

# Making a difference through volunteering

The impact of volunteers who support  
and care for people at home

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*"For some people, practical tasks are important, others value your support and friendship. Most are just appreciative of the fact that you care, whether it be practical or otherwise"* Quote from volunteer participant

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The Older People's Programme (OPP) works with local, regional and national partners across the UK to improve services for older people, influence policy and practice, share learning and information about good practice, and support the continuous development of public services.

# Foreword

We are very pleased to introduce this timely piece of research.

It has long been known that volunteers strengthen and extend the quality of services and support for housebound people. The hugely creative and selfless ways in which they do that have now been mapped out and fully explored. This research defines exactly what the impact of volunteer time and energy is on improving the quality of daily life for housebound people.

The research confirms that volunteers bring flexibility and the luxury of focus to their individual relationships with care service users in ways that impersonal and time restricted care services alone cannot achieve. It is clear that volunteers have a significant impact on health, independence and wellbeing. The value to the individuals who benefit is well documented in this report.

We hope that this research increases the understanding of commissioners and purchasers in the NHS and local authorities, and by those responsible for setting policy, about the unique and distinctive contribution of volunteers. We challenge them to raise their game in understanding that services provided by volunteers, far from being second best, are our best hope for a better quality of life for all citizens that is based on independent living in sustainable and inclusive communities. It is only when professionals truly partner citizens that far more and far better services will be delivered to those who need them.



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We would also like to thank members of the national Reference Group who advised on and guided the work. Members particularly commented on the parameters and design of the background literature search and fieldwork activities, to ensure we focused on those supported by volunteers and volunteers themselves in learning about what works, and how positive practices might be sustained and spread more widely.

Finally, the research team would like to thank the three partner organisations who commissioned this work, and who engaged the Older People's Programme as a fourth partner rather than a pure research contractor. All three organisations actively commented on findings, draft papers and reports, and worked with us to explore key issues and lessons as they emerged. The final partner in this initiative was the funder, who provided the means by which the work could be undertaken – Lloyds TSB Foundation. We particularly thank Birgitta Clift from the Foundation for her personal support and involvement in this work.

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# Executive Summary



## Introducing the research

This research project was carried out over the course of a year – between May 2005 and May 2006 – with the objective of identifying and highlighting the distinctive contribution of volunteers involved in providing support to people also receiving different health and social care support from statutory services – mainly within or connected to home and intermediate care services.

The research was commissioned by three national charities which between them provide and write on a range of volunteer services, activities and policy developments. This project marked the first joint initiative designed and undertaken by Community Service Volunteers (CSV), British Red Cross (BRC) and Help the Aged (HtA), and is an important demonstration of the influence of strong partnerships in shaping services and policy developments – by pooling resources and sharing knowledge about what works. The work was made possible through funding provided by Lloyds TSB Foundation.

The research work was carried out by the Older People's Programme, with a focus on six study sites in England and Wales which had been identified and 'signed up' by the three partners. Two project management groups were established – a national Reference Group to provide overall direction for the project, and an Operations Group to oversee progress of the research against the agreed project plan.

## The fieldwork

The research covered a number of issues using a variety of methods and data-sets, as follows:

- A background review of related literature to help inform the design of the fieldwork and to identify particular gaps for this research to focus upon
- Extensive fieldwork within the six study sites including: face to face interviews with paid staff at the local organisations providing the volunteer services and schemes; volunteers and service users; one to one and small group discussions with volunteers and service users; and interviews with commissioners and funders of services
- Two postal surveys in the form of focused questionnaires were sent to volunteers and service users and were designed to capture detailed

information about and characteristics of volunteers (who they are, what they do and how they do it); what people value most about volunteering and being supported by volunteers; and the impact on people's independence, quality of life, health and wellbeing achieved through this support

- A one day event towards the end of the project where representatives from the study sites, members of the research team and of the Reference and Operations Groups came together to discuss and challenge the research findings, and to share experiences and good practice from different areas and schemes.

## Key findings and important messages

Fourteen cross cutting themes emerged from the analysis of this fieldwork, which represent the strong, resonating messages from across all the above data-sets and all six study sites.

### 14 Cross Cutting Themes

1. Impact on social isolation
2. Contributing to independence and wellbeing
3. Responding to diversity
4. Relationships between volunteers and service users
5. What volunteers really do
6. Flexibility and freedom as key motivators for volunteering
7. The thorny issue of personal care
8. The importance of time
9. Volunteer coordinators' roles
10. Raising awareness and profile of volunteer services and schemes
11. Provision and delivery of volunteer services
12. Partnerships and partnership working
13. Sustainable commissioning practices
14. Measuring impact

Twelve areas for further development and action are also presented in the report, summarised here, which have implications for national policy and practice developments as well as local services and activities.

## 12 Areas for Further Development and Action

1. Capturing and promoting the full impact of volunteer services
2. Developing qualitative and outcome measures
3. Recognising what volunteers do to reduce isolation and loneliness
4. Strengthening partnerships between volunteer services and public services
5. Joining up Government policy on independence, wellbeing, active communities, citizenship and civic renewal
6. Implementing full cost recovery for volunteer services
7. Building volunteer services into commissioning plans, including Local Area Agreements
8. Promoting the distinctive, diverse and flexible roles of volunteers
9. An open and honest debate about 'personal care' delivered by volunteers
10. Enabling management processes to support volunteers
11. Harnessing volunteers' and service users' experiences to develop volunteer services
12. Developing 'volunteer advocates', in partnership with national advisory bodies and local advocacy organisations.

A synopsis of the cross cutting themes are presented first in this Summary, followed by an overview of the recommended areas for future action. Further details on all of these elements are contained within the main *Making a Difference Through Volunteering* report.

## Cross Cutting Themes

1. **Social isolation** was found to be the biggest issue facing people supported by volunteers. The loneliness experienced by a large number of people was emphasised by many individuals, with different perspectives, involved in the research. Vitaly, volunteers help to reduce isolation and loneliness for many of the people they support through the human contact they provide and the social interaction that results – which is often otherwise very limited. Over two thirds of the volunteers who took part in the postal survey emphasised that the most important thing they provide is emotional or personal support, often described as a 'listening ear' or 'social visits'. As one service user told us: *"K spends time with me and explains things...it's uplifting knowing someone's coming round and take me out...knowing someone is coming gives me the incentive to wash my hair"*.
2. Volunteers help to increase or maintain **independence and wellbeing** and improve quality of life for the people they support – and also gain many benefits themselves through volunteering. The majority of respondents to both postal surveys reported that the services provided by volunteers had a positive impact on the recipients' quality of life. Over 80% of the service users who took part, told us that the support they received from volunteers had improved their quality of life. The following quotes illustrate the very personal examples of how volunteers had helped them: *".. always there when I get worried - [I'm] much happier"; "..they got me over a difficult time and helped keep me sane"; "..I can continue to live a day to day life in my own home"*. In addition to reduced loneliness, volunteers also provide a boost for service users – often simply through demonstrating that 'someone cares' and actually wants to spend time with that person. This boost in confidence and self esteem in turn leads to improved physical and mental wellbeing. Volunteers themselves also often reported increases in their own self esteem, and a great sense of satisfaction through making a contribution and helping others. 90% of volunteers who took part in the research reported increases in their own self esteem and confidence through volunteering; and another

70% described how volunteering “helps keep me active and busy”. Many also described the mutual support gained through relationships with service users, other volunteers and paid staff at the organisations.

3. The importance of **identifying and responding to volunteers’ and service users’ very differing needs, preferences and situations** was highlighted by many respondents. Everyone is different and wants to be treated as an individual. Volunteers are a varied group and need flexible levels and types of support – and different options for involvement. Service users told us that they appreciate and value the flexibility of volunteers, and their ability to respond to their particular needs and personal circumstances in order to provide the things they cherished the most – a listening ear and companionship. This is often in contrast with other providers of services, where a proscribed range of support within very strict time limits was described. Finally, volunteers and service users in two of the six sites highlighted the importance of maintaining or re-establishing connections with their own cultural and/or community background through the contacts made through volunteering and individual volunteers. Volunteers from Nubian Life in Hammersmith & Fulham, and members of the knitting groups in Anglesey both talked about opportunities to have conversations in their own language; attending a community centre where the food, conversation and music was comforting and familiar; and being supported by someone who understands your culture and history.
4. The rapport and **quality of the relationship between volunteers and service users** are of huge importance – and often build over a short period of time, demonstrating both the strong inter-personal skills of many volunteers and the emphasis they place on this key feature of the support they provide. The relationships described to us were frequently referred to as friendships. Service users often reported that they had more trust and confidence in volunteers than in other service providers. One powerful story shared by both the service user and volunteer in one of the sites illustrates this theme: *“I felt very supported by them...felt a spark between me and the [volunteer] team. We had a laugh. They are*

*human...treated me with dignity and respect... I felt bullied by the rehab team - bullied to go into the kitchen and cook, information had not been passed onto each other. For three weeks I had to keep telling them what my situation was – treat me like I was stupid and incapable. Felt intrusion in my own home and not supported. I was so impressed by [volunteer] that I want to become a volunteer myself”*. Some participants also described being able to talk to volunteers about things that they felt they could not discuss with others – even family members. Volunteers were often viewed as being independent, impartial and non-judgmental, with ‘no vested interests’ or ‘hidden agendas’. Finally, volunteers also clearly valued the relationships they developed with service users. 90% of volunteers in the survey reported personal satisfaction through helping others; 60% through meeting new people and making friends; and a number of respondents also highlighted the importance of *“doing a job no-one else will”*.

5. **A huge and varied range of tasks** are carried out by volunteers on behalf of service users. These are often ‘services’ which are not provided by any other sector (eg shopping, housework, accompanying people on trips, and dog walking). This range of tasks even included some aspects of personal care (see theme 7). Even where the volunteer service or scheme in question was focused on a very particular task – such as help with transport – volunteers had usually contributed much more than the practical task itself. For example: listening to problems, helping people to get ready to leave the house, picking up prescriptions, and accompanying people on appointments. In addition to the direct support through performing the tasks themselves, the ways in which these are tasks are carried out by volunteers was emphasized by some respondents – who valued the sense that these were carried out ‘willingly, like a friend would’. This seemed to be particularly important when supporting people through difficult transitions and life changes such as returning home from hospital and coping with ill-health or disability, and bereavement. A picture of volunteers as people who often act as advocates for service users, or support them to advocate for themselves, also emerged from the research.

6. The **flexibility of support** provided, whilst much appreciated by service users, was also found to be an important motivation for volunteers themselves. Many respondents talked about how much they valued the opportunity to apply their own common sense to what they were doing, within clear parameters, in order to respond to individuals' particular needs. Flexibility in the level and type of commitment offered to the schemes is also a key feature here, to ensure different people are attracted to join, and stay with, the organisations as volunteers. Bureaucracy (in terms of excessive paperwork and over prescriptive procedures) was generally viewed as a deterrent to volunteering.
7. Flexibility and freedom in what volunteers do can mean that volunteers become involved in providing what we have described in this report as **'the thorny issue of personal care'**. This is an area of considerable contention, and indeed has stimulated much debate amongst the stakeholders and partners involved in this research. It is clearly a critical area that is also often raised by managers, commissioners and practitioners from health and social care services – especially in relation to perceived and actual risks in supporting potentially vulnerable people; and in discussing the actual and potential role of volunteers within these areas. This research has demonstrated the powerful and positive impact that volunteer support has on individuals' health, independence and overall quality of life – and we believe that this is partly because this support includes some aspects of personal care, which we heard no-one else either can or does provide.
8. The subject of **Time** was an area that emerged throughout the research in a number of different ways. Service users in all six areas frequently described time as 'hanging heavily', with volunteers helping to break up long periods of loneliness and isolation. The feeling that volunteers do not have to adhere so rigidly to strict timetables (as in the case of paid staff) was also described positively. This is mainly due to how volunteers approach their role – starting with what needs to be done and converting that to whatever is required to achieve it – rather than being limited at the beginning by how much time is available. Service users clearly welcome this, with *'not having the feeling that the clock is ticking'* when a volunteer is visiting. Time is also a key ingredient in enabling mutually beneficial relationships to build between volunteers and service users, especially through the sense of time shared and the fact that volunteers have chosen to be there: *"it makes all the difference knowing someone will call in once a week...time for a chat and a cup of tea"*. One aspect of time, however, did prompt differing responses from both service users and volunteers: time limited support provided by some of the volunteer services (eg Home from Hospital schemes) was seen in a positive light by some people, providing a useful boundary and framework for achieving specific goals; however many people also found this kind of support difficult, reporting that they missed the contact with individuals and were concerned about how some people would cope once the support period had ended.
9. **Management, co-ordination and support of volunteers** are central to the ongoing effectiveness of volunteer services – both on an individual and a group basis – to ensure that support provided to service users has a positive impact and is of a consistently high quality. This is only likely to happen through effective organisational arrangements covering the recruitment, induction and training, supervision, support, ongoing motivation, development and active retention of volunteers. The nature of this type of volunteering also means that emotional support needs to be available for volunteers – although (as previously highlighted) it is important to tailor the support offered to meet individual volunteers' particular needs.
10. Many participants involved in this research stressed the **need for a higher profile for volunteer schemes and services** – particularly amongst funders and service commissioners (both individual donors and organisations); staff working for other service providers; and potential service users and volunteers. Not many people involved with the schemes in these six sites (either as volunteers or as service users) had any prior knowledge of the scheme's existence, the work carried out and the enormous impact it has on people's lives, before their direct involvement in it.

11. There are often several organisations involved in delivering volunteer services – often in different capacities such as funder, commissioner and provider, and with **varying degrees of partnership building and joint working** going on between them. In addition, the boundaries between traditional statutory and voluntary organisations and the services that each type of body provides are becoming increasingly blurred. Against this backdrop, it is increasingly important for organisations and their staff and volunteers to work in partnership, as a broader network or community of interest, within a wide system of care and support for individuals. Such networks, broader teams and systems are evolving and developing more effectively in some areas than others. It is vital that people in each part of the ‘system’ recognise and appreciate the contribution of others, both paid and unpaid. For example, medical staff recognising and respecting the role of volunteer drivers in ensuring patients get to their appointments on time.
12. The effective delivery of services is therefore increasingly dependent upon **positive and beneficial relationships and joint processes** being built and maintained between different organisations in each area. Some people may refuse statutory help, but accept help from a volunteer service and/or voluntary organisation. It is therefore vital that organisations work together to ensure that people do not ‘*fall through the gaps*’ and are provided with services which fit with their needs. Volunteers often provide complementary services to statutory organisations or services, which the latter are unable to provide. Systems and mechanisms that enable joint working across sectors and different providers are crucial in ensuring that holistic ‘packages’ of services are delivered, based on individuals’ needs, circumstances and preferences. Volunteers in these six areas were often found to act as a ‘glue’ for people receiving support from different agencies. Voluntary organisations can also develop their own systems and practices through working together to share information and experiences about what works well, and for whom in the delivery of these services.
13. Funding for volunteer services is frequently short term and can involve an array of different contracts from different types of funders with varying terms and conditions. Funding for volunteer services is often precarious and can be one of the first things to be cut when budgets are under pressure. This leads to a great deal of anxiety for all involved. The situation does vary from scheme to scheme – with larger organisations generally having greater economies of scale with more secure funding and a stronger track record of skillful contract negotiation, management experience and resources. Commissioning practices do not always support the longer term development of volunteer services, especially those run by smaller organisations – who may at times be best placed to deliver services in a particular area or to meet a particular need.
14. Finally, throughout this project the positive impacts that volunteer support can have, both on their own lives and on those of the people they support, has been seen in many ways. Quantitative measures of the impact of volunteering only give a small part of the picture, yet these are the measures which are most frequently used to make decisions on which these services will be funded. The **absence of clear outcome measures and meaningful qualitative indicators** of effectiveness was striking, and requires further work to address this gap – for example as part of the wider national debates and policy developments around wellbeing, independence and citizenship.

## Recommendations and areas for future action

1. It is essential that both commissioning organisations and service providers can, and do, **measure the full impact of volunteer services** – and for this impact to be more widely understood by all parties involved in commissioning, funding, providing, volunteering (or potentially volunteering), using (or potentially using) and referring other people to these services.
2. **Qualitative and outcome measures must be developed**, communicated and widely understood for the real impact of volunteer services to be determined effectively. Case studies and life stories

can be very powerful, and could be used more prominently to communicate the benefits and outcomes of volunteer support, and of volunteering to a much wider range of audiences – including through local and national media.

Individual service user and volunteer measures of how their quality of life has been enhanced could also be developed further and used more widely. There is a key role here for national bodies and government departments who are progressing similar issues in relation to statutory and other VCS service provision. The Department of Health in England and the Department for Health and Social Services in Wales; the Active Communities Directorate in England and the Department for Local Government and Culture in Wales; and the three partner organisations who commissioned this research, are in a prime position to take this work forward to design a practical Outcomes and Impact Assessment Framework for volunteer services and support associated with health and social care.

3. **Recognising the role played by volunteers in reducing the isolation and loneliness**

experienced by some of the most vulnerable people in society is of paramount importance. The boost to self esteem and confidence which people receiving volunteer services often experience – sometimes through simply knowing that someone cares – and the subsequent positive impact on their wellbeing and ability to live as independently as possible, need to be particularly acknowledged and fully exploited by service commissioners/funders, policy makers, researchers, and other service providers. The role which volunteer services can play in supporting policies and helping to attain objectives and targets should not be under-estimated.

4. **Effective methods of partnership working need to be developed and continuously nurtured**

to secure the ongoing and appropriate provision of volunteer services – which are complementary to and work effectively alongside statutory health and social care services available within the same area. Staff in many different positions working within a range of partner organisations, need to be more aware of the role of volunteers, and their contributions both to the individuals supported and the effective running and impact of other services – including the ones they provide.

5. At a national level this needs to be **mirrored by the way in which Government departments develop, implement and monitor public and social policies and practices** that promote health, independence and wellbeing alongside and in synchrony with public policy on active communities, civil renewal and citizenship. There needs to be far greater synergy and evidence of joint working on these developments across the Department of Health, DCLG and Cabinet Office, the Home Office, Regional Government and local planning decisions. Past attempts to achieve this through ring-fenced project funding (such as Section 64 grants) have often, inadvertently, led to short term-ism of contracting arrangements and stop-start service developments at a local level.

6. Volunteer services often provide excellent value for money – but are not a cheap alternative. It is crucial that robust and effective structures are in place to support and develop volunteers and the services they provide, and that these are fully costed and considered when services are planned and developed. Whilst the Treasury and Government are committed to the implementation of full cost recovery for public services provided by voluntary organisations, this has tended to be targeted at public service delivery previously provided by statutory agencies. Volunteer services, however, tend to be excluded from this level of attention and as a result remain under-resourced. **Full cost recovery also needs to be fully implemented to ensure volunteer service provision is sustainable and properly resourced.** In view of the small scale of many local schemes and providers, with a consequent lack of capacity (and often capabilities) to undertake this task, we recommend the three partner organisations – in partnership with ACEVO (who have published guidance on full cost recovery for the VCS), the Department of Health, the Active Communities Directorate, the Departments of Public Service and Performance and Local Government and Culture in Wales – to **publish detailed guidance on full cost recovery for volunteer service provision.** This could be a simple checklist for costing and pricing all elements of service provision for use in contract negotiations that can be used both by local volunteer service providers and by service commissioners.

7. This research has identified a number of concerns with **under-developed commissioning practices and weak contractual arrangements** in relation to volunteer services and activities. If these services are to be properly recognised and appropriately resourced then they need to be **built into commissioning priorities and investment plans being developed to meet the needs of local populations**. And the contractual or commissioning lead for volunteer services should not be delegated to a junior position where the full impact and profile of volunteer support is neither properly understood nor clearly defined.
  8. The flexibility of volunteers, volunteer schemes and the voluntary organisations that usually host or provide them, should be nurtured, promoted and celebrated. Flexibility is a key, defining feature that promotes person centred care and increases choice and control for service users and volunteers – in turn enhancing their independence and wellbeing. Flexibility (both in terms of role and time commitment) in how volunteers can contribute, and how they will be supported needs to be maximized and promoted widely to **support the recruitment, personal development and active retention** of this valuable resource.
  9. We know that flexibility and freedom, and the ability to use discretion and judgment in what people do as volunteers can lead to them sometimes providing personal care. We also know that this is not a straightforward or clear-cut topic, with often rigid approaches taken to minimize risk and comply with statutory regulatory mechanisms (eg such as being registered, or not, with the Commission for Social Care Inspection if personal care is provided by volunteer services). In view of the overwhelming positive responses we received about the flexible and personal aspects of the support provided and received in these six sites – and the positive practices we observed – we believe that the time has come for a **renewed, open, honest debate about what constitutes acceptable personal care, as delivered by volunteers**. We hope that this debate can be conducted in the spirit of what can be achieved to enhance people's lives, rather than what should be avoided in the name of risk management and professional control.
  10. Organisational and management processes within volunteer services should be constantly reviewed to ensure that these are **robust and supportive but as streamlined and free from bureaucracy** as possible. Volunteers value the ability to use their own common sense and judgement in often unpredictable situations – but within a clearly defined framework. **Public agencies need to consider and build these features into local volunteer service provision when designing, planning and commissioning services to meet local needs.**
  11. The research suggests that volunteers are an important but often untapped resource for the schemes and organisations they are associated with. They could contribute far more than they currently do to the planning and development of local services. **Effective methods for capturing volunteers' views and suggestions for improving and further developing local services** (which are not overly time consuming or 'involved') need to be established as a marker of good practice in this field.
  12. Volunteers often advocate on behalf of clients - or support them to advocate for themselves. **Further development and support for volunteers to undertake a 'volunteer advocate' role** may be appropriate; and could enable a wider range of provider organisations to engage and involve service users – both in their own support arrangements and in planning, developing and evaluating services. This does require detailed exploration with national and local groups and organisations that have expertise in this area, such as the Advocacy Alliance, the Older People's Advocacy Alliance (OPAAL) and others.
- Finally, to support the wide dissemination and use of these findings a series of five briefing notes, *'Making A Difference Through Volunteering Shortcuts'* have been produced to accompany this report – and to act as stand-alone briefing papers on the work. They are provided at Appendix Four of the main report, are available as separate documents, and can be downloaded at [www.csv.org.uk](http://www.csv.org.uk) .

# Part one: Setting the scene



# Chapter 1: Introducing the Research

## 1.1 Background

Community Service Volunteers (CSV), Help the Aged (HtA) and British Red Cross (BRC) commissioned the Older People's Programme (OPP) to undertake this project, with the aim of researching and assessing the unique and distinctive contribution of volunteers within home and intermediate care; and to analyse their impact and effectiveness in helping people of all ages who require additional support to enable them to live independently. The work took place within and across six study sites in England and Wales (see Chapter 2); and focussed on exploring the views of volunteers, the people they support, their carers and the (mainly) health and social care organisations who commission and fund these services.

Three main policy and practice arenas initially framed and influenced the research.

Firstly, there have been increasing numbers and varieties of studies exploring the role, contribution and different configurations of intermediate care and home care to the recovery and quality of life for older people (primarily). However, relatively little research has been carried out to look at the specific contributions and impact of volunteers in these areas - nor their role in the wider spectrum of services and policy objectives such as promoting independence and wellbeing.

Secondly, studies on the benefits of volunteering more generally, and associated, subsequent policy documents on active communities, citizenship and civil renewal, are increasing – although largely independently of the above developments on independence, health and wellbeing.

One outcome of the above literature and activity in these two areas leads us to the third key policy agenda to influence this work. This relates to the development of clear targets to increase voluntary and community sector activity (in public service provision) in all UK nations, with national strategies intended to address local issues and priorities. In England this has resulted in an initial target of increasing VCS activity by 5% by 2006. This shift in service provision and profile has implications for commissioners, providers and service users of a wide range of public services, traditionally delivered through statutory agencies.

Taking all of these three aspects together, it is clear that there is an increasing need to integrate volunteering opportunities and services into planning processes for statutory and other commissioning agencies. The Government's Active Community Directorate's push on maximising opportunities for volunteering, the Welsh Assembly Government's Active Communities Initiative, the publication of a Compact on Volunteering, Codes of Good Practice for Volunteers, recent policy publications such as the first national strategy on ageing encapsulated in the White Paper, Opportunity Age (2005) and the White Paper on the future of NHS care outside of hospitals, Our Health, Our Care, Our Say (2006) – all point to this trend continuing for the foreseeable future.

One area which has attracted attention in relation to the increased and enhanced role of the VCS over the last 5-6 years is in the delivery of home care and intermediate care. Much of this work has taken place in respect of supporting older people and other age groups (eg adults with a disability, those with mental health needs and people with complex physical and social care needs) to live independent lives through the delivery of "care closer to home". The Department of Health in England has funded an extensive research and evaluation programme, in partnership with national organisations such as Help the Aged and Age Concern England, to explore the organisational and practice features that will ensure sustainable and different ways of working together across traditional boundaries of health, social care and housing to deliver the objective of Standard 3 (Intermediate Care) of the National Service Framework for Older People. The Welsh Assembly Government have developed a number of initiatives to take forward the equivalent Framework in Wales, where the 'Promoting Health and Wellbeing' Standard is underpinned by strategies on healthy and active lifestyles and expanding the participation of older people in volunteering activities. There is less formal or published evidence, however, across the UK of how volunteers and other unpaid workers (eg family carers) can play a role in the increasingly diverse web of public and non statutory service support – as illustrated by the following quote taken from a King's Fund briefing paper on the subject:

*"Volunteering can also have a direct, positive impact on lives of patients, service users and carers."*  
(*More Than Good Intentions, King's Fund, 2003*)

In particular the nature and impact of volunteering support in the delivery of home care and other community based support services is less intensively explored in the literature. This research is in part, an attempt to fill that gap, as well as providing more in-depth analysis of the impact, effectiveness, lessons and practical implications for all stakeholders in extending and building on the experiences of six case study sites where volunteers have been working in partnership with staff from local agencies in delivering home and intermediate care.

## 1.2 Partners and partnerships involved

The three partner organisations commissioning this work recognised that volunteer services provided by their respective local organisations, or organisations supported by them, were increasingly similar to health and social care services provided by statutory agencies. Examples include home from hospital or hospital at home schemes (especially those provided by BRC); elements of volunteer support designed to integrate with intermediate care services and support; and volunteer transport schemes designed to help people get to appointments and pick up prescriptions as part of their self-care and medicines management arrangements.

This joint project is the first major piece of work that these three organisations have undertaken together – and demonstrates a high level of commitment to exploring the current and future potential role of volunteers and volunteering opportunities in promoting independence and wellbeing; and in building healthy and sustainable communities – key strands of social policy over the next ten years. In addition to the specific lessons identified from the analysis of activities and outcomes achieved within the six study sites, there are also a number of clear messages that have arisen during this research about the importance of partnership working in this area; and in particular the complexities of partnerships in practice across the VCS, communities and public services.

The project as a whole was funded through a grant from Lloyds TSB Foundation, as part of their collaborative grants programme.

## 1.3 Research aims, objectives and outputs

Six main aims were agreed as the focus of this research project:

1. To identify what is distinctive about the care and support provided by volunteers in home and intermediate care
2. To highlight examples of best practice from six case study sites identified by the participating organisations
3. To improve the available data, knowledge and management information for planning future provision by volunteers in home and intermediate care
4. As a result of the above, aim to inform plans to develop and extend involvement of volunteers in service provision or engagement (either separately or in partnership with health and social care partners)
5. To identify key success factors common to the effective involvement of volunteers
6. To outline for service commissioners, tools for successful delivery and commissioning activities

Specific outputs and products of the work were designed to include:

- A final report including an executive summary, including the findings of the research/evaluation and recommendations on policy and practice at a national level about effective volunteer involvement,
- Briefing papers (the 'ShortCuts') in the form of summary information and practical guidance which can be used both by the six sites in relation to effective recruitment and deployment of volunteers; and as wider tools/resources on specific topics and themes that emerge from the research.

A number of additional issues and points were also identified during discussions at early meetings of the Operations and Reference Groups, and the OPP Project Team – where it was felt important that the research should either be aware of these aspects; and/or attempt to address related questions through the fieldwork in the study sites.

Firstly, it was agreed as important to clarify what the partners and researchers mean by volunteering, at least for this piece of work, as different groups often understand the term in different ways. The project team worked to the following definition of volunteer services and support:

*'Services or support (that are commissioned) which use volunteers'*

Secondly, partners asked the question, 'how can we take what is happening and move it forward - by developing a 'prospective view'? For example, by exploring:

- What is working and what is getting in the way
- Understanding who needs to be and can be reached and engaged in expanding volunteering opportunities and activities
- Capturing the information that would help to develop a different way of commissioning
- Exploring how things can be reconfigured to unlock resources on volunteering – eg citizenship / social involvement type issues – beyond health and social care
- Asking how different people (eg commissioners) would like to do things differently.

Thirdly, the impact that volunteering has on volunteers as well as service users was raised as a key objective for the work; as was the question of volunteers versus non volunteers delivering services – and whether service users notice that there is a difference? Is there a qualitatively different experience through volunteers - and for volunteers themselves?

Fourthly, we debated whether the same people are involved in volunteering for these schemes, and in other respects. Particular questions asked here included: who are these people and what got them involved initially? What are their motivations? What are the barriers to and perceptions of volunteering? How did their scheme start in the first place? What conditions are important to initiate and support volunteering?

Fifth, the contribution of volunteering to the community is valuable in its own right – eg by contributing towards neighbourhoods and community as a better place to live. If this is the case, what can we learn from these six study sites about

how both the capacity for and the barriers to volunteering (by local citizens) can be dismantled? This included the exploration of volunteering as a reciprocal, mutually beneficial act. It was also agreed that the work should try and establish if there are actual and perceived limits to volunteering, and if so what they are.

Sixth, the fieldwork in the six sites should aim to establish if there is evidence that volunteering contributes towards preventative approaches, promoting health, independence and wellbeing. As part of this, a key question is whether it tends to be the voluntary sector that leads the way on innovation in delivering health and social care support, or are there other factors and developments involving more or all partners? And in this context it was agreed that a key focus should be on identifying any quantitative and qualitative evidence on cost benefits and impact generally.

Finally, the fieldwork was designed to explore the key factors and what contributes to greater partnership working on the ground - especially within and across voluntary organisations - with respect to the commissioning and delivery of volunteer services and support.

Most of these points were covered in some form or another within the two postal surveys (one for volunteers, and one for people supported by volunteers); and the interviews and discussion groups carried out with a smaller sample of participants at each study site. See Chapter 2 for details.

## 1.4 Policy and practice contexts

There are multiple policy and practice contexts for this work. New policy guidance and frameworks, which are relevant to and can be informed by this work, are being published all the time. In particular, the changing and increasing profile of areas such as volunteering, active citizenship, inclusion, promoting independence and preventative approaches prompted a shift of focus within this project from "home and intermediate care" to independence, wellbeing and quality of life - a shift that was highlighted by members of both the Operations and the National Reference Group early on in the project.



Figure 1: Key policy and practice contexts

The above diagram, figure 1, illustrates the key contexts and policy agendas that have relevance for this work – and also those where this research can inform local and regional implementation of these same policies.

# Chapter 2: About the Research

## 2.1 Approach and methodology

We used a hybrid approach to undertake this evaluation, based on two main methodological frameworks: first, we used a 'Realistic Evaluation' design as described by Pawson and Tilley (1997); second we adapted the 'Theories of Programme Change' approach based on the work of Weiss (2000). These approaches were used as more traditional evaluation methodologies can be inappropriate for determining the impact that medium-long term development programmes and initiatives have (or could have) on different stakeholder groups, who are influenced by a range of variables for which it is not possible – or necessarily desirable – to control. Although traditional evaluation designs can shed light on what is or is not effective, they are unable to answer the crucial questions of why something works, for whom and in which circumstances. Realistic evaluation examines the mechanisms through which initiatives achieve particular outcomes in certain contexts.

A key feature of this kind of approach is the involvement of different partners and stakeholders in the methodology design, data collection, analysis and synthesis of key findings. It is an evolving process of identifying, testing, refining and synthesising key messages, lessons and implications.

## 2.2 Introducing the sites and participants

CSV, HtA and BRC identified 6 sites (2 for each organisation – shown below) where the research took place using a case study approach:

- **CSV (RSVP):** Barnard Castle and Tyne & Wear in Durham; and Anglesey in North Wales;
- **Help The Aged (HtA):** Halifax & Calderdale in Yorkshire; and Hammersmith & Fulham in London;
- **British Red Cross (BRC):** various locations in Kent; and in Cheshire.

The study sites vary in different ways, including geography and demographic profile, type of volunteer schemes provided and the nature of funding arrangements. A mix of funders and contractual arrangements exist across and in some cases within the sites, including: length and certainty of contracts, and 'performance' or monitoring data available. In some sites, especially those covering a whole county, a number of different volunteering schemes operate under the banner of 'Help the Aged' or 'RSVP' whilst being delivered by other partner organisations (for example by Age Concern organisations or in partnership with the Citizens Advice Bureau). Because of the complexity and wide scope of each site, the Operations Group and OPP Project Team agreed that the work should focus on a sample of schemes within each site, for the purposes of the fieldwork. Table 1 provides further information about these sites.

