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Foreword from Christine Bain, Chief Executive

The contribution of volunteers to support the delivery of our services has never been more important to help us to promote wellbeing, recovery and social inclusion. The generosity of volunteers makes our society and our communities good places in which to live, grow and flourish. Our purpose as an organisation is “Leading the way with care” and we value the fact that people want to give their time, energy and commitment to support our purpose and in doing so strengthen the communities in which we live, work and socialise.

As an organisation we strive to continuously improve and volunteers are a pivotal part of helping us to not only achieve this but to excel. Volunteers provide us not only with a vital connection with local communities but, together with our staff, enable us to strive to go beyond what is expected of us and to truly make life better for and with people who use services, carers and communities in Rotherham, Doncaster and South Humber. In addition, providing our service users, past and present, with opportunities to volunteer within our organisation enables their recovery and their ability to contribute to the wider community within which they live.

As the Chief Executive of Rotherham Doncaster & South Humber NHS Trust, I wholeheartedly endorse this strategy. I want to thank the many people who already volunteer across Trust services and I want to encourage many more people to take up volunteering in the new volunteer opportunities that we will develop.

Christine Bain
Chief Executive
1.0 Introduction

1.1 The contribution of volunteers to the voluntary and community sector, public services and to society as a whole is invaluable.

1.2 Rates of volunteering in England are high and have recently increased. Figures from the Community Life Survey show that in 2012-2013 44% of adults volunteered formally (through a group, club or organisation) at least once a year and 29% did so at least once a month, increasing from 2010-11 when the figures were 39% and 25% respectively (according to the 2010-11 Citizenship Survey). However, looking back over the past decade, rates of volunteering have remained remarkably stable, ranging from 39% at its lowest to 44% at its highest (formal volunteering once a year).1

1.3 The way people are volunteering is also changing. The average number of hours spent volunteering per volunteer declined by 30% between 1997 and 2007 2, and there is further evidence that there is a trend towards more episodic volunteering.3

1.4 Volunteering is integral to delivering and supporting a diverse range of services and activities that enrich communities. Volunteering builds community capacity and helps to create cohesive, resilient communities that are better able to meet the social and economic challenges they face.

1.5 Nationally the government launched ‘The Big Society’ in 2010 whereby they aimed to:

“Encourage people to take an active role in their communities’ committing to ‘take a range of measures to encourage volunteering and involvement in social action, including launching a national ‘Big Society Day’ and making regular community involvement a key element of civil service staff appraisals.”

1.6 Everyone has the right to volunteer and volunteering can have significant benefits for individuals. Despite the increase in the profile of volunteering in recent years volunteering continues to face significant challenges. Volunteers demand more flexible roles and involvement in other sectors including public service delivery and in the private sector. Volunteers should be involved because they add value to the service and complement what is offered by paid employees – not because they provide an opportunity to cut costs.

1.7 The Trust currently offers a range of opportunities for members of the public to volunteer their time, for example: in Trust services, as a Governor, as a Trust Associate Manager, in Flourish Enterprises, as a Member of the Trust or as part of the Trust’s ‘Listen to Learn’ initiative.

2.0 What is volunteering?

2.1 The National Council for Voluntary Organisations (NCVO) defines volunteering as:

“Any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives.”

2.2 Central to this definition is the fact that volunteering must be a choice freely made by each individual. This can include formal activity undertaken through public, private and voluntary organisations as well as informal community participation and social action. Everyone has the right to volunteer and volunteering can have significant benefits for individuals.

2.3 Promoting and supporting volunteering can be an effective way for NHS Foundation Trusts to enhance member involvement and wider community engagement with them, in order to promote volunteering that is effective, it needs to be fulfilling and safe within a care environment.

