

Health & Social Services Committee

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Date: 2 March 2005

Venue: Committee Rooms 3&4, National Assembly for Wales

Title: Volunteering for Health & Social Care

Purpose

1.The purpose of this paper is to inform the Committee of the progress made on the *Building Strong Bridges* (BSB) Volunteering for Health & Social Care research initiative.

Summary

2.This paper provides a concise update on the progress of the *Building Strong Bridges* Volunteering for Health & Social Care research initiative.

3.A brief description of the Volunteering for Health & Social Care research and of the findings is given.

Background

4.The voluntary sector is recognised by the Welsh Assembly Government as a key partner in the delivery of its health, social care and well-being policy. Currently there are an estimated 30,000 voluntary organisations in Wales, which has grown from an estimate of 19,000 in 1993.This shows an increase of about 4.7% per year over the decade. Surveys of volunteering vary in their coverage and reliability, but recent Home Office research indicates that 64% of the adult population of Wales volunteers and that their effort can be valued at over £1.8 billion.

5.*Building Strong Bridges* was established at the request of the Minister for Health & Social Services in October 2002 in order to strengthen partnership working between the voluntary sector and the Health & Social Care agenda. The Assembly supported this work with a three year funding programme (2003-2006). BSB contains twenty-three recommendations outlining how partnership working can be delivered.

Volunteering for Health & Social Care (VHSC) is an initiative arising from the key recommendations in *Building Strong Bridges*. VHSC is aimed at strengthening the evidence of the added value of volunteering for health & social care. A small amount of funding was made available, within BSB, for the research and evaluation of four pilot projects. The final report on this research is summarised in this paper.

Consideration

6. Volunteering for Health & Social Care research initiative

Following a competitive tendering process, undertaken in February 2004, the Wales Council for Voluntary Action (WCVA) Volunteer Unit, was appointed to undertake the VHSC research.

The research has three main components:

- ◆ A detailed review and analysis of the relevant literature & documentation.
- ◆ Evidence from key stakeholders and practitioners across Wales and identification of models of good practice.
- ◆ A Final Report that includes a framework for guiding best practice for Volunteering for Health in Health & Social Care.

Hard copies of the final report for the VHSC research are attached as appendix 1. The conclusions and recommendations from the final report of the research are summarised below.

7. Conclusions & recommendations from the final report of the research

Conclusions

- The enthusiasm and positive approach with which people both in the statutory and voluntary sectors engaged with the research leads to the conclusion that volunteering is an important part of the health service in Wales. Evidence from the research indicated that the contribution of volunteers to health & social care is significant and ongoing in the secondary care sector with less evidence found in the primary care sector.
- The research concludes that the knowledge base and support in Wales for Volunteering for Health & Social Care needs to be developed. This work provides a foundation for further developments and highlights the scope for further volunteer development.

- The research identified the impact of demographic changes in Wales on the health & social care workforce. Volunteering for Health & Social Care has an important part to play in responding to this.
- The evidence suggests that involving volunteers can also be an effective way to recruit staff into health & social care in Wales.
- Finally, the research concludes that there are opportunities for new and innovative volunteering roles in statutory and voluntary organisations in health & social care to be developed.

Recommendations

- To develop a strategic approach across Wales to Volunteering for Health & Social Care with particular emphasis on the areas that will have an impact on the recommendations from Wanless.
- Continued identification of best practice in Volunteering for Health & Social Care.
- To disseminate and communicate the findings from the Volunteering for Health & Social Care research nationally and locally.
- To encourage health and social care organisations to continue to develop Volunteering for Health & Social care initiatives.

8. The way forward following the research

Regional workshops are being held in February 2005 for statutory and voluntary sector health & social care organisations to disseminate the findings from the final research report.

Financial Implications

9. The cost of commissioning the VHSC research and holding the workshops is accommodated within the current provision of the *Building Strong Bridges* 2004/5 budget.

Following the workshops being held in February 2005, a further Submission will be made to the Minister for Health & Social Services setting out the proposals to take forward the recommendations of the report and the associated cost implications.