Site and participating schemes	Fieldwork focus	Commissioners/ funders	Constructual arrangements and funding details
<p><b>1. RSVP:</b></p> <p><b>RSVP North East</b> 11 different schemes including school support, befriending at home/hospital/telephone, radio tapes, knitting, help in day clubs, 7 rural transport schemes covering the area from Berwick to Darlington</p>	<ul style="list-style-type: none"> <li>• Barnard Castle Rural Transport Scheme with 1 coordinator and 20 volunteers</li> <li>• Middleton rural transport scheme with 1 coordinator &amp; 20 volunteers</li> <li>• Weardale rural transport and prescription delivery scheme with 1 coordinator and 7 volunteers</li> <li>• Newcastle GP surgery telephone befriending scheme with 1 coordinator and 8 volunteers</li> </ul>	<p>A Northern Rock grant covers the 11 schemes for the period 2002-05, renewed for 2005-08.</p> <p>PCT for some elements.</p> <p>Zurich funding elements via Help the Aged as part of national initiative to develop telephone befriending services.</p>	<ul style="list-style-type: none"> <li>• Northern Rock grant for £33,000/year for 2002-2005 on basis that schemes will increase volunteer numbers by agreed percentages each year, develop new projects and increase fundraising. Grant enables RSVP to cover 20 hours coordinator post; 15 hours administrative support; oncosts /overheads.</li> <li>• PCT contract for £10,000 pa to cover operational costs of rural transport schemes.</li> <li>• Zurich grant of £15,000 pa for 2 years covers 10 hours for 2 coordinator posts (5 hours each for Newcastle and Barnard Castle).</li> <li>• Personal donations from clients using rural transport scheme at max. cost of £1/trip depending on distance. (42% of costs raised from such donations in Barnard Castle).</li> </ul>
<p><b>RSVP Anglesey:</b></p> <ul style="list-style-type: none"> <li>• RSVP knitting groups</li> <li>• CAB/RSVP – Community Health, Wellbeing &amp; Support (CHWBAS)</li> </ul>	<p>Knitting groups in Llangoed with 12-13 members; and Amlwch with 20 members.</p> <p>CHWBAS initiative alongside the Ynys Mon CAB initiative</p>	<p>Knitting Groups funded by Welsh Assembly.</p> <p>CHWBAS funded by Welsh Assembly and Ynys Mon County council</p>	<p>2 Coordinators funded by budget.</p> <p>10 befrienders working alongside CAB advisors.</p>

Site and participating schemes	Fieldwork focus	Commissioners/ funders	Constructual arrangements and funding details
<p><b>2. Help the Aged: Age Concern Calderdale Community Action Team (CAT)</b></p> <ul style="list-style-type: none"> <li>• Hospital from Home scheme</li> <li>• Local links project</li> <li>• Stay warm stay well</li> <li>• Safe &amp; secure</li> <li>• Active befriending</li> <li>• Home safety checks and falls prevention advice</li> </ul>	<p>CAT, active befriending, local links, hospital from home related activity.</p>	<p>No contracts for any services in place</p> <p>Most funding from Calderdale Social Services Department via grant monies. Other funding received from police and private sector eg for Safe &amp; Secure; grants for active befriending.</p>	<p>SSD contract of £72,000 pa enables Age Concern to employ 3 x CAT coordinators but this is reducing to 2 coordinators shortly, due to reduced SSD funding from £72,000 to £48,000 pa)</p>
<p><b>Nubian Life</b></p> <p>Centre based activities including befriending, citizen advocacy, health sessions, day care, lunch club and social activities for African Caribbean Elders</p>	<p>Activities involving volunteers or members of Nubian Life working on a voluntary basis</p>	<p>Befriending service funded by Age Concern England and Opportunities for Volunteering grant. Day care service funded by SSD through Service Level Agreement. Citizen Advocacy funded by the King's Fund. Volunteer training funded by Nationwide.</p>	
<p><b>3. BRC: BRC Kent:</b></p>	<p>6 Home from Hospital schemes: Thanet, Canterbury, Ashford, Dartford &amp; Gravesham (D&amp;G), Tunbridge Wells &amp; Maidstone</p>	<p>Thanet, 100% Kent &amp; Canterbury and Coastal PCT for 115 referrals/month; Canterbury, 100% East Kent Hospitals NHS Trust for 60 refs/month; Ashford, 60% mid Kent SSD/40% East Kent Hospitals NHS Trust for 100 refs/month; D&amp;G, 100% D&amp;G PCT for 60 refs/month; Tunbridge Wells, 100% West Kent SSD for 60 refs/month; Maidstone, 100% Maidstone &amp; Weald PCT for 60 refs/month</p>	<p>Mostly two year contracts for all schemes based on identified number of referrals per month as indicated.</p>

Site and participating scemes	Fieldwork focus	Commissioners/ funders	Constructual arrangements and funding details
<b>BRC Cheshire</b>	Community and Hospital Support Service (CHSS), the local name for BRC Home from Hospital schemes, covering:  3 CHSS schemes in East Cheshire (Macclesfield & Knutsford); South Cheshire; Halton	All Cheshire schemes funded by County Council via contracts; the Halton schemes are jointly funded by the local SSD and PCT.	All schemes funded by Cheshire county council are funded via 3 year contracts, apart from South Cheshire where there is an 18 month contract (with plans to extend to a 3year contract shortly); and Halton which is jointly funded by the PCT and SSD until 2007.

## 2.3 Undertaking the Fieldwork

### 2.3.1 Literature Review

A policy and literature review of published and unpublished, 'grey' literature was carried out to help provide context and direction for the project. This was initially framed by the project's original remit of exploring the distinctive contribution of volunteers in the provision and delivery of home and intermediate care; and then expanded to fit within the overall context of promoting independence and wellbeing and 'care closer to home'.

Searches were carried out via the internet and the following academic databases:

- AgelInfo
- CINAHL (Cumulative Index to Nursing & Allied Health Literature)
- EBSCOhostEJS

The literature review was viewed as a dynamic activity, which was added to throughout the work – in response to constant change in this area where new literature and policy guidance emerge frequently.

Our aim in this review was to draw out key areas for further and more detailed exploration within the six study sites; and to help provide a framework for analysis of emerging themes across the six sites. Specific important themes were drawn out of the review which were used to shape the fieldwork

including the design of the postal surveys, interview and discussion schedules, and pro forma for other data collection about background information and documentary analysis. Appendix 2 contains the overview of these key themes which form the basis of the analysis of this review. The full literature review is available as a separate document from CSV Consulting. See contact details on inside cover.

### 2.3.2 Fieldwork within and across the Sites

For the fieldwork within the six sites we used mixed methods for data collection, collation and analysis encompassing both qualitative and quantitative sources including the following elements:

- Background data/information collection on local practices and arrangements, using a common schedule
- Postal questionnaire to all volunteers in each site
- Postal questionnaire to a sample of people supported by volunteers at each site
- Follow on interviews (face to face and telephone)with a sample of respondents to the questionnaires
- Telephone interviews with local health and social care partners.

The secondary data analysis of background information provided by the six case study sites covered characteristics of service users and of volunteers; local contexts; mechanisms and activities

associated with service delivery (including resources, volunteer base, roles and responsibilities, people supported and how); and outcomes achieved where this information was available.

Targeted postal surveys were designed to provide both quantitative and qualitative data. The first consisted of a simple questionnaire sent to all volunteers participating in the sample of schemes identified in each study site (a total of 266 questionnaires across all sites). The second was a short, simple questionnaire to 360 people supported by and/or in touch with volunteers across the 6 sites. Questionnaires were sent to participants directly from the OPP office with pre-paid envelopes included for anonymous return back to OPP following completion. Both questionnaire formats are provided in Appendix 3.

Each set of completed questionnaires was anonymised, coded and analysed using SPSS to provide an in-depth analysis that revealed key characteristics, themes, achievements, trends, initial success factors, and relationships between different factors (what contributes, what hinders, what works, what doesn't work, what's required).

Face to face discussions (with individuals and small groups) were also carried out with a total of 124 participants across all study sites and different perspectives (eg coordinators, managers, volunteers and service users), as indicated in Table 2 in Chapter 3. Interview schedules as well as pro forma for other data/information collection are provided in Appendix 3.

In addition, semi-structured telephone and email interviews were held with eight local health and social care partners, including the main commissioning/funding agencies from each site.

## 2.4 Governance and Ethical Arrangements

### 2.4.1 The Operations Group

Representatives of the three partner organisations worked as a collaborative group with the OPP Project Team, to make operational decisions about the research. The project overall was managed by CSV Consulting as the lead partner in this collaboration.

An essential feature of the grant to undertake the research was the partnership and collaboration between these three organisations. To facilitate a common understanding of the aims, objectives and outcomes of the work, a set of "monitoring criteria" were agreed to help manage the work coherently and productively across all partners.

This set of criteria is shown below:

- The Operations Group (OG) and the national Reference Group (see below) were composed of representatives from the three partner organisations and other professionals with expertise and experience in the field
- The design and use of a terms of reference to capture the collaboration necessary for the success of the project
- The Operations Group's key role was to monitor and evaluate these criteria at three monthly intervals, and test their effectiveness - so as to test the process of working together as well as achievement of objectives
- The OG met regularly, with a record of meetings made and the implementation of the project plan monitored
- There is clear accountability to the funders
- OG Terms of Reference
- Maintain and oversee the integrity of the project by reference to the agreed aims
- Appoint a national reference group whose task will be to:
  - Identify with the purpose of the research;
  - Question, enquire and challenge the research methods, assumptions, conclusions and reports to refine and improve the quality of the research conclusions;
  - Problem solve at the request of the Operations Group;
  - Defer decision making to the Operations Group.
  - Maintain a neutral and objective approach to support good research practice and support of the funders
- Provide a scrutiny role with regard to ethical considerations.

## 2.4.2 National Reference Group

The Reference Group members included Lloyds TSB Foundation; the Association of Directors of Social Services (Reference Group Chair); the National Association of Primary Care Trusts; the Department of Health; the three partner organisations (CSV, BRC; HtA). The OPP Research Team also attended the Reference Group meetings.

The main purpose of the Reference Group was to secure the interests and expertise of an invited group of professionals working in Health and Social Care and in Volunteering, whose roles mean that they could bring a relevant and valuable perspective on the research. It was a high level group with a national and overall perspective on the area under research.

Decisions about the project were made taking into account the advice and information provided by the Reference Group, in the context of the project work plan; but in itself, this was not a decision making group.

The main role of the Reference Group was to:

- Act as an advisory body and sounding board for the project as work progresses
- Provide a reality check on the project and ensure fit with relevant government policies and strategies; and forward thinking on developing home and intermediate care services
- Bring any known information about relevant and related policy or service developments that may or will have a bearing or impact on the research and its dissemination.
- Be a link between practice as identified through the research and developing policy areas
- Advise about the scope of the literature review that will form part of the research report.
- Actively assist in seeking effective ways to raise awareness of the research
- Actively support the project outside of the Reference Group meetings
- Consider further action, implementation and next steps for taking forward issues identified from the research

The membership of both these groups is provided in Appendix 5.

## 2.5 Making Sense of the Findings

A wealth of information from across all data sources was analysed and triangulated to identify cross cutting themes, to answer the specific questions and issues agreed in phase 1 of this work.

A one day conference attended by representatives of 4 of the 6 study sites, members of the Operations and National Reference Group and the OPP project team on 15th February 2006, was used to test these themes and to help shape the final analysis of findings and outline recommendations.

Workshops at each of the six sites have also been planned following the publication of this report in order to share the findings with local participants and respondents; to enable important lessons, common themes and messages are disseminated to key stakeholders and local commissioners; and assist local planning and development decisions to ensure these lessons can be addressed at a local as well as national/UK level.

## Part two: Cross cutting themes and messages



# Chapter 3: Information from Key Data Sources

This chapter presents the synthesised messages, themes, lessons and findings from the fieldwork carried out across the six study sites, and the key themes from the Literature Review that was carried out in Phase 1.

The fieldwork analysis consists of:

- 122 responses to a postal survey of volunteers (a response rate of 46%);
- 128 responses to a postal survey of people supported by volunteers (36%);
- interviews with 14 volunteer coordinators and 9 managers of the local volunteer schemes and organisations involved in each of the six study sites;
- one to one meetings and small discussion groups with 40 volunteers (including 2 volunteer coordinators) and 53 people supported by volunteers across all six study sites (including group discussions with 26 members of knitting groups);

- 8 telephone and email interviews with external stakeholders, mostly the commissioners, of the volunteer services involved.

Table 2 shows the breakdown of these responses and participants by site and partner organisation.

This fieldwork has, not surprisingly, elicited a rich array of data, information, stories and insights into what works at a local level; and the impact that services and support provided by volunteers has on the quality of life experienced by the users of these services.

As well as some important differences associated with the diversity of people, places, partners and providers involved, fourteen important common themes have emerged from across all data sets and the desk based review of grey and published literature. These themes are highlighted in Box 1 on the following page.

**Table 2: Respondents and Participants across Study Sites**

<b>BRC</b>	<b>Numbers</b>	<b>HtA</b>	<b>Numbers</b>	<b>CSV/RSVP</b>	<b>Numbers</b>
<b>Cheshire</b>		<b>Nubian Life</b>		<b>Anglesey</b>	
Coordinators	3	Coordinators	0	Coordinators	2
Managers	3	Managers	1	Managers	2
Volunteers	10	Volunteers	6	Knitting groups	26*
Service users	10	Service users	4	CHWBAS	2
Stakeholders	1 (SSD commissioner)		2 (1 x SSD commissioner & 1 x PCT commissioner)	Stakeholders	1 (Housing & Social Services Commissioner)
<b>Kent</b>		<b>Calderdale CAT</b>		<b>North East</b>	
Coordinators	5	Coordinators	2	Coordinators	2
Managers	1	Managers	1	Managers	1
Volunteers	11	Volunteers	5	Volunteers	6
Service users	6	Service users	4	Service users	**
Stakeholders	1 (Hospital Trust SLA manager)	Stakeholders	2 (SSD commissioners)	Stakeholders	1 (GP practice manager)

\* Member of two knitting groups in Anglesey, who are both volunteers and those supported through volunteers

\*\* It was not possible to meet directly with service users of the volunteer transport scheme due to [their] ill-health

### Box 1: 14 Cross Cutting Themes

1. Impact on social isolation
2. Contributing to independence and wellbeing
3. Responding to diversity
4. Relationships between volunteers and service users
5. What volunteers really do
6. Flexibility and freedom as key motivators for volunteering
7. The thorny issue of personal care
8. The importance of time
9. Volunteer coordinators' roles
10. Raising awareness and profile of volunteer services and schemes
11. Provision and delivery of volunteer services
12. Partnerships and partnership working
13. Sustainable commissioning practices
14. Measuring impact

These 14 themes cover a number of familiar as well as some different issues associated with the experience, delivery and provision of volunteer services. All of these areas need far greater recognition and a more prominent profile than they have previously been granted, certainly in relation to the wider, and currently high profile political, agenda for promoting independence and improving quality of life for all older people – and other people reliant on care services.

These are *cross cutting* issues, that are not just about the 'active citizenship' or 'civil renewal' or 'health and social care' agendas, which still tend to sit in separate silos, especially in terms of commissioning decisions and funding pools.

These messages have resonance within and across all of these policy and practice arenas. They now need a different kind of joined-up response than has previously been experienced within these initiatives, in order to ensure their continued vital role; to spread the good practice identified in this (and other) studies; and secure their long term sustainability as part of the landscape of service and support options for independent living, improved health and wellbeing.

This Chapter continues with an overview of the relevant themes that emerged out of the background literature review, in Section 3.1. This is followed in Section 3.2 by the 14 cross cutting themes and key messages. The detailed analysis of the fieldwork with service users and volunteers is provided in Sections 3.3 and 3.4 respectively. This is followed in Section 3.5, by an analysis of the insights gained from the telephone and email interviews with external stakeholders, most of whom were commissioners from either local NHS organisations or Social Services Departments.

## 3.1 Literature Review: an outline of key themes and messages

A comprehensive search of published and grey literature was undertaken to provide background to this project, and this review is available as a stand alone document from CSV Consulting. This section presents an overview of the relevant issues and themes from the review that were used to inform the design and implementation of subsequent phases of the work, particularly the fieldwork. Appendix 2 contains a more detailed summary of these nine themes.

A multitude (and ever increasing number) of policy and practice contexts exist for this work – spanning local, regional and national activities. The nine key themes we identified from this search that have helped to inform and shape this research often sit – both in research and in practice – within one or two of these multiple contexts. They rarely span all of the relevant issues and contexts which both influence and impact on independence and wellbeing – and on the delivery of effective volunteer services.

### Promoting Independence, Wellbeing and Choice

There is growing recognition of the importance of paying greater attention to all aspects (including social and emotional) of wellbeing; and a strong, widely held view that volunteers have a huge part to play in this area. The VCS has a significant role in meeting many current and emerging policy agendas

## Home and Intermediate Care

There are forecasts of significant growth in the demand for home and intermediate care services in the foreseeable future in the UK, due to demographic, social and structural changes. An increasing role (supported by national policy) for the VCS is widely seen in the provision of health and social care services, working in partnership with organisations from different sectors

## An enhanced role for the VCS

An increased emphasis on the role and impact of widening VCS and volunteer participation in the delivery of health and social care services is now demonstrated in recent Government publications and policy frameworks. The VCS is believed to particularly possess the ability to reach people who may otherwise 'fall through the net' and refuse statutory services

## Person centred approaches, choice and control

Processes can be developed which enable purchasers and providers of care services to effectively identify and plan the fulfillment of (at least some) individual requests and preferences. Personal qualities of volunteers are often much more highly valued than their skills in performing specific tasks. Careful attention to appropriate 'matching' of volunteers to clients and managing services to allow strong relationships to be built between clients and a small number of volunteers should help to ensure a high quality of provision. Focus on measuring, defining and recording the impact of volunteer support on the health and wellbeing of individuals should help to display benefits of projects, recruit potential volunteers and service users and encourage other organisations to develop similar projects or approaches through wider dissemination of results

## Partnerships

Although much evidence of extensive partnership working between voluntary and statutory organisations exists, the view that the VCS operates at the periphery of the care system continues to exist. Integrated methods of working between agencies can be difficult to achieve, as can facilitating a client's 'movement around the system'. Working in partnership, organisations involved in projects are likely to benefit from developing agreed, shared systems and processes

## The Distinctive Role of Volunteers

It is important to establish clear but flexible boundaries, guides and limits for volunteers working in health and social care – including processes and pathways for referral to other parts of the system. Volunteers provide a wide range of support in health and social care settings, direct impacts of programmes include reductions in delayed transfers of care and consequently savings in 'beds'. Volunteering also impacts upon the wellbeing of volunteers themselves, helping to boost self confidence, social inclusion and supporting the development of new skills and experiences. Volunteers provide a valuable method of two way communication in health and social care and they can bring a fresh, innovative and challenging perspective to organisations, helping to support the development and trial of new services and approaches

## Supporting Volunteers

Professional support for volunteers was felt to be crucial to optimize their contribution, minimize risk, motivate particular individuals and balance the demands made on them, in the light of their own preferences, strengths and other commitments. Volunteers (and some clients) are often recruited to projects through word of mouth, a situation which is likely to contribute to the persistence of the 'stereotypical' volunteer or service user. There is much scope for further research into the impact of the support provided by volunteers in health and social care on individuals' levels of health and wellbeing [a gap this research is intended to help to fill]

## Implications for Volunteer Management

Recruitment of a diverse range of volunteers within the specific areas of home care, intermediate care, and other initiatives aimed at promoting independence and wellbeing, may prove to be challenging. In particular, attracting volunteers to work within projects supporting older people (who tend to be the majority of these service users) can be more difficult than for other initiatives eg working with children in schools. The 'formalisation' of services delivered through the VCS and volunteering activities in particular, may increase the need for volunteers with specific types of skills and experience. Volunteer recruitment and management policies and processes within organisations need to reflect this.

Engaging (especially older) users of services in practice often proves to be difficult. Methods of effectively involving service users in key planning and decision making functions within a project or service also require consideration.

### Implications for Commissioning Volunteer Services

Whilst many commissioners now recognise the value and benefits of the support provided by volunteers, there is little evidence of this knowledge being translated into better commissioning practices. Volunteering contracts often remain as short term or grant funded projects and initiatives which tend to focus on formalising tasks and volume of activity, rather than promoting active citizenship, widening participation and increasing social inclusion and reducing isolation. More needs to be done on establishing clear outcomes measures i.e. the impact as well as the volume of volunteering activities.

We now turn to the results of our analysis of the fieldwork that formed the primary research for this project.

## 3.2 Cross Cutting Themes and Key Messages

Fourteen cross cutting themes were identified from across all sources of data and information involved in this research. The emerging findings from each data set were tested, refined and distilled to produce these distinctive but inter-dependent themes that capture the key features and impacts of volunteer support.

Whilst these have been derived from fieldwork taking place in six locations across England and Wales, we believe they have resonance for all volunteer services that operate at the boundary of 'traditional' public services and personal actions and contributions that are the foundations of healthy and sustainable communities.

### 1. Impact on social isolation

This was the single biggest issue identified from the surveys, interviews and discussions with all stakeholder groups:

- Across the range of volunteer schemes participating in this study, the loneliness experienced by a large number of different service users was emphasised, by volunteers, service users and volunteer coordinators
- Even when people have families and friends nearby, they are not always able to help on a day to day basis; nor do they always have the kind of relationship that makes it easy for people (receiving support from volunteers) to trust and confide in and resolve often deep-rooted problems and concerns
- Service users and volunteers both stressed the importance of the social contact, interaction and company that support from volunteers provides. This is regardless of the practical help or reason for receiving support from volunteers
- The nature of the relationship between service users and volunteers is of critical importance, both to those supported by volunteers and volunteers themselves
- This central relationship is also seen as fundamentally different to the relationships that exist between service users and professional staff from health and social care services. In particular, the flexibility of providing different kinds of contact – eg face to face meetings in different places (including the person's home or out shopping or having a drink in a café), over the phone, or both – that is based on human warmth, kindness, friendliness, and "genuine caring" – was emphasised by all survey respondents and participants in discussions held in all of the study sites

*"Staff do what's needed, but volunteers do a bit more. K spends time with me and explains things, it's uplifting knowing that someone's going to come round and take me out... [I'm] miserable in here on my own"*  
Participant from Cheshire, HFH scheme

*"After my husband passed away, I came here for 4 days which gave me a lot of confidence. If I was at home alone I wouldn't have the strength and confidence that I have now"*  
Participant from Nubian Life Centre

## 2. Contributing to independence and wellbeing

The analysis across all data sets provides evidence that support from volunteers reduces loneliness and isolation, boosts confidence and self esteem and restores hope to many people who have been ill or impaired in some way – either their physical or their mental health, or both:

- The importance of knowing that someone cares and is there because they choose or want to be, rather than having to be there because it is their job, is key in all of this
- Both service users and volunteers referred to the 'mutual support' that volunteering provides. This reciprocity is a key feature of these volunteer services that promote independence and wellbeing
- Many service users, and volunteers, referred to how the support they received had significantly improved their quality of life
- The positive impacts that volunteer support (and volunteering) has on the whole of people's lives and how they live them, reinforces the need for (currently) different policy and practice arenas (eg promoting independence, active/citizen engagement, wellbeing) to be regarded as inter-dependent and symbiotic – rather than separate policy strands dealt with by different government departments, funding streams or local agencies.

E has been R's befriender for four years – and now they are just friends. They support each other as E's husband has Alzheimer's disease. E initially helped R to regain her confidence after she had been in hospital with mental health problems, as part of a Home From Hospital scheme. They now accompany each other on visits into town for coffee and to go shopping. With the volunteer coordinator's help, E has encouraged R to attend a group once a week at the psychiatric unit, and she also goes to the gym once a week. R would now like to go out more... she would like to do computer classes and to be a volunteer herself.

## 3. Responding to diversity

There are three key points of diversity that are important to recognise in designing, delivering and commissioning volunteer services that have been identified through this work:

Firstly, the diversity of volunteers who are not a homogenous group in any respect:

- Most volunteers are busy people with different and varying commitments, often as volunteers for many different schemes and organisations and/or on an individual and informal basis (eg good neighbours and citizens)
- They have different time and other commitments that they juggle with their volunteer role(s); some also work – both full-time and part-time; and some are informal carers as well
- Some volunteers prefer task based and time limited arrangements; whilst others prefer looser, more flexible roles
- Some value the emotional aspect of volunteering and the chance to develop friendships; others prefer to have clear boundaries and to keep 'a distance'. This did seem to vary according to the personal circumstances of different volunteers; for example those with strong networks providing emotional support seemed to need and value this less than those with less active lives and smaller personal networks outside of these volunteering experiences
- Some people who have been involved in community based activities over many years do not regard themselves as volunteers
- Some volunteers can feel isolated and need different levels and kinds of support from the host organisation and coordinators; for example not everyone likes or responds well to peer support or group meetings
- All volunteers are individuals and have their own motivations, needs, expectations, personal contributions and benefits.

Secondly, the clients or users of volunteer services are also incredibly diverse, including:

- The wide range of ages, situations, needs, networks and aspirations of people receiving support from volunteers

- Different experiences of other (eg statutory) services, which can shape people's expectations and attitudes towards receiving support from volunteers
- Some people need transitional support; others need (and want) ongoing support and contact
- Many feel anxious about 'losing' volunteer support after short periods of time
- The range of situations whereby some people have a combination of needs and support from different services; whilst others have no-one else in their lives
- Isolation and loneliness is experienced by different people in many different ways. The causes, contributing factors, previous life experiences, personal networks, family relationships, living arrangements, health and financial circumstances all impact differently, as do individuals' coping mechanisms and responses to disadvantage and impairment. This has huge implications for the delivery of volunteer services and for the precise nature of support from volunteers. The fact that so many respondents highlighted the positive impact of volunteers in overcoming or reducing their isolation and loneliness is a testament to the schemes involved and to the individual volunteers' inter-personal skills and contributions
- It is important to understand what is different and what is significant on both an individual and collective basis – especially to inform planning and commissioning decisions that affect whole populations across ages, needs, circumstances and localities
- As well as understanding differences and diversity, it is also important to understand commonality. For example, it is important to recognise that many of these messages and themes are experienced across the age spectrum

Finally, the very different, particular geography and service profile of each area needs to be recognised and built into development and commissioning plans for these services. This includes:

- Whether areas are rural, semi-rural, urban or suburban
- Whether areas are densely or sparsely populated
- Important cultural, local, regional and national 'identities' that could be nurtured and sustained through volunteer contact and support

- The nature, coverage and quality of public transport systems/networks, and access to private transport
- The history and background of volunteer services and schemes
- Relationships and partnership working between commissioners, statutory agencies, other voluntary organisations and volunteer services

K is a befriender with the Community Action Team in Calderdale. He uses his "common sense and life skills" to adapt the support he provides to meet the specific needs and circumstances of the person he is with: "it is not just about sitting listening and talking... it is about taking people out to do something they want to do"

#### 4. Relationships between volunteers and service users

It is clear from our analysis across all data sources involved in this work that the quality and nature of this relationship is crucially different from those experienced with paid staff, especially staff from statutory sector services; and sometimes from relationships with family members.

Firstly, trust and confidence in volunteers are key; and people supported by volunteers reported they have more trust and confidence in volunteers than in statutory providers/professionals

Secondly, the characteristics of this relationship that make it work include:

- 'Mutuality' whereby the benefits experienced by volunteers are as important in terms of outcomes of volunteer services, as those experienced by people supported by volunteers. This sense of reciprocity improves wellbeing and 'citizenship', and neighbourliness – all key features of the Government's Respect agenda
- Understanding and empathy (as opposed to sympathy) that develops between volunteers and those supported by volunteers can both reinforce the above and result in strong friendships that are developed and sustained outside of the volunteering activity. Respondents also referred to the importance of humour and a sense of 'fun' that if allowed to surface can be an extremely positive influence in improving wellbeing and quality of life

- Both parties involved clearly value the relationship. For those supported by volunteers it is the relationship, not just the practical support received, that is of central importance. This can, however, lead to problems with short term support such as the Home From Hospital schemes, where relationships can feel like they are just developing when the 'formal' support period end.

From volunteers' perspectives, they told us that volunteering feels good, is enjoyable and fun, is time well spent and a way of caring and giving something back. They also commented that the support they provide is about commitment through the time and effort given for free, but that it also gives volunteers the opportunity to experience new things, and fundamentally that it 'makes change happen'.

*"I feel happy volunteering and helping people – personal satisfaction – also good to know I can help others"*  
Questionnaire respondent

'She gets me' was an important, recurring message about what service users really value about the contribution of volunteers; especially in terms of improving their sense of independence, their quality of life, and their ability and desire to continue living at home, often on their own:

*"We can talk about anything, she's with it and gets it... on my wavelength... she knows how to put things to me, all sorts of things come up and we can talk about them"*  
HFH client, BRC Cheshire

Another important dimension of this central relationship is the independence of the volunteer from statutory or paid services and help; and from family. However, volunteers can also work with and support families and carers – and their flexibility in supporting the person alongside their family and/or social network is key (eg providing telephone support to concerned carers where appropriate).

The skills and personal qualities involved in being able to build a rapport quickly, and then sustain this over time were also highlighted particularly by those coordinating and managing volunteer services. This ability to give a sense of continuity of friendly support, even if the same volunteer is not always able to be there, is a key aspect of this repertoire of relationship-building skills.

Two specific outcomes of this kind of relationship have been stressed throughout this work:

- The importance of mutual benefit, or reciprocity, between volunteers and those supported by volunteers
- The attention paid to the emotional and spiritual needs and characteristics of the 'service user'.

In stark contrast to these valued elements of volunteer support, a number of service users and volunteers referred to the anxiety and/or fear they experience if or when they have to consider accessing support from statutory (especially social care) services. This is often associated with the worry of financial implications (having to pay for things that would really make a difference but are actually quite small or low level in nature); and is sometimes associated with previous difficult experiences of these services. Many people reported that they are fearful of being supported by social services, of asking for help, getting involved with statutory services, having to pay for care and the fear of a downward spiral into increasing dependency if they do accept help from statutory services. Many service users prefer the support they receive from both volunteers and voluntary organisations, to that available from statutory agencies, particularly Social Services.

## 5. What volunteers really do

Volunteers often perform tasks which statutory sector providers (and family members) either don't do, or won't do, such as:

- Looking after pets
- Sitting and having a chat
- Household tasks eg shopping
- Some personal care eg washing hair (see Theme 6 below)
- Providing transport
- Importantly – a mixture of all of these things.

The important detail of each and all of these different kinds of help can become lost under 'generic' headings, such as rural transport schemes, which provide much more than the term 'driving' or 'transport' implies.

Two important features of what volunteers do were highlighted as:

- *How they do it: "as a friend would do it"* was a common phrase used by a number of service users, both in the postal survey and in face to face discussions
- The feeling of the unhurried nature of visits/help provided and the close attention paid to what people tell volunteers whilst they are together.

A number of volunteers and service users reported that they often develop friendships and continue contact after their volunteering role has ended, especially those involved in time limited volunteer support:

*"For some people, practical tasks are important, others value your support and friendship. Most are just appreciative of the fact that you care, whether it be practical or otherwise"*

Volunteer with BRC Cheshire

Finally, the descriptions given by respondents both to the surveys and during face to face discussions, of what volunteers do or provide very often matched what many people would describe as 'advocacy'. This description was reinforced by participants at the one day workshop held for representatives from each study site, who highlighted the importance of volunteers as someone to advocate on the person's behalf whilst also encouraging them to become a self advocate for themselves – for instance through increased confidence and self esteem.

## 6. Flexibility and freedom as key motivators for volunteering

Being trusted and empowered to use their personal judgment and common sense to help people, was raised by a number of volunteers when asked what motivates them to begin or carry on volunteering in these services:

- Bureaucracy and procedures on the other hand, get in the way and demotivate people
- Volunteers often refer to the importance of having a clear framework and guidance which sets out the broad parameters in which to provide help but crucially with the freedom and 'permission' to get on and do it
- Many people develop friendships with service

users, but are also mature and respectful about when this is appropriate and when it is not

- Whilst many volunteers are very generous with their time, ideas and emotional resources – and indeed these are key features of what makes a positive difference to so many service users taking part in this research – it is also important that schemes, coordinators and clients do not expect this of everybody, or require this of all volunteers. Volunteers are very different in their contributions, their backgrounds and situations. This diversity must be respected; and their contributions need to be explicitly recognised, including when or if they do provide support above and beyond what is required.

M, an active befriender from Calderdale, described her work as having no written rules about her role but this is precisely why she likes (and values) volunteering. She likes the flexibility it gives her, and feels this enables her to apply her common sense and judgment. No doubt this is helped by having been matched to the clients she befriends.

## 7. The thorny issue of personal care

As Theme 6 and the following quote illustrates, flexibility and freedom in what volunteers do can mean that volunteers become involved in providing what is often described as 'personal care':

*"Use my own discretion. Someone asked me could you wash my back. I said yes. Don't lift or handle but cut nails and hair. Have to be careful don't go too far as some people very vulnerable."*

This is an area of considerable contention, and indeed it has stimulated much debate amongst the stakeholders and partners involved in this research. It is clearly a critical area that is also often raised by managers, commissioners and practitioners from health and social care services - especially in relation to perceived and actual risks in supporting potentially vulnerable people and in discussing the actual and potential role of volunteers within these areas.

As part of the postal surveys and quantitative analysis, we examined behaviours and attitudes towards risk, especially in relation to the provision of personal care, with service users and with volunteers. Three quarters (93, 76%) of volunteer respondents to the postal survey stated that they had a clear

understanding of the risks that they face as a volunteer, and which may be associated with the services they provide to the people they support. In addition, 98 volunteers (80%) replied that they are fully aware of how they can minimize and manage any risks that are involved.

In addition, the face to face discussions we had with volunteers and the volunteer coordinators during the fieldwork confirmed that the approach to identifying and managing risks associated with the delivery of these services is pragmatic, and effective. In fact, much of what the support achieves is an avoidance of risk of harm, neglect, isolation and vulnerability to many clients.