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1 NCVO Strategic Plan 2014-2019
2 Helping Out, 2007
3 The UK Civil Society Almanac 2009
2.4 Volunteers can be excellent ambassadors, supporters, advocates and champions for the service users/patients and the Trust. Evidence has shown that volunteering can:

- Have a positive impact on health and wellbeing.
- Provide opportunities to meet new people.
- Be a way that people can give back to their communities and make a difference.
- Help to develop new skills or build on existing experience and knowledge.
- Be a route to employment.

The London Olympics and Paralympics in 2012 demonstrated the impact volunteering can have if properly resourced, supported and managed. All volunteering and volunteers need support and this should be underpinned by effective volunteer management and principals of good practice including recognition.

2.5 Volunteering does not apply to:

- All pre-registration, professional, school, further education or any other ad hoc work experience placements, which are managed via the Learning and Development Directorate.

- Any volunteers working within a service managed by another organisation, where such services are provided for the benefit of the Trust’s patients/service users or carers (such as a café on Trust premises operated by a voluntary sector organisation that recruits and manages its own volunteers).

3.0 Volunteering in RDaSH – Where are we now?

3.1 Rotherham Doncaster and South Humber NHS Foundation Trust recognise the added value that volunteers bring to the organisation as a whole. To this end the Trust has a clear policy which governs the recruitment and management of volunteers which aims to:

- Provide a foundation framework for the procedure and guidance on which our involvement of volunteers will be based.

- Ensure that volunteers and prospective volunteers are assured of a fair and consistent approach. Guidance must be taken from the Policy Relating to Equal Opportunities and Diversity in Employment.

- Ensure that decisions are not made on an ad-hoc basis.

- Uphold the values and principles of volunteering, providing a cohesive and consistent approach to ensure that volunteers are fully supported during their volunteering role.

- Provide a framework to promote volunteering within all directorates of the Trust and further enhance opportunities through partnership working with external organisations.
3.2 As at April 2014 there were 307 active volunteers in the organisation. The breakdown of these volunteers is as follows:

### Areas of Volunteering

<table>
<thead>
<tr>
<th>Areas of Volunteering</th>
<th>Numbers of Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice</td>
<td>30%</td>
</tr>
<tr>
<td>Vocational programme</td>
<td>4%</td>
</tr>
<tr>
<td>Drug and Alcohol Services</td>
<td>6%</td>
</tr>
<tr>
<td>Trust wide</td>
<td>32%</td>
</tr>
<tr>
<td>Flourish</td>
<td>6%</td>
</tr>
<tr>
<td>Governors</td>
<td>13%</td>
</tr>
<tr>
<td>Chaplaincy</td>
<td>3%</td>
</tr>
<tr>
<td>Trust Associate Managers</td>
<td>6%</td>
</tr>
</tbody>
</table>

3.3 The age profile of volunteers in the Trust wide service, Hospice, Vocational Programme, Chaplaincy and Drug and Alcohol Services in 2013/14 was:

### Ages of Volunteering

<table>
<thead>
<tr>
<th>Ages of Volunteering</th>
<th>Numbers of Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>32</td>
</tr>
<tr>
<td>30 - 65</td>
<td>127</td>
</tr>
<tr>
<td>Over 65</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>229</td>
</tr>
</tbody>
</table>

3.4 The breakdown of volunteers in the Trust wide service, Hospice, Vocational Programme, Chaplaincy and Drug and Alcohol Services, across the geographical areas that the Trust operates within, was:

### Locality of Volunteering

<table>
<thead>
<tr>
<th>Locality of Volunteering</th>
<th>Numbers of Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotherham</td>
<td>6%</td>
</tr>
<tr>
<td>Doncaster</td>
<td>82%</td>
</tr>
<tr>
<td>North Lincolnshire</td>
<td>12%</td>
</tr>
</tbody>
</table>
Examples of volunteers and their roles in the Trust

3.5 Volunteers across the Trust undertake a range of non-clinical activities such as:

- Driving patients and service users to and from day care and appointments.
- Supporting mealtimes on in-patient wards.
- Providing administrative support.
- Volunteering in catering and shops.
- Providing peer support to service users.
- Administrative support.
- Peer support e.g. breastfeeding and substance misuse.
- Mentoring.
- Group work.
- Providing companionship.
- Gardening.

