing in establishing a volunteer culture across health and social care.

Infrastructure and membership organisations

Question 6: How do we talk about volunteering?

See question overview

Infrastructure and membership organisations have a central role in ensuring that the value of volunteering is fully understood by commissioners, delivery organisations and the public.

To achieve this, they must be able to communicate the added value of volunteering, evidencing impact at a collective as well as individual and organisational level and they must have appropriate resources – financial, staffing capacity and knowledge.

For volunteering in health and social care to be fully recognised, there is a need to develop collective narratives that resonate with appropriate audiences. Given the broad-reaching representational role undertaken by infrastructure and membership organisations, they are well placed to take a lead role in developing these narratives and getting 'buy-in' from their members and from strategic planners.

Reports

Public health annual report 2021: rising to the challenges of COVID-19 The report looks back at what public health has helped to achieve and what could have been done better during the pandemic.

Public health on the frontline: responding to COVID-19 In a series of interviews, directors of public health from across the country talk about the local response to COVID-19.

Self Assessment

This Framework recognises that every organisation involved in volunteering in health and social care is different, and the actions that they need to consider to sustain and elevate the status of volunteering will be different.

Organisations are encouraged to undertake a self-assessment of their own activities and develop an action plan for improvement in line with the following suggested templates.

This simple self-assessment tool has been developed to support organisations to determine how developed their activities are, in respect of volunteering within health and social care. Simply mark the box that contains the statement that is most relevant to you for each question. It may be that certain statements are out of reach to your organisation until the wider health and social care volunteering ecology develops in your area. >>

Commissioners and service planners

Score	Question 1 How do we involve volunteering within our service delivery?	Question 2 How do we plan for volunteering?	Question 3 Who should we work with to deliver volunteering within service delivery?	Question 4 How do we manage and develop volunteering?	Question 5 How do we measure the impact made by volunteering?	Question 6 How do we talk about volunteering?
5	We promote volunteering as distinct service.	As a distinct service, volunteering is planned, fully funded and evaluated.	We work strategically and operationally with delivery (including community groups) and infrastructure organisations to maximise the benefits of volunteering.	We promote volunteering at a collective level supporting shared resources and volunteer mobility. Volunteering is represented at key bodies such as Regional Partnership Boards.	We use a blend of quantitative and qualitative data to measure impact. Measures are long-term in approach and proportionate to the investment made in delivery organisations.	We deliver a developed narrative in respect of volunteering that clearly highlights its purpose, benefits and alignment to wider strategies.
4	Many of our services are enhanced by volunteering.	Whilst planned for as part of wider services, we ensure that volunteering can develop and is delivered effectively.	Operationally we work with both delivery and infrastructure organisations to link volunteering into service delivery.	We recognise (and wish to sustain) volunteering when developing services. We understand the impact delivered to service users and volunteers themselves.	We are developing a collective and consistent long-term approach which will enable us to measure the impact made by volunteering.	We talk about volunteering, and the activities that volunteers deliver, and are clear on our definition of volunteering.
3	We proactively support volunteering as part of wider service delivery.	Our plans recognise that volunteering happens but as part of wider service provision.	We work with a range of delivery organisations who support volunteering as part of their work.	We encourage the development of volunteering as part of wider service development.	Our delivery partners do collect impact data in respect of volunteering but as a service planner we do not/are unable to look at this collectively.	When talking about wider service delivery, we mention volunteering but have no developed narrative.
2	Where volunteering occurs, it not explicitly planned for and is at the initiative of the delivery organisation.	We do not plan for volunteering. Where volunteering occurs, it is as part of wider planned service provision.	Where we work with other organisations, this is related to wider service delivery rather than explicitly in respect of volunteering.	Development of volunteering only occurs where it is linked to the development of wider service delivery.	We do not explicitly measure the impact made by volunteering.	We do not explicitly talk about volunteering focusing instead on wider service delivery.
1	We do not involve volunteers in health and social care service delivery.	We do not plan for volunteering.	We do not involve volunteers in our delivery and as such have no need to work with other organisations to support volunteering.	We have no volunteering to manage/develop.	We have no volunteering and therefore no impact to measure.	We have no volunteering to talk about.