*“If I came across anything or things not right for a client I’d let coordinator know”*

A small number of respondents talked about the relevance of their previous professional roles working for Social Services or NHS organisations, which had prepared them well for understanding the nature of their volunteering role, the potential risks involved, and what to do about them.

We are aware of previous research and discussions that have taken place about the nature and boundaries around ‘personal care’ and the skills, training, support and supervision arrangements required before paid or unpaid workers are deemed ‘competent’ to perform such tasks. Some previous research (Henwood, M. and Waddington, E. *Home and Away: Home from Hospital and the British Red Cross, progress and prospects*) has explicitly stated and recommended that volunteers should not undertake any kind of personal care activities at all.

We are convinced of the powerful and positive impact that volunteer support has on individuals’ health, independence and overall quality of life – and we believe that this is partly because this support includes some aspects of personal care. We also know that this is not a straightforward or clear-cut issue.

In view of the overwhelming positive responses received about the flexible and personal aspects of the support provided and received – and the positive practices we observed – which benefit both service users and volunteers, we believe that the time has come for a renewed, open, honest and wide-reaching public as well as professional debate about

what constitutes acceptable personal care as delivered by unpaid workers such as volunteers. We hope that this debate can be conducted in a spirit of what can be achieved rather than what should be avoided in the name of risk management and professional control.

As one of the volunteers participating in this research put it:

*“Let us do more for people”*

## 8. The importance of time...

This theme is more complex and multi-faceted than it at first appears. It needs to be unpacked to be properly understood as a key contributor to the distinctive and positive impact of volunteer support, as follows:

- From the service user’s point of view, time can hang heavily for many people, especially those who are isolated in some way
- People connect with one another through time; and so it is important to recognise that time is important in helping to reduce both the emotional as well as practical implications of social isolation
- Volunteers, in contrast to most paid staff, start with what needs to be done, and then convert this into the time required to achieve it; rather than the other way around
- However, the amount of time, although important, is not the most vital feature here. The responses we received, both from the surveys and local discussions, all referred to the feeling of not being rushed; that ‘the clock isn’t ticking’ on the support and contact people receive; and that volunteers do not constantly refer to how much (or how little) time they have on each occasion they meet
- It is also the flexibility of volunteers’ availability that matters, to meet the needs of the person they are supporting and their own commitments. The fact that the two people involved can work it out between them is, perhaps, the most important characteristic of time shared between volunteers and service users.
- This concept of time shared is also a key feature. Sometimes it is a shared experience that underpins this. For others it is the fact that mutual

understanding and empathy can develop, through sharing experiences and views (eg through conversation and asides that build over time) whilst practical support is provided.

This whole package of support and empathy that volunteers bring, that is not task focused or time-constrained, is shaped by the final important dimension of time highlighted in this work. What is fundamentally different about the time that volunteers give, is the fact that they have chosen to be there, and in this sense it is truly a 'gift'.

We cannot, however, ignore the wider consequences of this theme – which includes the impact of time limited support that is a feature of some volunteer services involved in this research. The key messages identified from our analysis about this type of volunteer service are summarised below:

- Time limited and bounded support (such as the Home from Hospital schemes) is valued by some volunteers and clients, as it can provide a goal and a defined set of activities to aim at – and therefore a sense of moving on and progress in regaining or developing independence and well-being.
- However, this feature was also highlighted as an issue for many clients: *"what happens when the six weeks is over?"*; and for some volunteers: *"It's like [a] bereavement when you leave them after 4-6 weeks"*
- In particular, if there is no flexibility or discretion involved in extending periods of support, this can be very de-motivating for volunteers

Given the diversity of needs, situations and skills (see Theme 3) it is important that there is flexibility built into the agreement about what is provided, how, for how long and when; and that this can be reviewed and 'tweaked' according to changing needs and circumstances on an individual basis. Follow on support and signposting opportunities could be strengthened or reinforced as key features or partnerships with other services – to lessen the impact or sense of loss that some people feel when such volunteer support ends, with nothing (or no-one) else to link with on an ongoing basis.

## 9. Volunteer co-ordinators are key

Volunteering and volunteer services are not a cheap alternative; they are complex and multi-faceted, and are different in nature and set up from statutory services. Extensive skills and knowledge are therefore required by those running and managing volunteer services:

- Volunteers have huge respect for the work that volunteer coordinators do, in particular their role in spanning the two different levels of planning and securing resources for these services; and day to day delivery of reliable, high quality support
- Volunteers also appreciate and value the support coordinators provide to them on an individual and group basis
- There are, however, opportunities to improve the communication and connectivity between these two different levels of providing and delivering volunteer services; and in gaining valuable and systematic feedback and ideas from volunteers about future developments
- We would support the view that these posts/roles are vital: if this post is lost (eg to funding being cut), then volunteers also often leave.

## 10. Raising awareness and the profile of volunteer services

The need for a much higher and stronger profile for volunteer services/opportunities/experiences - including where volunteers are directly involved in statutory service provision as well as "contracted out" support - was observed for all six study sites involved in this research:

- Increased awareness is required for both those who commission these services and for the public generally – both as potential volunteers as well as people who could benefit from volunteer support.
- Many people did not know about the volunteering opportunities or support available from volunteers prior to their involvement in the schemes

*"Sometimes when I phone a new client to arrange a visit, they have no idea what's going on"*

For some people this will be inevitable given the nature of the volunteer services, for example the Home from Hospital schemes where contact is made because of having been in hospital (i.e. it is an unplanned event that leads to the contact). However it is striking that this was a common finding across all study sites and schemes. Published literature, which was reported to be the most common way of finding out about these services, and other forms of spreading awareness, is therefore an important goal for all volunteer services.

A key feature in promoting volunteer services and raising their profile is the name of the organisation providing or hosting them. Importantly, different people told us they are influenced differently by the name and identity of the organisations involved in this work, i.e. British Red Cross, Help the Aged (or Age Concern) CSV (or RSVP). It is clear that the name, identity, reputation and track record of the organisation is very important to commissioners or other funders of these services, but is of less importance to most service users and volunteers.

At the same time, the majority of volunteers highlighted the need for an increased profile for and understanding of what the schemes and volunteer services offer, and importantly what they achieve:

*"[the services] Need to be publicised more at client level, and also results [outcomes/benefits] shown in the press"*

It therefore needs to be recognised that volunteers themselves are often the most active ambassadors for these services – and have an important role in raising awareness and promoting greater understanding of these services, as well as providing practical and emotional support to individuals.

## 11. Provision and delivery of volunteer services

Volunteer services offer a different but complementary type of support from the statutory sector – partly because of what volunteers do, and partly the manner in which this support is delivered.

These are the defining features of volunteer service delivery identified from these six study sites:

- Volunteer services often reach, and maintain contact with, people who would refuse statutory services (but who can then end up having to contact them in a crisis)
- Good relationships between volunteer co-ordinators, managers, commissioners and others are crucial to successful service delivery
- Sharing information between volunteer providers/services/schemes is key, and needs to improve/increase. This includes:
  - Sharing good practice
  - Sharing experiences
  - Pooling and improving knowledge about “what works”
  - Increasing understanding of how to respond to different kinds of ‘diversity’ eg the potential for RSVP North East (a rural area with large numbers of older people living alone and in remote communities) and Nubian Life (an urban area with high proportion of BME communities) to learn from each other with regard to developing and tailoring services to meet specific needs
- Volunteers can offer continuity and advocacy support about/on behalf of the service user
- Volunteer service providers need to exploit the existing opportunities, and develop new/additional ones, for recruiting and training, retaining and sharing the (often limited) pool of volunteers that is available to all such schemes. More could be done collectively to dismantle existing barriers to volunteering at a local level, and on motivating people to volunteer/stay volunteering, that is currently done apart. For example, pooling recruitment activities and campaigns to increase volunteering, whilst promoting the diverse opportunities that exist across different schemes and organisations would ensure scarce marketing and PR resources are both shared and maximised
- Opportunities exist for sharing information between various voluntary organisations and providers to help each improve their own knowledge base and responses to diversity. For example, amongst these six diverse areas and services, information and good practice has been shared to improve understanding about different needs and how to best respond to them; about reaching specific groups within local communities and so on

- In addition, improving access to volunteer support and communicating via connecting organisations (eg improved relationships and support from volunteer bureaus) to ensure people are supported by volunteers who are well matched, and with whom a rapport and mutual relationship can be developed
- In all of these opportunities and activities there are roles for Local Strategic Partnerships to create both the space and the mechanism for greater awareness of local volunteer service providers and schemes; strengthened partnership working across providers (and commissioners); and pooled resources for promoting and increasing volunteer activities to contribute to community and individual wellbeing. Local networks that are fit for purpose, i.e. which understand and are experienced in developing and providing volunteer support, are essential in these developments; sharing knowledge, pooling resources and efforts in this way is not easily achieved just by using existing VCS networks that may not be particularly experienced in developing or delivering volunteer services.

## 12. Partnerships and partnership working

Traditional public sector and non statutory sector service boundaries are increasingly blurred. The type of 'whole system' partnership working that is now required to deliver seamless and responsive services can be enhanced through investing in and developing explicit partnerships that include volunteer schemes and services such as those participating in this research.

For these wider partnerships to flourish, volunteers and service providers need to feel part of the wider and valued public service system and networks. Some statutory bodies and commissioners (and other providers) recognise this and work together to make it work; others do not.

In addition, all of the participating volunteer services and schemes in this study have important local and national networks and contacts that they can tap into. These can provide additional support and broaden opportunities for the people they support. They also, importantly, provide additional capacity to the local care system. However, not all of these contacts/networks are fully used; and some are not used at all. This results in a number of missed opportunities.

We found that statutory sector organisations have mixed relationships with volunteer organisations and services at a strategic level; and at a delivery/practitioner level:

- Some good examples of partnerships and partnership working are evident from these study sites (eg Home from Hospital services working with local hospitals and social services departments as part of intermediate care developments)
- There is some evidence that partnership development also takes place, with local partners recognising such arrangements take time, resources and experimentation (eg RSVP and CABx working together in the 'CHWBAS' initiative in Wales).

However, despite these examples of good practice, many respondents referred to poor relationships and experiences that volunteers and service users have had with professionals and other staff from statutory sector organisations (mainly NHS and social care organisations).

There are a number of straightforward things that statutory sector staff could do to improve the situation, at no additional resources or workload. We have summarised a few of the small things that would make a big difference, as follows:

- Professional staff should get to know what is really on offer through volunteers and volunteer services – particularly so that the referrals they make are appropriate (eg by not discharging patients on a Friday when volunteers are not available at weekends)
- They need to understand how this support complements – but does not necessarily replace – statutory sector services; and they need to accept referrals from volunteer services when statutory sector help is needed
- They need to make sure that any statutory sector 'arguments' (such as whether social services or the NHS should pay for transport for patients leaving hospital) do not affect the volunteer services
- Finally, they need to treat the service and volunteers themselves as a valuable resource. Volunteers may be providing support at the 'periphery' of their care services, but the support is no less useful because of that; and people who use it value it hugely.

*“Every client is individual – some take an hour, many take half a day. They are from every background with many stories to tell. I have always enjoyed giving my time and [XX] the coordinator is excellent – like a good friend. I do feel we don’t get much credit from professional service people, who have often laughed at me”.*

Finally, at a national level this kind of partnership working needs to be mirrored by the way in which Government departments develop, implement and monitor public and social policies and practices that promote health, independence and wellbeing alongside and in synchrony with public policy on active communities, civil renewal and citizenship. There needs to be far greater synergy and evidence of joint working on these developments across Government departments – at a central, regional and local level – with a clearer, joined up policy direction from the centre. Past attempts to achieve this synergy through ring-fenced project funding (such as the English Department of Health Section 64 grants) have often, inadvertently, led to short term-ism of contracting arrangements and stop-start service developments at a local level.

### 13. Sustainable commissioning practices

Precariousness of funding arrangements was a key, common issue and concern; and a cause of anxiety for everyone involved, especially volunteer co-ordinators, managers and clients.

There was wide variation in the tenure of contracts and procurement arrangements for volunteer services, both within and across the six study sites.

We found that the size of the organisation providing or hosting the volunteer services/schemes really does matter, leading to greater and more flexible economies of scale, infrastructure and independence, as follows:

- Larger schemes/organisations are less reliant on more precarious forms of funding;
- They are also more robust in their contract negotiations
- Opportunities exist for greater joint and partnership working between different volunteer schemes (but note item 10 above!)

What volunteers and volunteer services provide and achieve is a key part of new developments and visions for the future delivery of health and social care outlined in the White Paper *Our health, our care, our say* and the SEU report *A Sure Start to Later Life*. It is vital then, that capacity and the longer term viability of these services is addressed as a priority.

In terms of capacity building:

- It is vital not to treat all volunteer service providers the same when negotiating contracts: larger organisations may be able to be more robust; smaller organisations may be able to meet niche needs that require very detailed contracts; the geography of the area needs to be taken into account; the nature and type of volunteer support is a key factor, for example telephone befriending as opposed to active (face to face) befriending
- Commissioners should consider how else they can support organisations to at least continue, if not expand – for example, offering to second their staff to support or take on co-ordinator posts; offering their own staff opportunities to volunteer; promoting and publicising services and volunteering opportunities to their statutory and commercial partners (for example through Local Strategic Partnership networks);
- There should be clear protocols for handling problems due to over-capacity and/or seasonal fluctuations in ‘demand’.

Opportunities to build volunteer services and support into commissioning plans and local strategies are currently inconsistently exploited, even within the same Borough. For example, in Hammersmith & Fulham the contribution of Nubian Life to Borough-wide (and national) developments is recognised and valued by Social Services commissioners, but is less understood or responded to by the Primary Care Trust, who are also commissioners.

Rectifying these negative experiences and building on the positive ones is very closely linked to Theme 9 above. Specific lessons for commissioners and commissioning bodies have been drawn from the analysis and include the following key points:

- It is important not to make assumptions about who the commissioners of these services are; or could be. For these six schemes the commissioning bodies were mainly Social Services Departments

and NHS organisations (both Primary Care Trusts and Hospital Trusts). However, larger, often national, voluntary organisations also commission these services, as do grant giving bodies (often in the form of project funding)

- Future commissioning arrangements may well become more diverse given the recent White Paper *Our health, our care, our say* and increased emphasis on cross sector and cross agency planning at a local level (for example through priority setting and pooled funding through Local Area Agreements)
- Whichever body commissions these services, there does need to be much greater transparency about who the lead commissioner/commissioning agency is, eg who is coordinating commissioning decisions and monitoring activities? This was often not clear for these six sites; and was a common finding in the reviewed literature
- In addition, the commissioning lead within the main funding body needs to be identifiable and at a senior level in order to fully understand and respond to the complexity of issues, needs, circumstances and multiple outcomes involved. For these study sites, we found that this role was often delegated to someone at a junior level within the organisation who did not fully comprehend the enormity of what was involved. It is imperative, given the wide ranging benefits and achievements outlined in this report, that this role is not pushed out to the periphery (eg hospitality departments of provider organisations such as Hospital Trusts) or junior, often inexperienced, staff in contract departments
- There is a need for clear, practical guidance that helps commissioners and providers of these services to think about outcomes and impact, and wellbeing and quality of life generally – beyond the tasks, volume measures and monitoring of funding allocations that dominate at present. For example, through case studies and personal examples of the difference made to individuals' lives and circumstances.

There are important lessons from other, national developments on commissioning practices and guidance that need to be equally applied to this field.

*"Need for more communication between agencies"*  
Age Concern Calderdale Volunteers

*"Many have social service carers but they are short of time to listen"*  
Active befriender, Age Concern Calderdale

## 14. Measuring Impact

It is clear that the delivery of these services through/by volunteers is beneficial for both clients and volunteers:

*"Staff do what's needed, but volunteers do a bit more... K spends time with me and explains things... Its' uplifting knowing that someone's going to come round and take me out..[I'm] miserable in here on my own"*  
HFH client, BRC Cheshire

Contract or service monitoring at present is limited to volume based activity measures with qualitative aspects largely based on annual satisfaction surveys carried out by larger schemes. It is imperative that commissioners develop their knowledge and understanding about what is achieved by volunteers and volunteer services; and that they find out themselves about the 'extra' that volunteers provide. This goes far beyond volume based targets and goals that are the common currency for contract negotiations and monitoring arrangements – to encompass people's quality of life and how their health and overall wellbeing improves.

In other words, commissioners need to know about the impacts that volunteers and volunteer services have on people's lives, their health, independence and wellbeing, and not just about how many people have been supported or seen in a given time period.

- They need to know when other organisations affect volunteer services and what they are able to provide eg hospitals deciding to discharge patients earlier or making changes to plans without informing schemes
- They also need to know the impact of volunteers on other services eg how many GP home visits were avoided and other health appointments kept, through volunteer drivers
- They need to know what people ask for that is not provided locally – especially in planning for the future

- Simple examples from what service users and volunteers have told us include the following:

*"They are helping me to go out more"*

*"As I can no longer walk very far and can no longer drive my car (due to medication) the lifts to hospital and surgeries are very, very helpful"*

Comments from clients of the RSVP North East rural transport scheme

As part of these developments, more needs to be done on agreeing common measures of impact and specific outcomes for these services – between commissioners, providers, volunteers and service users (eg independence, health and wellbeing measures rather than purely volume measures that capture how many people were supported by how many volunteers over a certain time period). In particular, the different impacts and value of volunteer support for different people in different situations, from different schemes and types of support provided needs to be captured. The English Treasury 'Green Book' – and examples of how this has been used to guide (for example) the Invest to Save initiatives – could be useful here, in establishing an Impact Assessment Framework for volunteer services and support.

Finally, as implied above, the 'currency' or value placed on qualitative measures, which are often used to judge or assess the impact of volunteer support and services, needs to be more highly geared and prized – both amongst commissioners (and providers) but also amongst policy makers and civil servants. Part of this debate is about ensuring that volunteer support and the benefits of volunteering are embedded within neighbourhood renewal initiatives and the increased emphasis on citizenship, civil renewal and the Respect agendas.

Comments from members of RSVP Knitting Groups, Anglesey:

*"Something to look forward to"*

*"Get brain cells working"*

*"Stops stress - it's therapeutic"*

*"Everything we knit has benefited someone else. We get thank you letters - it's nice that our efforts acknowledged...we feel appreciated"*

*"Benefit self but also feel contributing to society"*

Detailed findings from and the analysis of the different data sets used in the fieldwork are provided in Part Three, Chapters 5, 6 and 7.

# Chapter 4: Conclusions and Areas for Future Action

The following points were agreed as the six key aims for this study, *Making a Difference Through Volunteering*:

1. Identify what is distinctive about the care and support provided by volunteers in home and intermediate care
2. Highlight examples of best practice from six case study sites identified by the participating organisations
3. Improve the available data, knowledge and management information for planning future provision by volunteers in home and intermediate care
4. As a result of the above, aim to inform plans to develop and extend involvement of volunteers in service provision or engagement (either separately or in partnership with health and social care partners)
5. Identify key success factors common to the effective involvement of volunteers
6. Outline for service commissioners, tools for successful delivery and commissioning activities.

The conclusions we have reached about these six areas are set out in Sections 4.1 to 4.3 below. Key success factors are outlined in Section 4.4; and Points 5 and 6 are addressed in Section 4.5, *Successful Delivery Practices*.

In addition, a series of five 'ShortCuts' to the research, in Appendix 4, has been produced to inform plans for the future development of volunteer services; facilitate the continuing growth of volunteer opportunities in these arenas; and outline specific requirements of commissioners and responsible commissioning practices. Finally additional actions have been identified from the research findings in general and these are presented in Section 4.6.

## 4.1 What is Distinctive about the Care and Support Provided by Volunteers?

The fourteen cross cutting themes set out in Chapter 3; and the series of five 'Shortcuts' in Appendix 4, outline a number of examples and aspects of the unique contributions of volunteers in delivering support and care in these six study sites.

Specific examples of the distinctive contributions we identified are summarised below:

- Volunteers help to reduce social isolation and loneliness, boost confidence and self esteem, and provide hope to many people who have been ill or impaired in some way
- The majority of service users reported that the support received from volunteers had significantly improved their quality of life. Many gave practical examples of how the support received had helped them to maintain independence and resume their day to day lives
- The nature of the relationship between volunteers and service users is key to the support provided and is different from the relationship with paid staff and family members (who can be obligated to provide support). The relationship is often reciprocal, with volunteers benefiting as much as service users. In addition, friendships are often built up and sustained long after the more formal volunteering role has ended
- Through the relationship and rapport built up (sometimes very quickly) volunteers often have a deeper appreciation of what is really important to individual service users, and tailor their support accordingly
- The flexibility of what, when and how volunteers provide support was found to be of crucial importance to service users. In particular, they often perform a range of tasks which other people either cannot provide, or will not provide
- Some volunteers will extend the remit of their role in order to provide some basic features of 'personal care' (not, we were assured, intimate care or treatment interventions). Service users also reported how much they valued this flexibility and responsiveness to their specific circumstances, particularly those that had no-one else performing

these tasks for them – including both paid care staff and family members

- Volunteers can reach people needing support and friendship who can find it difficult to ask for and accept help from professionals or family members. Conversely, they also often reach people whom statutory agencies do not or cannot reach themselves. This may be due to service users' reported perceived fear or anxiety over potential loss of control and independence if help is accepted; and, sadly, the poor relationships with professional staff that we heard had been experienced by some service users
- Volunteers, in contrast to paid staff, focus on the service users' needs rather than the time they have available to spend with them. Most importantly, many respondents to the surveys reported an appreciation of not feeling rushed or time constrained when delivering or receiving volunteer services.

## 4.2 Areas of 'Best Practice' in Volunteer Service Provision

The following areas summarise the key features of best practice drawn from our analysis of the research findings that we believe represent the key practices, skills, styles and achievements of volunteer support and services. They are addressed in further detail in Chapters 5 and 6, and in the series of five ShortCuts in Appendix 4. They contain very similar messages, not surprisingly, to the cross cutting themes outlined in Chapter 3, as follows:

- Support that is flexibly and individually tailored, both for service users and for volunteers
- Volunteers often provide a 'listening ear' and support service users to have a voice and make informed decisions about their treatment and care. Some schemes had provided training in independent advocacy for volunteers in response to provider organisations recognising the importance of this aspect of the support volunteers provide, that goes well beyond practical support alone
- Many organisations offer a huge range of volunteering opportunities, understanding that both service users and volunteers are incredibly diverse

- Where organisations systematically tried to 'match' volunteers to service users, not only on the basis of their needs, but also on the basis of their individual situations and preferences
- Some volunteer services have often grown from local people spotting a gap or an unmet need, and coming up with a creative solution
- Volunteer service co-ordination and management is vital – and where this has been recognised there is ongoing investment in dedicated posts to undertake these key roles, which contribute to the success and value for money of these services
- Good relationships and clear joint working arrangements (eg in areas such as referral pathways) with statutory and other voluntary services are vital for the effectiveness of services; and a number of these services had developed effective processes in partnership with other service providers, especially hospitals and GP services
- Volunteers working for large organisations can help people access other services provided by the same organisation (eg equipment loans from the Red Cross).

## 4.3 Data, Knowledge and Management Information for planning Future Provision by Volunteers

The following points represent a number of key areas where specific gaps were highlighted in the analysis of the fieldwork across the six study sites, and the background literature review. We present these aspects here as priorities for future development and to demonstrate the value, benefits and longer term impact of volunteer support:

- **Further work on demonstrating the impact of what volunteers *achieve***, as well as what they provide in terms of tasks, volume based activities and targets. This needs to pay attention to how people's quality of life and overall wellbeing improves as a result of the support received; and needs to be collected from service users, carers, volunteers and volunteer co-ordinators/managers
- **The impact that volunteer support can have on other services** – such as how many GP home visits were avoided and other health appointments

kept, through volunteer drivers taking people to surgeries and clinics. Estimated and quantifiable impacts on areas such as hospital bed days saved through providing the service, or avoiding hospital readmissions, also need to be captured on a regular basis

- Equally, **when other organisations affect the volunteer services provided** – such as a hospital deciding to discharge its patients earlier – this also needs to be captured and addressed
- Volunteer services are in a prime position – largely because of the strength of relationships and understandings shared between service users and volunteers – to **capture what people ask for or need that is not provided locally by statutory agencies**. This is especially important in planning for the future
- Systematic feedback mechanisms to **capture suggestions, experiences and views from services users** are not consistently in place and would add value both for the organisation itself and for other services in the local area. In addition, **volunteers' suggestions** for developing or changing schemes or services also need to be harnessed and used
- **Case studies** of at least a proportion of people supported by volunteers, illustrating 'before and after' scenarios
- Information or help provided by volunteers that has led to other services or support being provided to clients
- **'Indirect cost' information**, for support provided by volunteers that is not being funded
- **How people find out about services** eg through statutory referrals, friends, literature etc
- **Outcomes of onward referrals** and unexpected need for other services eg if someone is readmitted to hospital while receiving intermediate care. This should help trends to be identified and problems tackled.

## 4.4 Key Success Factors for the Effective Involvement of Volunteers in Service Provision

Recruitment, publicity, harnessing suggestions and ideas, providing practical guidance and flexible frameworks of support are all essential components of effectively involving and maintaining experienced volunteers in these services, as the following point illustrate. These have been drawn out largely from the responses received from volunteers themselves working in the six sites.

The following aspects are particularly important in attracting, recruiting and retaining volunteers:

- The opportunity to really make a positive difference to someone's life – perhaps illustrated by case studies
- The chance to use spare time productively
- The chance to work flexibly and use your own discretion, judgement, skills and personal qualities within a framework of support and guidance
- The need for different people from different walks of life, age groups, communities and genders
- The support and back-up available to volunteers as part of a supportive team
- Where possible, different commitment levels to suit volunteers – including the time limited nature of some work
- The range of opportunities available – often within the same organisation.

Many different respondents talked about the need for more publicity and a much higher profile for the services provided by volunteers.

Volunteers often have practical suggestions and contributions about improving the services available, but many feel unable or do not know how to feed these into the organisation.

Handbooks and manuals are valued by volunteers, as is emotional support (eg if supporting someone who is terminally ill).

Volunteers usually (but not always) appreciate opportunities to meet as a group for support, as well as receiving feedback on what the organisation is doing, and about the people they support.

Continued motivation of volunteers is very important – especially as some may go through phases of feeling unappreciated.

## 4.5 Successful Delivery Practices

A series of five ShortCuts have been developed which set out key messages and lessons for those involved in providing, delivering and commissioning volunteer services. These are provided in Appendix 4.

ShortCuts 4 and 5 are particularly relevant to this area, where further action on strengthening the delivery and provision of volunteer services is required. These ShortCuts draw attention to the need for volunteers and service providers to be recognised as and to feel part of the wider public service system and network of support. Currently, some statutory bodies and commissioners (and other providers) recognise this and work together to make this a reality – for example in how volunteer services are accessed and delivered on the ground. Others are not so forward thinking, and operate in isolation from such services – to the point of marginalising volunteer support and volunteers themselves. See Section 4.6 for further details.

All of the participating volunteer services and schemes have important local and national networks and contacts that they can potentially 'tap into' to further enhance and develop their work. These networks can also provide additional support and broaden opportunities for service users, and provide additional capacity to the local care system.

## 4.6 Other Key Areas for Action

### 4.6.1 Disseminating the Lessons and Messages from this Research

- a) Disseminate messages and ShortCuts from this research project, initially within the three partner organisations and the six study sites involved;
- b) Disseminate findings beyond the above organisations to:
  - Government departments with a responsibility for policy and practice development relating to care services, public policy and services reform, and active citizenship, emphasising the cross cutting nature of the themes which have emerged
  - Local Strategic Partnerships (LSPs) emphasising the impact of volunteer services on promoting independence, health and wellbeing
  - Commissioners of volunteer and public services at a local level, eg through LSPs and professional and statutory associations such as the Association of Directors of Social Services (ADSS), the Local Government Association (LGA), the NHS Confederation, the Association of Chief Executives of Voluntary Organisations (ACEVO), the National Council for Voluntary Organisations (NCVO), Wales Council for Voluntary Action (WCVA) and the Department of Health's National Strategic Partnership Forum which engages a number of influential leaders and advisers from voluntary organisations to work with NHS and social care organisations to improve and enhance the delivery of public services through the VCS
  - Other organisations, eg those providing volunteer services and lobbying organisations and groups
  - The media, celebrating the positive impact and diversity of volunteering experiences.
- c) Examples of how volunteer service providers have developed effective mechanisms for capturing and responding to ideas and suggestions from volunteers and service users could be shared more widely to ensure this is consistently in place, for example through the three partner organisations commissioning this work; and umbrella bodies of the VCS at a regional and local level.

d) Many respondents highlighted the importance of good relationships between volunteers and service providers. However we did not find evidence of how effective 'matching' was achieved within organisations. This needs to be more explicit and could be used to help to attract more volunteers and service users. This could also be addressed through greater information sharing with examples of how it has been successfully achieved, through the networks referred to above.

#### **4.6.2 Measuring Impact and Capturing Outcomes**

- a) Further, more detailed guidance is needed on developing a range of ways to capture the data and information listed in 4.3, in particular information which can help to measure the impacts and outcomes for individuals; and for organisations and other services that together make up the whole system of care.
- b) In particular, common measures of impact and outcomes for volunteer services need to be secured between commissioners, providers, volunteers and service users. These measures are likely to be qualitative in nature – which need to be explicitly regarded as key indicators of success. It may require statutory guidance and endorsement to ensure qualitative outcome measures do inform commissioning decisions rather than pure volume measures alone. The three partner organisations commissioning this research are well placed to lead the way in this development, ensuring that professional associations (eg through the ADSS and NHS Confederation in England, and future incarnations of these) and statutory sector involvement is secured (eg through the Department of Health in England and the Department for Health and Social Services in Wales; the English Department for Communities and Local Government, Cabinet and Home Offices, and the Welsh Departments for Local Government and Culture, and Public Services and Performance).

#### **4.6.3 Raising the Profile of and Improving Publicity about Volunteer Services**

The three partner organisations are also ideally placed to design and develop specific materials for and guidance on effectively increasing publicity and positively marketing volunteer services above and beyond the findings of this project. It should be remembered that volunteers and service users are often the best ambassadors for these services – and materials should be developed which communicate their experiences effectively.

#### **4.6.4 Joined Up Policy Development and Implementation**

This report contains a number of cross government policy messages about the contribution and impact of volunteers in developing healthy and sustainable communities. The current tendency to view this area as being the sole remit of one or two government offices, with separate funding streams and performance targets does not encourage strong partnership working, leading to the creative development or delivery of services and a wide range of volunteering opportunities.

#### **4.6.5 A Professional and Public Debate on Personal Care**

We have seen how crucial flexibility and freedom to respond to individual needs and circumstances are to both volunteers and service users. This means that some volunteers are carrying out some activities that are defined as 'personal care' – although this does not appear to extend to intimate care or treatment interventions. This area is highly sensitive and indeed contentious – and, we believe, worthy of an open and honest debate about what is acceptable, desirable and expected of volunteers and volunteer services operating at the interface of public service delivery for increasingly large numbers of isolated and vulnerable people. There is no doubt in our minds that the services and support provided by volunteers to the service users who responded to our research was highly valued, has positive impact and contributes to improved health, independence and wellbeing. In some cases, this includes the provision of support that no-one else is either providing or offering – including paid carers, professional staff and family members.

#### 4.6.6 Joined Up Service Commissioning and Delivery

Explore and develop further opportunities for more effective partnership working including volunteer services and volunteers – at every level, including:

- a) Joint working between commissioners and providers. Local commissioners and statutory service providers need to be encouraged to view volunteer services as a key part of the whole range of support available, and not something which is on the periphery of the care system. For example volunteer services are often used by people who would normally refuse statutory services but who then end up contacting them in a crisis.
- b) The joint work which resulted in this project being commissioned between the three partner organisations could be used as a catalyst to enhance joint working between volunteer service providers at a local level, facilitating sharing of good practice, information, resources and helping to enhance capacity. For example, recruitment and training of volunteers are areas where organisations could work together to benefit from economies of scale and to address particular gaps eg relative lack of male volunteers. Participants in this research have pointed to opportunities for Consortia of volunteer service providers developing, not yet exploited, to expand the 'supply' of volunteer skills to match 'demand' across sectors.
- c) Encouraging more service users to become volunteers themselves, through highlighting appropriate opportunities through all organisations in the local voluntary sector and exploring peer support mechanisms.

# Part three: Detailed findings from the research



Chapters 5, 6 and 7 in Part Three present the analysis of findings from the fieldwork undertaken across the six sites, drawing together the survey findings relating to volunteers, services users and external stakeholders.

We begin with an overview of the postal survey response rates; followed by an analysis of the fieldwork relating to service users; the analysis of fieldwork relating to volunteers; and end with the analysis of telephone interviews with external stakeholders. This information is presented as a synthesis of key findings across the six sites. The analysis of fieldwork for service users and volunteers combines both the survey data and qualitative information from interviews and small discussion groups. Postal questionnaires were sent out to volunteers and service users at all of the six sites involved in this project (RSVP BA:BH, Llangoed and Amlwch are considered as one site – RSVP Anglesey). The numbers of questionnaires sent and replies received, split by site, are shown in the table below.

We have used numerous quotations and case studies from participants and respondents to illustrate specific findings and themes in this part of the report. In all cases the names of individuals have been changed to protect their identity. Some of these case studies have also been used in other parts of this report, particularly in the presentation of cross cutting themes in Part Two, Chapter 3. Our intention in using these examples in other parts of the report was not to duplicate, but to demonstrate where this evidence has come from, and to link it to other datasets where similar or recurring themes are identified. Numerous other examples and case studies could have been used throughout this report – such was the wealth of material and information resulting from the fieldwork! However, in the interests of brevity and clarity we have focused on those where the meaning is clear and inter-connectedness to other key messages and themes apparent.