Some examples of volunteers and the roles they have in the Trust are shown below.

Vignette #1 - A volunteer on the reception in the Hospice

“When I retired I felt that I needed some sort of structure in my life and a colleague of mine suggested volunteering at St John’s Hospice. That was over five years ago, a decision which I have never regretted and so very pleased I made. I work three half days a week on the reception desk, the nursing staff are such a truly caring team which I feel privileged to assist by welcoming visitors and manning the phone.

“During my time at the hospice I have met some wonderful people, patients, visitors and other volunteers, as volunteers we always have the support of the volunteers’ manager. Visitors to the hospice frequently praise the care and attention which patients receive, I feel in some small way I am able to give something back to helping others and proud to be a volunteer.”
Vignette #2 - A volunteer on a vocational programme

“T’m an RDaSH service user and I’ve been an RDaSH volunteer for the past two and a half years and it’s been a fantastic experience. I started off volunteering in the Walled Garden shop and helping with Flourish events. After that I did some admin volunteering in the Red Centre. For the past 19 months I’ve been volunteering once a week in the Opal Centre, St Catherine’s, to get experience of reception and general admin duties.

“My confidence has increased and I’ve built up great relationships with staff and service users across the Trust. The vocational team have helped me to plan my volunteering and I even did a mock interview. I’m also doing an IT course at Doncaster College and I’m hoping to move on into employment. I would thoroughly recommend volunteering for RDaSH.”

Vignette #3 - A volunteer in the hospital shop in Tickhill Road Hospital

“I started volunteering about 15 years ago, when I retired from working at Loversall Hospital. I helped bring patients from the wards at Tickhill Road Hospital to the Chapel for the Sunday service. Many of them were unable to walk and had to be pushed in wheelchairs. I then volunteered at the Coffee Shop at Tickhill Road Hospital for a number of years until my health began to deteriorate and I was no longer able to stand for long periods of time. I still wanted to continue volunteering as I enjoy being able to get out of the house and meet new people, and to feel that I am still able to help and make a difference to people’s lives. My manager suggested that I might like to try volunteering in the Hospital Shop at Tickhill Road so that I would be able to sit down. I thoroughly enjoy it, it is lovely to still see some of the patients and service users and talk to them. I especially enjoy being able to help patients choose giftware as presents for their friends and families, rather than them having to ask relatives to go and buy things on their behalf. I feel appreciated and supported by my manager, I have made many new friends through volunteering, and would recommend it to anyone.”
Vignette #4 - A volunteer in the cardiac rehabilitation service

“Whilst I was recovering from my heart problems I was helped so much by the cardiac rehab team I really wanted to give something back. I also found the things that the team taught me fascinating, I loved every session with them. When I started at the gym with the cardiac nurse, she made me feel alive, she gave me confidence and I felt empowered.

I asked her when I had been discharged if I could help/volunteer with them, the groups weren’t on then, but she hoped they would start again soon plus they hadn’t had a volunteer before and wasn’t sure what it entailed. But she contacted the Volunteer Manager Carol and here I am writing this.

“The Volunteer Manager is fantastic, she went through everything with me and explained everything I needed to know clearly and thoroughly and was always there when I had a question and that remains the same now. In January after I got the phone call we would be starting the exercise groups. I was nervous and a bit scared but excited too.

I was all ready to go, all my paperwork was in order and I had my badge at the ready. The first thing I must say is I love it, I feel like I belong somewhere that I am part of something that makes a difference, and even though I love my daughter, sometimes it’s just nice to be me.

“It makes me happy I have learnt so much I enjoy seeing people get better and better every week, I feel proud. It’s nice to see the patients move forward, it reminds me of myself and how far I have come. I think I enjoy being me and sharing my capabilities showing I am more than just a carer, I have lots of strings to my bow, as my gran used to say. I enjoy being appreciated and feeling appreciated too.”