Delivery organisations

Score	Question 1 How do we involve volunteering within our service delivery?	Question 2 How do we plan for volunteering?	Question 3 Who should we work with to deliver volunteering within service delivery?	Question 4 How do we manage and develop volunteering?	Question 5 How do we measure the impact made by volunteering?	Question 6 How do we talk about volunteering?
5	Volunteering is a distinct service understood across our organisation. It is planned for, delivered in line with best practice principles and fully resourced and evaluated.	We treat volunteering as a distinct quality assured service. We understand the full costs of volunteering and resource it appropriately.	We work strategically and operationally with service planners and infrastructure organisations to maximise the benefits of volunteering within our organisation.	We work with other delivery organisations as well as infrastructure bodies to develop and engage in shared process and ensure volunteering is fully represented in service planning.	We have a clear impact measurement framework. This measures impacts to both the volunteer and health and social care delivery. This data is available for service planners to inform decision making.	We participate in a collective narrative that reinforces the benefits delivered by volunteers, aligning these to key policy priorities. We use our own evidence to inform statements about impact.
4	Whilst not a distinct service the impact made by volunteers engaged in wider service provision is understood, measured and managed.	Whilst not a distinct service we have clear measures to plan, review and develop volunteering which are embedded into wider service provision.	Operationally we work with both service planners and infrastructure organisations to support volunteering.	Whilst volunteering is embedded into wider service delivery, it has its own development and performance targets and plans. Volunteers are consulted in the setting of these.	We have a developed impact measurement approach (including feedback from volunteers) that we use to manage and improve volunteering delivery within our own organisation.	Our narrative in respect of volunteering includes evidence-based impact statements and a clear definition of volunteers and their roles within our organisation.
3	We proactively support volunteering as part of wider service delivery.	Our plans recognise that volunteering happens but as part of wider service provision. We understand and implement best practice principles in respect of volunteering.	We work with other organisations to support volunteering in our organisation. This could be public, private or voluntary organisations and maybe delivery or infrastructure organisations.	We encourage the development of volunteering as part of wider service development. Volunteering is delivered in line with best practice principles.	We measure volunteer outputs such as number of hours delivered and/or collect case studies but do not measure impact in terms of health and social care provision.	We talk about volunteering in the context of our wider service delivery.
2	Where volunteering occurs, it is as part of wider service provision. This provision is not dependent on these volunteers.	As volunteers are not a core part of our service provision it is not distinctly planned for.	Where we work with other organisations, this is related to wider service delivery rather than explicitly in respect of volunteering.	We have a quality assurance process, which develops wider service delivery. There are no distinct development /improvement plans for volunteering.	We measure the impact of our wider programmes but are unable to report on impacts or outputs solely related to volunteering.	We do not explicitly talk about volunteering focusing instead on wider service delivery.
1	We do not involve volunteers in health and social care service delivery.	We do not plan for volunteering.	We do not involve volunteers in our delivery and as such have no need to work with other organisations to support volunteering.	We have no volunteering to manage/develop.	We have no volunteering and therefore no impact to measure.	We have no volunteering to talk about.

Community-based organisations

Score	Question 1 How do we involve volunteering within our service delivery?	Question 2 How do we plan for volunteering?	Question 3 Who should we work with to deliver volunteering within service delivery?	Question 4 How do we manage and develop volunteering?	Question 5 How do we measure the impact made by volunteering?	Question 6 How do we talk about volunteering?
5	We are a developed community organisation, constituted with formal policies and links to other service providers.	Whilst still small and community focused, we are a developed and registered organisation. We have developed systems and processes in place, reporting to a body such as the Charity Commission.	We work strategically and operationally with other delivery organisations, service planners and infrastructure organisations to maximise the benefits of volunteering.	We have a strategic and operational approach to managing and developing activities. We work with other organisations to establish shared processes and volunteer mobility to be able to respond to points of crisis.	We have developed impact measurement approaches that whilst proportionate to our scale of delivery, enable us to measure the value of volunteering against health measures.	As we develop links with wider strategic partners, we broaden our narrative to reflect their priorities whilst still recognising the importance of the local community in co-producing activities.
4	We are a constituted group working in the community on a long-term basis to support other members of our community.	We plan on a mid- to long-term basis. We review our work and understand the impact of our delivery.	We have developing links with mainstream service providers in the health and social care environment, as well as other peer delivery organisations. We also engage with infrastructure bodies to help sustain and develop our provision.	We have a clear management and development approach for our own organisation. This enables longer-term development.	We use detailed feedback from volunteers and those whom we support in the community, but this is not linked to wider external data.	We use more formalised language to reflect organisational development. This is likely to include use of the term volunteering.
3	There is an ongoing programme of support for community members, delivered on an informal basis by other community members.	Whilst we still regard our activities and approach as informal, as an organisation we have a clear decision-making process and a 'chain of command'.	Whilst our main focus is working with community members to co-produce support, we do have informal relationships with organisations such as pharmacies, GP surgeries etc.	We have a 'light-touch' approach to management and development. These activities are not prioritised when considering our resource allocations.	We are able to evidence our work through case studies and similar, and use this evidence in funding bids and planning.	We are able to communicate clearly within our community about our activities and how community members can deliver them.
2	A group of community members are involved in activities to support the wider community as a response to an emergency.	Activity is informal and unplanned. Many participating do not class their involvement as volunteering, regarding their actions as being a neighbourly or a good citizen.	We work with our community to deliver support within our community.	Activity is not formally managed. Development is organic and not planned.	We measure outputs e.g. numbers of people supported, but not impact.	Communication is informal between community members. We rarely use the term volunteering.
1	Whilst we think that we could deliver community-led activities to support local residents, there is no activity as yet.	We presently have no activity to plan for.	We work with the community rather than organisations in respect of all activities.	Presently there is no activity, but we are consulting with community members as to what support is needed and what the community can provide.	With no activity taking place there are no impacts to measure.	Communication is informal and based on exploring the potential for developing activities with local residents.

