

INVESTING IN VOLUNTEERS FINAL REPORT



Connected Together
2022

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Summary information

liV host organisation	Volunteer Now
Assessment date(s)	17 March 2022

Assessor	Becky Nixon
Name of lead assessor	Dane Gould
1st assessment/renewal	1st Renewal
Assessment outcome	Met

About the organisation

Connected Together Community Interest Company (CTCIC) is a social enterprise that is a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It is commissioned to deliver Healthwatch contracts in 1. North and West Northamptonshire and 2. Rutland. It was first commissioned in Northamptonshire in 2013 and the contract has been renewed twice, most recently in autumn 2021. The previous county and district councils' structure in Northamptonshire has just changed to two unitary authorities, North and West Northamptonshire, now reflected in the name Healthwatch North and West Northamptonshire (HWNW). It started delivering Healthwatch in Rutland (HWR) in 2018. There are two administrative bases, one in each area.

Healthwatch works to help local people get the best out of their local health and social care services and to influence the delivery and design of local services. Volunteers are central to the organisations, with their roles including engaging with local people, working with decision-makers and commissioners, and visiting local services to identify improvements.

There are nine staff posts in the organisation, although some are currently vacant. This includes two members of staff for HWR and three for HWNW, plus the CEO, research, communications and administration posts.

Volunteers are managed under each of the two Healthwatch teams. Their main roles are to listen to people's experiences of health and social care services; raise awareness of the role of Healthwatch; represent Healthwatch at meetings with external organisations; and to help to analyse and report what people say about health and social care services. There are four adult volunteer roles: board members sit on one of the two Healthwatch boards to steer their direction; planning group members undertake a range of activities to deliver Healthwatch's functions; and authorised representatives undertake "enter and view" visits to health and care services. There is also a new community Healthwatch champion role about to be piloted in Rutland to increase reach into communities after Covid. There is also one young peoples' volunteer role in Northamptonshire, 'Young Healthwatch' who deliver the same functions but specifically for children and young people.

Covid has affected all volunteer roles, with volunteers unable to get out into health and care settings, but they have continued to meet online to carry on their work. As well as now delivering Healthwatch in Rutland, other changes that have been made since the first liV award include involving volunteers in developing a new decision-making policy, changing the induction to make it simpler and easier, and streamlining communication processes so that volunteers are not so overloaded with information.

There was one development point in the previous report around offering one-to-one support if volunteers needed it, and volunteers interviewed confirmed that individual conversations were held with staff as required.

How the organisation was assessed

The assessment took place over a day by telephone and online.

Volunteers were selected by the assessor for interview through a full list provided by the organisation identifying roles and locations, with a few changes suggested by the organisation and agreed by the assessor to account for availability.

Thirteen volunteers from all roles were interviewed across both locations.

Volunteers interviewed have been with the organisation for different lengths of time, including those recruited in the last few months and those that have been volunteering since Healthwatch started in 2013.

Because it is a small organisation with volunteers central to its role, all staff are involved with volunteers, so interviewees were selected to have different levels of involvement. Staff interviewed included the HWNW manager who is the Investing in Volunteers contact who directly manages volunteers; the HWR manager who works closely with volunteers; the PA to the CEO/Office Manager who has some contact with volunteers, and the chief executive as senior management. All staff were interviewed individually online. The chair of Connected Together was interviewed individually by telephone.

Seven volunteers were interviewed from HWNW and four from HWR to reflect the relative number of volunteers in each Healthwatch, including volunteers from all three adult roles, and to reflect different demographic characteristics. Two Young Healthwatch volunteers were interviewed. Volunteer interviews were a mix of online and telephone, with two sets of pairs and the rest interviewed individually.

The approach taken is in line with the liV sampling guidance.

NUMBER OF SITES, BRANCHES, LOCATIONS:	2
NUMBER INCLUDED IN INTERVIEW SAMPLE:	2
NUMBER OF VOLUNTEERS:	30
NUMBER INTERVIEWED:	13
NUMBER AS % OF TOTAL:	43%
NUMBER OF VOLUNTEER ROLES:	4
NUMBER OF ROLES SAMPLED BY INTERVIEW:	4
NUMBER AS % OF TOTAL:	100%

NUMBER OF STAFF:	6
NUMBER INTERVIEWED:	4
WERE TRUSTEES INTERVIEWED?	Yes

WRITTEN EVIDENCE:

Before assessment includes volunteer strategy and handbook; annual report; exit questionnaire.