The Director of Resources has seen and noted that there are no additional financial implications for the Assembly at this stage (reference CB 1789).

Cross Cutting Themes

10. Voluntary sector

The VHSC research has been undertaken in consultation with both voluntary and statutory sector organisations. The workshops to disseminate the findings from the research are being attended by both voluntary and statutory sector organisations to attend.

Action for Subject Committee

11. To note the progress in this matter.

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Appendix 1



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Volunteering for health

A research report produced for
the Welsh Assembly
Government
December 2004

by Helen Jones

Volunteering Unit

Wales Council for Voluntary Action

Volunteering for Health
Report on the findings of research into the impact of
volunteers working in health care settings

1. Introduction

In March 2004, Wales Council for Voluntary Action (WCVA) was awarded a contract by the Welsh Assembly Government (WAG) to carry out research into volunteers and health as part of the *Building Strong Bridges* programme. The aim of the research was to:

1. provide evidence of the added value of volunteering for health in health and social care services in partnerships between the voluntary and health sectors
2. identify models of good practice that can demonstrate partnership working, sustainability, value for money, added value and transferability to other settings
3. develop recommendations and design best practice guidelines for Volunteering for Health projects in primary and secondary care settings.

2. Methodology

The research was to be undertaken in three stages:

1. a literature review
2. evidence gathering through questionnaires and interviews
3. final report with recommendations and models of good practice.

The majority of the research took place over a period of five months between March and July 2004.

3. Structure

In producing this report we looked at The Review of Health and Social Care Services in Wales, (Wanless, 2003) to see whether there were any common threads in our findings. There were many such threads identified and so we have used some of the headings in the Review of Health and Social Care in Wales, Implementation Programme (Welsh Assembly Government, April 2004) to help structure the *Summary of findings*. The report is organised as follows:

- Part one: Summary of Findings
Part two: Conclusion and Recommendations
Part three: Best Practice Guidelines
Annexes: Literature Review

Questionnaire results and discussion
Case studies
Volunteers' contribution to health
Bibliography

PART ONE: Summary of Findings

Volunteers play an important role in supporting patient care

1. The enthusiasm and positive approach with which people in both the statutory and voluntary sectors have engaged with this research leads to the conclusion that volunteering is an important part of the health service in Wales. There was an overwhelming response to the survey with 93% of questionnaires returned, 61% from the statutory health sector and 118% from the voluntary sector where Health and Social Care Facilitators distributed extra copies to other voluntary groups working in health. Fifty per cent of NHS Trusts and 68% of Local Health Boards responded to the questionnaire.
2. This indicates that health-related organisations in Wales are committed to supporting volunteers in health services. It also suggests that there is indeed a great deal of scope to support further development of volunteering for health across the NHS in Wales as recommended in the Building Strong Bridges report (Welsh Assembly Government 2002). This was illustrated by one NHS Trust:

The Trust sees volunteering as a means of fulfilling its aims and objectives, and of being of benefit to its staff, patients and their carers by providing an opportunity for the local communities to become involved in the care provided. The service values volunteering as an inclusive act of participation that is itself important in promoting the work of the organisation.

Building strong partnerships

3. The study showed extensive evidence of partnership working between the voluntary and statutory sectors, with 91% of voluntary organisations working in partnership with the statutory sector and 89% of statutory health services work in partnership with the voluntary sector. The voluntary sector partnerships included 42% with local authority social services departments. There is also evidence of private sector partnership in at least one of the case studies, where local companies sponsor the upkeep of individual rooms in a volunteer-run self help centre for people with serious illnesses. These are encouraging findings which correspond with the Wanless Report (2003) where there is an emphasis on the need for collaborative working. Similar sentiments are expressed in the Audit Commission Report 'Transforming Health and Social Care in Wales' (2004) which says that good performance in healthcare depends on effective joint working.

4. Of the statutory sector partnerships:
 1. 42% have formal agreements with 1-10 voluntary organisations
 2. 16% have formal agreements with 11-20 voluntary organisations
 3. 16% have formal agreements with 21 or more voluntary organisations
5. In the voluntary sector:
 1. 50% have formal agreements with at least one Local Health Board
 2. 42% have a formal agreement with at least one county borough council and social services department
 3. 22% have formal agreements with at least one NHS trust.