**Table 3: Survey responses rates**

	<b>Volunteer Nos Sent</b>	<b>Volunteer Returns</b>	<b>RR %</b>	<b>Svs User Nos Sent</b>	<b>Svs User Returns</b>	<b>RR %</b>
BRC Cheshire	54	23	43	100	41	41
BRC Kent	120	66	55	120	42	35
RSVP North East	70	22	31	50	9	18
RSVP BA:BH	5	2	40	-	-	-
RSVP Llangoed	1	1	100	24	16	67
RSVP Amlwch	1	1	100	11	6	55
CAT Calderdale	10	7	70	50	14	28
Nubian Life	5	0	0	5	0	0
<b>TOTAL</b>	<b>266</b>	<b>122</b>	<b>46</b>	<b>360</b>	<b>128</b>	<b>36</b>

BRC: British Red Cross

RSVP: Retired and Seniors Volunteer Programme

CAT: Community Action Team (one of the Help the Aged sites, provided/delivered by Age Concern Calderdale)

RR: Response rate.

# Chapter 5: Service Users' Experiences of Volunteer Services

Two categories of 'service users' [people supported by volunteers through the participating schemes] were involved in this research. The first, majority, group of service users included all those people receiving support from volunteers recruited through one of the schemes provided by Red Cross, Help the Aged and RSVP such as the volunteer driver scheme, the home from hospital schemes, active befriending and local links.

The second, smaller group of service users included the members of the knitting groups in Anglesey – part of RSVP's initiative which involved people both as volunteers (giving their time and often wool/other materials) and as 'service users' or beneficiaries of this scheme.

In order to capture and reflect these different experiences accurately, two different postal surveys were designed for these two groups. Each one was brief, easy to complete and provided both factual and detailed information about respondents and their experiences of volunteer support; and a mechanism for contacting people who would be willing to be involved in face to face discussions about these experiences. The questionnaire formats are presented in Appendix 3.

Section 5.1 presents the findings from the fieldwork carried out with the majority group of service users. This is followed in Section 5.2 by the findings from fieldwork with members of the knitting groups in Anglesey. Please note that percentages may in some cases add up to more than 100 where respondents may have ticked more than one box.

## 5.1 The majority group of service users

### Service user characteristics

The vast majority of service users who responded to the postal survey were female 81(76%) and 20(19%) were male. The remaining 5 (5%) did not answer this question.

In addition, the majority of survey respondents were also aged over 60 years:

- Nearly 60% of respondents were aged between 75 and 90 years
- A further 21% were aged 60-75 years
- 9.5% were aged between 30 and 60 years
- 7.5% were aged over 90 years.

### Introducing G

G is an 84 year old woman who lives alone in sheltered accommodation. She is very disabled with arthritis, and is not able to go out on her own. She pays for a cleaner to help her for two hours a week. G was in hospital two years ago with a DVT, she has a leg ulcer that the District Nurse comes in to dress twice a week.

G has family, but they do not live nearby. Her daughter contacted Age Concern when she (the daughter) was going abroad for a while, and asked if her mother could have any kind of friendship support whilst she was away.

C has been visiting G once a week for nine months (at the time of our visit) as a befriender. *"She has become a real friend" is how G describes their relationship. "It makes all the difference knowing someone will call in once a week and time for a chat and a cup of tea."*

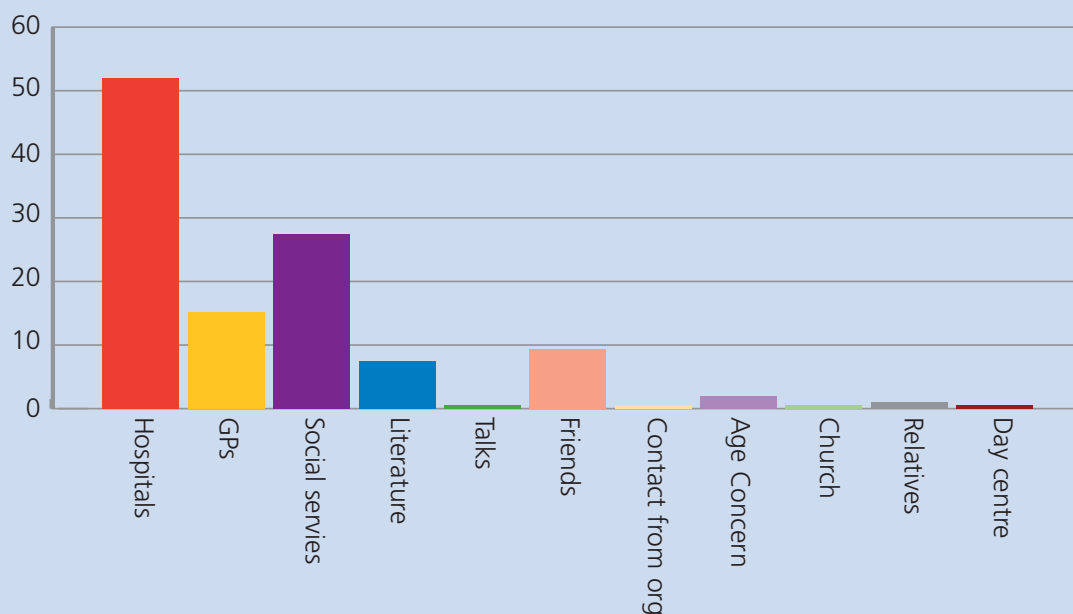
C has: arranged for G to visit Reminiscence Group at the local library once a month; and to attend a WRVS lunch club once a week using the local Access bus. She also brings in shopping, goes to the bank, helps to fill in forms and write cards and letters as G finds these things hard to do because of the arthritis in her hands. She will also bring her treats, things she had made at home like cakes etc.

G would love C to visit more often. She says her life is better with a volunteer *"because she wants to come see you, she wouldn't come if she didn't want to."* She is happy with the visits and only wishes that she could be taken out to the shops if she had a wheelchair and someone to help her.

### Hearing about the volunteer service

Service users were asked how they first heard of the volunteer services available – and it is clear that a number of routes/sources are used. The majority of respondents (55, 52%) were informed through hospitals, mostly when they were in-patients (specifically this relates to the Home from Hospital schemes); and just under a third (29, 27.4%) through social services. GPs were the third most common route, although significantly less (16, 15.1%) than the two preferred routes. Apart from hearing about the services through friends (10, 9.4%) and literature/leaflets (8, 7.5%) the remaining routes were all quite small by comparison and included:

### Hearing about the volunteer service



contact from the organisation or scheme; local churches; relatives; and other services such as local day centres – which in total represented under 5% of the respondents.

### Type of support received

The most common form of volunteer support used by these respondents involved transport and being accompanied on trips, eg for shopping and appointments (67%). Help with household tasks (47%) was the second largest area of support. Interestingly, this was the area most often flagged up by volunteers as the area they least enjoyed (see Section 4.3).

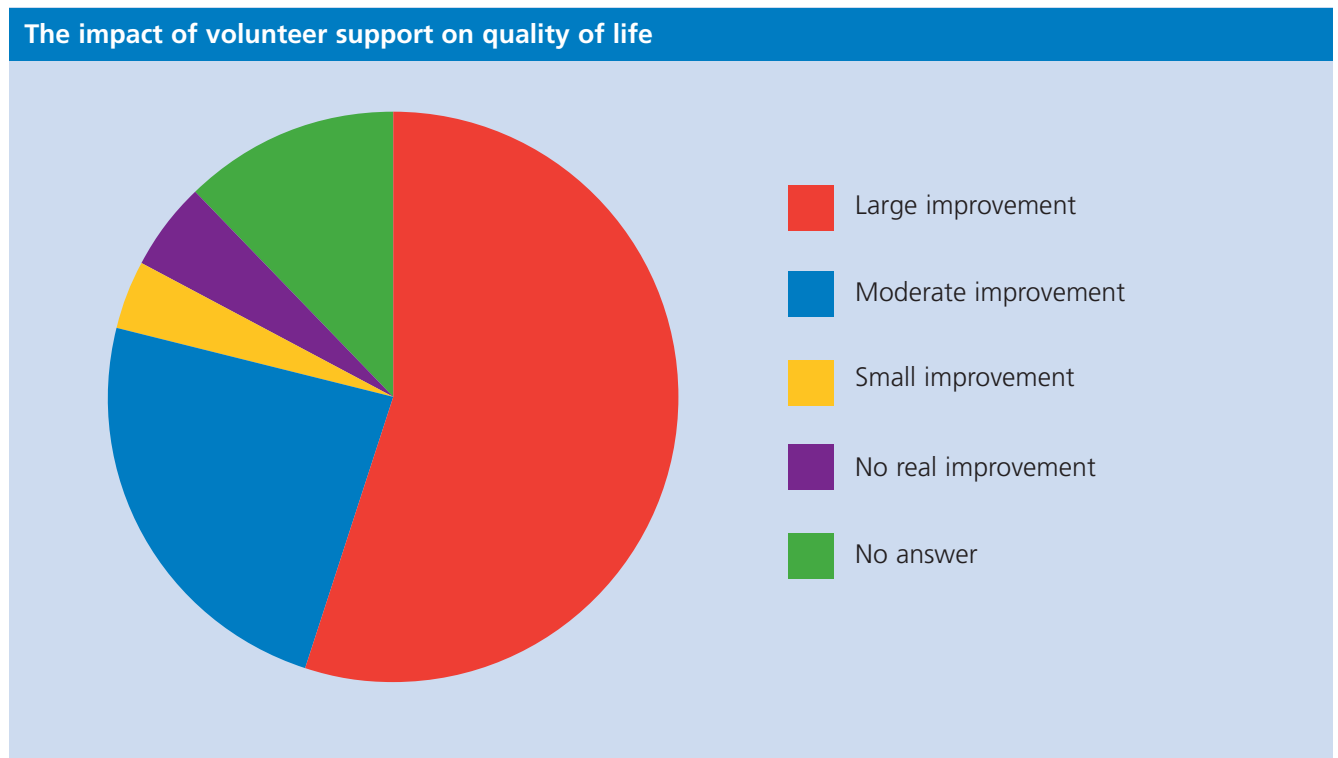
The social interaction and visits provided by volunteers was also a key area of support highlighted by service users. Nearly 24% identified social visits, and a further 26% identified 'someone to talk to', as the main kind of support received. Of the remaining areas identified, the provision of information and what service users referred to as 'personal care' were the main forms of support reported (17% and 14% respectively).

### Mrs R's Home From Hospital Volunteer

Mrs R had been in Margate Hospital following a fall last June. Her general health and mobility were very poor. She never goes out of the house except for numerous health appointments, when she has to call a taxi.

Although she was not assessed in hospital, Mrs R received a letter from BRC asking if she needed help, and they came to see her a few days after her response. She received help from a BRC volunteer for 6 weeks after she came home from hospital, for help with cleaning and general household tasks. As well as this practical help, *"it was nice to see a friendly face and have a chat"*. Mrs R was happy with whatever the volunteer did, and would like to see her again – although she realizes this *"isn't the way it worked"*. She does not receive any other form of health or social care support. She has family but they are *"all busy with their own lives"*. She feels she needs help in the home and in the garden, but does not know where to find it. She is also considering getting a call button, as she does fall.

Knowing someone was coming to see her gave her confidence, and she does not think she could have been discharged home so early without this support.



### Satisfaction with support provided

The vast majority of respondents (over 95%) confirmed they were happy with the volunteer support they received, rating their experience as 'satisfied' or 'very satisfied'. Only three respondents indicated that they were dissatisfied with the support received through their volunteer scheme.

### The benefits and impact of volunteer support

Over half of the service user respondents (55%) indicated that the support they had received had positively impacted upon their quality of life; and a further 28% replied there was a moderate or small improvement.

Less than 5% replied there was no improvement at all, but we do not know what underlying problems or situations were involved in these cases.

One group of volunteers in Cheshire described the things they do that they believe have the greatest impact on clients' wellbeing and quality of life as follows:

- Providing company, providing friendship, someone to talk to
- The amount of time we spend with them
- Helping people to identify issues
- Helping people to come to terms with changed circumstances
- Confidence "I cajole them and lift their spirits"
- Practical support.

Discussion group with nine volunteers from BRC Cheshire

The postal survey asked service users to describe in their own words exactly how the volunteer support had helped or is helping them.

Six themes, similar to those identified by the BRC volunteers above, were identified from these survey responses. These six, closely inter-related, themes are highlighted, using quotations taken directly from completed forms to illustrate the findings.

### **i. Maintaining independence, enabling people to stay at home**

*"Has been very supportive and provided an excellent service...allowed me to get back on my feet"*

*"Helped to maintain some independence"*

*"I can continue to live a day to day life in my own home"*

*"Helps me to be independent from my family who have full time jobs. It is a great service, long may it continue"*

#### **Case Study**

A woman who is a single parent had fallen and broken her knee, meaning a nine day stay in hospital. She was supported by BRC Home from Hospital volunteers following her discharge home:

*"BRC volunteers came and did my shopping for 6 weeks and also provided a wheelchair when I first came out. I felt very supported by them. Felt a spark between me and BRC team. We had a laugh. They are human, treated me with dignity and respect.*

*Initially I felt they were there and gave me as much support as I needed. They understood that I'm independent and felt frustrated. Without pushing me they encouraged me to do things.*

*I felt bullied by [the] rehab team – bullied me to go in the kitchen and cook. Information had not passed onto each other. For 3 weeks I had to keep telling them what my situation was – treated me like I was stupid and incapable. Felt intrusion in my own home and not support. Felt like I was on an assembly line and [there was a] different person every visit. I was so impressed [by BRC] that I want to become a volunteer myself"*

### **ii. Easing anxieties and worries**

*"They got me over a very difficult time and helped to keep me sane"*

*"As a single parent I wanted to be at home with my child – this would not have been possible without the care and services I received when I came out of hospital and during the following months"*

*"Always there when I get worried – much happier"*

### **iii. Trust and confidence**

*"Gave me confidence"*

*"Helped to regain confidence and sort out problems that occur through my dyslexia"*

#### **Case Study**

A woman who attends the Nubian Life centre talked about the difference that the volunteer support from the centre has made to her life:

*"After my husband passed away, I came here for 4 days which gave me a lot of confidence. If I was at home alone I wouldn't have the strength and confidence that I have now"*

She also explained: *"I have met people and developed friendships here.. am able to discuss problems and solve them and have received help to come to terms with my husband dying"*

*"Treated me with dignity, respect"*

*"Helped – to have someone to talk to"*

#### **Case Study**

One client of the BRC Cheshire Home from Hospital service explained to us just how important the relationship with their volunteer is:

*"We can talk about anything, she's with it and gets it... on my wavelength. She knows how to put things to me. All sorts of things come up and we can talk about them"*

### **iv. Practical tasks (done willingly and cheerfully)**

*"It greatly relieved me of hoovering and ironing and the worry of it being left. It was also nice having someone to chat to when not feeling so well and living on one's own"*

### Case Study

A client attending the Nubian Life day centre told us about the support she receives to go out on trips and with practical tasks:

*"Volunteers help us when we go on trips by pushing wheelchairs; with shopping; getting meals ready and give us time when workers not around."*

*"Obtained attendance allowance [which] pays for home cleaner and gardener"*

*"Returning from hospital – a friendly face and help with housework – invaluable!"*

### Case Study

Another woman in Kent, Mrs Tb, described the support she received following her emergency admission to hospital after a heart attack. As this was an emergency, Mrs Tb herself was un-prepared for life at home after her discharge (eg fridge and cupboards not stocked). She was also told by the hospital staff that she must not undertake certain household tasks including bed-making, hoovering etc.

The Home from Hospital volunteer scheme was offered to her whilst in hospital and she believes she could not have been discharged without it. She was also anxious when she came home about her heart, and what she could or couldn't do. The volunteer also walked the dog and drove her on trips and to appointments.

Mrs Tb says she *"felt useless"* when she came out of hospital, but that the volunteer gave her confidence as well as company and the practical help to do the things she couldn't do herself.

### v. Help when there is no-one else (family and friends) around

*"I have no friends or relatives in this area but I have found your help very good"*

*"Enjoyed visits"*

*"Cheerful conversation"*

*"I am very grateful to people who give their own time to help ones like myself. They are worth their weight in gold"*

### Case Study

Mrs T had a knee replacement, and was given a leaflet in the pre-assessment clinic at her local hospital in Kent. This included information about the Home from Hospital service. Ashford BRC called her on discharge home, and visited her at home within a few days.

A HfH volunteer did hoovering, ironing, and other basic household tasks for four weeks whilst Mrs T recovered from her operation. No-one else visited during that time, so for the first few weeks this volunteer was the only person she saw. *"It was so nice just to see someone, regardless of the tasks they did"*. She missed them coming to see her after four weeks, and wished they could have visited for longer – although she understands that this is not possible. The support she received really helped to restore her self confidence and helped her when she was down.

### Case Study

An older person receiving support from a HfH volunteer in Cheshire explained how the support received has helped her at home, to improve her independence and overall wellbeing: *"Staff do what's needed, but volunteers do a bit more. K spends time with me and explains things. Its' uplifting knowing that someone's going to come round and take me out.. [I'm] miserable in here on my own. Knowing someone's coming gives me the incentive to wash my hair for example. I cared for both my parents before they died and also brother so did not have time to make friends and the friends that I had have all died. SSD don't do anything for me – just talk about meals on wheels which I don't want."*

### vi. Freedom and mobility – to get out and about

*"When approached, they respond quickly and kindly, take me to the dentist, footcare and shopping for food. My health is very poor (eyesight and mobility). I live alone, no family, husband died in 1983. I find it very hard. Red Cross are my lifeline!"*

*"They are helping me to go out more"*

*"As I can no longer walk very far and can no longer drive my car (due to medication) the lifts to hospital and surgeries are very, very helpful"*

### Case Study

Another man was discharged from hospital after a stroke and received support from volunteers who were a couple. Between them they provided support both to him and to his wife, his main carer: *"I believe God matched us. My wife had someone to talk to about her frustrations about being my carer. ...My confidence is growing. I used to drive before my stroke. I used to gaze out of the window when I was in J's [the volunteer] car. Now I remember the roads – I now have a purpose and goals in life. Being with them [was] very stimulating. They gave over and above the call of duty".*

The inter-related nature of these themes is illustrated by R's experiences of the Home from Hospital volunteer service.

### R's Story

R is in her 70's and lives alone. She suffers from depression. She also has angina and knee problems. She has agoraphobia and experiences panic attacks when she goes out. She has no living relatives, and few friends.

E has been R's befriender for nearly four years – and now they are just friends. They support each other as E's husband has Alzheimer's disease. E has helped R to regain her confidence after she had been in hospital with mental health problems. They went into town for coffee and to go shopping.

With the volunteer coordinator's help, E has encouraged R to attend a group once a week at the psychiatric unit, and she also goes to the gym once a week. R now would like to go out more, and hopes to when she receives a brace for her knee. She would like to do computer classes; and she also wants to become a volunteer herself.

*"I feel more relaxed talking to E as she is a volunteer and comes to see me because she wants to."*

## 5.2 Knitting group respondents

We received 22 responses from the postal survey, out of a possible 35 questionnaires sent to members of two knitting groups supported by RSVP in Anglesey (a response rate of 63%).

From these respondents, the following profile of members was identified:

- 21 of these respondents were women
- 19 of the respondents (86%) were aged over 60 years; and 2 (9%) were aged over 90 years
- The majority (58%) were aged between 60 and 75 years
- Half the respondents (12) speak Welsh as their first language.

We also met with members of two of these knitting groups. This involved one discussion group with six members of the Llangoed knitting group, two of whom live in sheltered accommodation with the remainder living at home; and one discussion with 20 members from the Amlwch group (not all of whom are involved through RSVP).

### Finding out about the knitting groups

Three quarters of the survey respondents had heard about the knitting groups from friends i.e. word of mouth, with a mix of other routes making up the remainder of responses. Only one member had heard about the group directly from RSVP.

### Motivation to join the group

The main reasons for getting involved in the groups was to help others (15, 68%) with a further 13 people replying that they wanted to use their spare time productively (59%). This is consistent with the main motivations reported by the 'mainstream' volunteer respondents in Section 4.3. Less common motivators included meeting others, learning new or improving existing skills, and – very practically – using up spare wool.

One of the discussion groups confirmed the importance of helping others, but alongside this explained the value of the group for members getting out and meeting people:

*“As a group we decide where items we knit should go – it’s nice that we can decide ourselves. If RSVP didn’t exist we’d still get together as it helps people to get out of their homes and meet other people”.*

### Type of support received

Transport and adapting to change were the two most frequently cited areas of support reported by these respondents (23%, or 5 respondents for each area). Help to complete knitting, social visits and accompanied trips/outings were each identified by a further 3 (14%) respondents; and 2 (9%) identified help to improve practical skills. One respondent indicated that becoming a member of the group had provided them with someone to talk to about problems and anxieties.

Comments from the discussion groups reinforced the emotional support and guidance that membership brings:

*“Bring us together and out of our homes”*

*“It’s supportive – offering me guidance”*

### Benefit/impact of membership

The majority of the knitting group members who responded to the postal survey reported that being a member had impacted positively upon their quality of life, with over half reporting a large or moderate improvement (37% and 24% respectively). A further 10% reported a small improvement and another 10% no real improvement.

Respondents were also asked to write, in their own words, what they enjoy most about being part of their group.

- The vast majority of respondents (19, 86%) referred to either the social **interaction** or **friendship** they had gained through membership:

*“Meeting new people socially and making new friends”*

*“Talking to people and a laugh”*

*“The courtesy and friendliness of the group and being some small help to others”*

- Half of the respondents (11, 50%) referred to **helping others**:

*“The fact that I can help others to keep warm with whatever I can knit.”*

- 5 people (23%) talked about **having a purpose or focus**, through the knitting itself, of having something to work towards:

*“I enjoy that the knitting for the prem babies helps in some small way... Being able to have an outlet for knitted items and a chance to be involved in village life”*

*“I like being one of a group of people and knitting for the hospitals baby clothes and blanket squares and anything else which might be needed”*

- Four replied that they enjoyed being part of a team or community and one of these highlighted that being part of the group gave them the chance to speak Welsh:

*“Being part of a team”*

*“Seeing old friends again, speaking Welsh with people, something to work towards and seeing the finished product put to good use”*

Additional insights gleaned from the discussion groups confirmed the above, especially the mutual benefits involved and the sense of purpose gained from being involved:

*“Something to look forward to”*

*“Get brain cells working”*

*“Stops stress – it’s therapeutic”*

*“Everything we knit has benefited someone else. We get thank you letters – it’s nice that our efforts acknowledged... we feel appreciated”*

*“Benefit self but also feel contributing to society”.*

# Chapter 6: The Volunteers' Perspective

We received a total of 122 responses to the postal survey sent out to volunteers registered with the three host organisations across five of the six sites; a response rate of 47% (discounting the questionnaires distributed to the sixth site). Nubian Life were not able to return questionnaires at the timing of this part of the study, but participated in face to face interviews and focus group discussions, and telephone interviews.

The following analysis combines the findings from the postal survey and comments from the discussions and interviews held across all six sites.

## 6.1 Volunteer characteristics

Volunteers are busy people, most of whom are women over 60 years. They are often volunteering for a range of organisations and schemes; they provide many hours of their own time; some also work; and some are also informal carers for their own family members, friends and neighbours:

- Over two thirds of respondents were women (95, 78%)
- Over two thirds were aged over 60 years (76%) with the majority of these respondents being aged between 60 and 75 years (53%)
- The great majority of respondents (104, 85%) were not in paid employment, but 3 people (2.5%) reported that they work full time, and 12 people (9.8%) on a part time basis
- Around 50% of all volunteer respondents began volunteering from the year 2000 onwards; with a further 25% volunteering from the 1990's; 6% in the 1980's; and around 18% prior to this. Two respondents had been volunteering since the 1940's
- Around 70% of volunteers began volunteering for these specific schemes within the 6 sites from 2000 onwards, with almost everyone else beginning in the 1990's (one person began in 1981).

The interviews and discussion groups highlighted the importance of understanding these individual and diverse skills, talents and contributions; and the very diverse situations in which they can or are able to offer their services. As one of the Home From Hospital volunteers explained with regard to his preference for the focused, time-limited volunteering support these schemes provide:

*"Fits in with my lifestyle... I go away for 3 months in winter... the service lasts for 3-4 weeks so I'm not letting anyone down".*

### Case Study

M, a housebound wheelchair user, is a Local Link volunteer with the Community Action Team in Calderdale. Her role is to raise awareness amongst older people within the community, of the range of support services available... to act as the "eyes and ears". She covers a number of small rural villages, where individuals ring in and she, as the Local Link, either gives advice (if she feels able) or passes them onto "someone who knows". The advice may be on anything from the local Stay Warm scheme, Access buses, to more formal services in the area.

### Case Study

M and S started working as volunteers for Age Concern together, when they stopped working and "needed something to do".

They say that it makes them feel appreciated, gives them company and friendship. They got to know of the scheme through word of mouth and were interviewed by the volunteer coordinator. They both went through an obligatory Criminal Records Bureau (CRB) procedure and were offered (optional) training – for example on dementia, volunteering, services for signposting and benefits forms.

Although there are a few rules, they both like the flexibility involved and the need to use their "common sense". They admitted that they do "break the rules" when appropriate, for example they will give clients their own phone number, and they do discuss medication issues with them, even though they are not supposed to. They are both very open and up front about these issues! They are clear however, that all problems are shared and discussed with their volunteer coordinator.

M and S describe their role as Active Befrienders as:

*"restoring confidence and social skills after a hospital admission or illness". They feel their role keeps people happy and therefore healthier... "they get more out of life". In addition, the service helps to avoid admission to hospital, reduces the need for intensive care packages from social services, and keeps people fitter and healthier at home.*

## 6.2 Becoming a volunteer

Respondents first heard about the opportunity to begin volunteering with these schemes/organisations through a number of different routes. Most volunteer respondents had become involved through hearing about the opportunity relating to the specific scheme from published literature (44%). The second most popular route was word of mouth, mainly through friends (26%).

These two mechanisms for hearing about volunteering opportunities were by far the popular routes – with others such as use of local media, websites and referrals a long way behind. As few as 6% had heard about these opportunities through volunteer service centres, 3% through local radio and press, and 2% through websites and other local facilities such as GP surgeries.

### Case Study

Two women described to us how they came to be volunteers by virtue of their own backgrounds in the 'caring professions':

*"My daughter used to volunteer [for BRC] so that's how I heard about it. I've worked in the caring profession for 12 years including as a carer and hairdresser. I get on with most people. When I retired at 60 I missed people. I saw in the paper that [the Red Cross] was looking for volunteers so I rang up and they came to see me at home."*

*"[I was] coming up to retirement... working as a social worker in Warrington so had lots of contact with HfH scheme. [I was] Impressed with service"*

### 6.3 Motivation for volunteering

We were particularly interested in identifying the key motivators for becoming a volunteer, and the responses to this question revealed some common themes:

- Altruism is a key driving force behind many volunteers who participated in this study. Just under 65% of respondents highlighted *"a desire to help others or to give something back"* as their main reason for being a volunteer.
- An affinity with the work involved and support for the kind of work undertaken; and the opportunity to meet new people – were together the second most common motivators for volunteering (34.4% each)

- Using spare time productively was the third most common response for (29.5%).

Some people had been advised or recommended to consider volunteering for health reasons:

*"my doctor's suggestion as a stepping stone to getting back to work"*

Others had identified the potential health benefits themselves:

*"as [I am] long term chronically ill I wanted to keep physically active and part of society"*

*"in order to put bereavement behind me and also to help others"*

Interviews and discussion groups with volunteers across all sites confirmed these survey responses, and added the importance of knowing you are part of a wider, high quality service that is provided to local people.

*"I would send my mum to Nubian Life"*

*"Nubian Life provides excellent services. They think of everything."*

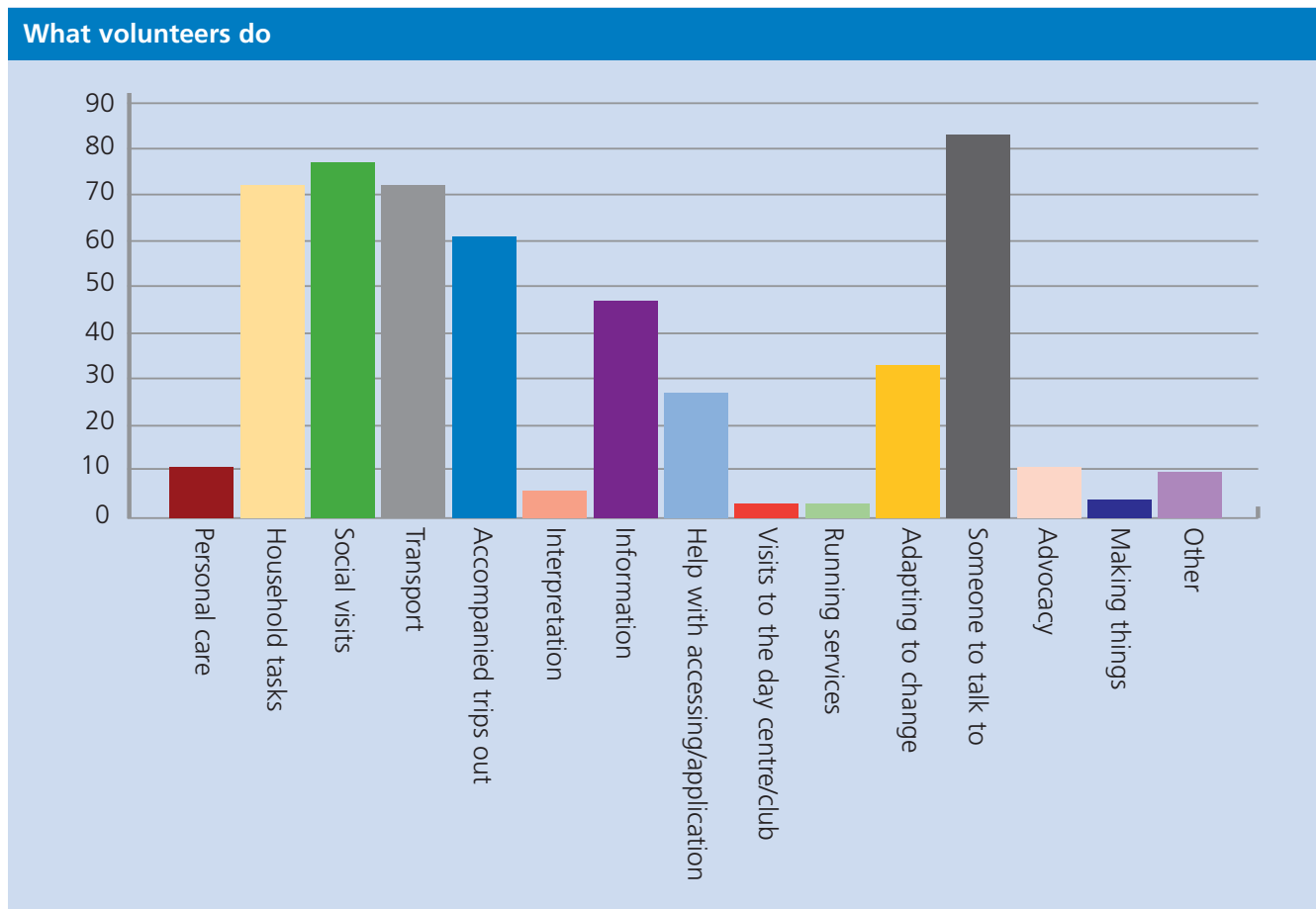
*"Fulfils a need to be needed"* (rural transport scheme)

*"Like to help and give back to the community"* (rural transport scheme)

### 6.4 What volunteers do

Volunteers were asked to tick all areas that applied to their own personal experiences as a volunteer, from a list of activities representing different kinds of volunteer support that might be provided to clients. They were asked to describe any others not shown on the list.

From their responses it can be seen that the majority of activities or tasks that volunteers provide are associated with personal or emotional support or *"a listening ear"* (68%, 83); closely followed by social visits to people at home (64%, 78); help with household tasks (59%, 72); transporting and accompanying people eg for shopping or appointments (59%, 72); and social/leisure activities outside the home (50%, 61).



