**NHS Education for Scotland**

**Equality Impact Assessment Report**

**Name of function, policy or programme: *Volunteer involvement at NES***

***NES department: Planning & Corporate Governance/NMAHP***

**Name of person(s) completing EQIA: *Rob Coward***

**Individuals or groups contributing to EQIA:**

**Date Report Completed: 24 January 2020**

**1. Volunteering at NES[[1]](#footnote-2)**

NES has demonstrated its commitment to volunteer involvement over a number of years and we achieved the Investing in Volunteers (IiV) award in 2010 (renewed in 2013). A further IiV assessment is due in 2020. Although we have recruited relatively few volunteers in recent years[[2]](#footnote-3), our experience of volunteer involvement has been useful to NES and we are aware of the benefits to the individuals involved in our work. They have performed a valued role, adding to the utility of our work across a range of programmes. Several of these volunteers have contributed to our educational development activities as ‘experts by experience’ providing insights as service users or carers. Volunteers have provided advice and guidance as members of governance groups (e.g. Pharmacy Professional Advisory Group), participating in programme boards, facilitating learning for professionals in training (e.g. Psychology Experts by Experience) or providing feedback on draft educational materials (e.g. testing the accessibility of digital learning resources).

The IiV award, and the work on which it was based, provides a foundation for further development and improvement of our practice. We are now encouraging new types of involvement in NES workstreams that can benefit volunteers by enhancing their experience, skills, knowledge, self-confidence and self-esteem. We recognise however that involving volunteers in our projects requires careful planning to make our opportunities accessible and rewarding to all. Through this equality impact assessment, we have drawn on published research and statistical data to identify barriers to volunteering at NES, and some potential enhancements.

**2. Evidence used to inform assessment**

The evidence used to conduct the EQIA of volunteer involvement at NES is mainly drawn from published statistical data and research papers. We have also reviewed data on NES volunteers held on the NHS national Volunteer Information System (VIS) and NES’s own, local VIS data.

*Volunteering for all: Volunteering National Framework*, Scottish Government (2019)

The Volunteering National Framework articulates the Scottish Government’s commitment to promoting volunteering as a social good and identifies its numerous benefits to individual volunteers, communities and Scotland as a whole. It highlights current patterns of volunteering, using published research to explain inequalities in participation and the barriers to access.

*Volunteering National Framework – Literature Review*, Scottish Gov. (2019)

A systematic review of the research literature on volunteering conducted by the Scottish Government under commission from the Scottish Government. The purpose of this review is to inform the development of a Volunteering Outcomes Framework to support the critical role that volunteering plays in Scotland for volunteers, beneficiaries and wider communities. The literature review presents evidence on volunteer characteristics; motivations; activities; benefits; outcomes; barriers; and policies in other countries.

*Volunteering in Scotland: Scottish Household Survey 2007-2017*, Volunteer Scotland (2017 updated 2019)

A report based on Chapter 11 of the Scottish Household Survey: an annual randomised survey of the Scottish population (9,400 households in 2017). It includes data on the rate and types of volunteering by demographic characteristics such as age, geographical location, and Scottish Index of Multiple Deprivation.

Dean, J. (2014). *How structural factors promote instrumental motivations within youth volunteering: a qualitative analysis of volunteer brokerage*. Voluntary Sector Review, 5(2), 231-247.

Dean, J. (2016). *Recruiting Young Volunteers in an Area of Selective Education: A Qualitative Case Study*. British Journal of Sociology of Education, 37(4)

Tabassum F, Mohan J, Smith P, *Association of volunteering with mental well-being: a lifecourse analysis of a national population-based longitudinal study* *in the UK*, BMJ Open 2016;6:e011327. doi: 10.1136/bmjopen-2016-011327

Volunteer Information System

The Volunteer Information System has been designed for, and with the involvement of, NHS Boards, to support them to manage their volunteering programmes and report on activity. It contains records of individual volunteers, volunteering roles and their volunteering activities.

Volunteering Information System report 2018/19 (October 2019)

A detailed report on data held in the NHSScotland Volunteering Information System.

**3. Results from analysis of evidence and engagement**

The data presented in the Scottish Government’s Volunteering National Framework and supporting documents provides clear evidence of the benefits of volunteering for all members of society, but highlights its specific value to some disabled people, socio economically disadvantaged individuals and other equality groups. It also indicates an uneven pattern of participation in volunteering, demonstrating that several equality groups are significantly under-represented in the volunteer population. The Framework and associated literature identifies some of the key barriers to participation in volunteering for some groups, and suggests ways in which these might be addressed by organisations wishing to improve access to volunteering opportunities for all.