Volunteers play an important part in helping to reduce delayed transfers of care and re-admissions.¹

6. A census of all hospital wards on 19 November, 2003 showed that almost a quarter of available beds in Wales were occupied by patients who could have potentially been treated elsewhere or at home (Transforming Health and Social Care in Wales, ACIW- Audit Commission in Wales, 2004). Yet the voluntary sector runs a number of initiatives which are demonstrably successful in reducing delayed transfers of care and which could be replicated throughout Wales at considerably less cost than keeping patients in hospital.
7. People involved with a number of these initiatives were interviewed as case studies for this research. The results highlight the importance of volunteers in helping early and safe discharge of patients from hospital, which complements the work of the statutory health services. The Pembrokeshire and Derwen NHS Trust cited both the British Red Cross and Age Concern Cymru as making an important contribution to the discharge planning of patients, ensuring that they have sufficient equipment and support for their safe discharge from hospital.
8. The Home from Hospital Service supports the discharge of patients from hospital back into their homes in Conwy and Denbighshire. As many as 18 patients are supported at any one time with volunteers visiting patients for up to six weeks following discharge, carrying out a range of activities such as shopping, collecting pensions and prescriptions, providing companionship, help with paperwork, relieving carers, liaising

¹ **Delayed transfer of care definition**

A delayed transfer of care is experienced by an inpatient occupying a speciality/significant facility bed in a hospital, who is ready to move on to the next stage of care but is prevented from doing so by one or more reasons for delay in transfer of care. **This will include a delay in discharge.** The “next stage of care” covers all appropriate destinations within and out of the NHS (further inpatient episode, patient’s home, nursing home etc). (Welsh Assembly Government, Emergency Pressures Planning Guidance, 2004).

with family and other agencies as required. The care packages provided by volunteers help prevent re-admissions for non-medical reasons and prevent ill health and accidents that might precipitate re-admissions.

9. The Sandville Court Self Help Centre in Porthcawl is a halfway house for people who have been diagnosed with serious illnesses and was set up by volunteers to help bridge the gap between patients being told their diagnosis and being able to come to terms with it. Whilst providing respite for terminally ill patients, the centre is very much about the living, with a therapy centre, a bar, a hairdressing salon, children's play area, a church, an education centre and activity area. Sandville provides an alternative to hospital admission by providing a respite service where people with serious illnesses can be offered residential care. It also works in partnership with Velindre Hospital and receives inpatients who stay as an interim step before being discharged to their homes.

Volunteers optimise service delivery

10. Volunteers undoubtedly increase capacity and resources within the health service according to the majority of the contributors to this study. Sixty-one per cent of statutory health sector respondents focused on the fact that volunteers play a major role in service provision and enhancement, some saying that volunteers actually improve services that the statutory organisations provide. Some respondents see the role of volunteers as supporting paid staff: *"to lighten qualified staff workloads"* while others see them as providing something extra: *"Volunteers provide benefits above and beyond those supplied by statutory services and improve the quality of peoples' lives."*
11. An evaluation of a project involving volunteer advice workers attached to GP surgeries showed a significant increase in services provided for patients. The Better Health, Better Advice project delivered benefits to health by:
 1. promoting early intervention in dealing with factors affecting social well-being, improving health and helping patients deal with chronic illness.
 2. increased capacity, resources and service enhancement: 95% of health professionals agreed that the project has extended the service that the GP practice could provide for patients; 75% agreed that it had saved a lot of time; 72% agreed that the volunteers had taken a lot of work off their shoulders.
 3. contributing to the achievements of the Assembly Government's general objectives for Wales.