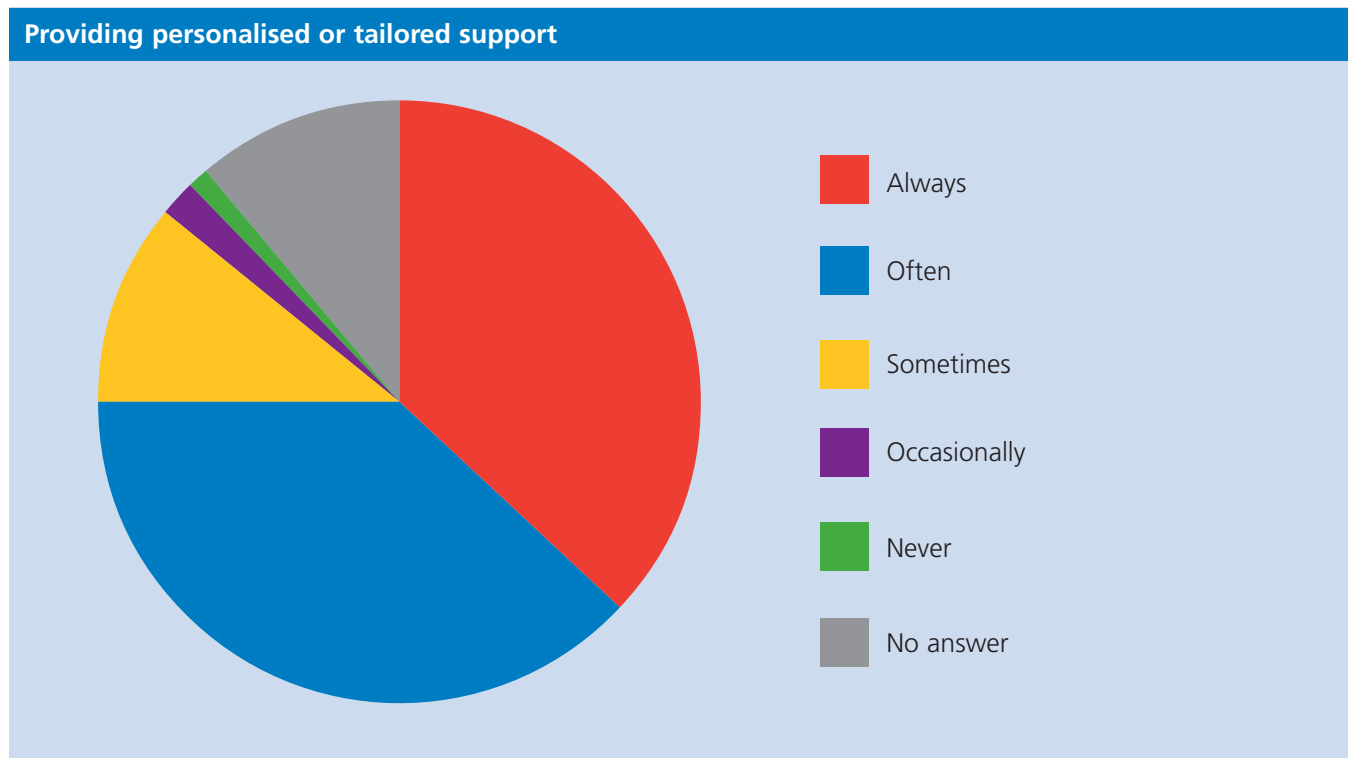
Other *common* support activities included the following:

- Helping people to find out information about benefits/ services or any resources in the area 39% (47)
- Helping people to adapt to changed circumstances in life (eg bereavement or illness) 27% (33)
- Helping people to apply for/get involved in any of the above 22% (27)
- Help with personal care 9% (11)
- Advocacy services/representing people's interests & views with third parties 9% (11)

## 6.5 Providing information and advice

Around two thirds of respondents reported that they are actively involved in providing information and advice to people they support, about a range of services, resources, opportunities that exist in their local area:

- 86 respondents (71%) confirmed that a large part of what they do involves giving information and advice on how to access resources or services;
- 82 volunteers (67%) replied that they make requests or feedback views on behalf of clients to the host organisation or scheme
- However, a significant number, one quarter of respondents (31, 25%), indicated that they do not get involved in information provision at all.



## 6.6 Providing personalised or tailored support

Whilst less than half of the respondents (39, 32%) indicated that they always consult clients about the support they need on an individual basis (in order to tailor the support they provide), another 44% replied that they often or occasionally consult clients in order to modify their support. Less than 10% (11, 9%) replied that they never consult clients about the support they provide.

Interestingly, in response to a different question concerning whether volunteers are able to adapt the support they offer (to meet individual clients' needs), the responses indicated that most volunteers do adjust the support they provide – whether they consult the client directly or not.

Volunteers who responded to the survey therefore appear to be indicating that they can and do adapt services, but without necessarily asking clients about their individual needs.

Our discussions and face to face interviews with volunteers suggest that this is only done if the nature of any required variation in support is clearly evident to the volunteer involved.

### Case Study

Kevin, a befriender with the Community Action Team in Calderdale for the last four years told us how important it is to use his *“common sense and life skills”* in the work he does. He stressed the importance of being able to adapt the support he provides to meet the specific needs and circumstances of the person he is with: *“it is not just sitting listening and talking... it is about taking people out to do something they want to do”*.

### Case Study

Two of the Home from Hospital volunteers we spoke with also highlighted the importance of flexibility in their overall approach as well as the support provided:

*"I'm not rigid and can go on a Saturday if needed"*

*"Everybody is different. I always ring client and tell them I'm coming to see them.[It's] Obvious what they need sometimes. [I always] ask them what would be the biggest help"*

When asked about areas of support that are not currently provided by the scheme or host organisation but which volunteers feel are needed, respondents gave a range of suggestions, summarised below:

#### More targeted signposting

(eg to specific services and sources of information):

- more printed information about call alarm services available to vulnerable people
- Written information about local sheltered housing opportunities
- Follow ups to check if people are satisfied with the information they are given or need to look into.

#### Personal care

- I have been asked to shower a person. I have also been asked to do shopping and housework privately
- Bathing
- Mobile chiropodist
- A mix of personal care and other practical tasks - *"Looking after a child, doing a little housework"*.

#### Follow up support

(to enable people to continue living at home)

- Shopping trips
- Follow up a few weeks after person is home, to make certain they are coping
- In some cases, continuing checks are needed on an ongoing basis
- Feedback on how clients are coping after a period of time.

#### More time

- *"They always seem to want longer"*
- *"Sometimes you feel you ought to be able to support them for a longer period"*
- *"It's like a bereavement when you leave them after 4-6 weeks"*.

#### Home improvement/housing repairs

- Small DIY jobs.

#### Social inclusion/support for isolated people

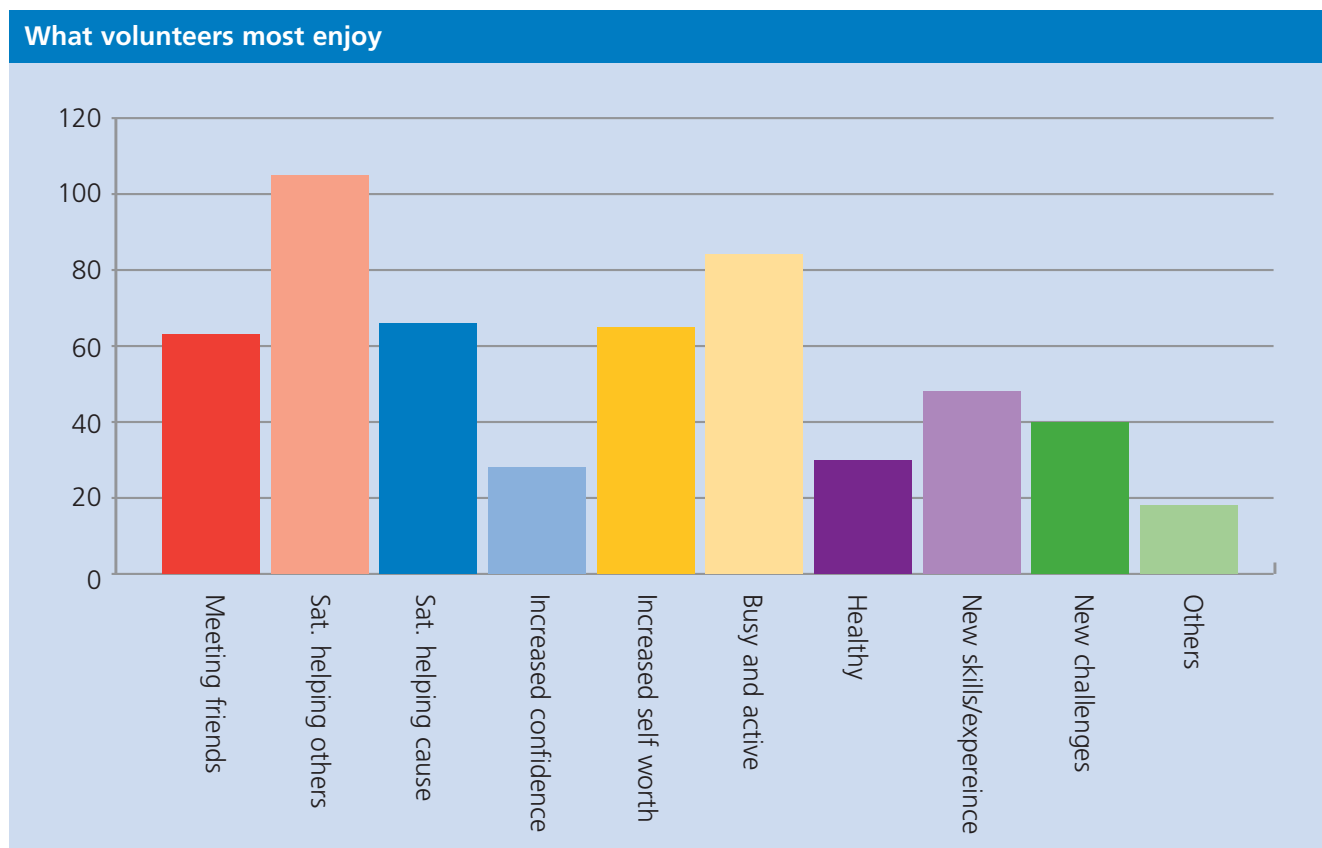
- For patients who have no relations / friends / neighbours to welcome them home at the time of their return home after a long stay in hospital, presence of a volunteer at that time would be very welcome by the patients.
- An understanding of different requirements in rural areas to those in a town environment – sometimes the mileage incurred in picking someone up to take to hospital / surgery and the time involved
- Advocacy.

## 6.7 Benefits and Impact of Volunteering – for volunteers

When asked what volunteers most enjoy about their volunteering role/activities, the motivators previously outlined in section 6.3 are clearly reinforced. Helping people, making a difference and seeing tangible improvements in the health and independence of the person they are supporting – are all key aspects of their work that respondents highlighted as the most enjoyable and satisfying elements.

Some people also mentioned specific areas such as *"having a routine"* or *"being among friends"* – again reinforcing the importance of the mutual benefit or reciprocity of volunteering. Volunteers were asked specifically whether they felt they benefited personally through volunteering; and were given a range of options from which to select as many as applicable. They were also given the opportunity to identify other personal benefits, not shown on the list, in their own words.

The majority of these personal benefits for volunteers are interpersonal or altruistic in nature. Just under 90% reported that they gained personal satisfaction through *"helping others"* whilst an additional 55% highlighted



the importance of helping a cause they believe in. Over half of respondents (53%) referred to the increased sense of self worth gained through making a contribution; and a large number (69%) benefit from keeping busy and active, and healthy (a further 25%) through their volunteering activities. Other benefits included meeting new friends (51%); gaining new skills and knowledge (40%); and the value of having new challenges and opportunities (33%).

Realising how lucky they themselves are was the most common benefit identified in the volunteers' free text answers, as was increased self respect, feeling needed and wanted.

In face to face discussions with volunteers within the six study sites, participants also emphasised the mutual benefits involved in volunteering:

*"I can't work because of my disability. I've got a new life due to volunteering; I'm doing something and would like to do more"*

Volunteer from the Community Health Wellbeing Advice and Support Scheme, Anglesey

In addition, some volunteers described their eyes as having been opened to new situations, which had helped to make them more aware of others' situations and needs:

*"Knowing that I'm helping other people who might be in similar circumstances to me"*

*"Shows me that people out there who need help, especially older people"*

Volunteers from the Community Health Wellbeing Advice and Support Scheme, Anglesey

Finally, the response *"doing a job which no-one else will"* was a key issue raised by some respondents, also emphasised in face to face discussions with volunteers and with service users.

## 6.8 Volunteers' perceptions of benefits to clients

Volunteers were also asked to describe what they perceive as most important about the support they give to clients. This free form question appears to have been very thoughtfully considered, with almost all of the respondents citing a range of issues and aspects of support. Most respondents referred to the fact that different things are important to different clients. However, a number of common, recurring themes became apparent. These are summarised below:

### Friendship

- *"the conversation, or the help around the house, a sympathetic ear, friendship or all of these"*
- *"Friendship, companionship, someone who is not family to confide in"*
- *"My time – when they have all my attention, encouragement, friendship"*
- *"Practical help but given willingly – as a good friend would do"*
- *"Friendship and outside help when families are unavailable"*

Discussions with volunteers at Nubian Life reinforced this important theme:

*"I was befriending person at [the] centre and she asked me to visit her at home. We've now become friends. She phones me and asks me to pick up shopping for her"*

### Emotional Support

- *"People with no family support: I offer friendship, assistance with the activities of daily living including comfort"*
- *"Helping people, especially those who haven't anyone else. They look forward so much to seeing you"*
- *"A regular contact, emotional support and information contact. Also a contact to the outside world and I fill in the wide gap left by neglectful members of the family"*
- *"To give friendship, companionship and someone to talk to as sometimes they may not see anyone that week"*

Discussions with various volunteers from different schemes reinforced these messages about the importance of emotional support:

*"Coming to the centre helps them to come and avoid depression"*

A Nubian Life volunteer

*"Bring some of the outside world into [the clients] life. Other than three visits a day from social service carers no-one else visits"*

An active befriender for Age Concern Calderdale

### Giving people a 'boost'

- *"Helping them feel better"*
- *"Knowing that someone cares enough to help them"*
- *"Help to maximize independence"*
- *"At a time when a person feels most vulnerable, I find that the fact that someone has taken the time to visit them at home, means so much to them"*
- *"Confidence, a wider view of life, diversion from difficulty"*

### Practical help

- Although help with practical tasks is clearly an important feature of what many of the volunteers do, especially the HfH and rural transport volunteers, it is also clear that it is the way in which this practical help is carried out that makes a difference – not the task alone
- Firstly *"practical help"* was listed mostly in conjunction with all of the other areas identified in this section
- Secondly the emotional and social elements of delivering this help is the key, dominant feature:  
*"Just being there, whether you're cleaning, shopping or whatever, listening without judging – the odd cuddle goes a long way"*  
Comment on postal survey from a volunteer  
*"things emerge through conversation especially when you have more time"*  
Nubian Life volunteer  
*"SSD not interested in the person; we deal with the whole person"*  
BRC Cheshire volunteer

**Comfort and reassurance**

- *“Care and encouragement – leaving them feeling happier for your visit”*
- *“Increasing confidence after illness, motivation, communication, sometimes self worth”*
- *“Being there for people when they need you”*
- *“Encouragement, a better outlook on life, realize they are not the only ones and accept that some help isn’t degrading”*
- *“Letting clients know that someone cares”*
- *“Moral support and assistance, especially when attending hospital as many patients are nervous and not sure where to go in the hospital, therefore I take them to the department they need”*

**6.9 The relationship between volunteers and service users**

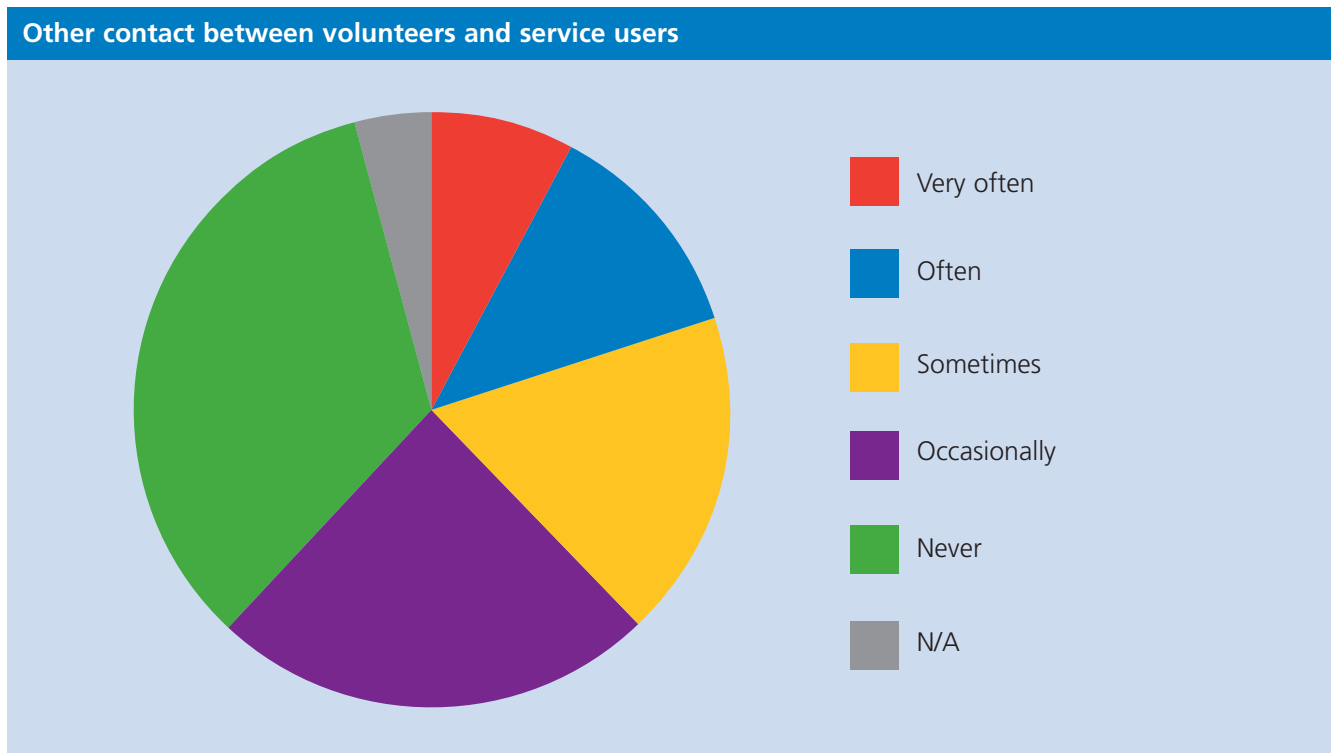
Volunteers were asked to rate how important they feel it is to have a good relationship with the people they support. Over 90% of respondents indicated that this is key to their role as a volunteer, with less than 2% responding otherwise.

Whilst survey respondents largely dismissed the idea that they developed friendships or had contact with their volunteering clients outside of this role, the face to face interviews and discussion groups revealed a different picture. Less than 20% of survey respondents indicated that they often or very often had contact outside of volunteering; whilst a further 42% replied they occasionally or sometimes had contact. Around one third (34%) said they never had contact.

**6.10 Matching volunteers and service users**

A key part of all of the volunteering schemes involved in this study is the attention given to matching volunteers to the users of their services.

Given that 90% of our survey respondents highlighted the importance of the relationship between volunteers and clients it is interesting that only a small majority of respondents reported that the schemes they are involved with consciously match them with service users with whom they would be able to form a good relationship. Just over 60% indicated that schemes often or always match them with clients. 9% replied that they are rarely or



never matched and 12% replied that this sometimes happens. 18% of respondents did not answer this question.

## 6.11 De-motivating aspects of volunteering

Activities or aspects of volunteering that survey respondents consistently identified as the least enjoyable, are all of those tasks that are most closely associated with paperwork, form filling and bureaucracy. In other words, those activities that are not about the person or people they are supporting, or about enabling them to live independent and inclusive lives.

Whilst many respondents also left this question blank, the common free text replies received included the following important examples:

- Housework/household tasks such as shopping (fairly frequent)
- Paperwork – including filling in forms (fairly frequent)
- Visiting homes which the volunteer finds uncomfortable – eg which are very dirty or where the client smokes
- Helping those who don't seem to need it or who are unappreciative
- Being taken for granted – by professionals or clients.

It is interesting to note here that one of the above areas that is least enjoyed by volunteers, is one of the tasks that is most appreciated and valued by service users – housework and household chores.

A further important issue identified by volunteers, and this time reinforced by service user respondents, is the nature of time limited support offered through some schemes – mainly the Home from Hospital schemes provided through BRC. Although some volunteers clearly value and benefit from having clear boundaries and a time limited framework of specific activities or tasks, there were also a significant number of respondents who were unhappy with these arrangements.

These further comments about the least favoured elements of their volunteering role illustrate this point:

- Leaving clients – after a set period of time – who still seem to need help or company
- Saying no to specific requests
- Not being able to do enough to really help some people (through limitations of the scheme)
- Distress which could be caused by seeing how lonely some people are or losing a client who dies.

A number of respondents highlighted challenges associated with working with statutory agencies, both from their observations about how schemes are funded and planned:

*“Need for more communication between agencies”*  
Age Concern Calderdale Volunteers

– and their observations about clients' experiences of services and care received from social services and local NHS organisations:

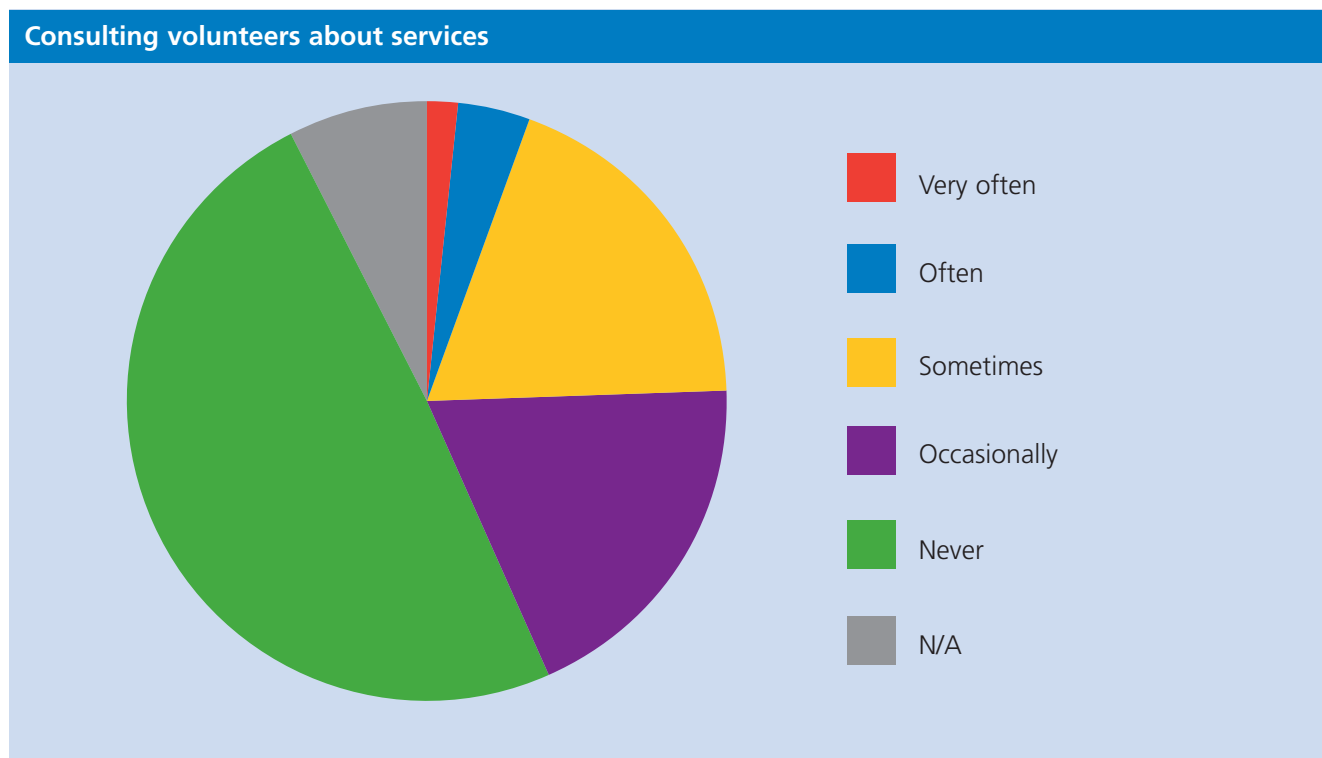
*“Many have social service carers but they are short of time to listen”*  
Active befriender, Age Concern Calderdale.

Volunteer coordinators are often in the best position to both see and understand the wider aspects of working in partnership with statutory agencies and local services; and they provided many good examples in the initial conversations that took place with schemes at the beginning of the fieldwork:

*“... part of Kent integrated discharge planning group so feed into that. Some local developments [taken place] from identified need eg Dartford has transient or homeless people so hospital now has a fund so that volunteers can keep a supply of clothing for discharge. Also can buy food for people on discharge if they have no money”*

Volunteer Coordinator, BRC Kent

However, the number of comments we received both from volunteers and from service users about negative experiences of working with or receiving support from social services and health professionals imply that the links between the two levels of activity (planning or operational decisions that help to meet local needs versus individual care delivery) could be strengthened. This is where further opportunities for providing qualitative feedback and more systematic



involvement (rather than consultation) in the volunteer services provided would be beneficial to all parties – including volunteers who clearly find these aspects upsetting and de-motivating.

## 6.12 Involvement and Consultation

On the subject of involvement, we turn now to explore the mechanisms and experiences of volunteers' active engagement in the schemes and organisations with whom they are registered.

Whilst just over half of the volunteer respondents (65, 53%) advised that they felt they could *informally* make suggestions for change to their host scheme or organisation, a further 48 (39%) felt that they could not, and formal mechanisms for involvement or consultation seem to be limited. Less than 6% of volunteers, when asked, replied that they are regularly consulted or formally involved in developments affecting the services provided through the schemes (7, 5.7%) Just under 40% (46, 37.7%) are occasionally involved or consulted; and just under 50% reported that they are never formally involved or consulted about these services (60, 49.2%).

However, given the number who feel they can make informal suggestions or comments on these services it is encouraging that of these, over 50% felt that these would be taken seriously (62, 51%). A number of these respondents (55, 45%) also felt that they would, and do, receive feedback on the suggestions they make.

It is interesting that a large number of respondents replied that they have never made any suggestions or comments back to schemes, and this may be a reflection of the lack of a systematic opportunity to do so.

Within our survey, we asked volunteers if they had any practical or constructive suggestions to offer about the current services provided, and a small but illuminating number of replies were given – a selection of which is provided below:

- [the services] Need to be publicised more at client level, and also results [outcomes/benefits] shown in the press
- Sometimes the clients seem to have had the service foisted upon them and they don't really want it
- Sometimes when I phone a new client to arrange a visit, they have no idea what's going on

- Sometimes when I start with a new client it is 2-3 weeks after [their] discharge date. Surely this is too long a delay?
- A couple of volunteers have left because they weren't called upon often enough as the office staff were taking too much upon themselves, so they took their help elsewhere

The following four survey questions are associated with management issues and functions of the volunteer schemes covered in this study.

## 6.13 Clarity of volunteer roles and responsibilities

The vast majority of volunteers (112, 92%) reported that they have a clear understanding of their role, and that this is reinforced by a role/volunteer description. When asked how well this description fits their actual work/support, the majority confirmed that this is broadly consistent, with 60% indicating a good fit and 30% a 'reasonable' fit. An important feature of all the support provided by the volunteers we met during our time in the six study sites, however, was the need for and practice of flexibility and applying 'common sense' in determining the precise nature of their roles and day to day responsibilities.

### Case Study

An active befriender from Calderdale, described her work as having no written rules about her role but this is precisely why she likes (and values) this volunteering opportunity. She likes the flexibility it gives her, and feels this enables her to apply her common sense and judgment. No doubt this is helped by having been matched to the clients she befriends.

Two other volunteers from a difference scheme and area reinforce the importance of guidelines which broadly reflect the support they give, without dictating too rigidly how to use their time:

*"I've made extra visits and had telephone calls with client so no difference but that bit extra"*

*"Use my own discretion. Someone asked me could you wash my back. I said yes. Don't lift or handle but cut nails and hair. Have to be careful don't go too far as some people very vulnerable"*

So, flexibility and the space to apply your own judgment and skills in any given situation are clearly important aspects of volunteering in these situations.

We were also told, on a number of occasions, that this also means knowing when requests for help or specific situations fall outside what volunteers would reasonably be expected, or want, to do:

*"If I came across anything or things not right for a client I'd let coordinator know"*

*"Guidelines in place to protect us"*

Finally, this quote from a BRC volunteer in Cheshire captures the importance of flexibility, as one of the distinguishing features of what volunteers do both for and with the person they are supporting:

*"volunteer has more time to talk and listen - no limit to how long can spend with [client]. Anything from 3-5 hours with a client. More time. Social Services not interested in the person; we deal with the whole person"*

## 6.14 Training

Most volunteer respondents (93, 76%) also reported that they had received induction or introductory training. Less than 20% (23, 19%) replied that they had not received such training; and 6 gave no answer to this question. Two thirds of volunteers (77, 63%) reported they had received additional, more specific training, whilst just under one third (30%) responded that they have had no further training.

A number of additional training needs were identified by some respondents, including:

- Advice on diet and general lifestyle
- First Aid
- Bereavement
- Dealing with vulnerable adults and children
- Training on using the specific equipment that some clients have to use or wish to purchase
- General advice on MRSA.

## 6.15 Management support

Almost all of the volunteer respondents (116, 95%) replied that they did have an identifiable manager. The vast majority (113, 93%) confirmed their manager was easy to contact, with only 2 volunteers disagreeing.

Furthermore, two thirds of respondents (78, 64%) confirmed that they have regular support and supervision sessions with their manager, although just under one third said they did not receive such support (33, 27%).

The opportunity to meet with other volunteers is clearly valued - something reflected in both the survey findings and the face to face interviews and discussions across all sites. Over 50% of survey respondents (70, 57%) replied that they have regular, formal meetings with other volunteers, whilst one third (41, 34%) do not have this opportunity.

- *I would like to have more group meetings with my local HFH [Home from Hospital] volunteers*
- *It would be good to have a formal meeting with other volunteers to discuss any problem areas*
- *I believe there should be more contact amongst volunteers of HFH so they can feel they could receive support from another volunteer if unable to contact the organizer at the hospital (out of hours) particularly beneficial for a new volunteer*
- *Not enough meetings to discuss cases with other volunteers*
- *Regular meetings to discuss if you have come across a problem with a client, in case anyone has had the same problem in the past with a different client*

Apart from formal meetings and one to one support from their managers, the majority of volunteer respondents (101, 83%) indicated that there are no further areas of support that they require.

## 6.16 Organisational/scheme policies and procedures

The majority of respondents confirmed their schemes/organisations have clear policies and procedures for their volunteer services and volunteers to follow (109, 89%). However, as the face to face interviews and discussions with volunteers within the sites revealed, most volunteers are keen to see more flexibility within these management processes, and more emphasis on the use of volunteer's life skills and discretion:

*"I feel we don't work on procedures but on common sense"*

The resounding message when asking volunteers about management or organisational arrangements and processes, is the need for fewer, clear policies and frameworks for their contributions, with personal back up support available; and more emphasis on what they actually do and achieve with the people they support.

*"Let us do more for people"*

A group of ten Home from Hospital volunteers for BRC Cheshire confirmed this need for flexibility when talking about the nature of the "home care" that they provide:

*"... very much based on what client wants. Work within criteria but anything that they want I'll try and fit it in."*

*"... depending on who else they've got, you decide whether to do more or not."*

One volunteer also went on to sum up the dilemma of providing volunteer services at this interface between statutory obligations and duty of care, and community based, community led support from local people (i.e. volunteers).

*"This service used to be undertaken by the ambulance service or hospital car service. Feel it should be funded through statutory agencies though the bureaucracy would stifle the flexibility of the service, which is one of its strengths"*

Volunteer from Rural Transport Scheme, RSVP North East

Whilst most respondents felt that no additional procedures were required or changes to their work necessary, a number did make some suggestions about the practicalities and logistics of their work, as follows:

- *"Some [clients] require help more than once a week, maybe two volunteers could take it in turn to visit"*
- *"More back up from Social Services"*
- *"Think of more ways of alerting hospital patients to our services"*
- *"Perhaps solo visiting should be replaced by two people visiting in some instances / infection control"*
- *"Reduction in bureaucratic load"*
- *"I'd like a further referral before I stop visiting. I used to be sent a completed referral form but, for reasons of confidentiality this practice has stopped"*
- *"I think the rural aspect of our work needs to be recognized by head office".*

## 6.17 The nature and management of risk

This is a critical area that is often raised by managers, commissioners and practitioners from health and social care services when discussing the actual and potential role of volunteers delivering support services. We were interested therefore, to examine the behaviours and attitudes towards risk – with clients – the people supported by volunteers – and volunteers themselves.

Three quarters (93, 76%) of volunteer respondents stated that they had a clear understanding of the risks that they face as a volunteer, and which may be associated with the services they provide to the people they support.

In addition, 98 volunteers (80%) replied that they are fully aware of how they can minimize and manage any risks that are involved. Only 4 of the volunteer respondents (3%) replied that there were additional risks involved with their role as a volunteer, with the majority of respondents – 95 (78%) – answering no to this question, and the remaining 23 (19%) giving no reply.

Specific areas highlighted by respondents in a freeform area of the questionnaire are provided below:

- Sexual harassment
- Risk of accident
- Lone working and personal safety
- Infection control.

A small number of respondents referred to the relevance of their previous professional roles and experiences from working for Social Services or NHS organisations, which had prepared them well for understanding the nature of their volunteering role, the potential risks involved, and what to do about them.

The discussions we had with volunteers and the volunteer coordinators confirmed that the approach to identifying and managing risks associated with the delivery of these services is pragmatic, and effective. In fact, much of what the support achieves is an avoidance of risk of harm, neglect, isolation and vulnerability to many clients.

No-where is this better illustrated than in the case of one young woman, a single parent, discharged home after a serious injury with no formal care package or support.