Infrastructure and membership organisations

Score	Question 1 How do we involve volunteering within our service delivery?	Question 2 How do we plan for volunteering?	Question 3 Who should we work with to deliver volunteering within service delivery?	Question 4 How do we manage and develop volunteering?	Question 5 How do we measure the impact made by volunteering?	Question 6 How do we talk about volunteering?
5	We champion volunteering strategically and operationally. This ensures that it is incorporated into service planning, and that our members are supported to deliver high quality, impactful volunteering.	We are working with our members and service planners to develop shared processes in areas such as recruitment, training, reporting and impact measurement.	Volunteering is regarded as a developed service and, as such, our member organisations work collectively with a broad range of organisations.	We support the development of volunteering at a strategic level. We act as conduit to ensure that service planners are aware of our members' needs and potential, and that our members are fully aware of the demands of service planners.	We support our members to engage in common impact measurement processes embedded for the long-term. We use this data to effectively represent the needs of volunteering with service planners.	We play a lead role in talking about volunteers in our area. This includes developing and delivering communications that evidence the collective scale of volunteering. We work with our members to ensure that common messages are communicated by all.
4	We are working with service planners to increase understanding of the benefits of volunteering. We support members to develop volunteering within their own organisations.	We are working with service planners to develop the profile of volunteering in their plans. This includes developing how both delivery and membership organisations are supported to develop volunteering.	We work with members to develop volunteering as a long-term sustainable activity. As such, we link members with organisations that can support in respect of fundraising, business planning and governance.	We champion the development of volunteering with service planners, recognising that this is essential to develop volunteering as a distinct service.	The use of quantitative impact measurement by members enables us to feed back to policy makers in respect of the effectiveness and development needs of volunteering.	We have a developed set of narratives aimed at different audiences. We support our members to adopt these in order to develop common messages across our delivery area.
3	Our members promote volunteering within their wider service delivery. We are able to support this through access to resources in respect of best practice and/or recruitment of volunteers.	As a membership organisation, we are confident of our own capacity to support our members to adopt best practice approaches in volunteer management/recruitment.	Through providing best practice support and signposting to our members, we are linking them with peer organisations along with other quality focused resources such as Investing in Volunteers.	We support member organisations to develop volunteering through building their capacity and knowledge to adopt best practice activities.	We work with members to embed approaches that measure impacts (to both the volunteer and service user) kin addition to outputs. We are able to measure our own impact in respect of supporting volunteering.	We are able to deliver evidence-based narratives to our members, commissioners and the wider public (including potential volunteers), in respect of the value of, and opportunities for volunteering across our delivery area.
2	We are working with our members to generate an understanding of the benefits of engaging with volunteers.	We are supporting our members to plan for volunteering. This includes how to recruit and manage volunteers.	Through working with us as a membership organisation, our members have started the process of working with other organisations.	We understand the diversity of volunteering within our members and the different development ambitions. We offer support to ensure that volunteering is safe and equitable.	We support members to understand the importance of measuring both impact and outputs of any volunteering.	We promote the importance and value of volunteering to our members to encourage them to develop volunteering initiatives.
1	Our members do not engage with volunteers and we are confident as their representative organisation that there are no opportunities for volunteering to add benefit.	Our members have no plans to engage with volunteers and do not require support in this area.	As our members do not engage with volunteers, there is no need to work with other organisations.	Our members have no plans to engage with volunteers and do not require support in this area.	As our members do not engage with volunteers, there is no need to support them with impact measurement.	As our members do not engage with volunteers, there is no need to support them in developing a narrative around volunteering.

Your score

Enter your scores in the matrix below

	Score
Question 1 How do we involve volunteering within our service delivery?	
Question 2 How do we plan for volunteering?	
Question 3 Who should we work with to deliver volunteering within service delivery?	
Question 4 How do we manage and develop volunteering?	
Question 5 How do we measure the impact made by volunteering?	
Question 6 How do we talk about volunteering?	
Total Score	

Interpretation of scores

Total Score	
1–6	There is no active volunteering. Respondents should explore whether their organisations could benefit from introducing volunteering which often has a unique value unable to be realised through staff teams.
7–12	Volunteering is informal. This is an ideal platform from which to grow volunteering through ensuring it is fully resourced and planned for. This may be through including volunteering into established service delivery rather than establishing distinct volunteering programmes.
13–18	Volunteering takes place. This is often as part of wider service delivery (excluding community-based organisations). Respondents should explore how they develop and manage volunteering in a way that ensures it is fully resourced, quality-assured and impact-measured in its own right.
19–24	Volunteering is developed within the organisation. It is well planned for and managed and reviewed as a distinct service. There is a clear alignment with the priorities of policy makers.
25–30	There is a strategic and long-term approach to volunteering, not just within our organisation but across a network of organisations who work collaboratively to maximise the impact of volunteering, ensure it is fully represented in strategic planning and fully resourced.

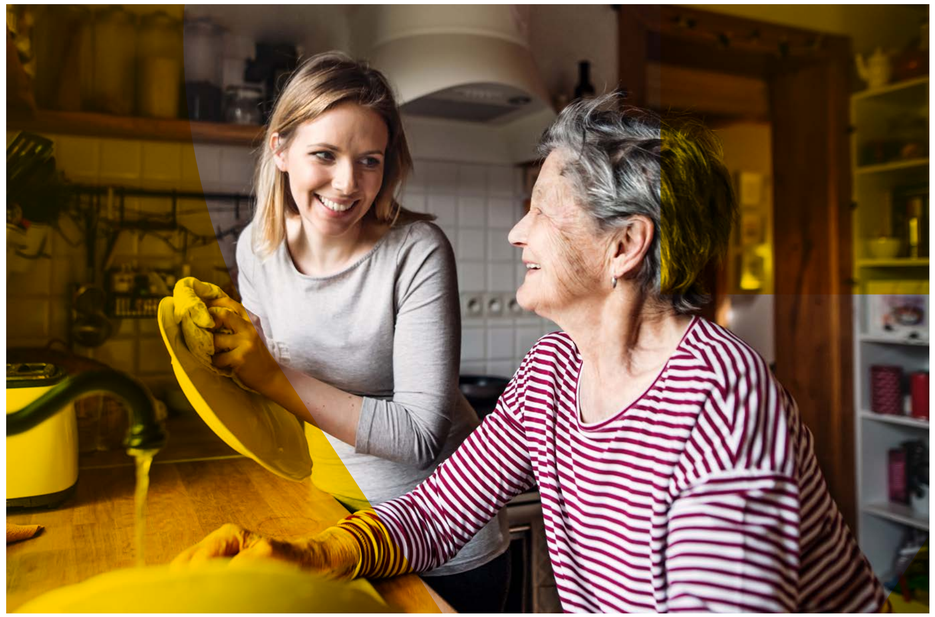
Action plan

Print form

Name of organisation:	Date completed:	Name and position of person completing plan:	Suggested review date:

Development area:	Action:	By when:	Responsible person:	Resource considerations:

Methodology



The Framework seeks to support the development of best practice in volunteering within health and social care in Wales. The Framework has been developed to be agile enough to work across the many settings and geographies that engage with volunteers in health and social care, explored further in the overview of volunteering activities section.

