Equality Analysis

Social action for health and well-being: building co-operative communities

Department of Health strategic vision for volunteering

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them.

Equality analysis

Title: *Social action for health and well-being: building co-operative communities*

Department of Health strategic vision for volunteering

Relevant line in DH Business Plan 2011-2015**:**

1. The strategic vision has wide relevance to the DH Business plan: increasing quality in health and in social care, integration of services, more people-centred commissioning of services and addressing health inequalities.

2. It supports four out of the five Coalition priorities for structural reform:

    - Health and care systems integrated around the needs of patients and users
    - Promote better healthcare outcomes
    - Promote public health
    - Reform social care

What are the intended outcomes of this work?

3. The Coalition government believes that the innovation and enthusiasm of civil society is essential in tackling the social, economic and political challenges that the UK faces today and will take a range of measures to encourage volunteering and involvement in social action. The vision set out by the Department of Health in *Social action for health and well-being* [1] is as follows:

    'Our vision is of a society in which social action and reciprocity are the norm and where volunteering is encouraged, promoted and supported wherever it has the power to enhance quality, reduce inequality or improve outcomes in health, public health and social care'

4. The aims of this strategic vision are to:

    - embed a deeper understanding, genuine appreciation and awareness of volunteering and its benefits across all of health, public health and social care;
    - recognise the enormous voluntary effort that contributes to health and well-being and to health, public health and care services in this country and ensure that this is recognised, celebrated and strengthened in the process of system and service reform;
    - ensure that services are built around the strengths and assets that people (including those with health and care needs, carers and communities) can bring to them, through volunteering as well as co-production and shared decision making;
    - encourage the various parts of the health, public health and social care systems to recognise the value of volunteering in relation to their respective priorities and consider,

[1] Department of Health (November 2011). Social action for health and well-being: Building co-operative communities. Department of Health Strategic vision for volunteering
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130507.pdf

from a more informed stance, where a more strategic approach and coherent investment in volunteering would lead to improved quality, equity and outcomes.

Who will be affected?

5. This strategic vision affects everyone and is particularly aimed at leaders and decision makers in health, public health and social care, in local authorities, NHS trusts, the voluntary sector and the community, including service planners, commissioners and providers. It is also aimed at others at the local level (eg. Jobcentre Plus, schools, colleges etc) with an interest in volunteering and the benefits it can bring, particularly in relation to reducing health inequalities by addressing the wider determinants of health such as employment and education.

6. This more supportive and inclusive environment is one that enables more people to give their time, in more ways and more often, where this can impact on the quality, equality and outcomes of health and care services and support, and increase the connections within and between communities, which in turn has a positive impact on health and well-being.

Evidence

7. Our analysis of the impact on equality is based on available data and extensive stakeholder feedback through consultation and subsequent engagement activity with a wide and diverse group of organisations and individuals. Full details are provided on page 10.

Disability

8. Barriers experienced by many disabled people are not the result of their impairments or medical conditions but arise from attitudinal and environmental factors. Research by the Disability Rights Commission on recruiting and retaining disabled volunteers, listed the following as barriers experienced by disabled people:

    - attitudinal barriers;
    - fear and misunderstanding;
    - lack of reasonable adjustments eg. equipment etc.;
    - financial, eg failure to meet additional travel costs;
    - communication - some disabled people will be prevented from volunteering if they cannot access the recruitment process due to lack of alternative formats eg. Braille, large print, easy read or British sign language[2].

9. A research report for the Office for Disability Issues and DWP[3] found that disabled people broadly acknowledged the benefits of participation in clubs, groups and the local community and many felt their involvement helped them to feel more independent. Research indicates that disabled people predominantly volunteer in disability related organisations[4]. However, organisations that invest in support for disabled volunteers to address identified barriers (eg Aintree NHS Trust), have experience of providing meaningful and fulfilling placements, which can also lead to paid employment, an aspiration for many disabled people not currently in paid work.