*"A single parent with 3 kids came out of hospital after a fall in the stables. I made her a cup of tea and arranged for her to have a wheelchair. Talking to her and arranging for her wheelchair halved her problem. I picked up the wheelchair from occupational therapy and took it to her."*

BRC Cheshire, HFH Volunteer

We also interviewed this client, whose perspective on the same situation reinforces this important aspect of the support:

*"Fell and broke my knee and was in hospital for 9 days. BRC came and did my shopping for 6 weeks and also provided a wheelchair when I first came out. I felt very supported by them. Felt a spark between me and BRC team. We had a laugh. They are human. Catered for individual needs and treated me with dignity and respect"*

BRC Cheshire Client, HFH Scheme

### **And Finally...**

A number of volunteer respondents (52, 43%) took the opportunity to feedback their views in a final freeform section of the questionnaire (under 'other aspects not covered'). A number of these responses shed further light on the specific contribution and distinctive nature of volunteer support provided through these schemes.

Around 30 of these 52 respondents mentioned how much they enjoy their voluntary work, and how beneficial they believe their scheme(s) to be.

*"I love this work, 4-6 weeks and then move on. I feel like we've helped so many people. It is so useful. Red Cross have found an area that was completely neglected"*

*"It's good to feel you've made a difference to someone's life"*

*"I enjoy making a positive difference to people who often have no one else"*

*"I enjoy helping other people and am pleased when the person receives the service that they have asked for"*

Some of the following comments in particular highlight the difference made by volunteers to the service user's quality of life and general wellbeing:

*"Without my role, my client (93 years) would not have lived so long. I find families quite appallingly neglectful and so are not aware of their relatives' needs. I also bring a different slant on things, open up ideas and am a confidant. My client cannot say what she wants to her family, only to me. I think I am a life-line"*

*"Every client is individual – some take an hour, many take half a day. They are from every background with many stories to tell. I have always enjoyed giving my time and [XX] the coordinator is excellent – like a good friend. I do feel we don't get much credit from professional service people, who have often laughed at me"*

# Chapter 7: Key Perspectives from External Stakeholders

## 7.1 Making contact with stakeholders

Semi-structured telephone and email interviews were held with eight local health and social care partners across the six study sites, including the main commissioning/funding agencies from each site. Most of the respondents were commissioners of the services or named contact people in contract monitoring roles from statutory agencies, mainly Social Services Departments and Primary Care Trusts, as follows:

- Nubian Life: commissioning officers from Hammersmith & Fulham Social Services; and Hammersmith & Fulham PCT
- BRC Cheshire: lead officer from Older people's Services at Cheshire County Council
- RSVP Anglesey: older people's lead officer from Anglesey Housing and Social Services
- BRC Kent: representative from East Kent Hospitals NHS Trust, Hotel Services Department
- RSVP North East: GP surgery Practice Manager from Barnard Castle
- CAT Calderdale: two lead commissioning officers from Calderdale Social Services.

Important differences in knowledge, understanding and approach between commissioners from different agencies in the same Authority, were highlighted during these conversations. One such example was between the Social Services Department in one area and the PCT from the same Borough. The former was found to be very clear about the role, contribution and impact of the service; the latter very unclear about what the service had been contracted to achieve, and unaware of the outcomes achieved or what they could achieve.

For BRC Kent it was not possible to speak with someone in a commissioning agency, partly because this service is based on an agreement with the Hospitals Trust (a provider organisation).

## 7.2 Common key findings

A number of important points have been highlighted from the analysis of notes of these discussions:

- 1) Most commissioners value the services provided through the volunteer schemes highly:
  - Particularly where they are providing something not readily, or at all, available via other routes. Examples include Nubian Life's track record in engaging local communities both as volunteers and in accepting help and support; and the rural transport scheme in the North East that was developed and run by local people for local people
  - However, these specific and uniquely different services, and their achievements need to be translated into tangible and measurable outcomes for commissioners to both understand and take note of them
  - Positive feedback from service users (eg as quoted by commissioners of Nubian Life's services) and evidence of what is different for them as a result of the support provided is powerful and impacts on funders
  - Some commissioners clearly see volunteer services as a fundamental part of the wider spectrum of services available locally; others are not so clear
  - One example quoted by commissioners, of a particular contribution to local developments was the 'BE ME' project in Hammersmith and Fulham run by Nubian Life. The commissioner referred to valued activities and contributions such as active citizenship training; supporting elders to become involved in local decision making; and engaging local statutory agencies to also provide support and encouragement to local older residents. Nubian Life's work is seen as key to these developments, and volunteers as an important mechanism for engaging with local communities
  - Most funders recognise the pressures and challenges involved in running volunteer services – especially around recruitment
  - Some commissioners value the tendency for volunteer schemes to be locally run and locally developed as grass roots enterprises that are community focused and proactive. The nature of

relationships between the parent organisation, volunteers and service users is also recognised and valued - *“well designed and meeting a need”* [Nubian Life].

- 2) 'Brand' and Reputation: The name and reputation of the host organisation is clearly important to commissioners as it is to service users (but interestingly not so much to volunteers). Hammersmith & Fulham commissioners, Cheshire County Council, Anglesey Housing & Social Services all emphasised the importance to them of the track record, experience, infrastructure and ability to recruit volunteers, good local presence, local contacts and history of relevant work. In particular they indicated that they consider or perceive the 'contractual risk' to be lower if they are working with a well known host organisation. Only in one case did a contracting organisation indicate that the name and reputation of the host organisation was not important - and this was for BRC Kent where the contractual arrangement is with another provider organisation. Here the primary incentive, with regard to ongoing contractual obligations, was cost rather than what the organisation demonstrates they are able to provide or achieve.
- 3) Contractual arrangements: there has been a tendency for agreements, historically informal or loosely defined, to be increasingly formalised over the last few years; most Service Level Agreements are now being translated into contracts and tighter monitoring arrangements are in place. However, it is still the case that the contracts in place vary in degrees of formality and rigour of monitoring arrangements. One area confirmed that there is no formal agreement, either a Service Level Agreement or a contract, in place for the volunteer services provided, and this was for the Home from Hospital scheme provided by BRC Kent which is contracted by East Kent Hospitals NHS Trust. Another area (RSVP North East) felt increased formality of the arrangements for the rural transport scheme would not add anything to the service provided/available – where service users feel safe as a result of strong local connections and the profile and reputation of the providers.
- 4) Use of monitoring reports and information: all schemes are subject to contract monitoring in varying degrees of formality and robustness. All

use volume based activity reporting via standardised reporting schedules. One commissioner referred to an annual visit (described as “cosy”). Some schemes also use and incorporate satisfaction surveys from service users, although these are largely initiated by the provider organisation rather than requested by contracting/commissioning bodies. Some also monitor the number of volunteers recruited, trained and where they are from – i.e. the active engagement elements of the work.

- 5) Impact and outcomes: none of the commissioners/contracting leads involved in this study measure the impact or outcomes achieved through these schemes. Six of the eight commissioners/contractors we were able to engage in this aspect of the fieldwork recognised that a) this would be useful and b) that they should have this information – and these were all commissioners as opposed to contractors. The remaining two respondents were both adamant that no further information or data is required or necessary – and in both cases these were where the contracting organisation is an NHS provider organisation.
- 6) Clarity of purpose and contribution of volunteer schemes: most commissioners confirmed that they are clear except where there are partnerships involved (CHWBAS and RSVP being the main examples). A specific issue here, that is also experienced elsewhere, is the lack of clarity about the role of volunteers as befrienders and paid or volunteer advisers. There is a recognition of the opportunities that exist with the recent NHS White Paper and the potential for enhanced VSC services and social enterprises – but also that many need to scale up their work, to build capacity and to spread and sustain their work which is focused in one locality. Some commissioners also referred to the links with preventative work and strategies, however not many referred to their own role in making this happen.

# Post Script from the Research Team



Throughout this project we have been struck and often moved by the strength and nature of the impact of volunteers, and what they do to support a wide range of people in a variety of situations. People supported by volunteers, and volunteers themselves, have frequently told us that what volunteers do and importantly, how they do it has made a significant positive difference to their own and others' quality of life.

We have collected information and heard stories which are uplifting and heartening. We have met people – service users, volunteers and paid staff working within volunteer services – who are truly inspirational in the way they approach difficulties in their own lives, and in their commitment to making a difference to other people's lives. We have been struck by how much a relatively small act, such as a short visit or one phone call, can mean to the recipient; and how it can boost their spirits and confidence. Knowing that someone cares enough to give up their own time to help is priceless for many people - as is knowing that you have contributed to improving someone else's life.

Finally, researching the impact of volunteering and volunteer support in the six areas involved in this initiative has had a lasting impact on ourselves and what we do. This, we feel, is what research should be about – influencing our own practice as well as aiming to influence the practice of others.

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# Appendices



# Appendix 1 – Project Summary

## Background to the Project

The Older People’s Programme (OPP) was appointed by Community Service Volunteers (CSV), Help the Aged (HtA) and the British Red Cross (BRC) to carry out this project involves researching the distinctive contribution of volunteers within home and intermediate care, and exploring their impact in helping people of all ages who require additional support to live independently.

## Project Aims

- Identify what is distinctive about the contribution of volunteers in home and intermediate care
- Highlight examples of best practice
- Improve available information to help future planning and development of volunteer services in these areas
- Identify key factors in the effective involvement of volunteers
- Develop tools for the successful planning and delivery of volunteering services

## What’s Involved

CSV, HtA and BRC have identified 6 sites (2 for each organisation – shown below) where the research will take place using a case study approach. The OPP Project team will work with people at each of the six sites and an overall Project Steering Group. The research will include the following elements:

- Background data / information collection on local practices and arrangements, using a common schedule
- Postal questionnaire to all volunteers in each site
- Postal questionnaire to a sample of people supported by volunteers at each site
- Follow on interviews (face to face and telephone)with a sample of respondents to the questionnaires
- Telephone interviews with local health and social care partners
- Focus group discussions for volunteers and services users, service providers and commissioners of services.

## Project Schedule

Phase 1	<ul style="list-style-type: none"> <li>• Project Planning, scoping and agreed approach</li> <li>• Design of data collection / analysis schedules</li> <li>• Contact with and project information to people from each research site</li> <li>• Literature review</li> </ul>	May / July 05
Phase 2	<ul style="list-style-type: none"> <li>• Collection and analysis of available data and information from each research site</li> <li>• Finalising interview schedules, design of questionnaires and arrangements for sampling and distribution with the six sites</li> </ul>	July /Aug 05
Phase 3	<ul style="list-style-type: none"> <li>• Distribution of questionnaires, collection and analysis of all replies</li> <li>• Interviews as planned in phase 2</li> <li>• Focus group discussions</li> <li>• Planning how all information will be analysed</li> </ul>	Sept-Nov 05
Phase 4	<ul style="list-style-type: none"> <li>• Analysis/synthesis of all data obtained</li> <li>• Preparing a draft report and circulating for feedback</li> <li>• Final Report and presentation of findings</li> </ul>	Dec 05-Jan06
Phase 5	<ul style="list-style-type: none"> <li>• One feedback and discussion workshop per case study site</li> <li>• Production of final briefing papers and articles for wider circulation</li> </ul>	Feb-Apr06

## Who's Involved

### **Project Sponsors:**

Arnie Wickens, CSV

Daniel Pearson, Help the Aged

Liz Urben, British Red Cross

### **Research Sites:**

CSV (RSVP) – Barnard Castle and Anglesey

HtA – Calderdale and London (Hammersmith & Fulham, Nubian Life)

BRC – Kent and Cheshire

### **OPP Project Team:**

Meena Patel, OPP Associate Consultant, focusing on London, Anglesey and Cheshire sites

Cathy Smith, OPP Associate Consultant, focusing on Barnard Castle, Calderdale and Kent sites

Helen Bowers, OPP Director

Lorna Easterbrook, OPP Associate Consultant

Alison Macadam, OPP Development Officer

# Appendix 2 – Results of a Background Literature Review

## 1. Introduction and key contexts

### 1.1 Purpose and search strategy

This literature review was carried out to help provide context and direction for the project – *Making a Difference Through Volunteering* which has been commissioned to explore the distinct contribution of volunteers in home and intermediate care.

Searches were carried out via the internet and the following academic databases:

- AgeInfo
- CINAHL (Cumulative Index to Nursing and Allied Health Literature)
- EBSCOhostEJS

Whilst there have been increasing numbers and varieties of studies exploring the role, contribution and different configurations of intermediate care and home care to the recovery and quality of life for older people (primarily) – relatively little research, or evaluations, have been completed to look at the specific contributions of volunteers in these areas – across different client groups.

### 1.2 An emerging policy and practice framework

There are multiple policy and practice contexts for this work – including those contexts not usually associated with volunteer services at a local level. This includes statutory, public service delivery targets, including Public Service Agreement (PSA) targets; the current agenda for promoting independence and wellbeing with lead responsibility within Local Authorities being vested in directors of Adult Social Care; and the continuing emphasis on improving whole system and partnership working. Neither is the contribution of volunteers made explicit within home and intermediate care developments and policy guidance. Likewise, other public policy agendas such as increasing and enabling active, citizen engagement and the enhanced role of the VCS tend not to profile the potential role of volunteers.

New policy guidance and frameworks, which are relevant to and can be informed by this work, are being published all the time. The changing and increasing profile of areas such as volunteering, active citizenship, social inclusion, promoting independence

and preventative approaches generally has prompted a shift of focus within this project from ‘home and intermediate care’ to independence, wellbeing and quality of life.

The following diagram illustrates the key contexts/agendas that have relevance for this work – and also those where this research can inform local and regional implementation.

### 1.3 Summary of overarching messages and themes

Nine key themes and messages have been identified from these background searches, which have particular relevance for this work. These have a strong resonance with the thirteen cross cutting themes drawn out of the analysis of the fieldwork across all six study sites involved in the *Making A Difference* research project. The nine themes drawn from the literature are outlined below.

#### i. Promoting Independence, wellbeing and choice

- Public policy contexts across the UK are set for a continuing emphasis and investment in activities, services and initiatives that can demonstrate how they promote independence, overall health and wellbeing of local communities
- Within this policy environment, there is increasing recognition of the importance of and need for continuing development of more preventative and person-centred services designed to help people live more independently in their own homes
- Tools such as Direct Payments and Individual Budgets offer great potential to increase personal choice and control. However the practical introduction and operation of such schemes can be perceived as overwhelming by many individuals, and many people are still unaware of their existence or potential use especially by and amongst older people
- There is growing recognition of the importance of paying greater attention to the social and emotional aspects of wellbeing; and a strong, widely held view that volunteers have a huge part to play in this area
- Consequently, the VCS has a significant role in meeting many of these current and emerging policy agendas



Figure 1: Key policy and practice contexts

## ii. Home and Intermediate Care

- Forecasts of significant growth in the demand for home and intermediate care services continue for the foreseeable future in the UK, due to demographic, social and structural changes
- Intermediate care can cover a very diverse range of services – potentially involving several agencies and sectors. In the literature studied, fully integrated care between agencies was not found in many of the projects reviewed – even where staff from different organisations shared the same office space. Moving clients around the system, between agencies, was also found to be difficult
- There is likely to be an increased, and increasing, role (supported by national policy) for the VCS in the provision of health and social care services, working in partnership with organisations from different sectors
- There is widespread satisfaction, and an appreciation of the significant 'added value' involved, amongst commissioners and paid staff of those services that are provided by the VCS within health and social care arenas
- Many of the intermediate care or 'Social Rehabilitation' projects reviewed in the literature did not receive statutory funding beyond their pilot phases. British Red Cross *Home From Hospital* services are an exception, with their expansion illustrating the value added and underlying need for this type of initiative

- Confusion around intermediate care services available and associated, often conflicting, eligibility criteria was found to exist amongst patients and staff, highlighting a need to carefully plan the information available on services and the ways in which this is communicated. This can be both an opportunity as well as a challenge for VCS providers and volunteers, in acting as system navigators for individual clients, as well as potentially adding in another layer of service provision.

### iii. Person centred approaches, choice and control

- Some organisations which plan and provide care services have developed a culture of flexible service delivery with a focus on meeting individual needs through strong teamwork. This is more likely to be effective in improving health, promoting independence and enhancing wellbeing for individuals than the introduction of quality procedures within agencies where this type of ethos does not exist
- Within the 'contract culture' of care provision, rigid criteria of how care givers' time is spent can be common, with convoluted processes to achieve any changes requested. To achieve person-centredness, it is important for all partners in the system (commissioners/ purchasers, providers and care givers) to work towards developing a shared culture, and building in flexibility where required
- Personal qualities of the care giver were generally rated as significantly more important than their proficiency in carrying out specific tasks
- Personal qualities of volunteers are often much more highly valued than their skills in performing specific tasks. Careful attention to 'matching' volunteers with clients, and managing services to allow strong relationships to be built between clients and a small number of volunteers should help to ensure a high quality of provision
- An increased focus on measuring, defining and recording the impact of volunteer support on the health and wellbeing of individuals should help organisations to:
  - Display benefits of projects, especially to current or potential funders
  - Recruit potential volunteers and service users
  - Encourage other organisations to develop similar projects or approaches through wider dissemination of results.

### iv. An enhanced role for the VCS

- The 2002 Spending Review was the first major Government publication that both formally recognised the substantial contribution that the VCS makes to the delivery of high quality public services; and set out recommendations for enhancing this role
- An increased emphasis on the role and impact of widening VCS and volunteer participation in the delivery of health and social care services (thereby contributing to the health and wellbeing of local communities) is now demonstrated in recent Government publications and policy frameworks
- The VCS is believed to particularly possess the ability to reach people who may otherwise 'fall through the net' and refuse statutory services.

### v. Integrating volunteer services into local partnerships

- Although evidence of extensive partnership working between voluntary and statutory organisations exists, the view that the VCS operates at the periphery of the care system still prevails
- Several factors contribute to this situation, including the likelihood of voluntary organisations being involved with people with a lower level of need or those coming to the end of their statutory care pathway; and the perception that commissioners of services regard the VCS less seriously than other parts of the system – perhaps due to the likelihood that this sector prides itself on providing 'social support' to clients in contract to statutory sector partners who increasingly avoid such interventions
- Developing a flexible, person-centred culture within organisations (and between partners involved in projects) is likely to be one of the most effective ways of supporting the delivery of valuable, individually tailored services. Appropriate tools and procedures can also help to support this – as can a focus on positive teamwork
- Integrated methods of working between agencies can still be difficult to achieve in practice, as is facilitating clients' 'movements around the system'
- Statutory and non statutory organisations involved in delivering services in partnership are likely to benefit from developing agreed, shared systems and processes that focus on individualised support and care that transcend boundaries.

#### **vi. The distinctive role of volunteers**

- It is important to establish clear (and potentially flexible) guidelines and parameters for volunteers working within or across health and social care environments – including processes and pathways for referrals and signposting to other parts of the system
- Volunteers provide a wide range of support in health and social care settings, including:
  - Helping people to review and fully understand their own situation and options available to them, in a non-judgmental, non-authoritative way which is not time pressured
  - Providing information and often a source of extensive local knowledge
  - Practical help to complete key tasks or obtain necessary items – or referral to an organisation who could help an individual
  - Emotional support through encouragement, providing comfort and helping to build individuals' confidence and self esteem;
- Overall VCS and volunteer services are seen as complementing and augmenting those available through statutory providers. In particular, direct impacts of volunteer programmes in health and social care include:
  - Reductions in delayed transfers of care and consequently savings in 'bed days'
  - Prevention of re-admissions and future hospital admissions
  - Provision of alternatives to hospital stays
  - Relieving the burden on paid staff and consequently saving their time
  - Supporting faster patient recovery and direct improvements in health and fitness levels for some patients;
- Volunteering also impacts upon the wellbeing of volunteers themselves, helping to boost self confidence, social inclusion and supporting the development of new skills and experiences;
- Volunteers provide a valuable mechanism for two way communication in health and social care, feeding back their own and patients' views to service providers, and providing information on and explanations of services offered to the public;

- Volunteers can bring a fresh, innovative and challenging perspective to organisations, helping to support the development and trial of new services and approaches.

#### **vii. Supporting volunteers**

- Professional support for volunteers is crucial to optimize their contribution, and to maximise the positive impacts of volunteering on their own wellbeing
- Effective management should help to motivate particular individuals and balance the demands made on individuals, in the light of their own preferences, strengths and other commitments
- Volunteers (and some clients) are often recruited to projects through word of mouth, a situation which is likely to contribute to the persistence of the 'stereotypical' volunteer or service user. It also perpetuates the existing low profile of these services within local care systems and communities
- Areas such as official policies and statements on volunteering should help to reinforce and increase recognition of the part specifically played by volunteers in many organisations
- Risks are evident where volunteers are involved – which structured, project specific, training can help to manage and minimize
- There is much scope for further research into the impact of the support provided by volunteers in health and social care on individuals' levels of health and wellbeing [a gap that this research is intended to help to fill]

#### **viii. Implications for volunteer management**

- Recruitment of volunteers within the specific areas of home care, intermediate care, and other initiatives aimed at promoting independence and wellbeing, can be challenging. In particular, attracting volunteers to work within projects supporting older people (who tend to be the majority of these service users) can be more difficult than for other initiatives eg working with children in schools
- In addition the 'formalisation' of services delivered through VCS organisations, and volunteering activities in particular, may increase the need for volunteers with specific types of skills and experience. Volunteer recruitment policies and processes within organisations need to reflect this;

- The most appropriate methods of recruiting a more diverse range of volunteers (which may be increasingly difficult in an environment where formalized ways of working are growing) should be considered and tested. Promoting areas such as the social side of volunteering and the opportunities to gain new skills may be helpful to this process
- Engaging (especially older) users of services in practice often proves to be difficult. The quality and clarity of the information provided to potential users of volunteer services, and to staff in other services/statutory agencies, needs to be reviewed with this in mind. Methods of effectively involving service users in key planning and decision making functions within a project or service also require more detailed consideration
- Different and more assertive methods of promoting volunteer services, and communicating information and services available, also need to be considered to increase awareness both of what's available and how to access it; and how to make best use of volunteers' support at a local level
- Ongoing, professional support within an organisation is felt to be crucial for the development of effective volunteering programmes. Official policies on volunteering and formal recognition of the value and benefits brought by volunteers should help organisations to develop an appropriate ethos. Formal, written role descriptions (that build in flexibility and the use of experience and skills of volunteers) may also help
- The time and resources required to recruit, train, support and manage volunteers need to be judged realistically, and is often underestimated
- Appropriate roles, boundaries, limits and guidelines for volunteers need to be agreed (with the input of all partners), established and communicated for each project or service. This should include referral processes and pathways
- Suitable and beneficial training programmes for volunteers should be considered for each volunteer scheme/service/project.

#### **ix. Implications for commissioning volunteer services**

- Whilst there is increasing recognition of the value and benefit of support provided by and through volunteers by commissioners of these services, there is little evidence that this has translated into better commissioning practices
- Key features include:
  - The tenure and security of volunteering contracts, with most being contracted as short term or grant funded projects and initiatives;
  - The *quality* of contractual arrangements which tend to focus on formalising tasks and volume of activity, rather than promoting active citizenship, widening participation and increasing social inclusion and reducing isolation;
- This focus can work against encouraging the participation of a wider, more diverse, range of people in volunteering. The need to balance the provision of high quality care services with the objective of supporting 'active citizenship' is an important goal for future commissioning developments
- More needs to be done on establishing clear outcomes measures i.e. the impact as well as the volume of volunteering activities
- Data and information collection is not well addressed within the literature, but studies and surveys that have addressed how volunteer schemes and commissioning agencies develop their services, indicate that most attention is focused on "volume contracts" and associated activities or tasks that are undertaken – rather than on the benefits and contributions – i.e. the difference that volunteer support and interaction can have on the independence, wellbeing and quality of life for the service users involved.

## 2. Public sector reform and the role of the VCS

### 2.1 Public service targets for the VCS

A key national policy (and political) feature is the current Government's target to increase voluntary and community sector activity by 5% by 2006. This has implications for commissioners, providers and service users of a wide range of public services traditionally delivered through statutory agencies.

At the same time, volunteering is increasingly being recognised as being of strategic importance to both public and private sector organisations, and that it needs to be integrated into planning processes for statutory, commissioning agencies – a trend that will continue, at least in the short to medium term, not least because 2005 was the Year of the Volunteer. For example, the Active Community Unit's focus on maximising opportunities for volunteering, the publication of the Compact on Volunteering and the Code of Good Practice for Volunteers.

### 2.2 Active communities and the VCS

The Government's vision for active communities is of strong, active and empowered communities - increasingly capable of doing things for themselves, defining the problems they face and then tackling them together with local agencies and the VCS. It is a vision in which everyone – regardless of age, race or social background - has a sense of belonging and a stake in society. National initiatives established to take this agenda forward, and which have particular relevance for this work, include:

- ChangeUp
- Capacity Builders
- Futurebuilders
- Compact Codes of Practice
- Year of the Volunteer 2005
- Mentoring and Befriending.

The concept of 'civil renewal' is at the heart of this vision of 21st century communities, as the key mechanism of achieving sustainable change and improving the quality of people's lives. Civil Renewal purports to be about '*people and government, working together to make life better*'. Crucially it is

about involving more and a far wider range of people in a variety of locally based and grown initiatives that can influence decisions about local communities; and about these same people taking responsibility for tackling local problems, rather than expecting others to. The idea is that government can't solve everything by itself, and nor can the community: partnership working at every level is therefore central to these reforms.

There are three key ingredients to civil renewal that are laid out in a series of associated policy papers and Home Office guidance:

1. **Active Citizens:** people with the motivation, skills and confidence to speak up for their communities and say what improvements are needed
2. **Strengthened communities:** community groups with the capability and resources to bring people together to work out shared solutions
3. **Partnership with public bodies:** public bodies willing and able to work as partners with local people.

*Together We Can*, launched in June 2005, sets out the Government's commitment to empower citizens to work with public bodies to both agree and then work towards common goals.

Twelve government departments have been leading on the *Together We Can* plan, with a wide span of activities divided into the following key strands:

- Citizenship and democracy
- Health and sustainability
- Regeneration and cohesion.

### 2.3 Efficiency savings as well as civil renewal

As part of the 2002 Spending Review (SR2002), a cross cutting review of the role of the voluntary sector in public service delivery explored how Central and Local Government could work more effectively with the voluntary and community sector (VCS) to deliver high quality services. This was underpinned by a recognition of the substantial contribution that the VCS makes to the delivery of high quality services and - as set out in the Compact – the continued independence of the sector. One of the most surprising outcomes of this review was that after

more than a decade of growth, spending on personal social services during the two years spanning 2006-08 will rise at an average real rate of just 1.3% a year. This is slower than the rate of growth for the rest of the economy.

Five key areas for reform, all of which are centred on building a strong and independent voluntary and community sector (VCS), were highlighted as a result of this major review, including:

- Involving the VCS in the planning as well as the delivery of services
- Forging long term strategic partnerships with the sector
- Building the capacity of the sector
- Full cost recovery – whereby it is legitimate for VCS providers to factor in the relevant element of overhead costs into their cost estimates for services delivered under contract to public service agencies and government departments
- Implementing the Compact (the agreement between government and the voluntary and community sector in England to improve their relationship for mutual advantage).

A number of new funding streams and delivery tools have been introduced over the last 3-4 years to assist in delivering the above five areas. Local Area Agreements (LAAs) and Local Public Service Agreements (PSAs) are the two policy frameworks that have impacted the most in terms of developing a strategic 'whole systems' view and partnership arrangements within which local public and private services can work together to achieve better outcomes for local people (in terms of wealth as well as health). They were primarily established to improve local public service delivery, by providing a new framework for a closer but more flexible relationship between central and local government. LAAs are generally organised into standard, broad themed categories, or functional blocks, under which specific agreements can be placed. The 'functional blocks' are:

- Healthy communities and older people
- Children and young people
- Stronger and safer communities
- Economic growth and enterprise.

Local Public Service Agreements (PSA's) provide a framework through which local authorities and other local organisations agree challenging targets with central government, and are intended to support the delivery of LAAs and the agreement of common targets across agencies and sectors at a local level. Together, both LAAs and PSAs are overseen by Local Strategic Partnerships and this is where the role of the VCS – and commercial/business sectors – is played in.

The Active Community Directorate (ACD) is responsible for delivering two of the PSA targets referred to above:

- PSA 6: to increase voluntary and community engagement, especially amongst those at risk of social exclusion
- PSA 8: to increase voluntary and community sector activity, including increasing community participation by 5% by 2006.

The Active Communities Directorate also contributes to number 5 of the Home Office strategic objectives: that citizens, communities and the voluntary sector are more fully engaged in tackling social problems, and there is more equality of opportunity and respect for people of all races and religions.

## 2.4 Healthy, sustainable communities

These two mechanisms are also seen as levers for engaging local government in health improvement initiatives and policies. Whilst the role of local government has previously included improving quality of life for local residents, the emphasis on developing cross cutting policies to improve the health of local communities has increased in recent years. Under the local government responsibility for promoting wellbeing, coordination of local service delivery and joined-up working by local partners have become increasingly reinforced as key contributions to the promotion of health. It is hoped that by formalising local government engagement in the public health agenda, significant benefits across the broad spectrum of wider determinants of health will be realised at a local level.

In a project supported by the Joseph Rowntree Foundation, Wittenburg et al<sup>1</sup> (2004) reported the following:

- The number of “dependent” older people in the UK is forecast to rise by between 61 and 147 % between 2000 and 2051.
- As a result of projected demographic changes in the next 50 years, residential and nursing home places are expected to be required to increase by 150% and home care hours by 140%, with a resultant increase of 315% in expenditure in real terms (and a forecast increase in the proportion of GDP from 1.4 to 1.8%).

The Adult Social Care Green Paper, *Independence, Well-Being and Choice*<sup>2</sup> gave further detail of forecasts in numbers of older people – quoting a projected rise in the number of people over 85 in the UK, from 1.1Mn in 2000 to 4Mn in 2051. The number of older people (over 65) with mental health problems is also described as increasing rapidly – by an estimated 10% over the next 10 years.

This Green Paper outlined the Government’s aims of:

- Offering ‘more control, more choice and high quality support for those who use care services’
- Exploring ways of using the resources of the whole community, increasing accessibility for all and providing opportunities for greater social inclusion and contribution to society as a result
- Creating a more highly valued social care workforce with improved skills to ‘deliver the vision’.

It also set out the following as important enablers in the above:

- Increased use of Direct Payments and trialing of Individual budgets
- Increased emphasis on prevention – with services designed to provide early support to specific groups and advancement of the local authority wellbeing agenda to support increased social inclusion and better quality of life
- A key role for local government in leading this work, consolidating and developing partnerships with a number of agencies (particularly within the NHS) to ‘ensure a wide range of effective and well-targeted provision which meets the needs of our diverse communities’

- Supporting the development of innovative methods of service delivery

The subsequent White Paper on health and social care *Your Health, Your Care, Your Say* (DH, January 2006), which was informed by the consultation on this Green Paper, focuses on three themes for a new strategic direction for all the care and support services that people use in their communities and neighbourhoods. These are:

- Putting people more in control of their own health and care
- Enabling and supporting health, independence and wellbeing
- Rapid and convenient access to high quality cost effective care

Key proposals outlined in the White Paper that have relevance for this work include:

- Commissioning and procurement
  - highlights the need to develop commissioning that stimulates and supports the local market, strengthening capacity in local communities
  - guidance on joint commissioning for health and wellbeing will be developed
- Public involvement and engagement
  - the forthcoming guidance on commissioning will encourage increased public engagement in informing how resources are used
  - more rigorous duties to engage the public
- Giving people more choice and control over their care services
  - people will be given greater control to identify the type of support and help they want and more choice and influence over the services on offer
  - roll out of Individual Budgets pilots to continue, joined up with the government’s work on welfare reform
- Care closer to home
  - an overall shift of resources from hospitals to care in community settings
  - more on enabling people to remain living at home with support rather than moving into residential care

- Better access to general practice and primary care
  - improved and convenient access to primary care including a role for new providers through social enterprise and/or commercial companies

The current government has increased funding to local authorities for older people's services by £1 billion a year from 2003-2006. In 2004, £7.4Bn was spent in this area, with a focus on helping older people to live independently at home through investing the range and quality of care services. Specific investment to develop areas such as intermediate care (£900Mn) was also awarded. Initiatives such as this have contributed towards the numbers of people receiving short-term intermediate care increasing from around 132,000 in 1999 to 332,000 in 2004 (with older people representing 80% of this group). This in turn has reduced the number of cases of delayed hospital discharge. However, issues have been highlighted regarding longer term care of older people with fewer now receiving home care services. Resources have been concentrated on providing higher levels of care for those whose needs have been judged as 'critical or 'substantial' under the implementation of 'Fair Access to Care Services'. In addition, the number of residential care places has shrunk (by 16% since 1996), despite increasing demand during this time<sup>iii</sup>.

The government has also announced that £60Mn will be invested in 'joint projects between NHS and local government partners to provide seamless integrated care for older people and encourage investment in preventative services' (Partnerships for Older People Projects) across 2006/07 and 2007/08 .

Giving patients more choice about how, when and where they receive treatment is one cornerstone of the Government's continuing strategy for improving health and health services. Another is giving members of the public a bigger hand in shaping local care systems.

The annual review of the *Opportunities for Volunteering* scheme provides a snapshot of what local people can achieve through volunteering. It provides an opportunity for all NHS and social care organisations to recognise the impact of the scheme and, where appropriate, harness the power of volunteering through local partnerships.

This increasing emphasis on the role and impact of widening VCS and volunteer participation in the delivery of health and social care services (thereby contributing to the health and wellbeing of local communities) is now demonstrated in recent Government publications and policy frameworks, such as those outlined above. The Green Paper<sup>v</sup> in particular claimed that 'support for a strong and vibrant VCS is an essential component of our vision for developing the well-being agenda'. It enthusiastically promoted the growth of the sector, encouraging opportunities for citizens to contribute by helping those who need it and supporting increased social inclusion. The VCS was viewed as one of the main areas where potential exists to build social care capacity, working in partnership with local and statutory agencies within the community.