The Framework was developed over the period January to March 2021 in line with the timescales prescribed by the Welsh Government's Coronavirus Recovery Grant for Volunteering.

A partnership of four organisations originated the concept, secured funding and delivered the Framework:

- Bevan Commission
- Helpforce Cymru, part of WCVA
- Richard Newton Consulting
- Social Care Wales

These organisations met weekly throughout the duration of the project as a Management Group and were supported by a wider Project Reference Group (membership outlined in Appendix 1) who met three times during the project.

Through the established networks of the members of the Management Group and Project Reference Group, we engaged with a wide range of organisations in the development of the Framework.

We initially wanted to understand the breadth of activity being delivered, differentials arising in response to elements such as geography and sector, and best practice and challenges faced by organisations.

This was achieved through a Wales-wide survey and a series of focus groups aligned to the seven Regional Partnership Board areas. As part of this, we wanted to understand how volunteering had changed due to the coronavirus pandemic and any lessons learnt that could elevate the value of volunteering longer-term.

...we wanted to understand how volunteering had changed due to the coronavirus pandemic and any lessons learnt...

This was supported by a programme of research to identify best practice and innovation from across the UK. >>

This work identified four areas of commonality where there were themes that were appropriate to be addressed within the Framework:

- Shared processes
- Developing a narrative
- Measuring impact
- Representing volunteering in strategic and operational planning.

A focus group (and further research) was held for each of these areas.

Reflective review by the Management Group, endorsed by the Reference Group, developed the emerging themes into the six questions that make up the Framework. A draft of this was then shared with three focus groups (themed by organisational type i.e. public sector, voluntary/private sector and infrastructure organisations).
We also sought to explore the interface of this project (and emerging outcomes) with other projects funded through the same Welsh Government grant scheme.

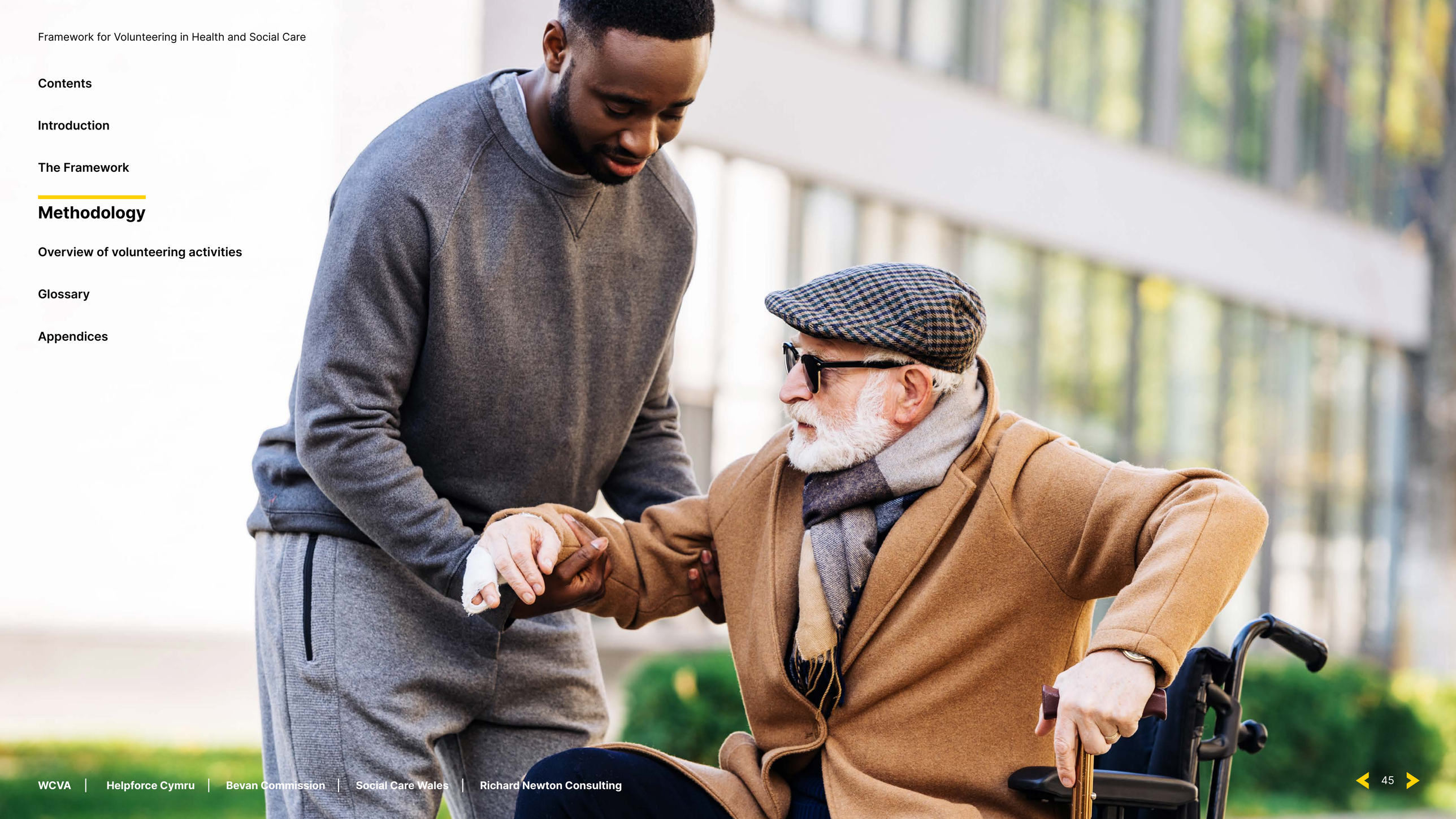
This was also supported with a series of one-to-one structured conversations with key stakeholders within Welsh Government, WLGA and the NHS.