12. GPs and health care professionals welcome the service because it means that they can delegate and refer issues of a social welfare nature onto the trained volunteers. One GP said of volunteers *“they give us extra weapons in our armoury.”*

Involving people

13. Volunteers fulfil many roles within the statutory health service in Wales. The most commonly mentioned in the survey (67%) was in providing feedback on patients/service users reactions to services. Volunteers come from the local community and represent their local community in the work of the NHS, providing a lay view of the delivery of health services. Their involvement helps public and patients to become involved in shaping health and social care services (Wanless 2003). In a number of case studies, respondents mentioned the importance of volunteering as a means of addressing social exclusion.
14. At least one local health board also identified volunteers as being advocates and interpreters of health service systems, generating a better understanding of the statutory health services: *“(Volunteers) disseminate positive information from the health sector into the community to combat poor media representation and poor public image. Increase understanding of service processes.”*

Social benefits of volunteers

15. One of the most common roles for volunteers in health services according to the survey is in providing social support, with 71% in voluntary sector services and 56% in statutory services mentioning activities such as befriending and supporting patients. Other activities such as support for carers, organising social activities, and patient support groups mentioned in the survey come under the heading of social care, as can more practical support such as giving advice and information on patient services.
16. The case studies also highlight the value of volunteers to the social as well as physical well-being of people in a wide range of situations, from providing complementary therapies to people in respite care, to developing friendships for people involved in life-saving exercise programmes such as ‘Walking the way to health’ initiative. Volunteering is primarily a social activity (UK Survey of Volunteering 1997) and combined with the actual benefits that volunteers deliver, it is a powerful force for promoting good health. One GP from a case study commented that health care needs are closely related to social welfare, a point taken up by the Wanless Report (2003) which calls for a sustained investment in social care.

Prevention

17. Wanless (2003) identified the need to encourage people to take responsibility for their own health. Taking part in volunteering activities is one way of achieving this. There is plenty of evidence to show that the benefits derived from volunteering can have a positive effect on a volunteers' health, especially their mental health. Research from Volunteer Development Scotland (VDS) states that volunteering is understood as a health-enhancing activity (VDS, 2003a). Involvement in voluntary activity is of proven therapeutic value to individuals who are disabled or who have experienced mental health problems (MEL, 1998). It is something that makes people feel good about themselves, increases confidence, and helps develop new social networks (UK Survey of Volunteers 1997). It can also develop skills and experiences of value for further education and employment opportunities (Volunteering in Wales Survey 2001, WAG and Beaufort Research). One NHS Trust in the survey saw that involving people interested in a career within the health service could lead to them becoming employees. This is the experience of the Aintree NHS Trust where in recent years 355 volunteers have gone into nursing and 177 volunteers have gone into jobs in the Trust (Aintree 2004). One Welsh NHS Trust said of its volunteering programme "*We use it as a recruitment catalyst.*"
18. The voluntary sector is deeply involved in initiatives which promote good health and reduce the risk of major diseases such as heart disease. The Walkabout Flintshire case study shows not only can volunteer-led activities directly improve the health of people suffering from serious conditions, it can also speed their recovery and improve overall good health. There are many self-help organisations which promote good health/health activities alongside community benefits, such as those associated with conservation and environmental work. "*The benefits are.....that I do feel fitter, I have made some very good friends and I have seen a lot more of the countryside than I would have done from the windows of the car.*"

Barriers to better volunteering

19. Much of the evidence demonstrated by this research shows the positive role of volunteering in support of health services and the enthusiasm with which volunteers are regarded. The study also looked at barriers to involving volunteers more fully.