Vignette #5 – A volunteer in the Trust’s Quality Improvement Team

“Since becoming a Volunteer for the Quality Improvement Team I have had a very steep learning curve for I have discovered a hidden world of mental illness that I did not expect and have also had to change my opinion on drug abuse. I expected to look at facilities but have quickly began to realise there is much more to it than buildings and signage.

I have experience in dementia and Alzheimer’s disease but I was not aware of the necessity to provide a service for older people with mental health problems. It was not until I visited Woodlands that I was introduced to this service. Further my visit to CAMHS opened my eyes to the fact that this was a vital resource for young people with mental difficulties.

The visit to Sinclair and Rosslyn Houses introduced me again to a new experience and I was impressed by the way that there is an empathy with drug users and alcoholics in that people are not condemned as a generic group but are respected as individuals with a problem.

I have been impressed by the quality of the facilities in each location in that they are specifically geared to the specific health requirement.

The press, just of late, seem obsessed with all the undoubtedly bad things that are happening in the N.H.S but nowhere do we read of the services to the vulnerable people in society these seem to be hidden from view but would provide a more positive side to the Service.”
Resources for managing the volunteers

3.6 The current infrastructure to support and promote the Volunteers’ Strategy across the whole Trust equates to 2.45 whole time equivalent staff. These staff work across the following areas:

<table>
<thead>
<tr>
<th>Service</th>
<th>Role</th>
<th>WTE</th>
<th>Band</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within AMH BD</td>
<td>Oversees Volunteers work and line manager</td>
<td>0.1</td>
<td>8a</td>
</tr>
<tr>
<td></td>
<td>Voluntary Services Manager (Trust wide)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td>Voluntary Services Manager – Hospice</td>
<td>1.0</td>
<td>5</td>
</tr>
<tr>
<td>Within AMH BD</td>
<td>Voluntary Services Manager (Trust Wide)</td>
<td>0.95</td>
<td>5</td>
</tr>
<tr>
<td>Within AMH BD</td>
<td>Voluntary Services Assistant (Trust wide)</td>
<td>0.4</td>
<td>3</td>
</tr>
</tbody>
</table>

3.7 The process of recruiting, training and administering the volunteers in the Trust is managed by the above staff. Individual volunteers in the Hospice are overseen by the Voluntary Services Manager. However, across the rest of the Trust individual volunteers are supervised by a member of staff within the service that they are volunteering in. All of the processes for recruiting, training and administering the volunteer resource within the Trust is defined in the organisation’s Volunteers’ Policy.

3.8 The Trust has an annual budget of £48,000 per annum for volunteering which is predominantly spent on reimbursing volunteers for any essential, ‘out of pocket’ expenses such as travel.

Recognising the efforts of our volunteers

3.9 Each year the Trust holds a Volunteer Lunch to thank people for their time, effort and commitment to the organisation. The lunch is usually attended by approximately 250 volunteers. In addition, the Trust offers the award of ‘Volunteer of the Year’ at the ceremony. Staff, volunteers, patients and visitors are asked to nominate a volunteer who has provided an outstanding service, or who goes that extra mile to help others. The Trust thanks volunteers for their efforts and fully appreciates the time they give.

Promoting Volunteering Opportunities

3.10 Currently the Trust does not proactively promote volunteering opportunities within the organisation other than via articles in Trust Matters or issuing press releases about current volunteering activity. In order to maximise opportunities for members of the community to volunteer with the Trust it is proposed that a more proactive communication plan will be developed which would include a dedicated section of the Trust’s website. This would also enable the Trust to promote the anti-stigma in mental health message.
### 4.0 Vision for Volunteering

**4.1 Our vision for volunteering is:**

> "Volunteering in RDaSH benefits volunteers, service users, carers and the Trust alike so that, together, we can promote wellbeing and recovery and strengthen the communities in which we live, work and socialise."