...we have focused our thinking on those areas where volunteering supports a third-party health or social care outcome.

Whilst many of the concepts in the Framework may be transferable to wider settings, we have focused our thinking on those areas where volunteering supports a third-party health or social care outcome.
We recognise and fully support the benefits delivered by volunteering through initiatives such as social prescribing and arts for wellbeing, but we have not captured these within the constraints of this Framework.

The Framework is intended to have longevity and to be refreshed over time as the delivery environment evolves.

Alongside this Framework, we have published a short report highlighting wider recommendations for the sector to support structural changes to elevate the status volunteering in health and social care. The report is available here



Volunteering in Health and Social Care in Wales – an overview of the present situation

The health and social care environment in Wales is extensive and diverse. The health sector is dominated by seven local health boards with voluntary sector organisations supporting the delivery of health outcomes through services that can be directly delivered in partnership with the health boards or as a standalone service.

The social care sector in Wales has many additional stakeholders, given the involvement of local authorities and private sector care providers. Voluntary sector organisations play a key role here, delivering as a social care provider in their own right or through partnership work with other social care services/organisations.

Aligned to the development of this Framework, we undertook a survey to gain an understanding of the make-up of organisations delivering health and social care in Wales and their involvement in volunteering. Ninety organisations responded to our survey (through a total of 107 responses). **The type of organisations responding is summarised as follows:**

Local Authority	6%
Third Sector Support Wales (TSSW) Network	7%
NHS – Health board	6%
NHS – Trust	3%
Social services	3%
Charity	67%
Social enterprise e.g. Community CIC	5%
Voluntary local/community groups not registered with the Charity Commission, Companies House or similar bodies	2%
Infrastructure organisation	1%

As is evident, volunteering in health and social care in Wales extends well beyond the voluntary sector. For many years, health boards have been supporting volunteering within their own settings, with local authorities responsible for social care.

HDUHB

There is clear evidence that private sector providers, such as care homes, also engage with volunteers.

Infrastructure organisations within the Third Sector Support Wales network have targets for supporting organisations with volunteer recruitment and management and ensuring that volunteering is fully represented in service planning.

FLVC

The majority of respondents identified themselves as social care providers:

Health care i.e. the prevention, diagnosis or treatment of illness (which covers disease, injury or disability i.e. medical conditions) and the care or aftercare of a person with these health needs (whether or not the tasks involved have to be carried out by a health professional).	28%
Social care i.e. providing help to someone, with an illness or disability, with the activities of daily living including maintaining independence, social interaction, enabling the individual to play a fuller part in society, protecting them in vulnerable situations	72%

Nearly all respondents had direct experience of working with volunteers:

Volunteers are part of our delivery model	44%
Volunteers enhance our delivery model	27%
We recruit volunteers for other groups	9%
We neither recruit nor are supported by volunteers	0.5%
We would like to involve volunteers in the future	9%
We are involved with strategy and policy setting for volunteers	10.5%

There was an even spread, across Wales, in respect of where organisations delivered services:

Cardiff & the Vale of Glamorgan	15%
Cwm Taf – Bridgend, Merthyr Tydfil and Rhondda Cynon Taf	13%
Gwent – Monmouthshire, Newport, Torfaen, Blaenau Gwent, Caerphilly	17%
West Wales – Pembrokeshire, Carmarthenshire, Ceredigion	15%
North Wales – Flintshire, Wrexham, Isle of Anglesey, Gwynedd, Denbighshire, Conwy	14%
Western Bay – Swansea City and Neath Port Talbot	12%
Powys	14%

Volunteering was funded through different means, depending upon the relationship with statutory services:

As a public sector organisation we fund volunteering ourselves	16%
We fund volunteering through a commissioning/grant funding model with public sector funding	45%
We fund this ourselves from our voluntary/trading income (as such at no cost to the public sector)	39%

The characteristics of organisations involved in the delivery of health and social care services in Wales vary dramatically. They include health boards and local authorities, housing associations and voluntary sector organisations. Furthermore, there are hundreds of grassroots organisations, often not formally registered as a charity (or similar), where local residents co-produce support for their peers; these are often known as mutual aid organisations.

Solva Care

Some organisations' activities are focused on a small community or local authority. Others work regionally or across the whole of Wales (and more widely across the UK).

St John Ambulance Cymru

There is a huge differential in the number of volunteers engaged with:

Number of volunteers	Percentage of responding organisations
0–9	21%
10–19	8%
20–49	20%
50–99	15%
100–149	7%
150–499	10%
500–999	4%
Over 1,000	9%
Over 5,000	6%

The services delivered also vary considerably and include acute clinical healthcare, domiciliary and residential care, befriending, advice and advocacy. Much is made of the added value of volunteering, specifically the potential for volunteering to offer support that is not within regular operations/staff capacity. There are many examples of this including, for instance, volunteers with lived experiences that enable them to engage with community members, e.g. those who have, or have recovered from, a particular condition acting as a peer advocate; or a volunteer providing befriending support during end-of-life care.

