

Refreshing the HWW Volunteering Offer

Introduction:

1. Healthwatch Worcestershire (HWW) has, since its inception, incorporated volunteering into its operational philosophy and very much valued the individual expertise, commitment and experiences of a small group of people who have contributed much to our work. We have had two distinct phases during the lifetime of the organisation and, as we plan for work in the recovery phase post-Covid and explore new ways of engaging with patients and members of the public, it is timely to consider how we might use volunteers and volunteering opportunities in more innovative and effective roles.
2. This paper has arisen following recent discussions between John Taylor and Suzy James on the effectiveness of our current arrangements. Suzy James has been the prime mover in developing this new vision and has inspired us to explore ways of enhancing our work with volunteers.

History and context for change:

3. In April 2013 as HWW commenced activities volunteering opportunities were, in the main, picked up by an existing cohort of volunteers who had been part of Link, the previous regime. The style of working under that banner was focused on a more interventionist approach than that required of LHWs and in the early years it proved difficult to match our expectations with those of most of the volunteers.
4. Where we could we made use of existing systems such as the PLACE inspections to utilise the skills and interests of individuals, and in some instances volunteers were encouraged to join other organisations with a more obvious match for their particular expertise. This led to the introduction of more specific role descriptors for volunteers during 2016/17 and clearer expectations about potential involvement in HWW activities, including Enter and View, together with a recruitment drive. It was acknowledged informally at this time that there were limits organisationally to the opportunities for volunteer engagement. Nevertheless, we were able to recruit a new group in tune with the HWW ethos and in sufficient numbers to undertake the identified priorities alongside paid staff.
5. This small, dedicated band of people has volunteered effectively and faithfully for HWW under the new working arrangements for some years. It is fair to say that the individuals are largely retired or semi-retired professionals, all of whom are committed to giving something back to their communities through volunteering, and a significant percentage volunteer for more than one organisation. This means that they bring a wealth of experience and knowledge from other settings, but other commitments can impinge on their capacity to fulfil HWW needs on occasion. There

are in addition 6 volunteers who are Co-opted Board members and who contribute extensively to both the work of the Board and other aspects of our work programme. In total there are 23 people volunteering for HWW, which includes several 'Experts by Experience', but in practice the pool of active volunteers for operational/'front-line' activities is very much smaller.

6. Several of the group commit considerable periods of time to Healthwatch activities, making a very valuable contribution to our activities, and there is a tendency for them to be used extensively to support our work because of their willingness, expertise and availability. Others have been offered opportunities to work with HWW over the last couple of years but on many occasions have been unable to make the required level of commitment within our timeframes. Whilst this lack of presence/engagement is perfectly understandable it has meant that our pool of potential volunteers has been limited.
7. In addition, it would be fair to report that, in terms of protected characteristics, the current group of volunteers is not as diverse or as representative of our population as we would wish. There is an opportunity over the next few months, subject to a suitable extension to the LH contract, for us to review and refresh our approach to volunteering with a view to recruiting additional volunteers from a wider age band, various cultural and ethnic backgrounds, gender variance and sexual orientation and different interests/experiences. It should enable us to reflect on the range of opportunities we can offer, working both in public-facing roles and back-office activities.

Challenges and Issues to consider:

8. We have taken a measured and conservative approach thus far to the involvement of volunteers in our day-to-day work for a number of reasons. Initially we wanted to ensure a clean break from the previous regime and to establish the HWW ethos as a critical friend of the health and social care system, as distinct from any quasi-inspectorial function. As we moved into Phase 2 we wanted to ensure meaningful opportunities for volunteer involvement, with limited emphasis for instance on Enter and View activities, because we do not view this method as a primary engagement tool, albeit an important element. This necessitated a deliberately cautious approach to volunteer recruitment because we did not wish to create unrealistic expectations amongst the volunteer cohort, but it has resulted in limited options because of relatively low numbers and restricted availability from the small pool of participants. While we have both a very experienced and skilled group of volunteers, there are concerns about having sufficient people with the right qualities in the right place at the right time to enable HWW to effectively fulfil its work programme as we look to the future.

9. Phase 3 Volunteering could look significantly different, should we decide to move in this direction. There is learning to be implemented from our experiences to date, but also drawing on the work undertaken by Healthwatch England and other organisations that use volunteers extensively to complement and enhance their work. There is also a need to consider a range of issues and questions so that HWW and its volunteer cohort receive mutual benefit from the relationship, can deliver meaningful activities that value the individual contributions and add value to the work programme.
10. We need to consider a range of issues, including:
- How do we change the organisational culture and embrace volunteering wholeheartedly?
 - What do we want volunteers to do?
 - Where can they add value to the organisation?
 - How can we increase diversity (eg age/ethnicity/experiences) in the group?
 - How do we encourage engagement across different settings and client groups (eg Healthcare Champions in prisons/specialist care needs)?
 - How do we avoid tokenism?
 - How do we as an organisation benefit from using volunteers?
 - How do the volunteers benefit from being part of HWW?
 - It might be possible to target recruitment in specific areas, such as seeking support via the University for student volunteers around marketing materials, social media, promotional videos, etc
 - There may be other back office functions to explore
11. If Directors agree with the need to refresh our volunteer offer I would suggest a staged approach, to be initiated once there is clarity about the future of HWW. These stages could include:
- i. Team discussion to review current use and explore future opportunities
 - ii. Discussion with current volunteer group to explore views, expectations and options
 - iii. Identification of a range of volunteering opportunities, to be embedded in the work programme
 - iv. Development of a Volunteer Management System – recruitment and selection/support and development/review and supervision/induction and ongoing training.
 - v. Recruitment and selection process to expand the pool
 - vi. Implementation of new way of working. This would include ensuring that all HWW projects make reference to the potential for involving volunteers and the social value that such active engagement can bring to our work.
12. This approach could take place in the first half of 2021 and be integrated into the work programme for 2021/22 onwards.

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