[2] Disability Rights Commission.(2007) Recruiting, retaining and developing disabled volunteers
[3] Office for Disability issues and DWP (2008) *Experiences and Expectations of Disabled people*
[4] Scope (2005) Time to get equal in volunteering: tackling disablism

Sex

10. The 2009-10 Citizenship Survey shows that levels of formal volunteering, at least once in the last year, are about the same for men (40%) and women (41%). The more detailed report from the earlier 2008-9 Citizenship Survey shows women as more likely than men to participate regularly in both formal and informal volunteering at least once a month, with the bigger difference being in informal volunteering (38% women participated regularly, at least once a month, compared to 31% of men). Twenty-eight per cent of women were found to participate regularly in formal volunteering compared with 23% of men.

11. The data also showed up some differences in the profile of activities undertaken by male and female regular formal volunteers (ie those who volunteered formally at least once a month):

    - Men were more likely than women to have run an activity or an event (61% compared with 57%), led a group (42% compared with 31%) and to have provided transport (29% compared with 23%).
    - Women were more likely than men to have been visited people (26% compared with 21%) and to have provided practical help (45% compared with 27%).

12. This may indicate conformity to some stereotypes of men taking on leadership roles and women taking on more caring and practical ones. There are certainly strong stereotypes of volunteers in the health and care field being predominantly female.

Race

13. The 2008-9 Citizenship Survey report[5] included a detailed analysis of differences in participation in volunteering by ethnicity[6]. The analysis shows that when other factors (eg. age, gender, and education) were taken into account ethnicity did not appear to have an influence either way on the likelihood of participation in regular volunteering, although people born in the UK were found to be more likely to participate in formal volunteering than those not born in the UK.

14. A DWP paper on ageing[7] found people of Asian backgrounds to be less likely than their white or black counterparts to be involved in volunteering. Research on elders from BME communities, cited in a 2008 literature review[8], also indicated that older people from Asian backgrounds are less likely than those with a white or black background to be volunteers and suggested that this could be down to cultural barriers. Older people from ethnic minority groups might fear racism, as well as, ageism. There may be language barriers eg. with only low percentages of older Bangladeshi and Pakistani women being English speakers. In addition there may be caste or gender issues in communities that become a barrier to greater involvement in volunteering.

15. The Helping Out survey[9] identifies that people from BME groups are more likely than other sections of the population to get involved in volunteering through a place of worship and that those who actively practice their religion are more likely to volunteer than others. A 2008 literature review[10] on volunteering found research on elders from BME communities, which indicated that Asian and black people are three times as likely to volunteer in a role connected

[5] 2008-09 Citizenship Survey: Volunteering and Charitable Giving Topic Report
[6] Data from the 2009-10 survey shows a similar pattern, but does not include the detailed analysis of underlying factors.
[7] DWP (2005) Opportunity Age: Meeting the challenges of ageing in the 21st century
[8] Kate Hill (March 2006) Volunteering in the Third Age, Older Volunteering: Literature Review,
[9] Low N, Butt S Ellis Paine A, Davis Smith J, (2007) Helping Out – a national survey of volunteering and charitable groups
[10] Kate Hill (March 2006) Volunteering in the Third Age, Older Volunteering: Literature Review

to their religion as white people. This might also explain lower reported levels of volunteering amongst older Asian people, as feedback from faith organisations highlights that those who volunteer through faith organisations often do not self identify as volunteers.

16. There is limited information available relating to the involvement of gypsies and travellers in volunteering. We know that this group have poorer health than the general population and that barriers to accessing health services include low expectations of professionals, fear of prejudice and complex registration procedures[11]. Research also suggests that, in common with other black and minority ethnic (BME) groups, cultural beliefs may be a factor. Such beliefs include considering that health problems (particularly those perceived as shameful, such as poor mental health or substance misuse) should be dealt with by household members or kept within the extended family unit. This suggests that culturally tailored interventions, which are amongst those most likely to involve volunteers from within a community (eg. through peer support or community-led initiatives), are likely to be particularly beneficial to these groups. Avoiding complex recruitment procedures would also appear to be important when seeking to recruit volunteers from these communities.