The survey highlighted the breadth of roles that volunteers undertook:

Health care		
Community health care	24	10%
Primary care	11	5%
Specific care for a target group or health condition	26	10%
In-patient hospital care	9	4%
End-of-life care	11	5%
Health care sub total		**34%**
Social care		
Support in people's own homes (home care or 'domiciliary care')	20	8%
Support in day centres	17	7%
Care provided by care homes and nursing homes ('residential care')	7	3%
'Reablement' services to help people regain independence	24	10%
Providing aids and adaptations for people's homes	7	3%
Providing support for family carers	23	9%
Drug and alcohol support	6	1%
Housing and homelessness	5	1%
Supporting and safeguarding children and vulnerable adults	20	8%
Social care sub total		**50%**
Information and advice/advocacy		
Indirect support e.g. signposting and improving access to services; teaching and training; advocacy and interpreting; fundraising, training other volunteers	41	16%

There are variances in the level to which volunteering in health and social care is embedded into service planning. This is illustrated in the response to the question **'To what extent is the volunteering in your organisation embedded in partnership working with statutory providers?':**

Very well – we co-produce services and adopt a strategic approach	26%
There is a co-delivery model but with limited review	7%
We operate in a partnership with statutory health/social care providers but in practice it is working alongside	30%
We work alongside but there is no partnership	26%
We have no relationship with statutory health and social care providers	11%

Whilst this Framework is focused on the health and social care outcomes that can be enhanced through volunteering, it is important to understand that there a number of reasons why people volunteer. These reasons include gaining new skills, reducing isolation, giving back or feeling part of a community with a common bond. Understanding why people volunteer is important in ensuring that the best possible volunteer experience is delivered.

Our survey highlighted the different motives for volunteering in respect of health and social care:

General altruism – wanting to help	23%
Give something back to the organisation that helped the volunteer	15%
Support peers e.g. with the same illness/disability	12%
Route to employment, or a chance to try something new which may lead to a career change	12%
Social benefits e.g. meeting new people and making new friends	17%
Personal benefits e.g. feel valued and part of a team, spend quality time away from work or a busy lifestyle, gain confidence and self-esteem	20%
Don't know	1%

As such, the make-up of services supporting and promoting volunteering in Wales are varied. It is this diversity that really underpins the importance of volunteering in health and social care through its relevance across geographies, delivery settings and organisational sectors.

Together we must go further and faster, so that many more people experience the wide-ranging benefits that volunteers offer. Volunteering is far from a ‘nice to have’ or an optional add-on. It must be seen as a core component of good health and social care.

Mark Lever, CEO Helpforce

Glossary

Throughout the project we used the following definition of terms:

Health care
Health care is the prevention, diagnosis or treatment of illness (which covers disease, injury or disability i.e. medical conditions) and the care or aftercare of a person with these health needs (whether or not the tasks involved have to be carried out by a health professional).

Informal services
This type of provision of care is usually carried out by people who want to help others they know e.g. relatives, neighbours, friends.

Infrastructure organisation
These organisations support the wider capacity and representation of both delivery and community organisations. They may be place-based, such as CVCs, thematically-focused or support a network of local branches.

Private sector services
These are services that are run as a business to make a profit including private hospitals, residential homes, private nurseries.

Project Board
Representatives of the key organisations responsible for delivering the project. The group meets weekly and decisions are made by consensus.

Public Sector/Statutory services
These are services that are paid for and provided by the government including National Health Service (NHS), school nursing, social services.

Reference Group
A broad group of relevant interested stakeholders who act as a point of advice, guidance and as critical friends. They have no formal decision-making power.

Regulated and unregulated services
Some services are subject to regulation by a Government body and the organisation or individual providing those services must be registered. Some services are not subject to external regulation.

Social Care
Social care is focused on providing help to someone, with an illness or disability, with the activities of daily living including maintaining independence, social interaction, enabling the individual to play a fuller part in society, protecting them in vulnerable situations.

Social Prescribing
Social prescribing enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services (often arts or active lifestyle orientated) to support their health and wellbeing.

Voluntary sector services
The range of organisations which are neither state-run, nor part of the private sector and includes voluntary and community organisations (registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and cooperatives.

Voluntary services
These services are provided by non-profit-making organisations that are quite often a registered charity. Examples include Age Cymru, Mencap, National Society for the Prevention of Cruelty to Children (NSPCC).

Volunteering
This is an unpaid activity that is:
- Voluntary
- Not for financial gain
- For the benefit of others beyond the volunteer's household and/or family.

Appendix 1

Project Reference Group membership

Ann Woods
Fintshire Local Voluntary Council FLVC

Ben Lloyd
Wales Council for Voluntary Organisations WCVA

David Fretwell
Hywel Dda University Health Board HDUHB

David Williams
Torfaen County Borough Council

Dorothy Haines
Richard Newton Consulting

Fiona Liddell
Helpforce Cymru

Fran Targett (Chair)
Vice-Chair of the Board of Trustees of the Wales Council for Voluntary Action Board