### Objectives

4.2 The four key objectives underpinning the vision are:

1. Service users and carers benefit from the volunteering community across all relevant services.
2. All volunteers benefit from their volunteering experience.
3. Volunteering is offered appropriately to service users, past and present, to improve or maintain their health and wellbeing.
4. Volunteering is appropriately governed, supported and managed across the organisation.

### Key Actions

<table>
<thead>
<tr>
<th>Identify appropriate volunteering opportunities within services, especially those that currently under utilise volunteers.</th>
<th>Pro-actively promote volunteering opportunities within communities and the third sector.</th>
<th>Provide a range of volunteering opportunities which provide a vocational framework for current service users to aid their 'recovery'.</th>
<th>Maintain clear policies for the recruitment and induction of volunteers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Align volunteering activity to support Trust objectives e.g. Wellbeing and Recovery Strategy.</td>
<td>Align volunteer expectations and preferences to appropriate roles and/or services.</td>
<td>Provide a range of volunteering opportunities to previous service users to help them maintain their health and wellbeing.</td>
<td>Maintain clear systems and procedures for the day to day supervision of volunteers.</td>
</tr>
<tr>
<td>Maximise the resource available for managing the ‘volunteer community’ within the Trust.</td>
<td>Offer flexibility of volunteering opportunities</td>
<td>Establish and maintain links with locality volunteering networks to provide service users with information on opportunities available in the wider community.</td>
<td>Ensure that volunteer roles are clearly described and do not replace the work of Trust employees.</td>
</tr>
<tr>
<td>Identify clear expectations of volunteering roles in services.</td>
<td>Align the volunteering ‘offer’ to members of the public to the Foundation Trust membership and vice-versa.</td>
<td></td>
<td>Maintain an up to date register of volunteers with their preferences for areas for volunteering in.</td>
</tr>
</tbody>
</table>

### Outcomes

| Increased number of services and service users who benefit from volunteers. | Increased number and diversity of people who benefit from volunteering. | Increased number of service users benefitting from volunteering and achieving goals. | Safeguarding of volunteers, service users and the organisation. |
Key Actions

4.3 In order to deliver the objectives of the strategy a number of actions will need to be implemented during the first year of the strategy. A summary of those is shown in the ‘Strategy on a Page’ on page 11.

Outcomes and Benefits of volunteering

4.4 Volunteering offers benefits to all those involved: those that volunteer, the service users and carers who are supported by volunteers and the organisation as a whole. It is crucial that these benefits are realised and maximised over the life of this strategy. The expected benefits and outcomes for each of these groups are shown below.

Benefits to Volunteers

• Volunteers give something back to the local community.
• A chance to gain skills and experience.
• Provides a pathway into work.
• A chance to make friends and reduce isolation.
• Increases self-esteem and confidence.
• A chance to make a difference to service delivery or be an advocate for positive change.
• Increases the range and diversity of people involved in service planning and delivery.
• Encourages personal pride and fulfilment – the feeling of being valued.
• Benefits volunteers’ health and well-being.

Benefits to service users and carers

• Provides supplementary services to those offered by paid staff.
• Enhanced experience of services.
• Service users utilise their own skills and capabilities rather than being a ‘passive recipient of care’.
• Provides peer support and social interaction.
• Increases self-esteem and confidence.
• Direct benefits to health and well-being.
• Service users gain awareness of opportunities to contribute expert knowledge and to use their own experience to help others.

Benefits to staff

• Additional help and support.
• Improved patient/service user experience.
• More diverse and inclusive working environment.
• Staff learn from people with different expertise.
• Frees up capacity to concentrate on specialist care and clinical roles.
• Enhanced capacity, which can improve productivity and reduce stress.
• Opportunities to develop people management skills.
• Opportunities to enhance skills/experience.
• Transition to healthy/active retirement.
Benefits to the Trust

- Provision of better services.
- Improved patient experience.
- Greater involvement of local community.
- More responsive local services.
- Care quality evidence and validation of Quality Accounts.
- Provides support to achieve strategic and organisational objectives.
- Better two-way communication with patients and service users.
- A broader range of services and service solutions.
- Supports the anti-stigma message for mental health.