A new emphasis on clear values underpinning the delivery of social care; and a new approach to commissioning and providing services was central to the green paper, somewhat diluted in the subsequent White Paper. This included arrangements for giving people the money to buy and organise their own care (eg through the increased uptake of Direct Payments and other forms of Individual Budgets); and increased focus on encouraging relatives and volunteers to provide more "informal care" to meet growing demand. The idea is that people requiring support will no longer be the passive recipients of social care, but have a direct role in shaping the care market and delivering services.

On the role of volunteers, the green paper took an optimistic view with a specific interest in the role of time banks – a means of reciprocal volunteering – eg to help provide everyday help to older people who live far away from their children.

So, the policy framework for building healthy, sustainable communities, whilst reducing inefficiencies within public services, enhancing the role and contribution of the VCS, and strengthening the partnership, coordination and practice of priority setting and service delivery across all agencies and sectors is set. It is complex, multi-faceted and often not understood in its totality by local organisations, particularly service providers. It is also the case the decisions made at a strategic level are not always consistent with what local communities and local VCS organisations – often small bodies with precarious, short term funding arrangements – are doing or contracted to do.

The following sections of this review of the (mainly) published literature focus on the lessons and messages drawn out of previous studies and reports about the role and contribution of volunteers and volunteer services in the delivery of health promoting services and support – as part of the overall policy contexts outlined above.

### 3. What volunteers and volunteer services contribute

#### 3.1 The nature of volunteering

The Volunteer Centre conducted national surveys in 1991 and 1997<sup>vi</sup> which revealed that 51% of the adult population had been involved in formal volunteering activities in 1991, and that this figure had reduced slightly to 48% in 1997. However, the average number of hours per week spent volunteering was found to have increased from 2.7 to 4.05 hours. It was estimated that there had been 88 million hours of volunteer work carried out in 1997. More affluent people were found to be more likely to volunteer, with 45-54 year olds the most involved age group, however significant increases had been seen between the two surveys in volunteering amongst those over 65.

In a study described by Knapp and Davis Smith (1995)<sup>vii</sup>, the data from the 1991 National Survey of Volunteering was analysed further to highlight the common factors which may support the likelihood of people volunteering in the UK.

The findings of this study included:

- People with larger incomes and more qualifications tend to be involved in 'formal' (organized) volunteering, people on in lower income groups are more likely to be 'informal' volunteers, involved in community care
- Likelihood of being involved in volunteering in 1991 rose towards middle age, and fell steeply after retirement – however the 1997 study showed a marked increase in volunteering amongst older people
- Women were found to participate more in voluntary community care work, although men were more likely to be involved in 'transporting and escorting activities'

- People from BME groups were less likely overall to be volunteers, except in the area of community care work where their involvement was higher than average.
- Those whose expenses were fully reimbursed tended to be more regularly involved for longer periods of time
- People who were attracted to volunteering through a desire to meet others and form friendships, were more likely to volunteer regularly than people who had become involved on other grounds such as via their profession or through being requested to help out. This suggests that organisations would reap the benefits of developing and promoting the social aspects of volunteering
- The study challenged a view (which the authors believed to be widely held) that people who give money to an organisation are more willing to volunteer for it. It suggested that individuals are likely to donate their time OR their money – rather than both
- People who had previous experience of volunteering were more likely to become frequent volunteers for an organisation, indicating that there is a danger of putting too much pressure on newcomers to this area. The authors also refer to other studies which suggest that volunteer 'burn out' can occur where people stop if too much is expected of them

Hoad<sup>viii</sup> (2002) argues that 'Volunteering has played an important role in welfare activities for far longer than the state.' However, it appears to have been accorded a low status in comparison to the statutory sector. This began to change in the 1980's and 90's when successive governments showed increasing enthusiasm for development of the VCS, as part of 'the mixed economy of care' which resulted in voluntary organisations playing an increasing role in a 'contract culture'.

Two Articles, featured by Merrill Associates as 'Topics of the Month' (December 2002 and November 2003), explore issues around motivating volunteers and the reasons why organisations should use volunteers<sup>ix</sup>. They describe the following aspects of volunteer motivation:

- Individuals have personal motivations for volunteering, which effective volunteer management can identify and use to help each person attain their own fulfillment.
- Reference is made to other studies in volunteering which have identified that volunteers become involved through their own support for an organisations objectives and a wish to 'help others'
- People have a range of aims in volunteering – which can be different at different times – and can include wanting to contribute to a particular cause because a friend or relative is affected by it, acquiring new abilities or meeting new people
- Volunteers seem to be most satisfied with their involvement when: it relates to a cause which is important to them; they perceive their own contribution to be 'needed and valued' and they find the work 'meaningful and interesting'
- Merrill Associates refer to the work of McClelland and Atkinson (1968) which proposed that individuals have 3 main needs which we look to meet via our working lives – those of achievement, affiliation and power. Each person tends to have a range of all three types of need, however one is likely to stand out for most people (and this may vary from situation to situation). Identifying and adapting to individuals' dominant needs can help to increase the involvement, motivation and effectiveness of volunteers

Reasons for engaging volunteers are outlined in this study, with reference to other, supporting work by Ellis (1989) and Volunteering Ireland (2003) ). They highlight positive aspects of the role and contribution of volunteers, including the following characteristics:

- Volunteers are 'outsiders' who bring a new, different and wider perspective
- They can have more 'credibility' as they are not paid members of staff
- They 'make contacts', widening the reach and impact of a project
- They can feel more comfortable in challenging the status quo and suggesting improvements or changes
- Volunteers are better placed to take chances and test new ways of working; and can develop into ambassadors for the organisation

- They are 'pioneers'
- They provide the 'human touch', helping to develop 'community spirit and support'
- They can 'increase diversity' and contribute their own abilities and experience of their communities

Finally, they suggest that 'volunteers do not save money, but help organisations to use the money they have in the most effective and efficient way'. It is argued that investment in this 'valuable resource' is required to ensure organisations achieve the most from it.

### 3.2 Evidence of VCS and volunteers' roles in delivering public services

Bryers (2002)<sup>xiii</sup> suggests that volunteers, on the whole, get at as much back from volunteering as they put into it. The variety of voluntary activities in health and care settings is reinforced, as are the types of support offered – including befriending, provision of information and guidance, advocacy work and involvement in aspects of service planning. Other relevant, key issues highlighted in this study include:

- The contribution of volunteers is complementary to paid employees, and includes a wide range of skills and experience; but there is also a need to recognise volunteers' contributions as 'professional' – with an appropriate level of consideration given to their recruitment, training, management and development
- Volunteers are 'ordinary people', engaged because they want to be, who can identify with the people they work with
- Volunteering policies in social services are believed to be less well developed than in health services, which is arguably due to the required focus in recent years on dealing with changes to delivering community care, resulting in little time available to concentrate on working in conjunction with volunteers
- Public, statutory services increasingly devote their resources to the most vulnerable and needy members of local communities, often at the expense of preventative initiatives. It is argued that targeted development of 'informal community networks' could contribute significantly to supporting independence and improving quality of life

- Frequently, service users describe relatively straightforward needs (such as help in the home and garden and having company) as being important to their own wellbeing. It is suggested that volunteers may be better placed than statutory services in helping to meet these needs.

### 3.3 Volunteers Contributions to Delivering Health and Social Care

Hoad<sup>xiv</sup> (2002) described the findings of a research study which involved 14 projects in England which involved volunteers in the provision of community care. The objective of the study was to examine the part played by volunteers in the system of care. The findings are mostly concerned with boundaries and definition/understanding of roles and specific tasks, rather than the nature of the experienced contribution of volunteer support or the impact (on health, wellbeing and overall quality of life). Specific findings which have particular relevance to this work included:

- On the whole, boundaries for volunteers were found to be flexible and subject to negotiation between a range of different parties – individuals and organisations – involved in each scheme
- The wide variety of roles played by volunteers and commitment shown by them was particularly noted
- All organisers of volunteer schemes/projects placed importance on recognizing the boundaries of their work, reflecting organisational responsibilities and a need to protect their volunteers and their own and partner agencies. Often, boundaries were judged rather than subject to hard and fast rules
- Even where volunteers had received specific training (eg. to work with people with dementia), limits were placed on what they would be expected to do or types of situations they would be expected to deal with
- Specific tasks (usually those felt to be the domain of professionals) were often seen as inappropriate for volunteers to carry out. Counselling was viewed as one of these areas by some participants.
- Limits to tasks did not always reflect the aptitudes of volunteers – eg. where volunteers are trained in a particular profession. This could be difficult for volunteers who may have to refrain from performing certain tasks which they carry out

routinely within a different role. This situation was found to be less problematic where paid, professional (eg. nursing) staff were usually present

- In addition, some volunteers were found to have extended their role past the stated objectives of their project, an example of which was given where a hospital discharge volunteer had helped clients to obtain additional benefits
- Cases were reported where voluntary services felt that they may be being ‘used’ as part of a larger package of care, this seemed to have occurred as certain aspects of statutory service provision (such as housework) had been reduced over time
- The area of housework was found to be potentially controversial and not usually available in the projects studied – due to issues of liability. Contract funding was generally found to require fairly rigid limits for a scheme, particularly related to areas which were insured – and had contributed to an approach of caution. Hoad does emphasise that responses were those recorded in interviews and that boundaries may be treated much more flexibly in practice
- Some volunteers provide additional help to clients as a friend, outside of the remit of the project – and therefore were able to act outside its boundaries (but also lost some of the protection afforded)
- Some projects placed a limit on the time of involvement with particular clients. In some cases the volunteers could extend their involvement informally.

Recognising the relative absence of literature on the impact of volunteer support on health and wellbeing, Faulkner and Davies<sup>xv</sup> (2004) used interview data from two separate studies of volunteers in healthcare settings to examine the roles played, support given and potential impact upon patients. Faulkner and Davies argue that although there is enthusiasm at the top levels of the NHS, individual Trusts have yet to fully develop their policies and practices regarding the inclusion of volunteers, resulting in a ‘*lack of clear guidance on the specific contribution of volunteers to health and social care*’. The authors refer to ‘Social Support’ which they describe as the most common way in which the literature on volunteers portrays their contribution. This is further split into four areas, proposed by Langford et al<sup>xvi</sup> (1997) of:

- *Appraisal support* – helping people to assess their personal situation and resources. Volunteers are more able to help people review their circumstances and the choices open to them, frequently by devoting the time to listen; patients appreciated the fact that volunteers did not rush them and were often able to devote more time than professionals, resulting in more in-depth discussions – with greater understanding of options available; volunteers were described as providing a ‘*sounding board*’, particularly when they had built up a rapport with patients; the independent position of volunteers was seen as important by some patients, and that discussions could take place without ‘worrying’ relatives or taking up professionals’ time on areas which may be perceived as inappropriate. Also a lay opinion on issues was appreciated; volunteers in one scheme were using a variety of counselling-type techniques in discussions with clients, which were found to uncover issues which might not be otherwise addressed or even acknowledged by a patient.
- *Information support* – provision of useful information to help tackle issues; volunteers provide basic, widely available local information which patients often seemed to lack the drive or ability to gain for themselves. They also helped patients to judge which services may be most suitable for them – or choose from different options available to them. Volunteers were found to be a great source of local knowledge, which had often been built up over many years. They also helped to provide a contact with the outside world, for patients in hospital or those who were unable to get out as much as they would like
- *Instrumental support* – where key resources are made available to help an individual deal with problems or progress towards a challenging goal. This was provided in the form of referral to services which would most suit the person’s needs, or assistance in tasks such as applications for benefits, sourcing items like wheelchairs, helping with specific tasks such as feeding and accompanying patients on visits and to appointments
- *Emotional support* – the most important area, referring to activities and interactions that promote a person’s sense of self worth and ‘belonging’. Volunteers are often the only people who patients felt they could talk to about issues – as some lived

alone, some had no family or friends or did not feel able to discuss certain things with them. Assured confidentiality and being treated seriously in a non-judgmental way were much appreciated aspects of the services provided by volunteers. Time available was also found to play an important role here. NHS Staff often felt that volunteers helped patients to recover through ‘*close comfort, friendship and social stimulation*’. The view that patients felt volunteers to be accessible, reassuring, and more of an ‘*equal*’, partly through not being a paid member of staff was also expressed

Faulkner and Davies also refer to research which has found that individuals with larger social networks tend to have better health. They highlight a model proposed by Cohen and Willis<sup>xvii</sup> (1985) suggesting that social support affects the way in which people react to stressful events – enabling them to deal with these more positively – and also helps to lessen some of the physical side effects of stress such as lack of sleep or depression. In the two projects studied by the authors, the thematic data obtained reinforced the four areas given above, suggesting that this provides an effective framework for assessing volunteering schemes in health and social care.

The authors also noted several potential issues with the support offered, including:

- Volunteers often not being trained in counselling, which could result in situations arising with a patient which they felt unable to handle
- Lack of understanding about a patient’s particular condition which may lead to misleading information being given which could either give a patient unrealistic expectations or unnecessary worries
- A danger of reducing individuals’ control and choice in their own lives, with a resulting loss of independence

To address these risks, the authors argue that it is very important for volunteers to recognize their own limits and adhere to these, seeking appropriate help where necessary. A two week training course was provided in one of the schemes which included these areas and equipped volunteers with basic counselling skills and information on local resources. The training was praised by volunteers who found it very beneficial in preparing for their roles. The other

project included a three day course for new volunteers, which covered areas such as roles and responsibilities. The importance of ensuring patients retained as much control and choice as possible was also emphasized in the studies.

The importance of further research in this area is highlighted by the authors, who suggest that the impact of volunteers on overall patient health – focusing on areas such as levels of stress, anxiety and depression should be measured to help to establish the benefits experienced. Despite the limited nature of this work, the authors suggest that positive and significant benefits have been identified where volunteers are involved in health and social care settings.

Helen Jones<sup>xviii</sup> (2004) of the Wales Council for Voluntary Action has also reported on the findings of research into the impact of volunteers working in health care settings in Wales. Outcomes reported include:

- Evidence of widespread support and enthusiasm for volunteering in the health service in Wales, with further scope for significant expansion and development. Overall the research concluded that volunteers contribute a great deal to health and social care services in Wales – in a wide range of ways
- A great deal of joint working between the voluntary and statutory organisations – 91% of voluntary and 89% of statutory agencies reported working in conjunction with organisations from the other sector.
- Voluntary organisations run a number of schemes which have been shown to cut down delays in transfers of care, which it is believed could be implemented throughout Wales, realizing considerable savings.
- The role played by volunteers in effective and safe discharge of patients from hospital was stressed, with one NHS trust directly praising the input of the British Red Cross and Age Concern Cymru in supporting this area
- Services provided by volunteers in Home from Hospital schemes were found to aid the prevention of 're-admissions for non-medical reasons' and help patients to avoid future ill health and accidents which may have necessitated re-admission

- Many respondents viewed volunteering as an effective way of tackling social exclusion – both for volunteers themselves and clients. Social support generally was reported as one of the main and most valuable areas provided by volunteers
- Potential benefits to those involved in volunteering were reported to be extensive, increasing confidence, self esteem, opportunities to build social networks and develop new skills and experiences – all areas which are likely to be beneficial to the physical and (especially) mental health of volunteers. Within the health service, volunteers are also a useful group of potential employees
- Direct positive impact on the health of those involved in activities led by volunteers was also reported – illustrated by a walking group – faster recovery and a general improvement in overall levels of wellbeing were reported
- Obstacles to effective volunteering were also explored, with poor organisation a key area, including inadequate resources and many untrained or inexperienced people devoted to managing volunteers (particularly in the statutory sector). This, it is believed, diminished the recruitment, development and support of appropriate people in around one third of statutory health organisations
- Volunteers were found to have become involved frequently through 'word of mouth' or contact with existing volunteers. This is likely to have contributed towards the situation where volunteers are very likely to be from a similar background, resulting in potentially large sections of society who are never likely to become involved unless alternative, appropriate methods of recruitment are found
- Two thirds of statutory health bodies did not have an official volunteering policy; and some NHS Trusts responding described volunteers in a limited way in terms of 'easing the burden' on paid staff. A wider view of their potential could help to increase their impact in new and different areas.

The Joseph Rowntree Foundation has researched a number of low level preventative support schemes for older or disabled people – reported in a Foundations document<sup>xix</sup>. The following findings were reported:

- Inclusion in social events and wider interaction with the community were particularly appreciated by people involved in projects
- People place importance on volunteers choosing to (rather than having to) spend time with them
- Within schemes, it is vital to ensure that helping people does not evolve into controlling their lives.

Jo Dean and Robina Goodlad<sup>xx</sup> studied the delivery of befriending services and the opinions of those involved in them. Again the value of volunteers who chose to spend time with people was emphasized – as was the importance of matching people involved. It was reported that schemes involving older people were found to be most likely to have reported problems with matching participants and volunteers – these schemes also reported most difficulty in encouraging users to join up to the services offered.

### 3.4 Volunteers' Contribution to Delivering Home and Intermediate Care Services

One area which has attracted attention in relation to the increased and enhanced role of the VCS over the last 5-6 years is in the delivery of home and intermediate care. Standard 3 of the National Service Framework for Older People<sup>xxi</sup>, Intermediate Care, aims to:

*'provide integrated services to promote faster recovery from illness, prevent unnecessary hospital admissions, support timely discharge and maximize independent living'.*

The standard describes older people being provided with new types of intermediate care services, provided at home or in care environments by health and social care agencies, designed to increase independence and avoid hospital admission (or readmission) and premature entry to long term care.

A subsequent SSI inspection of older people's services included positive reports on services (including intermediate care) introduced recently to help support independence. A Department of Health Review of intermediate care services reported that there were an increasing number of *'effective person-centred services based on partnership'* and identified several factors shared by successful schemes, including: strong vision and leadership in

implementation; agreed goals; cohesive systems; well-defined areas of responsibility; and attention paid to practical detail.

Much of this work has taken place in respect of supporting older people and other age groups (eg those with a disability, those with mental health needs, those with complex physical and social care needs) to live independent lives, with the delivery of "care closer to home".

The Department of Health funded an extensive research and evaluation programme, in partnership with national organisations such as Help the Aged and Age Concern England, to explore the organisational and practice features that will ensure sustainable and different ways of working together across traditional boundaries of health, social care and housing to deliver the objective of Standard 3 of the National Service Framework for Older People (on Intermediate Care). There is less formal or published evidence, however, of how volunteers and other unpaid workers (eg family carers) can play a role in this increasingly diverse web of support – as illustrated by the following quote taken from a recent King's Fund briefing paper.

*"Volunteering can also have a direct, positive impact on lives of patients, service users and carers."*  
(More Than Good Intentions, King's Fund, 2003)

In particular recent studies have shown that "volunteers who help older people readjust to home life after time in hospital can play a vital role in boosting confidence and breaking down isolation."  
(*The Enablers*, Community Care, April 24, 2003)

On the whole, it is the larger voluntary sector and charitable organisations which have experimented with and evaluated the impact of different intermediate and home care schemes. For example, schemes set up, funded and provided by a combination of the following organisations: Help the Aged, Age Concern, CSV, the Red Cross, Anchor, and Personal Service Society – in partnership with local voluntary organisations such as Help and Care, the Dengie Project. The above quote is taken from a recent article published in Community Care, which summarised the main benefits and achievements as well as the key lessons identified from six intermediate care schemes in different parts of England.

The main messages and features identified from these six schemes included:

- The importance increased likelihood of flexible and individualised responses to support at home, or returning to home
- Less bureaucracy
- Greater understanding of local issues, networks and opportunities
- The importance of having a Volunteer Services Coordinator for each specific scheme/organisation
- The need for a well organised and funded volunteer recruitment programme
- The different and very personal relationships that build between volunteers and service users, and their carers
- The need for training, supervision and support for volunteers.

Feedback from older people suggests that they feel intermediate care volunteers help them feel more confident about living at home, and more independent. The Department of Health (2001) also pointed to the potential role and impact of volunteers in supporting intermediate care in different ways, eg in helping people regain confidence as part of rehabilitation; providing social support as part of supported discharge packages; or taking up a residual role as time limited intermediate care support comes to an end.

Other key lessons about the use of volunteers in the delivery of services that have previously been the direct responsibility of statutory agencies include:

- The need to invest in and coordinate volunteer recruitment, induction and training/development and retention
- The need for diversity and cultural sensitivity in the above, and in “placement” or matching between volunteers and those supported by volunteers
- Attention to prompt and full reimbursement of all out of pocket expenses
- Attention to and understanding of the behaviours that promote volunteering:
  - mutual respect and trust
  - a focus on providing flexible care and support

- shared information between everyone involved in providing different care services
- a culture of diversity and inclusion
- an environment where new faces are welcomed and encouraged
- clarity of roles and responsibilities

from, *More Than Good Intentions*, The King's Fund, 2004

Specific lessons about the role of the voluntary and community sector in the delivery of intermediate care, including the use of volunteers have also been identified in research undertaken by Hull University, who were commissioned by Help the Aged to explore the impact of seven projects providing a range of intermediate care services. A postal survey was conducted as part of this larger project in 2003 to both identify the characteristics of volunteers who were participating in the delivery of intermediate care services; and to highlight important lessons and messages about this role and their specific contributions.

The key findings from this study are summarised below:

- Most volunteers were women and all were aged over 35 years
- Many had a nursing background
- Most had volunteered with the host organisation before
- Multiple advertising for volunteers is important – no one mechanism is sufficient to reach and attract all potential volunteers
- Most respondents found their volunteering role(s) rewarding and constructive
- The roles undertaken were related to ‘mainstream’ volunteering activities in the main, rather than being particularly different because of the association with intermediate care
- The importance of formal training
- The key role of volunteer coordination
- Volunteers and volunteering is not a cheap option
- Volunteers’ perspectives are important due to the nature and ‘closeness’ of their relationships with the people in receipt of intermediate care services

In addition they also identified possible barriers to volunteering on intermediate care schemes, which they identified as “push/pull factors” although individual volunteers’ motivations are known to differ (Bussell and Forbes, 2002) and also may change over time (Hibbert et al, 2003).

Cornes and Manthorpe<sup>xxii</sup> (2004), describe the outcomes of Help the Aged’s Intermediate Care Partner Programme for older people, where 813 clients were involved in the course of seven projects across England. The findings include:

- Specific descriptions of the projects proved to be tricky, as they changed frequently in response to new circumstances, often where statutory service resources were becoming more limited
- There was an overall consensus across the projects that working in partnership across agencies was important to provide a wide ranging care service
- Relationships between the VCS and statutory bodies and services varied in each area, including the physical location (with two VCS projects’ staff located with their statutory counterparts and accorded similar access to information and forms of communication – while for the other projects staff were much more distinct) and the level of trust which existed between the staff of partner organisations
- It appeared that across the sites the VCS seemed to be more likely to be working with patients who were believed to require ‘low level support’ rather than a lot of medical attention – or with patients who were reaching the point where medical intervention was about to stop. This was believed to be partly as a consequence of VCS agencies viewing their role in the context of social rehabilitation, which (it is felt) is seen as taking second place to physical rehabilitation by the health service. The VCS was also felt to be used tactically by some health service staff to enable the timescale of support to be extended as far as possible by bringing the VCS in at the end of the intermediate care period (which guidelines have defined as up to six weeks). This did lead some within the VCS to describe their involvement as ‘*an afterthought rather than a partnership.*’ Instances of VCS and NHS staff working together were consequently found to be rare.

- The above situation led the authors to suggest that the six week limit may not provide enough time and support for some patients. Some volunteer coordinators in the study felt that the proportion of intermediate care cases which did not reach the desired outcomes were high and gave examples of volunteers working alone with clients whose required levels of support were not (they believed) being met
- In one project, the vast majority (85%) of volunteers had previous nursing experience – suggesting that this may be a very helpful background for involvement in intermediate care
- Volunteer co-ordinators expressed a strong need to ensure their volunteers were not placed in unsuitable situations and would often do things themselves if they felt it was ‘unfair’ to ask a volunteer
- Many of the statutory intermediate care teams didn’t include a social worker – and in these cases the volunteer co-ordinator was very likely to have taken on this type of role
- Recruiting and managing the teams of volunteers was found to require a significant amount of resource, taking up most of the co-ordinators’ time
- The projects found it difficult to introduce clients to services provided by other organisations, which was felt to be partly due to contractual arrangements in the voluntary sector – requiring increasingly rigid eligibility rules. This had the effect of stifling partnership working within the system
- The authors proposed that volunteers and volunteer coordinators often ‘*played a far more critical role in intermediate care than they were given credit for*’, however there is a strong feeling that commissioners continue to view this sector as being less significant than other parts of the system. This contributed to almost all of the projects being unfunded by statutory bodies beyond the pilot phase.

In a second article, Manthorpe and Cornes<sup>xxiii</sup> (2004) discussed the involvement of older people in these projects. Relevant findings are outlined below:

- Goals had been agreed between older people and staff / project workers as part of the service, however loss of confidence was often viewed as the root cause of issues, therefore tangible targets were not the only areas which required focus
- Difficulties were reported in working with older people who, due to their recent experiences, were 'ill, distressed or fearful' or who displayed ongoing issues such as communication problems. These situations were often worsened by the very short time available to work with people in intermediate care
- One example was reported of a patient finding out about the service by chance, following release from hospital. However, most people reported receiving information about the projects while still in hospital, from medical or social work staff. Patients described a much greater level of understanding if they had received a face to face description of the services (and how they could be used) in addition to written material.
- People were introduced to the service, mainly through health and social services, however self referral was also common in most schemes. 'Word of mouth' was found to be important in increasing knowledge of the service and a lot of service users also had previous direct experience of using the schemes
- Schemes were found to be mainly providing 'befriending and companionship' which the researchers believed to be missing from a lot of care packages, only a few of the schemes included 'personal care'
- Help with a large range of everyday tasks, which may otherwise not have been completed, was also often provided
- The services are offered for a restricted period of time, usually between 4 and 6 weeks, however this can be extended if required by some individuals
- Home from Hospital in 2003 was mainly contracted by local social services departments, although the number of contracts from PCT's was increasing as were instances of joint contracting by health and social services

Henwood and Waddington (2003)<sup>xxiv</sup> reported on their initial evaluation of the Red Cross Home from Hospital Scheme in 1996 and a follow up study in 2003 to review the Scheme's development over the subsequent years:

- Home from hospital grew from 17 to 55 schemes between 1996 and 2003 – growth which the authors recognize as a significant achievement (especially within the context of the voluntary sector) and a reflection of the passion and dedication of many people within the Red Cross, particularly the service co-ordinators and volunteers
- Every scheme supported older people – around 40% frequently and 50% occasionally supported those with confusion or dementia. Around 75% of schemes occasionally supported physically disabled younger people and 50% occasionally supported people with learning disabilities or mental health problems
- The vast majority (90%) of volunteers are women – with a higher than average number in the 55-64 age range. BME representation is low, however some of the schemes have successfully attracted a more diverse range of volunteers from different communities, age and gender groups
- Commissioners were found to be very satisfied with the schemes, recognising that the services offered were usually not available through statutory bodies – but were much appreciated by clients. They also expressed a belief that statutory organisations could not deliver these services as well as The Red Cross – and that the organisation was successful in reaching some people who would not accept statutory help
- Over 50% of the schemes were found to have plans for expansion, either increasing numbers of clients, localities served or types of services offered. Many acknowledged the potential for contributing to prevention of admissions to hospital.
- Commissioners had identified that this scheme could help to 'deliver the new intermediate care agenda'. The authors propose that there is a growing recognition of the significance of regaining confidence and re-establishing social networks as key components which sustain independence – and that the volunteers involved in Home from Hospital Schemes, through the individual support provided, are ideally placed to help people with these areas. It is stressed that trained volunteers should not be viewed as a way

of replacing care provision through statutory services, but as an 'invaluable complement to those services' which 'provide much added value'

- Potential exists for the service to increase its role in meeting intermediate care goals – suggestions for expansion include incorporating an extended range of Red Cross services such as equipment loans, transport and therapeutic massage

### 3.5 Volunteers' contributions to person centred support

In a review of literature which formed part of the project, 'Towards Flexible Person-Centred Home Care Services' (Patmore SPRU, 2002)<sup>xxxv</sup>, the common experience of Social Services Departments aiming to improve home care services through developing 'sets of standards' related to the areas ranked as most important by service users was described. The areas of importance had been defined through research such as that carried out by Henwood et al<sup>xxxvi</sup>. Patmore argues that through these processes, Social Services Departments have concentrated on single sets of standards which will suit the majority of users, rather than exploring (a potentially more person – centred approach of) how different responses can be developed for different individuals. Relevant findings reported within this study are summarised below:

- The SPRU (Social Policy Research Unit at the University of York) investigated the concept of a person centred approach to home care services in two research studies which were detailed by Patmore in 2001<sup>xxxvii</sup>. One of these studies sought the views of older people directly on any preferences or requests they might have regarding their own home care; and the other tested whether staff were more likely to find out about clients' preferences or requests through development of a specific document for use with home care users. The findings of these studies included:
  - Most older home care users would specify at least one request or preference – some would name several, but these requests varied considerably from person to person and represented differing levels of importance to different individuals
  - Some of these were already known to home care staff, others were not – some of them were already being met

- The document developed resulted in identification and fulfillment of requests for some home care users

- Face to face discussion with customers appeared to be the most effective method of establishing preferences and requests – and older people are able to be more explicit about these after they have received home care services for a few weeks

- Situations and circumstances change over time – therefore it is worth reviewing requests regularly

- Carers also had specific preferences or requests which could be explored

- The studies noted how some home care teams seemed able to fulfil some types of customers' wishes while others claimed they could not.

- Olsson and Ingvad (2001)<sup>xxxviii</sup> researched relationships amongst and between staff and clients (and the factors which may influence them) in home care settings for older people in Sweden. Both staff and clients involved in the study were found to be more likely to hold positive views if the older person received care from a small number of staff – as opposed to many different people. Clients were also more likely to be negative towards the service where clashes amongst staff in the care teams were evident. These findings led the authors to conclude that continuity of work teams, where teamwork is strong and positive, is important to create a positive experience for clients.
- The University of Minnesota conducted a two site study to determine whether: a) values could be recorded within an assessment procedure; and b) the data collected can be used to increase the quality of services provided. These studies were carried out by Degenholtz et al<sup>xxxix</sup> (1997) and Kane et al<sup>xxx</sup> (1999). In the first part of this study the work included the development of a tool built around the following premises:
  - Values and preferences should be discussed, 'at a middle level of detail', together in a distinct part of an assessment
  - This part of the assessment must be sufficiently brief for care managers to use and should include the level of importance for each area as judged by the client and also provide the opportunity to describe values in an open ended way

- Important areas to cover include the preferred extent of structure for daily tasks, specific activities in which clients wish to partake, views on receiving care from family and friends, importance of times to look forward to or objectives to work towards, views on elements of privacy including finances, the importance of minimizing pain, attitudes towards risk and safety, personal qualities sought in care staff and feelings surrounding home life.
- Tests of this tool showed:
  - Risk to be a very emotive issue for older people, with widely differing opinions
  - Daily routine was found to be given the lowest level of importance, except by those who stated a definite preference for regular routine
  - Religious activities were given a high level of importance by some clients
  - Personal qualities of staff were rated as important by significantly more people than their skill in completing particular tasks

The authors of these studies emphasize that the development of an ethos of identifying and responding to values and preferences is important within organisations and that if this happens it may be much more valuable than the introduction of specific tools designed to enable care packages to be adapted to suit different individuals. They suggest that if an appropriate culture is created, with focus on clients' preferences and priority given to fulfilling these, staff could be much more likely to feel empowered to identify and meet individual requests.

- Portsmouth Social Services tested varying approaches designed to offer older people more influence over the home care services they received. This was evaluated by Clark and Spafford<sup>[xxxi]</sup> (2001). Three options were available to participants (total of 31): '*Simulated Direct Payments Scheme*' (7) where hours of service agreed could be provided by a personal worker, found by the older person themselves, formally employed by social services; '*Own choice of Independent Agency*' (20) with which an amount up to an agreed limit could be spent and '*More Flexible Use of Social Services' own Home Care Services*' (4) where times and tasks carried out could be specified by the client – within agreed limits. In a three month timeframe service users

were also allowed to save up hours to use for a particular purpose, they could also agree some changes directly with staff, without requiring agreement from care management. Findings reported include:

- Some people felt overwhelmed with the responsibility for new arrangements, including making decisions and arrangements which were required, some fear was also found regarding losing contact with care managers
- Some problems were encountered in finding workers
- Efforts made within the programme to minimize bureaucracy were found to be effective
- The 7 people who chose the 'simulated direct payment' arrangement seemed to show the greatest levels of satisfaction due, it was felt, to the rapport and trust built with one worker who seemed more able to commit to their particular clients than staff who worked for agencies
- All those who chose the independent agency option, stayed with agencies who already provided services to them – most of the agencies struggled to fulfil the clients' requests for changes to times or provision of particular staff
- This also occurred for the 4 people who took the Social Services option – where no sign of changes to services provided could be discerned
- Influence seemed to be much lower for people who had their services arranged through another family member
- Some Care Managers were concerned that such schemes could threaten some of their key responsibilities – and that they could result in public money being diverted to cover areas (such as housework) which were against policy to fund, creating a divide between Social Services clients.