Helen Howson
Bevan Commission

Hazel Lloyd Lubran
Ceredigion Association of Voluntary Organisations CAVO

Helen Robertson Reid
Cardiff and Vale University Health Board CAVUHB

Jenny Phillips
Digital Communities Wales

Julie Owens
Welsh Government WG

Junaid Iqbal
Public Health Wales PHW

Kamila Hawthorne
Royal College of General Practitioners RCGPs

Maeve Hully
Helpforce

Miranda Thomason
Gwent Association of Voluntary Organisations GAVO

Nia Gibbon
Hywel Dda University Health Board HDUHB

Rebecca Cicero
Social Care Wales SCW

Richard Newton
Richard Newton Consulting

Sandy Club
Future Generations Commissioner Office

Sarah Roche
Royal Voluntary Service RVS

Sharon Evans
Health Education and Improvement Wales HEIW

Sue Bracegirdle
Health Education and Improvement Wales HEIW

Suzanne Maddax
Gwent Association of Voluntary Organisations GAVO

Sylvia Targett
Age Cymru, Gwynedd and Môn

Circulation list

- Aaron Fortt (WG)
- Angela Hughes (CAVUHB)
- Angie Oliver (HEIW)
- Anna Nicholl (WCVA)
- Callum Hughes (NHS Confederation Wales)
- Dominique Bird (PHW)
- Duncan Macleod (RVS)
- Jenny Williams (Association of Directors of Social Services Cymru ADSS)
- Mary Cowern (Versus Arthritis)
- Michelle Fowler (CAVUHB)
- Nesta Lloyd-Jones (NHS Confederation Wales)
- Olly Young (RVS)
- Rebecca Gorman (WG)
- Ruth Marks (WCVA)
- Shelley Davies (WG)
- Sue Evans (SCW) >>

Appendix 2
Focus Groups

Seven regional focus groups

Western Bay
Swansea City and Neath Port Talbot
16th February 2021

North Wales
Flintshire, Wrexham, Isle of Anglesey, Gwynedd, Denbighshire, Conwy
18th February 2021

Gwent
Monmouthshire, Newport, Torfaen, Blaenau Gwent, Caerphilly
18th February 2021

Cardiff & the Vale of Glamorgan
25th February 2021

Cwm Taf
Bridgend, Merthyr Tydfil, Rhondda Cynon Taf
26th February 2021

West Wales
Pembrokeshire, Carmarthenshire, Ceredigion
26th February 2021

A shared focus group was held with Pembrokeshire CVC on 3rd March 2021

Five themed focus groups

Social care providers
9th March 2021

Shared processes
9th March 2021

Developing our narrative
10th March 2021

Impact of volunteering
11th March 2021

Strategic Planning
11th March 2021

Four review groups

Other Welsh Government funded Coronavirus Recovery Grant for Volunteering Projects
18th March 2021

Infrastructure bodies
18th March 2021

Voluntary and private sector providers
19th March 2021

Public sector providers
19th March 2021

Regional focus groups

54 attendees who represented 37 different organisations

- Aneurin Bevan University Health Board (ABUHB)
- Asbestos Awareness & Support Cymru
- Association of Voluntary Organisations Wrexham (AVOW)
- Betsi Cadwaladr University Health Board (BCUHB)
- Bridges Centre Monmouthshire
- CAIS
- Cardiff and Vale University Health Board (CVUHB)
- Cardiff Women's Aid
- Carmarthenshire Association of Voluntary Services (CAVS)
- Compassionate Cymru
- Daring to Dream
- Flintshire Local Voluntary Council (FLVC)
- Gwent Association of Voluntary Organisations (GAVO)
- Green Valley (Ogwen Partnership)
- Hospice of the Valley
- Hywel Dda University Health Board (HDUHB)
- Law Works
- Leonard Cheshire
- Natural Resources Wales
- Neath Port Talbot Council of Voluntary Services (NPTCVS)
- Powys Association of Voluntary Organisations (PAVO)
- Powys Teaching Health Board
- Red Cross
- Risca CV19 Volunteers
- Snap Cymru
- Solva Care
- St John Ambulance Cymru
- Stroke Association
- Tenovus Cancer Care
- Together for Change Pembrokeshire
- Torfaen County Borough Council (TCBC)
- Torfaen Voluntary Alliance (TVA)
- Valley Steps Voluntary local/ community group
- Walsingham Support Community Solutions
- Welsh Ambulance Service NHS Trust
- Welsh Centre for Action on Dependency and Addiction >>

Focus Groups (cont.)

Themed focus groups

52 attendees who represented 36 different organisations

- Action for Children
- Aneurin Bevan University Health Board (ABUHB)
- Association of Voluntary Organisations Wrexham (AVOW)
- Barnardo's
- Betsi Cadwaladr University Health Board (BCUHB)
- Bridges Centre Monmouthshire
- Caerphilly Borough Council
- CAIS
- Cardiff and Vale University Health Board (CAVUHB)
- Care Forum Wales
- Ceredigion Association of Voluntary Organisations (CAVO)
- Community Transport Association
- Compassionate Cymru
- Daring to Dream
- Denbighshire County Borough Council
- Future Generations Commissioner Office
- Hywel Dda University Health Board (HDUHB)
- Kidney Wales
- Macmillan
- Mantell Gwynedd
- Monmouthshire County Borough Council
- Paul Popham Fund
- Pembrokeshire Association of Voluntary services (PAVS)
- Royal National Institute for Deaf People (RNID)
- Royal Voluntary Service (RVS)
- St John Ambulance Cymru
- Seiriol Good Turn Scheme
- Social Care Wales
- Stroke Association
- Swansea Bay University Health Board (SBUHB)
- Together for Change Pembrokeshire
- Torfaen County Borough Council
- Voices from Care Cymru
- WCVA
- Welsh Government
- Wrexham County Borough Council