Age

Older people

17. Data from the 2009-10 Citizenship Survey[12] suggests that the proportion of people aged 65+ who formally volunteer, at least once a year is 41% and that 29% of those aged 65-74 do some formal volunteering at least once a month. People in this age group also gave the largest amount of time to regular informal volunteering of any age group. There are several possible explanations for this, including the amount of uncommitted time available to pensioners, a greater propensity to be at home that might foster stronger neighbourhood networks and mutual support, and generational factors that influence social aspirations and socialising behaviours.

18. Feedback and examples gathered in the course of developing the vision for volunteering show evidence of upper age limits being imposed on volunteers by some organisations. This can be because of assumptions being made regarding older people and their capabilities and concerns over adequate insurance cover. Evidence in reviewed literature indicates that some organisations implement upper age limits as a blanket policy, which may be based on perceptions of older people lacking the ability to carry out tasks due to declining health[13]. A review of older volunteers found that some older people complained of being given routine low-level tasks that do not take account of their abilities and potential[14]. A Joseph Rowntree Foundation[15] report on volunteering in retirement suggests that, in trying to attract older volunteers, a flexible and proactive approach would be most effective.

19. The 1997 national survey of volunteering showed a link between economic security and volunteering.[16] Lack of payment of expenses continues to be raised by stakeholders as a barrier to inclusion, not just for older people who may be on low incomes, but of other groups too (see below).

[11] Z Matthews (2008) The health of gypsies and travellers in the UK – Race Equality Foundation: Better health briefing 12
[12] CLG - Citizenship Survey: 2009-10 (April 2009 – March 2010), England
[13] Institute for Volunteering Research (2009) Age Discrimination and Volunteering Research Bulletin
[14] Kate Hill (March 2006), Volunteering in the Third Age, Older Volunteering: Literature Review
[15] Joseph Rowntree Foundation (2005) Volunteering in Retirement
[16] J Davis Smith (1998) 1997 National Survey of Volunteering

Children and Young People

20. Feedback and examples gathered in the course of developing the vision for volunteering suggest evidence of age restrictions being placed on younger volunteers (eg. those in the 16-18 age group) particularly by NHS bodies. Clearly, those involving volunteers have a duty of care for the people they involve as volunteers as well as the people who use services. Roles for under 18's need to be appropriate to the capability and emotional maturity of the individual. However, there are examples of volunteering initiatives run by organisations like CVS and others that successfully engage people in the 16-18 age group in volunteer roles, including on NHS premises (see Sheffield Teaching Hospitals NHS Foundation Trust example in the vision for volunteering). Opportunities for younger children to volunteer in the health and care field are more limited, however there are examples of the way in which young people can contribute in ways that are appropriate for them (See intergenerational examples NCB Souped Up project and British Red Cross' Dawn Patrol[17] in the introduction of the vision for volunteering).

Working age people

21. Evidence from the 2009-10 Citizenship Survey suggests that the proportion of formal volunteers, volunteering at least once a year, is highest among people in the 35-49 age group (46%). People in this age group frequently site lack of time and lack of awareness of opportunities as barriers to becoming engaged or doing more. For those not in work concern over restrictions on volunteering while on benefits are frequently cited as a barrier to involvement in volunteering.

Gender reassignment (including transgender)

22. It is well documented that transgender people have faced, and continue to face, high level of prejudice and stigmatisation that have an impact on their ability to keep the job, home, and friendships that others take for granted[18]. Privacy is difficult to maintain as the administrative systems that govern life are such that a person's transsexual status becomes known through the most simple interactions, such as a driving licence check, national insurance enquiry or anything that requires a birth certificate to be shown. This places transgender people at higher risk of depression, self-harm and suicide than the general population[19].

23. There are some excellent examples of transgender people being engaged as volunteers eg. NHS Sefton runs a Transgender Volunteer Project, which helps transgender men and women become valued members of the workforce, develop new skills and gain self-esteem. These factors help to counteract depression and the many health issues associated with isolation, unemployment, poverty and poor housing. The project also helps to overcome stigma and misunderstanding. Before the project started, the greatest resistance from paid staff to involving transgender volunteers was fear of using the wrong words or saying the wrong thing.