**3.1 The relevance of volunteering for different equality groups**

The Scottish Government’s National Framework and literature review on volunteering identify a number of studies where the benefits of volunteering to individuals is evidenced. These benefits are in the following broad categories:

* Physical benefits
* Mental well-being benefits (e.g. improved self-esteem)
* Social benefits (e.g. sense of social inclusion)
* Instrumental benefits (e.g. new skills and knowledge, improved employability)

While NES’s volunteering opportunities are unlikely to yield any significant physical health benefits, it is anticipated that all individuals have the potential to benefit in the other areas identified by the literature, including mental health. Several of the studies cited in the literature review highlight the value of volunteering to disadvantaged members of society including unemployed or under-employed individuals, people experiencing rehabilitation and recovery and those who are socially isolated.

Individuals volunteer for a variety of reasons, as indicated in the Volunteering National Framework literature review. This groups volunteer motivation under the headings of personal values (relating to altruism or humanitarian beliefs), social norms (personal identity or beliefs), psychological development (self-esteem and sense of purpose), social (friendship, interactions with others), career development (experience and skills for employment or educational). These motivations may apply to volunteers involved in NES work but this will depend on specific projects and programmes. Various research studies indicate that younger people are more likely to volunteer for career reasons while older people volunteer are more motivated by altruistic or values based factors.

**3.2 Patterns of volunteering in NHSScotland and Scotland**

The Scottish Health Council manages a national Volunteering Information System (VIS) on behalf of 19 of the 21 Health Boards and Special Health Boards. This is used locally to maintain local records of volunteers, volunteer roles and volunteer activities. It is also used nationally to provide overview reports of volunteering in NHSScotland and records demographic information relevant to equality.

Data obtained from the VIS shows that volunteers engaged by NHSScotland are overwhelmingly female (82.7% of all volunteers), are white (74.6%), non-disabled (over 90%) and aged either 15 to 19 or older than 60 (see commentary below). NES’s VIS data does not currently capture demographic information, although (based on titles) it appears that just less than a third of our volunteers (27.3 per cent) have been males since 2015.

At a wider national level, the Scottish Household Survey, which collects data on all volunteering activity in Scotland, indicates that the typical profile of volunteers in Scotland is female, aged 35-44 and living in a rural setting. Typical volunteers are also non-disabled, self-employed/part-time employed or in education and from higher socio-economic and income group.

The Scottish Household Survey data reveals that the rate of participation for people with a disability/long-term health condition is less than half the rate of the general Scottish population. Analysis of Scottish Household Survey data shows that the rate of formal volunteering from the 20% most economically deprived areas is 19% compared with 37% in the 20% least economically deprived areas. This analysis excludes informal volunteering with local communities that may not be captured by the Scottish Household Survey.

At a national level, ethnicity is not viewed as having a significant bearing on voluntary activity with participation rates of white Scots at 27% and those of minority ethnicity Scots at 25% in 2016. The difference between the white and BME population has been decreasing in relation to volunteer activity in the past 10 years.

Within NHSScotland, volunteer placement is concentrated in the younger and older ends of the age range. Over 20 per cent were aged between 15 and 19 , with almost 10 per cent aged between 60 and 74 in October 2019. This contrasts with the profile across all sectors in Scotland where those in the 35-44 age group had the highest level of adult volunteering at 33% (2017). The lowest adult participation rate was for those aged 25-34 at 23%. The volunteering rate for young people aged 11-18 was 52% in 2016, nearly double the adult volunteering rate of 28% in 2017. The concentration of voluntary participation among young people in the NHS can be explained by their desire for experience of healthcare environments as a preparation for careers in the sector.

Historically, rural areas of Scotland have had significantly higher adult rates of participation in volunteering compared to urban areas. During 2007-2016 rural rates were between 7%-11% higher than urban rates. This pattern has not been observed for participation in NES volunteering activities, with a much higher proportion of our volunteers living in urban areas and the Central Belt specifically. This reflects the need to travel to meetings in NES offices, which are all located in larger towns.

**3.3 Barriers to participation in volunteering**

Published research has highlighted several barriers to volunteering. Several of these barriers to participation are cited as reasons why some individuals (or groups) do not apply for volunteering roles. Others explain why active volunteers choose to leave their role. The literature identifies several additional barriers faced by equality groups, which explain differential rates of participation.

The Volunteering National Framework groups barriers to volunteering under the following headings:

* Practical (time, physical access, lack of information, transport, costs, language barriers)

Time constraints are cited as barriers to participation in volunteering across the age range. This barrier has grown in significance as levels of economic activity have increased in Scottish society, and older adults are more involved in caring roles. The time required for volunteering activities is a potentially important factor for those living in remote and rural settings where longer journeys may be necessary and transport options may be more limited.

The literature indicates that individuals are less likely to volunteer for roles where information about the role and the expected commitment is unclear. This compounds the barriers for those with limited time available for voluntary activities.