Review focus groups

44 attendees who represented 38 different organisations

- Age Cymru
- All Wales Forum of Parents and Carers
- Anglesey County Borough Council
- Association of Voluntary Organisations Wrexham (AVOW)
- Aneurin Bevan University Health Board (ABUHB)
- Betsi Cadwaladr University Health Board (BCUHB)
- Bridgend Association of Voluntary Organisations (BAVO)
- Bridgend County Borough Council
- Caerphilly County Borough Council
- CAIS
- Cardiff and Vale University Health Board (CVUHB)
- Care Forum Wales
- Carmarthenshire Association of Voluntary Organisations (CAVS)
- Ceredigion Association of Voluntary Organisations (CAVO)
- Community Transport Association
- Conway County Borough Council
- Denbighshire County Borough Council
- Digital Communities Wales
- Flintshire County Borough Council
- Gwent Association of Voluntary Organisations (GAVO)
- Gwynedd County Borough Council
- Hafal
- Hospices Cymru
- Hywel Dda University Health Board (HDUHB)
- Kidney Wales
- Neath Port Talbot Council of Voluntary Services (NPTCVS)
- Once Voice Wales (Town and Community councils)
- Powys Association of Voluntary Organisations (PAVO)
- Pembrokeshire County Borough Council
- Rhonda Cynon Taf County Borough Council
- Solva Care
- St John Ambulance Cymru
- Swansea Bay University Health Board (SBUHB)
- Swansea Council for Voluntary Service (SCVS)
- Tenovus
- Torfaen Voluntary Alliance (TVA)
- WCVA
- Welsh Government

Other Welsh Government funded Coronavirus Recovery Grant for Volunteering Projects

15 attendees representing 12 projects

- Anglesey Council
- Association of Voluntary Organisations in Wrexham (AVOW)
- Betsi Cadwaladr University Health Board (BCUHB)
- Caerphilly County Borough Council
- Carmarthenshire Association of Voluntary Organisations (CAVS)
- Flintshire Local Voluntary Council (FLVC)
- Pembrokeshire Association of Voluntary Services (PAVS)
- Public Health Wales (PHW)
- Powys Association of Voluntary Organisations (PAVO)
- St John Ambulance Cymru
- Vocal Eyes Democracy CIC
- WCVA >>

Appendix 3

Survey

107 respondents who represented 89 different organisations
Of these four were completed in Welsh

- Age Connects Morgannwg
- Age Cymru Dyfed
- Aneurin Bevan University Health Board (ABUHB)
- Autistic UK
- Awyr Las, North Wales NHS Charity
- Betsi Cadwaladr University Health Board (BCUHB)
- Be the Change
- Blind Veterans UK
- Blood Bikes Wales
- Brecon Mountain Rescue Team
- British Red Cross
- Caerphilly County Borough Council
- Cardiff and Vale University Health Board (CAVUHB)
- Cardiff Council
- Cardiff Women's Aid
- Carers Trust South East Wales
- Ceredigion County Borough Council
- Ceredigion Youth Justice Preventions Service
- Citizens Advice Powys
- City Hospice
- Combat Stress
- Community Care and Wellbeing Service (CCAWS)
- Community Connections Befriending Scheme, Bridges Centre
- Congolese Development Projects
- Community and Voluntary Support Conwy (CVSC)
- Cyngor Gwynedd/Gwynedd Council
- Daring to Dream
- Dyffryn Gwyrdd
- East Vale Community Transport
- Education Programmes for Patients (EPP) NHS
- Fair Treatment for the Women of Wales (FTWW)
- Flintshire County Borough Council
- Flintshire Local Voluntary Council (FLVC)
- Flora Cultura
- Gwent Association of Voluntary Organisations (GAVO)
- Grow Cardiff
- Hengoed Happiness & Wellbeing Group
- Hope House Children's Hospices
- Hospice of the Valleys
- Hywel Dda University Health Board (HDUHB)
- Interplay
- LawWorks Cymru
- Leonard Cheshire Cymru
- Llandaff Diocese Mothers' Union
- Macmillan Cancer Support
- Marie Curie
- Medrwn Môn
- Medserve Wales
- Melville Centre for the Arts CIC
- Men's Sheds Cymru
- Mental Health Matters Wales (Talking Connections)
- Mind Aberystwyth
- Mind Monmouthshire
- Newtown and District Dial a Ride
- Oxygen Therapy Centre Cardigan Ltd
- Parkinson's UK
- Pembrokeshire Association of Voluntary Services (PAVS)
- Pembrokeshire Association of Community Transport Organisations (PIVOT)
- Powys Association of Voluntary Organisations (PAVO)
- Powys Teaching Health Board
- PPE Hwb Wrecsam Community Interest Company
- Prince Philip Hospital Breast Care Unit Fund
- Parent Teacher Association
- RCV UK (Risca CV19 Volunteers)
- Recovery Cymru
- Rhayader & District Community Support
- Royal National Institute for Deaf People (RNID)
- Royal Voluntary Service (RVS)
- Sanctuary Trust
- Seiriol Good Turn Scheme
- Skills & Volunteering Cymru (SVC)
- Span Arts
- St John Ambulance Cymru
- Stroke Association
- Swansea Carers Centre
- Swansea Hard of Hearing Group
- SWS Cymru, Support With Scoliosis
- Tenovus Cancer Care
- The John Burns Foundation
- The FDF Centre for Independent Living
- Tîm Achub Mynydd Longtown, Longtown Mountain Rescue Team
- Torfaen and Blaenau Gwent Mind
- Torfaen Voluntary Alliance (TVA)
- View (Glynneath) Ltd – Glynneath Training Centre
- Vision 21 Cyfle Cymru
- Volunteering for Wellbeing Project, Bridges Centre
- Welsh Ambulance Services NHS Trust
- Welsh Border Community Transport
- Ystradgynlais Community Car Scheme

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