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[17] www.redcross.org.uk/Where-we-work/In-the-UK/Northern-England/Lancashire-Merseyside-and-Greater-Manchester/LocalServices/Dawn-patrol

[18] A Home Office report (April 2000) *Report of the Interdepartmental Working Group on Transsexual People*

[19] Stephen Whittle, Lewis Turner and Maryam Al-Alami (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination

24. Like the rest of the LGBT community, and other protected groups, good quality volunteering monitoring practices help to identify the profile of volunteering groups. In the case of sexual orientation and gender identity this remains rare.[20] As a consequence, there is little statistical information relating to the involvement of transgender people in volunteering.

Sexual orientation

25. There is a lack of statistical data on sexual orientation and levels of volunteering. There have however been some high profile cases in recent years that have raised issues of rights for volunteers. These examples include the dismissal of a volunteer by a small organisation on disclosing his sexual orientation.[21] Cases such as these highlight the need for vigilance against discrimination. Although greater monitoring and analysis of data relating to the sexual orientation of volunteers may help to identify any inequalities or discriminatory practice, good practice in volunteer management also suggests that volunteers should only be asked for information about themselves that is necessary. Information on sexual orientation should only be actively sought if it is done on an optional and confidential basis, as it would be for paid employees.

Religion or belief

26. The Helping Out Survey[22] highlighted the demographic profile of those volunteering and indicated that rates of volunteering by religious groups varied but differed depending on whether respondents said they actively practised their religion. Sixty seven per cent of those actively practising their religion gave some level of formal help compared with 55% in other groups. The 2008-9 Citizenship Survey report found that regular volunteers from ethnic minority groups were much more likely to be involved in religious groups than White volunteers (56% compared with 31%).

Pregnancy and maternity

27. There is no statistical evidence relating to pregnancy and maternity and volunteering. However, there is anecdotal evidence to suggest that women who are pregnant or who have young children often consider volunteering and that both being pregnant and having young children often draws women into voluntary activity with social and 'back to work' benefits being the main motivating factors for getting involved.

28. Like other carers, parents often get involved in running activities for which they see a need, initially for their own child but ultimately for the wider community. There are also many volunteer roles relating to pregnancy and maternity, such as those that provide peer support or community outreach to pregnant women, new or young mothers.

29. Payment of childcare expenses will be critical to the engagement of some mothers, particularly those with low incomes, in voluntary activity.

[20] Consortium of lesbian, gay, bisexual and transgendered voluntary and community organisations. LGBT website (Feb 2010) Involving LGBT volunteers

[21] Who will help the volunteers? - Ally Fogg, Guardian 19 November 2009.

[22] Low N, Butt S Ellis Paine A, Davis Smith J, (2007) Helping Out – a national survey of volunteering and charitable groups

Carers

30. The challenges faced by carers are well documented, especially issues relating to the need for breaks and the impact of caring on employment prospects (see for example the DH next steps for the Carers Strategy)[23]. We also know that a significant majority of carers are women. Feedback from carers groups in the early stages of developing the vision impressed upon us that carers should themselves not be considered as volunteers in their primary caring role, as a majority would not deem themselves to have 'freely' chosen to become carers; rather they find themselves in circumstances that require this of them. For this reason we have used a definition of volunteering that explicitly states that the activity must be 'undertaken freely'.

31. Although carers are not included in our definition of volunteering in relation to their primary caring role, there is ample evidence of the fact that many carers do volunteer and get involved in social action, often to address gaps and insufficiencies in the services and support that they and those they care for receive. Peer support amongst carers and volunteer roles that support carers breaks are also common and are highlighted in the vision.

32. Volunteering can provide opportunities for carers to have a life outside their caring role, to learn and share skills that are useful in the work place and regain some of the skills and confidence required to re-enter the labour market if, through caring, they have been unable to work.