5.0 Alignment with other Trust strategies and work

5.1 In order to maximise the volunteer resource and the benefits gained from volunteering the strategy is aligned with other key areas of work in the Trust. It is important that the Trust offers the public and members of local communities a range of opportunities in relation engaging with us as an organisation. Other key areas aligned with the volunteering strategy are as below:

Foundation Trust Membership

5.2 The Trust has over 5,553 members of the public who are members of the organisation. These members engage with the Trust in a number of ways ranging from receipt of Trust newsletters to helping design services. In addition, some Trust members are also volunteers within the organisation. However, currently not all members are made aware of volunteering opportunities within the organisation nor are all volunteers offered the opportunity to become members of the RDaSH NHS Foundation Trust. More work needs to be done to maximise the contribution and opportunities available from members and volunteers across the two agendas.

Governors

5.3 The Trust has 40 places on its Council of Governors who volunteer their time in the role. Currently there are 35 governors with elections underway for the remaining 5.
Flourish

5.4 The Trust’s social enterprise ‘Flourish’ also has 19 volunteers in place. Some of these volunteers are current service users who volunteer in various parts of Flourish as part of their recovery.

Friends of Woodfield Park

5.5 A small number of local residents in Balby have established a community interest group called ‘Friends of Woodfield Park’. The Friends of Woodfield Park are ‘hoping to improve and protect the park for the benefit of our community and future generations’. Their aim is to ‘encourage involvement from the wider community and assist with provision of facilities for recreational and leisure activities’ with the intention to ‘work alongside other local projects and voluntary groups to help our park become a better resource for the whole community’. These volunteers are not included in the information in this strategy.

Listen to Learn

5.6 In September 2013, the Trust issued its Listen to Learn Strategy 2013-2016, which is our Patient, Carer and Public Engagement and Experience Strategy, recognising our commitment to listening, understanding and responding to the needs of patients, carers and the public. The Listen to Learn Steering Group brings together the Chair and Vice Chair of patient and carer groups/forums from each of the Business Divisions with the Service User Governors and Carer Governors of the Council of Governors and Trust representatives. The Listen to Learn Steering Group has met quarterly since November 2013 and acts as a strategic group, reporting to the Clinical Governance Group. The initial 2 meetings of the steering group have been attended by approximately 40 people, with an increasing proportion of service user, carer and public representation; 66% for the April 2014 meeting. These representatives are drawn from; Governors, Service User and Carer Groups (5 different groups), individual service users and carers, Doncaster CVS, Rethink and Healthwatch. It is our intention to build on this initial success identifying agreed measures of improvement for each business division on the ladder of participation.

Chaplaincy

5.7 The chaplaincy service in Doncaster has 10 volunteers who are retired. The volunteers undertake a range of roles including an organist who plays at all services and events, wheelchair pushers, ward visitors and Ministers who take Holy Communion to the wards when patients cannot come to the chapel. Other people also help and take part in the services and prepare and serve the refreshments.

Trust Associate Managers

5.8 Within RDaSH we have a group of people who are called Trust Associate Managers, their role is to listen as a panel to people who are detained under the Mental Health Act 1983 who wish to appeal against this detention. In particular, decisions about discharge from detention and Supervised Community Treatment are taken by panels of Associate Managers specifically selected for the role. The Trust currently has 19 Trust Associate Managers, 12 of which volunteer in the role and the other 7 are fulfilled by Non-Executive Directors. They form regular panels and exercise the Trust’s power to make the decision to discharge patients or to review their detention. They listen to the views of the Patient, their legal representative and the Multidisciplinary team as part of the decision making process, this is done on behalf of the Trust.
‘Living Better’ Wellbeing and Recovery Strategy

5.9 The Trust’s Wellbeing and Recovery Strategy aims to “promote and support the health and wellbeing of the people within the communities served by the Trust, delivered through the services directly provided by the Trust and through supporting wider community action, through effective partnership working”.