At assessment includes: HWNW and HWR annual strategy and workplans; problem solving policy; Friday update email; induction slides; decision-making policy.

Meeting the standard

Quality area 1: Vision for volunteering

Volunteering is embedded within the overall vision, values, culture and aims of the organisation and its impact is recognised and communicated. Organisations understand why they involve volunteers

Practice		Met
1.1	Volunteering is planned and reviewed in line with the organisation's vision, strategy, and values	Yes
1.2	Volunteering is valued as part of the culture of the organisation and the benefits of volunteering are understood and communicated	Yes
1.3	The impact of volunteering in contributing to organisation aims is understood and communicated	Yes
1.4	Volunteer involvement is reflected in management, financial and resource planning	Yes

Volunteers are at the heart of setting strategy for each Healthwatch and feature throughout the annual plan for each location. There are volunteer planning group meetings (called planning and operations group in Rutland) that discuss possible areas of work that volunteers think are important, as well as scanning of external strategies and feed in from other stakeholders to prioritise aims. For example, HWWN has a priority around the impact of Covid, and HWR has had a priority around place-based services.

Once the priorities have been set and agreed by the Healthwatch boards they are converted into an annual work plan that identify objectives around volunteering such as being involved in patient engagement groups and expanding volunteer capacity. The volunteer working groups then pick up day-to-day activities, also overseen by each of the Healthwatch boards. Resourcing, including staff support, budgets and resources for volunteers are built into the plans and budgets.

Because the purpose of Healthwatch is to increase community engagement, it was clear from all interviewees the value of volunteers to the organisation and the difference that they made in influencing external health and care policy. This is also showcased in both of the Healthwatch annual reports. Comments from interviews focused around increasing inclusion and reach. Volunteers said, "We bring life experience," and "We give an honest view of what's going on in the community". A member of staff said, "They have first-hand knowledge and extend our reach, we hear about things that we wouldn't otherwise hear".

Quality area 2. Planning for volunteers

People, policies, and procedures have been put in place to ensure volunteering is well-managed

Practice		Met
2.1	There are specific and proportionate systems and processes for volunteer involvement that are regularly reviewed	Yes
2.2	Relevant people in the organisation are aware of systems and processes relating to volunteering and why they are important	Yes
2.3	There are designated people responsible for volunteers and volunteering that have experiences, competencies and attributes for the role	Yes
2.4	Systems are in place to ensure the management of risk, safeguarding, health and wellbeing and protection of volunteers, the organisation, and others	Yes
2.5	There are problem solving procedures to deal with issues raised by or about volunteers	Yes
2.6	Records of volunteer involvement are maintained in line with data protection	Yes

There is a volunteer handbook that includes the volunteer strategy (which is their volunteer policy) at the front. It is nicely laid out with a friendly introduction and background to the organisation and the work as well as setting out policies and procedures. Volunteers confirmed that they had received a copy of the handbook and other relevant documents. Some volunteers interviewed mentioned that they had been asked for their opinion on the handbook, and it will shortly be reviewed as there is a lot of detailed information that could be separated out with the basics in the handbook so as not to be overwhelming. There is information that needs changing and a rebranding undertaking because of the change in local authority structures.

There is a section on relevant policies and procedures in volunteer inductions, and they are available on the website for volunteers to refer to. The problem-solving procedure has been adapted since the last assessment, and now includes a section about an independent mediator. It has a section identifying possible ways forward at the informal stage to help resolve issues as early as possible. There are risk assessments undertaken around activities, although face-to-face work has been halted in the past couple of years to keep volunteers safe in recognition that many are clinically vulnerable.

There are staff with responsibility for volunteers in each Healthwatch, and this is set out in job descriptions, but as it is a small organisation all staff have some involvement with volunteers and are aware of the various policies, procedures and systems set up to support them, with volunteer activities in annual plans and discussed at various meetings.