33. The recently published next steps for the Carers Strategy also recognises the important strategic role the voluntary sector frequently plays in developing new approaches to community engagement and the active involvement of a wide range of trained and supported volunteers in working with carers. It goes on to emphasise how complementary currency schemes, such as time banking, are already being used to enable communities to support each other, and the important role of local government can play as a catalyst for this kind of activity which can build community capacity in support of carers and the people they care for. These messages are all reinforced in the volunteering vision.

Other identified groups

34. The 2008-09 Citizenship Survey report found that people at risk of social exclusion[24] were less likely to volunteer than those defined as not at risk of social exclusion (20% compared with 29% for formal volunteering; 33% compared with 36% for informal volunteering). Participation in formal volunteering was higher among those in higher socio-economic groups. Thirty-four per cent of those in 'managerial or professional occupations' formally volunteered compared with 14% of those in 'routine occupations'. The difference is less marked for informal volunteering at 38% and 32% respectively. Rates of volunteering amongst those who were long-term unemployed or had never worked were reported at 18%.

35. The Helping Out[25] survey highlights that routes into volunteering were broadly similar for all groups of volunteers. A main difference was that groups at risk of social exclusion (other than Asian people) were less likely to have used technology, TV or internet, to find out about volunteering. Those with no qualifications (5%), a limiting long-term illness (3%) or from an

[23] Department of Health (November 2010) Recognised, valued and supported: next steps for the Carers Strategy www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077

[24] People at risk of social exclusion were defined as having a long-term limiting illness or disability, having no formal qualifications, or being from an ethnic minority group

[25] Low N, Butt S Ellis Paine A, Davis Smith J, (2007) Helping Out – a national survey of volunteering and charitable groups

Asian background (5%) were less likely to have found out about volunteering through their employer than all volunteers. Volunteering England's Membership Return [26] shows that local Volunteer Centres attract a relatively high proportion of people either unemployed or not working for other reasons who might be identified as at risk of social exclusion.

36. Research has indicated that those volunteering deemed at risk of social exclusion were more likely to cite worries about a threat to safety and being out of pocket as barriers to volunteering[27]. Fear of losing benefits was also found to be more likely to prevent those with no qualifications from volunteering.

37. No research was found, or evidence obtained, on whether marriage or civil partnership had consequential effects, eg individuals being excluded or discouraged from volunteering. There is no obvious or tangible reason why marital or civil partnership status in isolation would lead to inequality.

Engagement and involvement

38. Was this work subject to the requirements of the cross-government Code of Practice on Consultation? No

39. Stakeholders were engaged extensively in both evidence gathering and in testing the analyses and proposed next steps:

- In May 2010 next steps and progress following publication of the earlier vision for volunteering[28] with DH strategic partners . Discussion focused on the changing policy context for volunteering and in particular volunteer involving organisations. This discussion informed our next learning event.
- Comprehensive consultation activity was undertaken, on the development of a strategy for volunteering in health and social care, toward the end of 2008. Consultation took place over a four-month period and included involvement of over 750 people in nine regional events, as well as online and written consultation.
- Subsequent development work throughout 2009/10 was undertaken with a Working Group (including disability, LGBT, older and young people's groups). This group helped to inform content of the original vision under the five strategic themes endorsed by the initial consultation.
- On-going communication has been maintained during 20010/11 with a growing Volunteering Network. This network is open to anyone to join. Members of this network have been kept up to date with development of the vision and have responded to request for both information on equality issues and examples of good practice, which have informed the vision.

[26] Hill, M (2009) Volunteering England Volunteer Development Agency Annual Membership Return 2007/08, Institute For Volunteering Research.
[27] S Teasdale (2008) Volunteering among groups deemed at risk of social exclusion – Institute for Volunteering Research

[28] Volunteering: involving people and communities in delivering and developing health and social care services, was published on the 16 May 2010 (see http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113974.pdf). This 'original' vision was thoroughly refreshed taking into account the new administrations agenda for social action.