The cost of travel to volunteering activities or other related costs are viewed as a barrier to participation, even in cases where these are fully reimbursed. This barrier may be exacerbated by the effects on some out-of-work benefits where expenses payments are made. For other individuals, particularly from economically deprived backgrounds or with specific communication needs, the use of ICT for the distribution of information (or online meetings) may be an insurmountable barrier to volunteering.

Some individuals who do not speak English as a first language are deterred from participating in volunteering roles as they will assume that communication will be difficult or impossible. This may be the case even where translation services are available.

* Structural (decline of places and spaces, technological developments, bureaucracy, inflexibility of role, undesirable tasks, lack of access to equipment, lack of support and organisation)

For the NHS in Scotland, some of the structural barriers to volunteering have been significant deterrents. The average period between initial application for volunteering roles to first activity is 10 weeks. This is due to the time required for occupational health assessments, Disclosure checks and other bureaucratic processes. Although such bureaucratic hurdles are not relevant to NES volunteering roles, there may be an assumption that we will require a significant amount of information and time before participation can commence.

Structural issues have often been cited as key barriers to participation by volunteers leaving roles at an early stage. In the NHS in Scotland, some volunteers have indicated that staff are not aware of the volunteer role and failed to provide the required direction, supervision and support.

* Emotional (lack of confidence, not knowing what to expect, not feeling welcomed or valued, lack of welcome, stigma, stereotypes, fear).

Some of the emotional barriers to volunteering cited in the literature review are closely related to the practical and structural barriers discussed above. They may be particularly relevant to individuals with mental health needs, who might potentially benefit from volunteer activities. The National Volunteering Framework Literature Review, highlights a lack of confidence as a key reason why many individuals do not volunteer. This can be addressed where good information about the volunteering role is provided, and the environment welcoming and supportive. The provision of a key point of contact for information, guidance and support is often associated with long-term participation in volunteering roles.

**3.4 Evidence of existing good practice**

Although we involve very few volunteers in our work at NES, we have well-established systems and processes to support individuals and provide a positive experience. Our Volunteering Policy and Handbook address many of the above barriers to participation by creating an accessible and supportive environment for volunteering. Our Policy and practice emphasise the need for good quality volunteering roles that will be personally rewarding for individuals, as well as being beneficial to NES. We have no target for volunteer recruitment, and quality is emphasised over quantity.

We tackle some of the practical barriers to volunteering with NES by providing full information about NES and the rights and responsibilities of volunteers in a Plain English Handbook. Each volunteer (or prospective volunteer) will receive a clear role descriptor setting out the purpose of their volunteering, the specific responsibilities, expected time commitments, locations of volunteering, the support available (e.g. travel, subsistence and childcare costs), induction and training arrangements and contact details. Some of our volunteering opportunities will require travel to NES offices for meetings, and there may be an opportunity to explore the options for online participation for volunteers.

Our Volunteering Policy highlights NES’s non-bureaucratic and inclusive approach to volunteer involvement. We do not require any formal qualifications or experience unless this is essential for the volunteering role (for example, where volunteers are providing advice based on their experience of using specific health and care services) and would not normally take up references or undertake background checks. We normally anticipate costs associated with volunteering roles and will provide travel tickets in advance of travel and will send documents in advance of meetings to prevent volunteers incurring printing costs.

Importantly, we will assign a member of NES to be a key point of contact for each volunteer. This staff member will be responsible for ensuring that the volunteer is properly welcomed to each activity and thanked for all contributions. The volunteer contact will be responsible for ensuring the volunteer understands their specific responsibilities, has all the necessary information about meetings and is provided with travel and other support as needed.

The supportive volunteering environment provided by NES was formally recognised by the award of Investors in Volunteering status.

**3.5 Opportunities to promote equality or good relations**

We value the contributions made by volunteers in providing advice, insight and other learning. It is important however that a wide range of individuals is involved in our work to ensure we learn from a spectrum of experiences and viewpoints. Although there have been examples where NES has recruited volunteers from specific equality groups to advise on education and training matters, we are aware that more can be done to encourage and support participation from a more diverse group of volunteers. These opportunities to promote more equal volunteer involvement in NES’s work relate to methods of recruitment, the removal or mitigation of barriers to participation, and measures to improve the experience of volunteering at NES.

Although the NES data held on our volunteers does not include demographic information about individuals there may be opportunities to promote equality further in our communications with NES staff and when recruiting volunteers. Based on the NHSS VIS and Scottish Household Survey data, these efforts should aim to target individuals from black and minority ethnic communities, remote and rural communities, disabled individuals and those from more deprived socio-economic groups.