Quality area 3. Volunteer inclusion

There is a positive approach to inclusion, equity and diversity and a proactive approach to making volunteering accessible

Practice		Met
3.1	The organisation is inclusive and managed in a way that encourages the involvement of and is welcoming to a wide range of people	Yes
3.2	There is a proactive approach to increasing volunteer diversity, addressing under-representation, and including targeted groups as part of the organisation's inclusion, equity and diversity aims	Yes
3.3	Information about volunteering opportunities is made as widely available as possible using a range of methods and there is active engagement with a diverse range of people	Yes
3.4	Where possible there is a wide range of accessible opportunities that can be adapted throughout the volunteer's journey	Yes

The nature of the organisation means that it attracts to the roles people with health conditions and disabilities and/or unpaid carers, as they have most involvement with health and care services. The recent split of the county into two unitaries has meant a focus on ensuring that volunteers from different parts of the county are represented. Annual plans identify inclusion objectives, for example to reach “seldom heard” people through linking with community groups, and engagement with BAME people, highlighting the importance of addressing inequalities to the organisation. There is a lot of flexibility within the roles, volunteers can have a focus on areas of work important to them, for example acute hospitals, carers or respiratory services. There are also various tasks in different parts of the healthcare system or out in the community. One volunteer talked about his work in an area of socioeconomic deprivation because of his commitment to improving things where he lives.

Because Healthwatch is continually undertaking community engagement, volunteer recruitment can be undertaken at the same time. Volunteers interviewed were from a mix of backgrounds, male and female and different ethnicities. Whilst many of the volunteers are older, there is also “Young Healthwatch” to encourage younger people to get involved for example around children's services or the provision of information. This is done in a way that is appropriate to young people, for example holding activities in school holidays, or bringing pizza to meetings. One volunteer said, “We don't just sit there, they make it fun”.

Quality area 4. Recruiting and welcoming volunteers

It is easy for people to find out about opportunities, explore whether they are right for them, and get involved

Practice		Met
4.1	People are clear about the opportunities available and the process to become involved	Yes
4.2	Recruitment processes and checks are timely, fair, consistent, straightforward and appropriate	Yes
4.3	Recruitment is a two-way process for volunteers to find out more and that considers how individual and organisational needs can be met	Yes
4.4	Volunteers are provided with any necessary information, introductions and training for their role	Yes

Volunteers described a recruitment process that involves having a conversation with staff members and Healthwatch board members depending on the role, and being offered the chance to find out more, for example by attending meetings.

One volunteer who said he had an interview and then they took references confirmed that the process was, “Straightforward, easy, gentle and appropriate”. There is clear information on the Healthwatch websites about what volunteers do, skills required, and links to social media to find out more or to contact Healthwatch directly. Volunteers felt that they had opportunities to talk about what they wanted from the role and what might suit them, including staff encouraging them to try new things.

Induction slides from each Healthwatch show a good mix of information about the organisation as a whole, structures and people, strategic priorities, the role including other organisations that people might be working with, relevant policies and procedures, and support available. Volunteers said that they had the opportunity to shadow more experienced volunteers when they first started. There is a new volunteer agreement form, taking information from the handbook and putting it into a shorter document that sets out what Healthwatch gives to volunteers and what is expected of volunteers. There is a Code of Conduct, including setting out the Nolan Principles within which Healthwatch works, and then sections to sign in relation to the code of conduct, confidentiality, and a declaration of interests. A member of staff said that this helps volunteers to be clear from the beginning.

Quality area 5. Supporting volunteers

Volunteers feel supported at all times, that they are a part of the organisation and that their contribution makes a difference

Practice		Met
5.1	Volunteers feel appropriately supported in their role and able to discuss all aspects of their volunteering	Yes
5.2	Volunteers and everyone in the organisation who comes into contact with volunteers are clear about the scope of volunteer roles and what volunteers can expect from the organisation	Yes
5.3	Volunteers have the opportunity to discuss how they are doing	Yes
5.4	Volunteers have opportunities to express their views and ideas and to be involved in relevant decision making	Yes
5.5	Volunteers feel there is good communication between themselves and the organisation	Yes
5.6	There are systems for volunteers to have a positive and managed exit	Yes