- A joint learning event was held in January 2010 covering the Dignity in Care Campaign and volunteering. This event was widely advertised through DH and wider stakeholder networks and included representation and input from carers, LGBT and faith groups. Particular issues raised here included the importance of training for volunteers working with vulnerable groups and important part that volunteers can play in the provision care that is personalised and culturally sensitive/appropriate.
- A **Big Society and volunteering learning event** was held in July 2010. Again, this was advertised through various DH and wider networks. The event included input from mental health, disability, older and young people's organisations and provided an opportunity to explore what Big Society might mean for the voluntary and community sector and for the volunteering agenda. One of the key messages from this event was that in refreshing the volunteering vision we should not lose the valuable work already done or the important key messages from the earlier document.
- Since October 2010 work on the refreshed vision has been developed with the input of a newly formed **Volunteering Stakeholder Reference Group**, which includes representation from older people's groups, disability and faith organisations as well as other voluntary organisations, local government, and NHS bodies.

Summary of Analysis

Volunteer Support

40. In response to issues raised across these equality groups the vision for volunteering:

- advocates an open, flexible and inclusive approach that tailors roles to individual interests, motivations and circumstances and does not make assumptions about what any particular group of people will be interested in or capable of;
- states that arbitrary age restrictions should be avoided;
- highlights the importance of paying volunteer expenses to create a more inclusive environment for volunteering;
- signposts people to the most up do date advice from DWP on volunteering while on benefits[29];
- highlights the importance of volunteer support in ensuring that both volunteers and vulnerable service users are protected and that volunteering is effective, fulfilling and safe; and
- highlights the need for commissioners and providers to recognise the costs of appropriate volunteer support, including training, and payment of expenses when designing and commissioning services.

41. The vision also highlights that power of peer support where certain characteristics (including age, gender, sexual orientation, gender reassignment, disability) are central to the value of the support or service provided.

42. The vision suggests that if we are to nurture and build on existing voluntary effort and release more of the untapped potential that exists within communities we need to increase the range of ways in which people can contribute, formally and informally at times and in ways that fit in with their lives. The vision promotes a variety of routes to access volunteering acknowledging the different motivations, levels of time commitment and levels of computer literacy.

[29]Volunteering while getting benefits, DWP leaflet, February 2010 - http://www.dwp.gov.uk/docs/dwp1023.pdf

43. The vision document signposts to existing good practice resources and learning from the engagement of different equality groups including the Consortium of lesbian, gay, bisexual and transgendered voluntary and community organisations publication: *Involving LGBT volunteers*[30]*.* This document includes case studies from organisations like Citizens Advice and Samaritans for whom a volunteer force that is fully representative of its service users is a distinct advantage, not just in working with those using the service but also in raising awareness of relevant issues amongst other staff and volunteers.

44. The vision warns against making assumptions about what any particular group of individuals might be capable of or interested in doing and highlights the importance of this particularly for the engagement of disabled volunteers and others who have health and care needs, who may or may not need adjustments or other support to enable them to volunteer. Tailoring activities to different individual interests and circumstances encourages greater diversity and a wider pool of people willing to give their time.

45. The vision for volunteering does not say anything specific in relation to pregnancy and maternity. If does however highlight an example of a Maternity Outreach Project run by the Shantona Women's Centre in Leeds which demonstrates good practice in partnership working but also the enormous value of community outreach work, providing culturally appropriate support within communities experiencing health inequalities.

Leadership

46. Leadership is one of the key themes within the vision, reflecting the vital part that leaders play in setting the tone and culture within organisations and the role of community leaders (often volunteers themselves) in opening up opportunities for collective action and increased engagement of local people. The vision includes leaders in voluntary, community and faith groups amongst those leaders who may have a role in championing volunteering in their local community for the health and well-being benefits and increased connections it can help to foster.