**4. Actions taken or planned in response to issues identified in the analysis**

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| Issue identified | Action to be taken in response to issue | Responsibility | Timescale (indicate whether actions have already been completed, or provide timescale for carrying out the action) | Resources required | What is the expected outcome? |
| Absence of equalities monitoring data on NES VIS | Request monitoring data from all new NES volunteers and applicants to volunteering opportunities, and *use* to remedy emerging issues | Administrative Officer – PCCP Team,  NMAHP | February 2020 | None | Improved equalities data leading to identification of specific equality issues (and solutions) |
| Groups under-represented in volunteer participation | Identify and promote opportunities to target under-represented groups in advertising volunteering roles | Principal Educators,  Planning & Corporate Resources | February 2020 | None | New approaches to publicising NES volunteering roles |
| NES colleagues may not be aware that some groups are under-represented | Communicate equality issues through intranet and staff training | Principal Educators,  Planning & Corporate Resources | February 2020 | None | New approaches to recruiting and supporting volunteers |
| Potential volunteers from under-represented groups may be unaware of the support provided by NES | Communicate support arrangements available to volunteers in role specifications and other related information. | Principal Educators,  Planning & Corporate Resources | February 2020 | None | Applications for NES volunteering roles from a more diverse range of individuals. |
| Potential volunteers in remote and rural locations disadvantaged by time and travel commitments | Develop volunteering opportunities where remote participation is possible.  Develop capacity for remote participation in meetings for volunteers. | NES Digital Service  NES Digital | March 2020 and ongoing | To be identified | More participation in volunteer roles from individuals in remote and rural locations. |

**5. Risk Management**

Volunteering at NES is potentially beneficial to the individuals involved, and also helps us to anticipate the needs and preferences of service-users and carers in our education activities. Were NES to fail to involve a diverse range of individuals as volunteers (or paid lay people) there is a risk that education and training will be too narrowly focused on the needs of ‘typical’ patients or service-users and by providing a false profile of what is ‘typical’. This may affect health and social care staff who could be unaware of the specific needs of certain groups and will therefore be unable to provide the best care and treatment.

Another area of risk is the potential effect on career opportunities, where volunteering provides useful experience for individuals aspiring to work in the health and care sector. This issue may be less significant for NES than health boards with a direct clinical role but should be highlighted in relation to the impact of our volunteering on mid-career development and progression.

These risks will be added to the NES risk registers as local risks.

**6. Consideration of Alternatives and Implementation**

While we remain committed to volunteer involvement in our work, we are conscious of the challenges in creating valid and mutually beneficial roles. NES’s directorates and profession teams have responded positively to our corporate commitment to volunteering but have, on occasions, sought alternatives to recruitment of volunteers to provide lay perspectives. Our Medical Directorate, which has a statutory responsibility for lay involvement in its quality management activities, has recruited a group of paid lay people. This group is fully supported by the Medical Directorate and performs a useful function by providing independent, external perspectives and enhancing our accountability.

A second alternative to NES recruitment of volunteers is the involvement of volunteers recruited by a third party (including charities supporting people with health conditions) or third sector interface organisation (such as local Volunteer Centres). The NES Psychology Team engages with a well-established group of Experts by Experience, which supports Clinical Psychology Doctoral training. These Experts by Experience are recruited and supported by the Universities of Edinburgh and Glasgow, who deliver the two Doctoral programmes under NES’s overall direction and using funding provided by NES. Experts by Experience provide trainees with insights about their health, treatment and recovery in teaching settings, and also participate in reviews of programme content and research activities. This approach was commended by a review of NES Psychology by an independent, external panel.

**7. Monitoring and Review**

We will monitor our progress in the planned actions using a bespoke EQIA tracking software application, which is currently in development. Data from this app will be the subject of quarterly reports to meetings of our Participation, Equality & Diversity Network. This is a real time reporting tool and will enable open access to tracking data for NES Equality & Diversity Advisor and other individuals with an interest in equalities. It is also anticipated that EQIA actions tracking data will be presented to our Staff Governance and Educational & Research Governance Committees on a bi-annual basis.

The impact of actions taken to promote greater equality and diversity among our volunteer group will be monitored through the Volunteer Information System, which captures data across a range of protected characteristics. This will identify areas for improvement and may include questions that specifically address equality and diversity considerations.

The data from VIS and our annual volunteering survey will be presented at meetings of our Participation, Equality & Diversity Network (PEDLN) at a suitable point in each year. The data presented is subject to any restrictions relating to the protection of sensitive personal information.

All volunteering related monitoring and reporting activities will be undertaken by the Principal Educator with responsibility for Educational Governance, and who is also a member of the PEDLN.

**Sign off (by accountable director):**

**Karen Wilson, Director, Nursing, Midwifery and Allied Health Professions**

**Date: 30 January 2020**

1. In this document, 'function' is used broadly to cover all the areas of work for which impact assessment is required, as defined in the Regulations. This includes policy, programme, project, service and function, among others. [↑](#footnote-ref-2)
2. 21 individuals have been recruited directly by NES for volunteer roles since 2015. Only six remained active at the time of writing. [↑](#footnote-ref-3)