Volunteers have allocated staff members to support them depending on whether they are in West and North Northamptonshire, Rutland or Young Healthwatch. Volunteers said that they were able to contact staff at any time and got a quick response. A member of staff said, “Volunteers are happy and comfortable that they can approach any of us, although they do have a direct contact”. Volunteers felt, “They’ve been very, very supportive, very open and friendly and I’ve been impressed by the professionalism”. For volunteers on the board or planning group there are regular meetings to discuss the progress of the work and to make future plans. Volunteers discuss feedback from the projects that they’ve been involved in, and this also informs future activities.

The CEO highlighted that, “We spend a lot of our time educating the volunteers on what's going on and providing information, it's a huge remit that our volunteers have to get to grips with”. As a result of feedback about communication, HWNW now sends out one Friday email summarising important information and providing links rather than sending it out in many separate emails that can get overwhelming.

Volunteers are very involved with the day-to-day direction of the work, and some sit on the board for more formal involvement with decision-making. There has recently been a decision-making policy developed, a national Healthwatch requirement, that helps volunteers understand what decisions are made and what their role is. There has also been a survey template devised and this will be circulated to volunteers in the coming months to get written feedback about their involvement.

Quality area 6: Valuing and developing volunteers

Volunteers are valued and there are opportunities for volunteers to develop and grow through their experience

Practice		Met
6.1	Volunteers feel their contribution is meaningful and rewarding	Yes
6.2	Volunteers feel valued by and a part of the organisation	Yes
6.3	The experiences, attributes and competencies that volunteers bring are recognised and they have opportunities to develop them	Yes
6.4	Volunteers have the opportunity for connecting with and learning from other volunteers where appropriate	Yes
6.5	Volunteers' future aspirations are supported where appropriate	Yes

Volunteers expressed that their involvement is rewarding because they see they make a difference and have lots of opportunities to work with other volunteers. One volunteer said the reward was, "Knowing I'm making the world a better place".

Volunteers attend multi-agency partnership meetings and commissioners are invited to Healthwatch meetings. Through this, volunteers can influence services. One said, "We visit the hospitals and tell them what we think could be changed and is really good and we get invited back and they show us the changes that they've made or send a report to us. It's really rewarding to see; I really enjoy that bit". Volunteers also feel valued because by staff, "They make it really clear that they value us and can't do it without us", "We always get lots of words of affirmation, letting us know that like, we are doing a pretty good job".

Volunteers can use skills they bring and have the opportunity for continual learning. Volunteers said, "You always get full training for what you do," and "There's skills that I have accumulated through my working life and through my studying and I find the work that I do for Healthwatch is an outlet for those skills". Because volunteers are working on such a wide range of projects one commented, "It keeps your brain active, it makes you think". The chair said that the skills and experience that many of the volunteers bring also contribute to overall organisational learning and supporting staff.

Young volunteers felt that being involved had given them experiences and skill. They commented, "I've been given so many opportunities that wouldn't have happened otherwise, it's a good way to get a bit of experience," and "I've stood up and done meetings and presentations, and because I have a voice it's built-up confidence". One volunteer said that she'd been on BBC Breakfast and worked with the Royal Society of Public Health.

Future Plans

There are various future plans involving volunteers. These include implementing the Healthwatch England Quality Assurance Framework for running an effective Healthwatch, as this has been developed with volunteers and will be delivered by volunteers. HWR has developed a community champion role. This has been developed including volunteers' involvement to revitalise the work in communities and to increase reach again after Covid. The Volunteer Handbook will shortly be edited and reproduced, and there is a template volunteer survey that will be sent out later in the year asking volunteers for their experiences.

Strengths

A number of strengths were identified during the assessment, these are detailed below. The numbers in brackets refer to the quality area and specific practice of the Investing in Volunteers standard.

