



National Association of Voluntary Services Managers
Leading volunteering in the NHS

BEST PRACTICE GUIDANCE

VOLUNTEERING versus JOBS SUBSTITUTION

The Department of Health defines volunteering as:

“Volunteering is an activity that involves spending time, unpaid, doing something that aims to benefit the environment or individuals or groups other than (or in addition to) close relatives.” (DH 2010)

1. INTRODUCTION

The NHS is changing and as part of this change (as outlined in the Department of Health Vision paper) there is a move towards greater patient and public engagement in the design and delivery of NHS services which has brought the role of volunteers to the fore; opening the way for more volunteering involving and volunteer led services in the NHS.

Voluntary Service Managers (VSM) are constantly looking for new volunteering opportunities as well as being approached by staff members requesting volunteer assistance. In this current economic climate, not only are staff being made redundant, departments restructured and work loads increasing but at the same time, with increased unemployment, more volunteers are approaching VSMs looking to volunteer to give them the exposure to the workplace and environment they need to apply for paid work in the NHS.

Although some basic guidance exists around what is or isn't acceptable in terms of volunteer roles, this line is often blurred and particularly in the current economic climate there is growing pressure to place volunteers in roles which could be considered job substitution.

It is a fundamental part of the VSMs role to advise staff on what is or isn't acceptable with regard to volunteer placements and this best practice guidance aims to give VSMs a framework on which they can base their decisions as well as providing a useful resource for VSMs and the managers of services, wards and departments when they develop new roles for volunteers or redesign established volunteer roles.

There are some key underpinning statements that VSMs **must** abide by:

- Volunteer placements should **enhance not replace** the work of staff
- Volunteers **do not** carry out personal care
- Volunteers are there to **support** not to lead

These statements are expanded in the document below which is split into 3 sections:

- Where?
- What?
- How often?

2. WHERE? - Where are you considering placing the volunteer?

There is no area of an NHS Trust where a volunteer **cannot** volunteer, however there will almost definitely be areas where it is either not useful or too high risk for volunteers.

When creating volunteer roles the VSM must first identify a need for volunteer assistance; if there is no benefit to the Trust (staff or patients) in having a volunteer carry out a particular role then volunteers should not be placed in that role.

Once a need has been identified a risk assessment must be completed and any training needs should be identified. It may be that the risk is high and cannot be mitigated by training or other interventions in which case the volunteer should not be placed in that role. However, it may be that with adequate training or adaptation the risk is reduced and therefore volunteers may be placed in the role. In this situation, a comprehensive training programme must be developed which should include ongoing assessment and refresher sessions.

Some examples:

- A volunteer wishes to help out by chatting to patients in a waiting area. The VSM speaks to patients using the waiting area and to staff and finds that patients often wait longer than 10 minutes and therefore the volunteer would be complementing the role of paid staff by offering this support. **DECISION:** Volunteers are placed in this area.
- A staff member has asked for a volunteer to help out pushing patients in wheelchairs to the Renal Dialysis Unit. The reason for the request is that the position of the unit has been moved further away from the entrance to the hospital. The ambulance crews bringing the patients have reported an increase in their time spent transporting patients as a result. The engagement of volunteers to take over from the ambulance crew at the entrance will reduce journey time for the crews. This change in journey time should have been considered during the change to the service. It is proposed that volunteers 'plug the gap' that would normally be done by a paid member of staff. If it is agreed that the ambulance crew leave the patient at the entrance to the hospital and then for some reason the volunteer was not available, the patient would not get to the Unit to have their treatment. Therefore, the VSM assesses this is as an unacceptable reliance and responsibility on the volunteer. **DECISION:** Not to place volunteers in this area.

3. WHAT? - WHAT TYPE OF ROLE WILL THE VOLUNTEER BE DOING?

Having identified a need for someone to carry out a role and assessed the risk associated with that role, the next step is for the VSM to consider whether the role is suitable for a volunteer as there are very strict restrictions on the type of roles that volunteers can carry out.

3.1 Volunteers should only be used to enhance the work of NHS staff

The easiest way to consider this issue is to look at what would happen if the volunteer was unable to attend. Would the core activities of the service cease? If that answer is yes, then the volunteer would be considered to be replacing paid staff or providing essential services.

This does not mean that you cannot have volunteer led services. However, any service that they provide must not be core to the activities of the Trust.

Example 1: You could have a coffee shop that was entirely run by volunteers. If they were unable to come in the coffee shop would shut but the core services of the Trust would not be affected.