47. The vision also:

- places particular emphasis on the role of leaders within organisations in creating the right environment for volunteers to be supported and have a voice where they might work alongside paid staff;
- highlights the benefits that volunteering can bring in terms of providing opportunity for a greater diversity of people to gain some experience relating to health and care and, through this, to recruit a more diverse work force; and
- highlights the benefits of Employer Supported Volunteering as a means of staff development and encouraging an environment where staff have increased experience of working with different communities.

[30] Consortium of lesbian, gay, bisexual and transgendered voluntary and community organisations (2011) Involving LGBT Volunteers. www.lgbconsortium.org.uk/sites/default/files/Involving LGBT Volunteers.pdf

Partnership

48. The vision highlights the importance of more integrated working and stronger partnership between those organisations with an interest in health and well being and what volunteering can contribute to this, including indirectly where it can have an impact on wider determinants of health (eg. education and employment) and help to address health inequalities. The document emphasises the local authority community leadership role, duty to involve and responsibilities under the Equality Act 2010 as reasons they might want to consider more strategically with local partners, where promoting and supporting volunteering might add value, help to fulfil existing responsibilities and achieve outcomes, including health equality outcomes for the local community.

49. Recognising the importance of faith and belief and the proportionately greater role faith groups have in relation to the voluntary activity of people of faith (and to some degree BME communities) the vision includes faith groups explicitly amongst those organisations that should be involved at the local partnership level in identifying need, influencing services and in developing local strategic approaches to the promotion and support of volunteering.

Commissioning

50. The vision document recognises the critical role of commissioning in shaping the environment for volunteering and influencing the extent to which social action and volunteering are encouraged and can contribute positively to health, public health and social care outcomes. For this reason, the vision emphasises the importance of understanding the role of the voluntary and community organisations in the local market and the added value volunteer-involving initiatives can bring. The vision advocates the use of appropriate investment mechanisms for desired outcomes, for example, where grant funding may prove to be a more appropriate investment mechanism when looking to increase choice, address health inequalities or promote positive behaviour change within some communities and groups as part of the public health agenda. In these cases it is often small community organisations that have the necessary connections but are unlikely to have the capacity to be able to compete in a full-scale procurement process.

Eliminate discrimination, harassment and victimisation

51. The vision for volunteering acknowledges the different legal status of volunteers and paid staff in the workplace in regard to their protection under law. The vision reinforces an approach that offers volunteers the same protection from discrimination and harassment although legally they do not have the same employment protection, for example, in relation to unfair dismissal. This is a complex area into which Volunteering England have recently conducted an inquiry. The vision document signposts readers to Volunteer England and their publication 'Volunteering and the Law'[31].

52. The vision document also highlights and promotes:

[31] http://www.volunteering.org.uk/NR/rdonlyres/4D224B2A-CB11-4529-9A95-BA4018209641/0/volunteers_and_the_law.pdf

- the role of user-led, voluntary and community groups in their representative capacity at the local partnership level through Joint Strategic Needs Analysis[32] and other consultative mechanisms; and
- the role of social action in campaigning or advocating for change through the Dignity in Care and the social movement addressing public attitudes on mental health.

Advance equality of opportunity

53. The vision for volunteering highlights the role of leaders within health and care organisations in promoting volunteering and the potential advantages of this in increasing understanding and fostering an inclusive environment as well as recruiting a more diverse health and care workforce. By giving a wider range of people some insight into health and social care professions, volunteering can help to increase the diversity of those applying for paid roles in health and care services, which in turn can help to improve the quality of the experience that diverse patients/service users have of them. The strategic vision highlights this and provides examples (eg. University Hospitals Birmingham NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust) where NHS trusts have done targeted work to increase the diversity of their volunteer teams, focusing specifically on recruitment of more men, people from BME communities, young people and those who are socially excluded. The vision also highlights the targeted community development approach taken, to the recruitment of Community Health champion volunteers, by the Altogether Better public health initiative[33]. The vision also signposts readers to good practice guidance on recruiting and working with a more diverse range of volunteers.