- Volunteers are central in setting strategy for each Healthwatch through discussions at the board and the steering group. The activities that Healthwatch has to undertake around engagement, consultation and enter and view are set out nationally, but it is the responsibility of the local Healthwatch in conjunction with partners to determine topics based on local priorities. The CEO said, “It’s such a huge remit, we could get involved in so many things, and volunteers have got so good at saying what the four main projects are that we are going to do each year”. The chair identified that the priorities discussed by volunteers are then agreed by the Healthwatch board and then commissioners. Once this has been finalised, staff and volunteers work together to deliver and monitor progress, reviewing them at the end of the year for impact and to determine what needs to be carried forward. Young Healthwatch volunteer described a similar process about their work, “Sometimes at the meetings we’ll do a brain dump of things, get a flip chart out and write down any ideas of things that we want to do”. (**Vision for volunteering** 1.1, 1.3; **Planning for volunteers** 2.1; **Supporting Volunteers** 5.4; **Valuing and developing volunteers** 6.1, 6.2)
- There is the opportunity for volunteers to focus on areas of involvement that interest them within the roles, for example having responsibility to keep a watch on particular areas of health and care policy. This enables people to build a depth of knowledge, one volunteer said, “They really encourage you to follow your interests, which develops your knowledge and because you’re interested in it, you put more into it,” and for a Young Healthwatch volunteer being able to have input into the focus of the group helped because, “It’s relevant to what I want to do in the future”. (**Recruiting and welcoming volunteers**, 4.4; **Valuing and developing volunteers**, 6.3)
- Volunteers feel that they are able to make a difference and understand how their involvement matters and contributes to overall organisational aims. One volunteer said, “We go to a lot of meetings with the commissioners and providers locally and we have a voice, so we tell them what the public are telling us”. Although sometimes change is slow to external healthcare systems, it is reported back to them what has happened as a result of their reports and input. This is discussed at planning group and Healthwatch board meetings, and the annual plan for HWNW keeps a watching brief on areas that the volunteers have previously worked on, for example unpaid carers and access to NHS dentistry. This recognises that change can be a longer-term process and monitors the impact that volunteers have had months or even years down the line. (**Vision for volunteering** 1.3; **Supporting Volunteers** 5.3; **Valuing and developing volunteers** 6.1, 6.2)

Continuous development and improvement

Suggestions for continuous development and improvement are offered to help the organisation be even better than it already is in relation to involving volunteers. The adoption of these suggestions and progress against them will be followed up on and more fully explored during the renewal assessment in three years' time. The numbers in brackets refer to the quality area and specific practice of the Investing in Volunteers standard.

- Each Healthwatch identified some objectives in relation to increasing volunteer diversity, these included working age people, men, and reaching people from ethnic minorities, for example where they are isolated in rural areas. Much of the community engagement that is carried out is targeting under-represented people for example the CEO identified BAME organisations, gypsies and travellers and homeless people, so there is plenty of opportunity to think about volunteer recruitment and equity, diversity, and inclusion.

Development: consider whether there are more opportunities to link in volunteer recruitment with wider community engagement objectives, both strategically to help Healthwatch reach priority and/or diverse groups of people more effectively, plus operationally around how staff or volunteers doing outreach can alert people to volunteering opportunities whilst out in communities or health and care settings. This could help to increase volunteer numbers, bring a wider range of experiences, improve reach into all parts of the areas, and get direct feedback about what people want from volunteering. (**Vision for volunteering** 1.1, **Volunteer inclusion** 3.1, 3.2, 3.3)

- Although many volunteers have been with Healthwatch for significant numbers of years, there were a couple of comments about other volunteers not staying long. The project-based nature of the work could be a factor, many volunteers want to do enter and view visits, but these happen in response to external factors or depend on the focus of the different strategic priorities, and so can be sporadic and have been put on hold during Covid. The planning groups are opportunities for volunteers to have ongoing contact, but some volunteers may want more regular and structured involvement.

Development: The Healthwatch's could review whether volunteer retention is a significant issue and think about whether there is anything that can be changed about the structure of volunteer roles (this has started in Rutland with the community champion role) and/or whether there could be more information and discussion at recruitment and induction around the varying nature of Healthwatch activities. This may help to improve retention and may help with diversity of volunteers if there are particular reasons why some people are dissuaded from volunteering. (**Volunteer inclusion** 3.2, 3.4; **Valuing and developing volunteers** 6.1)