Example 2: A volunteer was helping out with some filing in an appointments office, if they did not come in then appointments would still be made. However, if a volunteer was used to check patient information before the patient used a service and they were the only people who did this and when they weren't there the information did not get checked, then this would be seen as core activity that should be undertaken by a paid member of staff and so that would not be acceptable.

Example 3: A staff member is off sick and their manager contacts the VSM asking for a volunteer to help out whilst the staff member is away from work. This is clearly a case where the volunteer would be

replacing a paid member of staff. If the manager needed someone to do the role then they should pay for a temporary replacement.

3.2 Volunteers should not be involved in personal care

“In NHS organisations volunteers should not be used in roles that are primarily concerned with personal or physical care (bathing, assisting with use of toilet).” (Hawkins & Restall 2006)

This guidance therefore rules out volunteers from helping with the personal care of patients. There are a couple of grey areas here and in particular using volunteers as ‘Dining Companions’ and volunteer complementary therapists. Dining Companion schemes occur in large numbers of Trusts but it is up to the VSM and the Manager / Senior Healthcare professional to make a decision about whether they think that there is a real need for this role. If they decide that it is appropriate then certain safeguards must be put in place:

- A comprehensive training programme to teach volunteers about supporting patients to eat and drink.
- Clear guidelines about what is not allowed should be developed with the VSM and senior nursing staff and put into a role description. For example – volunteers must not feed patients who have difficulties in swallowing as the risk is too great.
- Clear guidance on supervision and escalation of any issues must also be put in place.

3.3 Volunteers should not be responsible for any overall activity

The level of complexity of any particular task assigned to a volunteer should be purely based on what tasks are available, useful for a volunteer to complete and whether they have the skills to undertake the task. Whether the task undertaken is simple or complex, the overall responsibility for the task, project, activity or event, lies with the member of paid staff.

For example: a volunteer with database experience might be asked to assist with inputting data but the responsibility for the management of the database (and its accuracy) would remain with the manager.

4. HOW OFTEN? - HOW LONG AND HOW OFTEN SHOULD A VOLUNTEER SPEND IN A PARTICULAR ROLE?

This area is perhaps the hardest one to provide concrete answers to and should very much be left to the discretion of the VSM in discussion with managers. There are various factors to consider such as what the volunteer wants to get out of the volunteering; how much the volunteer has to do; what the aims of the volunteer programme are (for example: primarily social interaction or as a means of getting local people into employment); and, issues such as the health of the volunteer.

As a general rule volunteers:

- Should not be volunteering more than 4 times a week
- Should not be volunteering for longer than 8 hours at any time. Some VSMs restrict this to 4 hours but this will vary depending on the intensity of the role.

All situations should be judged individually. The areas where job substitution is at greatest risk appears to be within administrative roles. The following examples will illustrate how a VSM may exercise their discretion:

- a. A volunteer is passionate about patient care and wishes to come in for a couple of hours each day to chat to patients and help out at mealtimes. The VSM in this case might suggest the volunteer initially comes in a couple of times each week and potentially allow them to increase this over time. Since this role is purely an enhancing role and in no way replaces paid employees it would be quite acceptable for this and similar services (such as breast feeding peer support) to

run 7 days a week and if suitable 24 hours a day with multiple volunteers contributing their time.

- b. An office requests a volunteer to come in three days a week to help staff with basic admin tasks such as filing and photocopying. The VSM should assess why they require three days assistance as it may be that without it core services are affected and so this would be volunteering as a substitute for paid employment.
- c. A volunteer who comes into a small friendly office and does general photocopying, filing tasks but also makes teas and coffees, welcomes guests and chats to visitors and other volunteer staff. This person might be doing minimal office administration activities but is contributing to the social interaction and welcoming activities within the department, enhancing the role of paid staff.
- d. A volunteer who comes in for three hours and stuffs envelopes or does filing in a busy office. If the volunteer was not present a member of the office staff would be doing these activities and so this does not constitute job substitution.

5. CONCLUSION

Ultimately the VSM must decide in partnership with managers what is and isn't appropriate in terms of volunteer roles, taking into consideration all the above factors discussed as well as being aware of the conflicting pressures from staff and the considerations of NHS unions and staff side representatives. Having clear guidelines set out in your Volunteer Policy is useful and documenting the thought process behind any difficult decisions is also a good idea.

See the flow chart below for an overview of the advice given in this document.

6. REFERENCES

Department of Health (2010) Volunteering: involving people and communities in delivering and developing health and social care services pp20

Sheila Hawkins and Mark Restall (2006) Volunteers across the NHS: Improving the patient experience and creating a patient-led service;

FLOWCHART TO ASSESS JOB SUBSTITUTION VS VOLUNTEER ROLE