The strategy states that Alakeson and Perkins (2012) concluded that:

“Recovery-oriented services demand a new attitude. Professionals and providers must challenge themselves and the individuals they work with to have high expectations of what is possible’ The culture of services must offer people opportunities to rebuild their lives through an individual journey that accepts what has happened and moves beyond it”

5.10 Volunteering is one vehicle for doing offering such opportunities and therefore the wellbeing and recovery strategy includes, amongst many other areas of work, vocational training, volunteering and Flourish Enterprises. It is important too that the objectives of this strategy, and expected benefits, contribute towards this agenda.

Working with others

5.11 In order to maximise the diversity of volunteers in the organisation and benefit from this resource the Trust needs to work in partnership with others. A number of our partner organisations also engage with the public in relation to volunteering and an integrated approach may provide increased benefits for example, by working with the volunteer forums and teams in Local Authorities. The Trust could also attract a more diverse range of people to volunteer by engaging with more community forums and third sector organisation for example, MIND, Alzheimers Society and local Youth Forums.

6.0 Measuring Success

6.1 This strategy sets out a clear vision for the role of volunteering in the organisation for the next three years. It also describes the benefits that the vision aims to deliver but how will we know if we have been successful?

6.2 The outcomes and benefits set out in the strategy will need to be measured as a baseline. This will be done by:

- Engaging with existing volunteers to establish whether they are experiencing the benefits described and see if there are any other goals that they would like to set for volunteering in RDaSH.
- Engaging with services that use volunteers to establish whether their goals are being met.
- Reviewing at a strategic level whether volunteering across the board is providing the expected organisational benefits.

6.3 This work will be undertaken during year 1 of this strategy and reviewed again by the end of year 3.

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7.0 How to become a volunteer in the Trust

7.1 Anyone aged over 18 years can express an interest in becoming a volunteer with the Trust. More information about volunteering is available on the Trust’s website or can be gained by contacting one of our Voluntary Service Managers Alison Constantine on (01302) 796662 for hospice services, and for other areas within the Trust Carol Bowyer on (01302) 796415. The Trust encourages people with disabilities to participate in volunteering and will make reasonable adjustments to enable and support this.

7.2 Interest from prospective volunteers is received by a member of staff working in services areas or via one of the Voluntary Services Managers (VSM). This can come via services, the Trust website, telephone contacts and links with departmental managers and organisations. The recruitment procedure will only commence should volunteer placements be available within the Trust. The standard minimum age for volunteers is 18, however exceptions to this are considered on an ad hoc basis. Any volunteers accepted who are under 18 will be subject to additional safeguarding procedures.

7.3 All individual Volunteers for reasons of insurance, security, health and safety, must be registered with the Voluntary Services Manager. This process is facilitated by the VSM, following an appropriate Disclosure and Barring Service (DBS) check (if required) and Occupational Health clearance.

7.4 All volunteers who will have access to children and/or vulnerable adults must consent to the appropriate level of DBS check, if required, in line with the requirements detailed within the Trust’s Appointment of Staff Policy. The DBS clearance process may involve checking against the Children’s and/or Adults’ Barred list if this is applicable to the volunteer role.

7.5 Although it is acknowledged that volunteers are not employees, reference checks and any other necessary pre-placement checks will be carried out in line with the Trust’s Appointment of Staff Policy. Prospective Chaplaincy volunteers will be asked to provide a personal reference and a reference from a recognised leader of their faith tradition. Such references will be supplied to the Head of Chaplaincy.

7.6 Once all the necessary checks have been undertaken an offer of volunteer placement will be confirmed verbally or in writing (when an appropriate placement is agreed by a manager) the volunteer accepts the Volunteer Agreement. Following this, arrangements are put in place for induction and appropriate training requirements by the VSM.