54. The Marmot review[34], which focused on tackling the root causes of ill health and inequality, highlighted the link between participation, social capital and personal agency and increased levels of well-being and personal and community resilience. These are amongst the motivations for the Department of Health producing a vision for volunteering that highlights ways in which volunteering can help to address health inequalities, advance equality of opportunity and promote good relations between protected groups.

Promote good relations between groups

55. The vision for volunteering reaffirms the importance of greater engagement of individuals (including volunteers) and volunteer-involving, user-led and voluntary and community groups in local needs assessment, decision making and delivery.

56. There is a wealth of literature that makes the link between volunteering and community activity and increased social capital, connections and positive relations within and between communities. Evidence from the citizenship survey suggests that people are more likely to volunteer if they have existing social connections and that word of mouth is a significant factor in people getting involved. This suggests that there is potential, through the promotion of more voluntary activity, to create a virtuous cycle but also a risk that this will only impact on those who already have a stronger propensity to volunteer.

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[32] JSNA, see www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

[33] www.altogetherbetter.org.uk/community-health-champions

[34] www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf

57. Research suggests that Timebanks[35] can attract people less likely to engage in more formal volunteering roles[36]. The vision document promotes approaches like time banking that provide flexible opportunities for people to engage in volunteering in ways that suit them and has the added value of building good, reciprocal relationships between individuals within a community.

What is the overall impact?

58. The impact of the vision for volunteering will largely be dependent on decisions taken at the local level. The Department of Health's intention in publishing this vision is to have a positive impact on those decisions based on the content of the vision which has taken into account issues for the various equality groups as set out above.

59. DH is committed to playing an enabling and facilitative role increasing the quality, level and participation in volunteering in health and social care and will work with key partners to take this agenda forward. In doing so, the emphasis will be on influencing key players and encouraging practical action reflected in better information sharing, a more accessible evidence base and locally tailored approaches. We will use the vision as a framework to co-ordinate its own activities and to promote and support action by others across the health and care system.

Action planning for improvement

60. There are ten actions proposed for the Department in the vision document. Several of these are included to highlight where the volunteering links to existing policies and activities subject to their own equality analysis. The action plan set out here addresses those actions that are to be taken solely as a result of the vision or which relate to emerging policy.

Action in volunteering vision	Action in relation to equalities
Work with partners to **develop the evidence base** around the value of volunteer involvement in health, public health and social care and explore ways in which this might be strengthened longer term.	Work on the evidence base will focus on the cost/benefit and added social value of volunteer involving interventions. Impacts for different equalities groups will be considered in this work.
Produce **targeted resources for health, public health and social care audiences**, which will build on the key messages here and use evidence and good practice examples to illustrate ways in which volunteering is being effectively promoted and supported locally and having an impact on priority outcomes in each field.	As above, in each case these targeted resources should take account of different equality groups and include a range of examples that demonstrate diversity.

[35] 'Timebanking' is an alternative monetary system that bases its value on units of time rather than on commodities or other items of value such as cash.

[36] New Economics Foundation (November 2008) The new wealth of time: How timebanking helps people build better public services

Facilitate **improved access to information and good practice** in relation to volunteering that is relevant and accessible to health, public health and social care audiences.	In doing so, we will identify and more widely publicise good practice relating to increased inclusion of equality groups building on the information already highlighted in Annex 1 of the vision document.
Develop **opportunities for volunteers as part of HealthWatch** (The Assessment of Impact on Equalities for HealthWatch[37] notes that: better engagement with local communities and encouragement of a more diverse range of volunteers will have a positive impact in raising awareness of people's needs, but could have a negative impact if not comprehensive).	In developing HealthWatch, the Department will encourage HealthWatch England to include equality issues in training for local HealthWatch staff and volunteers. HealthWatch will also use equality characteristic data to improve services for all groups in the community and use accessible communication and information adapted to meet different needs and awareness of cultural issues to aid participation by disabled people and people from different racial groups.

For the record

Name of person who carried out this assessment: Sally Cooke

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Name of responsible Director/Director General: Mark Davies

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[37] http://www.parliament.uk/documents/impact-assessments/IA11-003.pdf