i Inadequate resources for management

20. In the UK survey of volunteers (1997) over 70% of volunteers said that their volunteering was badly organised and this was the biggest deterrent to their becoming more involved.
21. Support for volunteers is evidently patchy within statutory care services, with only half having a member of staff designated to manage volunteers compared to 84% in the voluntary sector. Most of these have volunteer management added to their existing roles and competing with other priorities of busy health care staff. Only 22% have had any volunteer management training compared to 80% in the voluntary sector. The survey indicates that there appears to be only one full time dedicated voluntary services manager employed by NHS in Wales. In this particular NHS Trust, the volunteering programme is highly successful both in terms of the number of volunteers involved and the level of support volunteers receive. Additionally, the Planning Manager for Public Involvement at North Glamorgan NHS Trust feels that it is vital for the success of involving volunteers in an NHS trust, to have a dedicated volunteer manager in post. This is extremely important as previous research on volunteering in health in Scotland found that the role of the volunteer manager is recognised as being crucial to the success of any volunteering project (Volunteer Development Scotland, 1996b). One of the recommendations in Wanless (2003) is to strengthen management performance, and this should apply to all NHS personnel, including volunteers.
22. The two most frequently cited methods of recruiting volunteers by the statutory health services was 'by word of mouth' and by direct approaches from volunteers. This raises some concerns as word of mouth recruiting often leads to 'cloning' whereby all of the volunteers come from similar backgrounds, rather than reflecting the communities they serve. It does mean however, that there is potentially a large untapped source of people who would volunteer if there was an appropriate recruitment programme to encourage them.
23. Only a third of statutory health organisations have a volunteering policy despite the Model Policy for Volunteering in the NHS (WCVA, 1998), which was produced in partnership with the NHS Confederation in Wales, along with a number of NHS trusts. This document was distributed to every NHS trust in Wales. This suggests that some form of follow-up action should have been undertaken at the time to improve the take up of the policy, and could indicate possible future action.
24. Both the statutory and voluntary sector organisations said that the lack of proper resources for management is a barrier to involving volunteers, with a third (33%) of statutory health organisations saying that there are

insufficient resources available to recruit, train and support volunteers. This could be an area for future development for volunteers in health.

ii. Limiting stereotypes

25. Despite the really positive messages that the statutory health sector is giving about volunteers, the impact could be even greater with a little more imagination. In answer to why they involve volunteers, some NHS trusts saw them purely as a resource *“to lighten the workload of staff.”*
26. In terms of the roles that volunteers have within the health service, some take a rather narrow view of what volunteers can do, limiting them to delivering stereotypical welcoming services, tea bars, book trolleys and fundraising, and not looking at the more innovative ways that volunteers can impact the service.
27. At least one of the case studies said that the potential for introducing new projects was occasionally greeted with some resistance from health professionals because they believed involving volunteers was going to take up more of their time. The answer was to identify one member of staff to act as a champion for the volunteers who can advocate on their behalf with other members of staff. This reinforces the need for dedicated voluntary services managers.
28. None of the barriers identified in the research present insurmountable difficulties for the expansion of volunteering. Rather, they point to actions which could significantly improve and build on the benefits of involving volunteers in support of health service provision in Wales. Any negative perceptions of volunteers in health are far out-weighted by the value they bring with effective organisation and management (NHS Executive 1996).

PART TWO: Conclusions

1. Volunteers’ contribution to health & social care

Evidence from the research identifies that volunteers make a significant contribution to health and social care services in Wales in a variety of ways. Volunteers support and enhance existing services, provide alternative solutions and approaches to health and well being and contribute to the improvement of public health through health promotion initiatives.

2. Current work

This research provides evidence that volunteering for health and social care is ongoing across Wales, primarily in the secondary health and social care sectors (see annexe 3- Case Studies). These examples need to be more effectively shared and built upon, across Wales, in both statutory and

voluntary organisations. Less evidence was found of active volunteering within the primary care sector.

3. The scope for volunteer development

Evidence from across the UK indicates that in comparison to other countries in the UK, Wales needs to develop its knowledge base and support for volunteers in health and social care. Scotland has developed a Volunteers in Health team within Volunteer Development Scotland. England is currently developing baseline information on the number of volunteers and volunteer managers within health and social care including hospital trusts, social services and primary care trusts. This research should provide a sound foundation for further developments supporting volunteering for health and social care. The interest and enthusiasm for volunteering in health and social care services amongst health professionals and volunteers alike, demonstrates that there is a great deal of scope to support further development of volunteering for health and social care in Wales.

4. Demographics in Wales and implications for volunteering in the NHS

A changing demographic picture with an increasing elderly population highlights the need to develop alternative models of service provision. The demographics in Wales mean that there are fewer people in the workforce to support health and social care services. This is of concern to the NHS as current staff vacancies are running at a high level (2.1% of all NHS posts have been vacant for more than three months). Therefore, opportunities for more sustainable solutions to managing health and well being, building upon volunteering resources, will need to be considered and developed across Wales. Evidence from this research suggests that involving volunteers is an effective way to recruit staff into health and social care in Wales. Additionally, the ageing population could potentially lead to an increased 'pool' of retired people to recruit as volunteers with the time and motivation to volunteer in health and social care in Wales.

5. Volunteering roles in health & social care

This research demonstrates that whilst many of the valuable volunteering roles remain of a more traditional format, there are opportunities for both statutory and voluntary organisations to consider and develop new, innovative and alternative models of volunteering for health and social care.

PART TWO: Recommendations

1.A strategic approach

1.1. Health and social care organisations should consider opportunities for the development of volunteering for health and social care in Wales with particular emphasis on the areas which should lead to an impact on the recommendations from the Wanless Review (2003).

1.2. There is a need for a Strategic Framework and partnership programme, nationally and locally, to develop volunteering in health and social care across Wales.

1.3. The statutory and voluntary sectors should integrate volunteers as a core element within the planning process for primary and secondary health and social care services.

1.4. NHS trusts, Local Health Boards and Local Authorities should develop joint plans for volunteering and report on the levels, contribution and monitoring mechanisms within annual reports.

1.5. The Welsh Assembly Government should encourage volunteer involvement in statutory health and social care services and consider the use of incentives to increase voluntary sector partnerships.

2. Support/ management

2.1. NHS trusts should consider the benefits of employing dedicated voluntary service managers, who are trained in volunteer management.

2.2. Organisations involving volunteers in both statutory and voluntary sectors should have a Volunteer Policy based on best practice guidelines identified in the research, including the introduction of service standards for volunteering such as the *Investing in Volunteers*² quality framework.

3. Promotion and communication

3.1. The Welsh Assembly Government should publicise and disseminate the findings from the Volunteering for Health and Social Care research project.

² *Investing in volunteers* is a new UK quality kite mark for volunteer-involving organisations. It provides a framework for reviewing and improving on how an organisation attracts, values, supports and develops its volunteers and should lead to more people having an enjoyable experience through volunteering.

3.2. The Welsh Assembly Government should identify opportunities to help disseminate best practice and promote volunteering for health and social care nationally and locally.

4. Mainstreaming and evaluation

4.1. Improved mapping of volunteering for health and social care within primary and secondary health and social care services in Wales should be developed.

4.2. Research and evaluation should be integrated at local and national levels to measure the impact and the added value of volunteers for health and social care services in Wales.

PART THREE:

Best Practice Guidelines for Volunteering in primary and secondary health care settings

1. Statutory health care organisations should draw on the expertise and resources of the voluntary sector, and particularly volunteer bureaux, in developing their volunteering programmes.
2. Organisations involving volunteers in their work should have a volunteering policy which defines the roles and limits of volunteering within the organisation.
3. There should be a designated person with responsibility for volunteers to whom the volunteer has reasonable access, and who will provide them with support and supervision.
4. People with a responsibility for volunteers should receive training in volunteer management.
5. Recruiting volunteers should be done within an equal opportunity framework and drawing on the resources provided by the local volunteer bureaux to help ensure that the profile of volunteers matches that of the local community.
6. Volunteers should receive an induction pack or handbook which details the organisation's aims and objectives, policies, procedures and standards.
7. Volunteers should be properly prepared for their volunteering which includes an induction programme and training to carry out their volunteering tasks safely.
8. Tasks undertaken by volunteers should be properly risk assessed and measures put in place to reduce the possibility of harm occurring.

9. Volunteers should be adequately insured, provided with appropriate clothing and equipment, and be fully reimbursed for out of pocket expenses.
10. Volunteers provide services which are complementary to those of paid staff and do not substitute for them.
11. The contribution of volunteers should be celebrated within the organisation and reported on in annual reports, including the economic value of their contribution.
12. There should be long term plans for the development of volunteering with targets for working in partnership with the voluntary sector.
13. Volunteer involving organisations should consider establishing standards for their involvement similar to *Investing in Volunteers*.