#### 4. Commissioning volunteer services

The Joseph Rowntree Foundation, in *'Contract culture brings far reaching changes in the role of volunteers'*<sup>xxxiii</sup> proposes that volunteers who run and provide services within organisations have had 'their responsibilities and workload significantly increased by the introduction of contracts with purchasing authorities'. It argues that while this may have resulted in a perceived increase in standing and worth, the growing requirement for formal skills has made it more difficult for voluntary organisations to attract volunteers – which has in turn undermined the sector's ability to promote 'active citizenship'. In addition, this also works against encouraging the participation of a wider, more diverse, range of people in volunteering. The need to balance the provision of high quality care services with the objective of supporting 'active citizenship' is highlighted.

A paper by Lewis and Sawyer<sup>xxxiii</sup> (2000) argues that user-centred home care can be impeded by current 'conventional care management arrangements'. They describe two projects – one Australian and one English – where a small team was responsible for providing home care to a (small) number of clients and assigned a budget for this purpose. Services were then either provided directly or bought in for the clients according to their ongoing needs. Clients' needs could be wide and varied and not limited to a specific list of activities, emphasis was on responding flexibly and quickly to changing requirements, using client and staff knowledge and resources to this effect. Lewis and Sawyer describe how one project, over time, diminished when moved over to the management of statutory services during the early 1990's. They cite this as an example of a mismatch of this model and current commissioning arrangements where the *'manager/provider relationship introduces scrutiny, control and even mistrust of the provider by the purchaser'*. This situation then leads to a requirement for services to be stipulated precisely with permission sought before adaptations can be made.

A variety of other literature reviewed by Patmore (SPRU, 2002)<sup>xxxiv</sup> highlighted the following related messages, which also need to be considered by those commissioning and purchasing volunteer services, especially in the context of joint working across sectors as well as agencies:

- Care Managers felt that services offered to a client were determined by existing availability or affordability rather than those deemed necessary by Clients or Care Managers. This resulted in a reluctance to engage in discussions on choices due to fear of raising expectations which may later be dashed
- Clients often described their choice of services being constrained to what was on offer, with the only choice available being refusal of an offer
- Clients also described a reluctance to state their preferences or report problems as a result of thinking this may make them appear ungrateful or put additional strain on already stretched services. Service users were best placed to judge changes required to their care following experience of receiving a care package – however changes may be difficult to obtain if the original Care Manager is no longer involved with the case; (Hardy et al, 1999)<sup>xxxv</sup>
- Spending time with an older person over the course of a few weeks was found to be the best way to form a picture of their views and preferences, single face to face sessions were also effective, interviews by telephone less effective, followed by postal questionnaires. Perceived reliance on home care workers and a desire to shield them from managers were found to suppress complaints. Perceived problems with services were found to have a greater impact on people who had the fewest relatives and friends. It was possible to elicit more information if particular subjects were introduced through specific questions (eg. punctuality, politeness). (Woodfuf and Applebaum, 1996)<sup>xxxvi</sup>
- The numbers of 'informal helpers' surrounding older people were found to be on average higher in well established communities where movement in and out is low (Wenger 1992)

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- <sup>ii</sup> *Independence, Well-being and Choice*, Department of Health, 2005
- <sup>iii</sup> *Briefings: Long-term care of older people*, Kings Fund, April 2005
- <sup>iv</sup> *Independence, Well-being and Choice*, Department of Health, 2005
- <sup>v</sup> *Independence, Well-being and Choice*, Department of Health, 2005
- <sup>vi</sup> Lynn P and Davis Smith J (1992) *The 1991 National Survey of volunteering in the UK*. Volunteer Centre Berkhamstead and Davis Smith J, (1998), *The 1997 National Survey of Volunteering*, National Centre for Volunteering, London
- <sup>vii</sup> Knapp M and Davis Smith J, *Who Volunteers and Why? The key factors which determine volunteering*, PSSR, University of Kent and The Volunteer Centre UK, 1995
- <sup>viii</sup> Hoad P, (2002), *Drawing the line: the boundaries of volunteering in the community care of older people*, *Health and Social Care in the Community* 10 (4) 239-246
- <sup>ix</sup> Merrill Associates – Topic of the Month: December 2002, *Understanding Volunteer Motivations* and Topic of the Month: November 2003, *Why Volunteers?*  
<http://www.merrillassociates.net/topic/2003/11/01/why-volunteers/>
- <sup>x</sup> McClelland D and Atkinson J, (1968), *Motivation and Organisational Climate*, Boston, Harvard Press
- <sup>xi</sup> Ellis, S (1989) *From the Top Down: The executive role in volunteer program success*. Energize Inc: Philadelphia , Pa
- <sup>xii</sup> Volunteering Ireland (2003), *Why organisations involve volunteers*. Volunteering Ireland: Dublin, Republic of Ireland
- <sup>xiii</sup> Bryers P, *Volunteers – a neglected resource in community care?* *Health and Community Care Journal* Issue 2, July 2002, holyrood Communications Ltd, Edinburgh
- <sup>xiv</sup> Hoad P, (2002), *Drawing the line: the boundaries of volunteering in the community care of older people*, *Health and Social Care in the Community* 10 (4) 239-246
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# Appendix 3 – Research Tools

## 1. Service User Questionnaire – non knitting groups

### **Making a difference through volunteering**

The Older People's Programme is working with CSV, the British Red Cross and Help the Aged on a special project for *The Year of the Volunteer*. We are gathering information on how volunteers working for these three organisations affect the lives of the people they help.

As part of the research, we are carrying out a survey of people who have used the services of X and we would very much welcome your views on the services you have received.

**Please could you complete the enclosed questionnaire and return it to the research team in the prepaid envelope provided by the XXXX.**

The survey can be completely confidential if you prefer. However we will be contacting some respondents to discuss the issues in more detail. If you'd be happy to be involved in further discussions, please fill in your contact details on the questionnaire. All information obtained will be treated in the strictest confidence.

You can contact the research team about this survey on:

Older People's Programme: 01202 416031  
info.opp@helpandcare.org.uk

Yours sincerely

**Meena Patel/ Cathy Smith**  
Associate Consultants  
Older People's Programme

## Service User Questionnaire

### Section 1: About you

1a. Your Age (Please tick)

- 18-30    31-4    46-60    60-75    75-90    Over 90

1b. Your Gender

- Male    Female

1c. Is English your first language?

- Yes    No

1d. If you speak another language please specify which:

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### Section 2: The services you have received from X

2a. How did you first find out about the services available from X? (Please tick all that apply)

- Through a hospital  
 Through a GP surgery  
 Through Social Services  
 Through literature (leaflets / adverts etc) from X  
 Through talks given or events held by X  
 Through friends who use the services of X  
 Through previously using the services of X  
 Other (please state)

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2b. What type of support have you received from people who work for X? (please tick all that apply)

- Help with personal care
  - Help with household tasks
  - Social visits
  - Transport by car
  - People who accompany you on trips outside the home
  - Help to find out information about benefits/  
services or any resources in the area
  - Help to apply for or get involved in any of the above
  - Visits to day centres or clubs
  - Meals delivered to your home
  - Helping in adapting to changed circumstances in life
  - Someone to talk to about problems or worries
  - Advocacy services – someone representing your  
interests and views with third parties
  - Other (please state)
- 
- 

2c. How satisfied are you with the services provided by X? (Please circle as appropriate)

Very satisfied    Satisfied    Fairly satisfied    Not Very satisfied    Not satisfied at all

2d. Overall, what impact do you feel the services you have received from X have had on your quality of life? (Please circle as appropriate)

Large improvement    Moderate improvement    Small improvement    No real improvement

2e. Overall, how do you feel the services from X have helped you?

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2f. We would like to contact a number of people directly to discuss their experiences further. Could you please let us know if you would be happy to be involved in any of the types of discussion given below (please tick all that apply).

Telephone Interview

Yes  No

A face to face interview with one of our researchers

Yes  No

A group discussion with other people who use X's services and one of our researchers

Yes  No

**NB. We would arrange transport and pay any costs where applicable**

If you would be happy for us to contact you – please fill in your details below.

Your Name

Address

Telephone Number

Thank you for taking time to fill in the questionnaire. Please return the completed questionnaire by the 7th of October 2005 in the enclosed pre-paid envelope.

You can contact the research team about this survey on:

Older People's Programme 01202 416031

info.opp@helpandcare.org.uk

The Older People's Programme, The Pokesdown Centre, 896 Christchurch Rd, Pokesdown, Bournemouth, BH7 6DL

## 2. Service User Questionnaire – knitting groups

### **Making a difference through volunteering – survey**

The Older People's Programme is working with CSV, the British Red Cross and Help the Aged on a special project for *The Year of the Volunteer*. We are gathering information from people who have been involved in different projects run by these three organisations.

As part of the research, we are carrying out a survey of people who belong to knitting groups in Anglesey and we would very much welcome your views on your involvement with the X Knitting Group.

**Please could you complete the enclosed questionnaire and return it to the research team in the prepaid envelope provided by the 26th of October. Please note that all information obtained will be treated in the strictest confidence.**

In addition to this questionnaire, I will be visiting some of the knitting groups over the next few weeks to talk to members directly. I do hope to meet you then and will be happy to discuss any aspect of this research with you or hear any further comments you may wish to make about your involvement in this knitting group. Alternatively, you can contact the research team about this survey on:

Older People's Programme – 01202 416031  
info.opp@helpandcare.org.uk

Yours sincerely

**Meena Patel**  
Associate Consultants  
Older People's Programme

## Making a Difference Through Volunteering Questionnaire

### Section 1: About you

1a. Your Age (Please tick)

- 18-30    31-4    46-60    60-75    75-90    Over 90

1b. Your Gender

- Male    Female

1c. Is English your first language?

- Yes    No

1d. If you speak another language please specify which:

---

### Section 2: You and the X knitting group

2a. How did you first find out about the X Knitting Group? (Please tick all that apply)

- Through a hospital  
 Through a GP surgery  
 Through Social Services  
 Through literature (leaflets / adverts etc) from X  
 Through talks given or events held by X  
 Through friends who use the services of X  
 Through previously using the services of X  
 Other (please state)

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**2b. What were the things which motivated you to join the X Knitting Group? (Please tick all that apply)**

- A desire to help others through making and donating items
  - Opportunity to meet new people
  - Opportunity to use spare time productively
  - Opportunity to learn new skills / meet new challenges
  - Opportunity to improve knitting skills
  - Other (please state)
- 
- 

**2c. What type of support have you received from people at the X Knitting Group? (please tick all that apply)**

- Help to improve knitting skills
  - Help to complete knitting
  - Social visits
  - Transport by car
  - People who accompany you on trips outside the home
  - Visits to day centres or clubs
  - Help to adapt to changed circumstances in life
  - People to talk to about problems or worries
  - Other (please state)
- 
- 

**2d. How satisfied are you with the organisation and help provided by the X Knitting Group?**

(Please circle as appropriate)

Very satisfied    Satisfied    Fairly satisfied    Not Very satisfied    Not satisfied at all

**2e. Overall, what impact do you feel being part of the X Knitting Group has had on your quality of life? (Please circle as appropriate)**

Large improvement    Moderate improvement    Small improvement    No real improvement

2e. Overall, what do you most enjoy about being part of the X Knitting Group?

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Thank you for taking time to fill in the questionnaire. Please return the completed questionnaire by the 26th of October 2005 in the enclosed pre-paid envelope.

You can contact the research team about this survey on:

Older People's Programme 01202 416031  
info.opp@helpandcare.org.uk

The Older People's Programme, The Pokesdown Centre, 896 Christchurch Rd, Pokesdown, Bournemouth, BH7 6DL

### 3. Volunteer Questionnaire

#### Making a difference through volunteering – survey

Dear Volunteer

CSV, the British Red Cross and Help the Aged have joined forces to work together in a special project for The Year of the Volunteer, to gather more information and knowledge on the vital and unique contribution made by volunteers who work to support other people. The Older People's Programme has been appointed to work with the three organisations on this project.

The research work will be focussing on six key areas, identified by the three organisations as areas where there is a significant contribution from volunteers in care services. XXXX has been chosen as one of these areas.

As part of the research, we are carrying out a survey of volunteers who provide services. We want to gather information and views directly on the services provided – and the difference made to the lives of the people who use these services. As a volunteer working for XXXX, we would very much welcome your feedback, this will directly inform how these organisations and others across the UK plan and deliver volunteer services in the future. **Please could you complete the enclosed questionnaire and return it to the research team in the prepaid envelope provided by the 7th of October 2005.**

The survey can be completely confidential if you prefer. However we will be contacting some respondents to discuss the issues in more detail. If you'd be happy to be involved in further discussions on the role and contribution of volunteers, please tick the appropriate box and fill in your contact details on the questionnaire. All information obtained will be treated in the strictest confidence.

You can contact the research team about this survey on:

Older People's Programme 01202 416031  
info.opp@helpandcare.org.uk

Yours sincerely

**Meena Patel/ Cathy Smith**  
Associate Consultants  
Older People's Programme

## Making a Difference Through Volunteering

### Volunteer questionnaire

#### Section 1: About you

1a. Your Age (Please tick)

- 18-30    31-4    46-60    60-75    75-90    Over 90

1b. Your Gender

- Male    Female

1c. Is English your first language?

- Yes    No

1d. If you speak another language please specify which:

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1e. In addition to volunteering, are you a paid employee of any organisation? (Please tick)

- Yes    No    Full Time    Part Time

#### Section 1: You and volunteering

2a. Which year did you first get involved in volunteering (for any organisation)?

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2b. How long have you been volunteering for X ?

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2c. How did you first find out about volunteering opportunities for X ?(Please tick all that apply)

- Through literature (leaflets / adverts etc) from X  
 Through talks given or events held by X  
 Through friends or contacts who already volunteered for X  
 Through previously using the services of X  
 Other (please state)

---

---

2d. Did you go through any of the following in order to become a volunteer for X ? (Please tick all that apply)

- Application by letter
- Application by form
- Application by Phone
- Application by Email
- Telephone interview
- Face to Face interview
- Police Check Procedure
- Any others? (please state)

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2e. What were the most important things which motivated you to begin volunteering for X? (Please pick the three most important areas and rank them 1, 2 and 3 with 1 being the most important)

Rank

- Own personal experience similar to those X is supporting
- Experience of family or friends similar to those X is supporting
- Strong support for the work of X
- A desire to help others or 'give something back'
- Opportunity to meet new people
- Opportunity to use spare time productively
- Opportunity to learn new skills / meet new challenges
- Common cultural background / language
- Other(s) – please state

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2f. What aspects of your voluntary work for X do you most enjoy? (Please describe)

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2g. What aspects of your voluntary work for X do you least enjoy? (Please describe)

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2h. How many hours a month (on average) do you volunteer for X?

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2i. Do you also currently volunteer for other organisations in addition to X?

- Yes    No

If yes, how many?

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2j. Do you think that you benefit personally through volunteering in any of the following ways? (please tick all that apply)

- Meeting new friends
- Personal satisfaction through helping others
- Personal satisfaction through helping a cause you believe in
- Increased confidence socially
- Increased sense of self worth through making a contribution
- Keeping busy and active
- Keeping healthy
- Gaining new skills and experience
- Having new challenges to meet
- Others (please list any other benefits you feel you get from volunteering)

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2k. Are there any drawbacks or problems with the volunteering you do? (Please describe)

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### Section 3: You and the people you support volunteering for X

3a. What type of support do you give people when volunteering for X (please tick all that apply)

- Help with personal care
- Help with household tasks
- Social visits to people at home
- Transporting people by car
- Escorting people on trips outside the home
- Help with interpretation / translation
- Helping people to find out information about benefits/services or any resources in the area
- Helping people to apply for or get involved in any of the above
- Help in running services, such as day centres or meal delivery services
- Helping people to adapt to changed circumstances in life (eg. following bereavement or illness)
- Providing a 'listening ear' for people to talk about problems or worries
- Advocacy services – representing people's interests and views (with their agreement) with third parties
- Making things for people
- Others (please state)

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3b. How important do you feel it is for you as a volunteer to have a good relationship or rapport with the people you are supporting? (Please circle as appropriate)

Very important    Important    Fairly important    Not very important    Not important at all

3c. Does X try place you with people with whom you will be able to form a good relationship? (Please circle as appropriate)

Always    Often    Sometimes    Rarely    Never

3d. Please describe the most important things you feel you give as a volunteer to the people you are supporting. (NB. These may be practical things such as help with tasks or less tangible things such as friendship, encouragement or comfort).

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3e. Do you provide information and advice on how to access resources or services (or who to talk to get this information) to the people you support in your work for X?

Yes  No

3f. Do you make requests or feedback views on behalf of the people you support to X?

Yes  No

3g. Do you ask the people you work with about the support they need individually?  
(Please circle as appropriate)

Always    Often    Sometimes    Rarely    Never

3h. Are you able to adapt the services you offer according to individuals' needs?  
(Please circle as appropriate)

Always    Often    Sometimes    Rarely    Never

3i. Are there any other services or areas of support not currently provided in your voluntary work for X which you feel are needed or would be appreciated by people supported? (Please describe)

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3j. Do you ever contact any of the people you help through volunteering for X in another capacity (eg. as an unofficial friend or good neighbour)? (Please circle as appropriate)

Always    Often    Sometimes    Rarely    Never

#### Section 4: You and X

4a. Did you receive introductory training for your role as a volunteer for X?

Yes  No

4b. Have you received any other training in your role as X?

Yes  No

If Yes, please describe

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4c. Are there any further training requirements which you feel you have which have not been met?

Yes  No

If Yes, please describe

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4d. Have you had a clear description of your responsibilities as a volunteer for X?

Yes  No

4e. Does this description fit the work you are actually doing? (Please circle as appropriate)

Very well    Fairly well    Not very well    Not well at all

4f. Do you have clear procedures to follow in your role as a volunteer for X ?

Yes  No

4g. Are there any additional procedures required?

Yes  No

If Yes, please describe

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4h. Are there any procedures you feel need to be changed?

Yes  No

If Yes, please describe

---

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4i. Do you have a manager at X – or someone you can turn to if you have problems?

Yes  No

4j. Is this person easy to get hold of?

Yes  No

4k. Do you have regular support or supervision sessions at X ?

Yes  No

4l. Do you have regular meetings with other volunteers from X?

Yes  No

4m. Are there any areas of support you feel you do not have which are required?

Yes  No

If Yes, please describe

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4n. Are you involved in / consulted about the design of the service(s) at X? (Please circle as appropriate)

Very Often    Often    Sometimes    Occasionally    Never

4o. Do you feel you can make suggestions for changes at X (eg. to the services offered or management of volunteers)?

Yes     No

4p. Are these given appropriate attention by X ?

Yes     No

4q. Do you receive feedback on any suggestions you have made?

Yes     No

4r. Have you had a clear description of the risks you may face as a volunteer for X?

Yes     No

4s. Are you fully aware of how you can help to minimize these risks?

Yes     No

4t. Are there any additional risks which you feel have not been described by X?

Yes     No

If Yes, please describe

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4u. Is there anything else you'd like to say about your voluntary work for X?

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We would like to contact a number of people directly to discuss experiences of volunteering further, if you would be happy for us to contact you – please fill in your details below.

If you would be happy for us to contact you – please fill in your details below.

Your Name

---

Address

---

---

Telephone Number

---

Thank you for taking time to fill in the questionnaire. Please return the completed questionnaire by the 7th of October 2005 in the enclosed pre-paid envelope.

You can contact the research team about this survey on:

Older People's Programme 01202 416031  
info.opp@helpandcare.org.uk

The Older People's Programme, The Pokesdown Centre, 896 Christchurch Rd, Pokesdown, Bournemouth, BH7 6DL

## 4. Information and Data Schedule

Types of Information:

C – Contexts, M – Mechanisms, O – Outcomes, P – Practical

Type	Information/ Data	Data – secondary	Data – scheme management	Resp – scheme management and staff	Resp – volunteers	Resp – service users	Resp – other orgs
C	Host Organisation – Background to how this scheme developed	x	x				
C	History / experience of work in this area and reasons for involvement – home and intermediate care, provision through volunteers		x	x			
C	Commissioners and contracts, SLA details, funding levels, arrangements, nature of relationship		x	x			x
C	Geographical Span and Scope		x				
C	Population Characteristics	x	x				
C	Links / degree of partnership with statutory and non statutory agencies		x	x			
C	Local Agency and Service Profile – what similar or related services are provided, by whom?	x	x	x			
C	Host Organisation – Reputation – part played in engaging all parties – other views on how this affects the scheme	x		x	x	x	x
C	Attitudes / culture – views of different stakeholders re provision of Home and intermediate care by volunteers / importance of aspects such as individualised care / involvement of service users / management style / flexibility / quality of service delivery		x	x	x	x	x
C	Take up of Direct Payments within the area	x	x			x	x
M / C	Recruitment processes – mechanisms and ‘types’ of person targeted / involved		x	x	x		
M	Management (structure and processes) of Volunteers and Activity (supervision etc), roles within the organisation covering this area		x	x	x		
M	Training and Development provided for Volunteers		x	x	x		
M	Role Specifications / guidance on boundaries and risks		x	x	x		
M	How are volunteers ‘matched’ with service users		x	x	x		
M	How are clients engaged with or referred into the services		x	x			
M	Settings for Services provided		x	x			
M / O	Numbers of Volunteers, with amount of time provided (any recent trends?)		x	x			
M / O	Services Provided, with figures on number of volunteers and time spent providing each (any recent trends?)		x	x			

Type	Information/ Data	Data – secondary	Data – scheme management	Resp – schme management and staff	Resp – volunteers	Resp – service users	Resp – other orgs
M / O	Numbers of Users receiving services, by service type / for how long / volunteer hours etc		x	x	x		
M / O	Additional services provided outside ‘specification’			x	x	x	
M	Costs of running services		x	x			
M / O	Referral processes onto other services		x	x	x		
O	How specific and well communicated are the objectives of the service		x	x	x	x	x
O	Differences between stated objectives and what is actually provided for service users		x	x	x	x	x
O	How do volunteers experience the provision of services – view of contribution made		x		x		
O	Impacts on volunteers		x	x	x		
O	How do end users experience the provision of services – view of contribution of the service to them		x			x	
O	Impacts on end users		x	x	x	x	x
O	Impacts on related / partner services		x				x
O	Relevance and Impact of host organisation on experiences, expectations, funding		x	x	x	x	x
O	Involvement in Planning and Service developments		x	x	x	x	x
P	Contacting (appropriate) paid staff in the organisation – best method and contact information for these people		x	x			
P	As above for volunteers		x	x			
P	As above for service users		x	x			
P	As above for contacts in partner organisations (eg. commissioners)		x	x			
P	Venues available locally for events such as interviews and discussion groups – how can these be booked		x	x			
P	Any other requirements for carrying out research		x	x			

## 5. Service User Interview Schedule

Types of Information:

C – Contexts, M – Mechanisms, O – Outcomes, P – Practical

Type	Information/Data
C	Host Organisation's reputation – how important is this to Service Users?
C	Views on the provision of Home and Intermediate care by volunteers – do the Service Users have views on the benefit of volunteers (rather than paid staff) providing services / do Service Users feel involved in decisions about the care they receive / have they requested and received individualised care?
C	Take up of Direct Payments within the area – do any Service Users use Direct Payments / have they considered this / other views?
M	How are volunteers 'matched' with Service Users – is this viewed as being effective – any issues?
M / O	Referral processes onto other services – does this happen / if so how / how well does it work?
O	Have Service Users been informed of and understand the objectives of the service? Are these seen as being rigid or flexible?
O	Differences between stated objectives and what is actually provided for Service Users – eg. extra things done for people / extra visits made as a good friend etc
O	How do the Service Users experience the provision of services – eg. quality of services – are they easy to access or are there any issues?
O	Impacts on Service users – what difference have the services provided made to their quality of life?
O	How important are the following areas to Service Users when receiving these services (Very Important to Not Important At All)
	Company – having someone to talk to
	Someone spending a significant amount of time with you
	Receiving friendship or comfort
	Help to identify issues or problems
	Someone to talk to about problems, worries or issues
	Help to find solutions to problems or issues
	Help to 'come to terms' with changed circumstances
	Help to build up confidence
	Help to regain skills or abilities (such as walking or driving)
	Help with practical tasks such as transport / household or personal care tasks
	Help to access information – or tap into the local knowledge of others (eg. volunteers)
	Help to access other things such as services / benefits / equipment required or resources such as local clubs
	Someone to represent your interests and views to other individuals or organisations
	Receiving services from a volunteer rather than a paid member of X
	Receiving services from a volunteer from X rather than a member of staff from health or social services
O	Any other comments from Service Users on the organisation / services provided etc

## 6. Volunteer Interview Schedule

Types of Information:

C – Contexts, M – Mechanisms, O – Outcomes, P – Practical

Type	Information/Data
C	Host Organisation's reputation – what part did this play in attracting you to volunteering for them
C	Views on the provision of Home and Intermediate care by volunteers / importance of aspects such as individualised care / involvement of service users / management style / flexibility / quality of service delivery
C	Take up of Direct Payments within the area – do volunteers have any information or experience of this?
M / C	Recruitment processes – how are volunteers and service users recruited – views on this and any issues which may arise as a result
M	Management structures / organisational processes – any views on how well these work and any issues which arise
M	How are volunteers 'matched' with service users – is this viewed as being effective – any issues?
M / O	Referral processes onto other services – does this happen / if so how / how well does it work
O	How specific and well communicated are the objectives of the service? Are they rigid or flexible?
O	Differences between stated objectives and what is actually provided for service users – eg. extra things done for people / extra visits made as a good friend etc
O	How do volunteers experience the provision of services – quality of services – are they easy to provide or are there any issues
O	Impacts on volunteers – what difference has being a volunteer made to their lives
O	How do volunteers think end users experience the provision of services – quality / ease of getting services
O	Impacts on end users – what difference have the services provided made to end users quality of life (in the view of volunteers)
O	How important are the following areas to the people you support (Very Important to Not Important At All)
	Providing 'company', someone to talk to generally
	Being able to spend a significant amount of time with the people you support
	Providing friendship or comfort
	Help to identify issues or problems
	Someone to talk to about problems, worries or issues
	Help to find solutions to problems or issues they face
	Help to 'come to terms' with changed circumstances
	Help to build up confidence
	Help to regain skills or abilities (such as walking or driving)
	Help with practical tasks such as transport / household or personal care tasks
	Help to access information – or tap into your local knowledge
	Help to access other things such as services / benefits / equipment required or resources such as local clubs
	Representing the interests and views of people to other individuals or organisations
	Being a volunteer rather than a paid member of X
	Being a volunteer from X rather than a member of staff from health or social services
O	Any other comments from volunteers on the organisation / services provided etc

# Appendix 4: Making a Difference 'ShortCuts'

## 'ShortCut' to *Making a difference* through volunteering No. 1

### Overview of the research

This ShortCut is the first in a series of five briefing papers that sets out issues for those involved in commissioning, providing and receiving volunteer support associated with home care and intermediate care services. It presents key findings from research carried out in 2005-06 by the Older People's Programme on services provided and supported by British Red Cross, CSV/RSVP and Help the Aged.

In Spring 2005, Community Service Volunteers (CSV), Help the Aged (HtA) and British Red Cross commissioned the Older People's Programme (OPP) to undertake the project 'Making a Difference Through Volunteering'. A full research report was published in June 2006 and is available through [www.csv.org.uk](http://www.csv.org.uk). The central aim of this work was to research and assess the distinctive contribution of volunteers within home and intermediate care. An analysis was also undertaken of the impact and effectiveness of volunteers in helping people of all ages who require additional support to enable them to live independently. The research took place within and across six study sites in England and Wales: Durham; Calderdale; Cheshire; Anglesey; London (Hammersmith and Fulham) and Kent (further details of the sites can be found in Chapter 2 of the full report).

A key focus was on exploring the views of volunteers, the people they support, their carers and the (mainly) health and social care organisations who commission and fund these services. Fourteen key themes were identified. These are particularly important in terms of understanding the current policy agenda and how this applies to all adults who require support to lead, and enjoy, independent lives. Twelve areas for future development and action were also identified, and agreed by the three commissioning organisations and participating sites to be the priority issues for further enhancing the role and contribution of volunteers in these service arenas.

## A. The current policy agenda

There are four strands to the current and emerging policy agenda that are especially relevant to this issue of volunteer support. Within health and social care, some of the most important of the emerging developments are set out in the White Paper, *Our health, our care, our say* (Cm6737, 2006).

The first strand is around independence, quality of life, social inclusion and well-being. Successive governments have taken the view that people who need care and support because of illness and disability should be supported in their existing homes for as long as possible. As well as concentrating on those with the greatest levels of needs, a wide preventative agenda – including developments such as intermediate care – has emphasised the importance of minimising the likelihood of people needing high levels of support. More recently there has been an emphasis on the importance of combating the social exclusion of vulnerable sections of the population especially (but not only) amongst some older people – for example, those who have had a major bereavement, or are on low incomes, in poor health or live in poor quality housing. Part of this approach is to try to prevent people's situations and health deteriorating to the point where they need statutory sector support that might otherwise be avoided. This agenda is increasingly expanding to include well-being and overall quality of life.

The second strand concerns joint working across the statutory sector – and working in partnership with other stakeholders, including the voluntary and community sector (VCS). Later in 2006 the Department of Health is to issue joint commissioning guidance to social services and the NHS for services that promote overall 'health and well-being', a development of the existing expectations of partnership working between the NHS and social services.

A third aspect concerns evidence-based commissioning. A new National Reference Group for Health and Well-being is being proposed, to provide an evidence base for commissioning such services (Cm 6737, 2006). The government has also begun to highlight the weaknesses of having too many short-term contracts – especially in social services.

The final highly relevant strand is that government sees voluntary and community services (VCS) as a key partner in public services, and in building healthy, sustainable communities. The Home Office has proposed ways to enhance the capacity of VCS organisations and increase numbers of people volunteering, whilst the Department of Health proposes to establish a Social Enterprise Unit.

## B. The fourteen themes

### 1. Impact on social isolation

The single biggest issue identified in the research was the isolation felt by people, and the importance of the social contact and company they received from volunteers. The nature of the relationship between volunteer and service user was critical. It was different from the relationship that people had with statutory services and with their own families and existing friends – this difference was highly valued.

> See *ShortCut 2*

### 2. Contributing to independence and well-being

Volunteers provide a type of support that the statutory sector either will not or cannot provide. This is not just that the service only exists if a volunteer provides it, it is the way in which volunteers support people – providing time to get to know and trust each other, and teasing out the best ways to offer support. Crucially, the support is ‘mutual’ – both gain from the experience. This is a different type of ‘caring’ that boosts service users’ confidence and self esteem because someone who doesn’t already know them (ie family and friends) and isn’t being paid to know about them (ie statutory staff) thinks they are important enough to care about what happens next in their lives.

> See *ShortCuts 2 and 3*

### 3. Responding to diversity

Neither volunteers nor service users are a homogenous group. Both sets of people are of mixed ages, have different skills, and come from varied backgrounds. Matching volunteers’ skills – and their limits – closely to individuals is as important a part of a successful arrangement as is recognising the different geographical, environmental, cultural and service profile of local areas when developing volunteer services.

> See *ShortCuts 2 and 3*

### 4. Relationships between volunteers & service users

Trust and confidence that a volunteer will understand the person (‘be on my wavelength’) is a critical part of the success of volunteer services. When the client feels understood, he or she has the best possible chance of improving their sense of independence, quality of life, and the ability and desire to carry on living at home, often alone. When the volunteer understands the client, person-centred support is achieved. Belief that they are understood by the volunteer is especially important where service users are fearful of accessing support from statutory (especially social care) services, perhaps because of previous poor experiences or from anxiety about cost.

> See *ShortCuts 2 to 5*

### 5. What volunteers really do

Volunteers often provide support that statutory staff or family members won’t or can’t do – from hair washing, to looking after pets, to staying for a chat. The vital detail of what is provided is however often lost under broad headings – rural transport schemes, for example, offer much more than simply ‘driving’. The most important element is how it feels to be on the receiving end – it is not surprising that many volunteers and clients go on to form strong friendships if what is provided already feels like the sort of thing a friend would do. Another crucial element is the feeling, expressed by service users, that there is no rush; volunteers do not watch the clock. The client is important enough that the time taken is understood to be the time needed.

> See *ShortCuts 2 to 5*

## 6. Flexibility & freedom as key motivators for volunteers

Getting the balance right between a clear framework and guidance that sets out the broad parameters within which volunteers provide support, with the freedom and 'permission' to get on with and exercise their personal judgements, is critical. This includes being sufficiently flexible to understand that volunteers also have very varying needs and their own limits as well as abilities.

> See *ShortCuts 3 and 4*

## 7. The thorny issue of 'personal care'

Flexibility and freedom in what volunteers do, and how they do it, can mean that sometimes volunteers become involved in providing 'personal care'. In some cases this is because no-one else in the client's life is providing this kind of support – neither paid, professional staff nor family members. Both volunteers and service users reported how much they valued this commitment to respond to particular needs, often at times of emotional stress and readjusting to living at home following discharge from hospital. This is a contentious issue and needs wider professional and public debate to ensure a pragmatic, flexible, responsive but safe approach is taken – and any associated risks shared – as part of maintaining and enhancing independence and quality of life.

> See *ShortCuts 3 and 4*

## 8. The importance of time

The theme of time can be complex and multi-faceted. Time can hang very heavily for people who are isolated and relationships are built up through time, reducing social exclusion. Volunteers and service users often refer to aspects of time in the most important contributions made – the ability of volunteers to be flexible and spend the time needed with clients, not feeling rushed or as if the clock is ticking are highly valued. Time limited support (such as Home from Hospital schemes, where support might be restricted to the first six weeks back at home) is valued and enjoyed by some volunteers and clients – especially those who like to have goals and timetables. Other volunteers and clients find absolute time limits extremely difficult to deal with. Lessening

the sense of loss when support from volunteers ends is important, both for the volunteer and the service user. Practical steps such as follow on support, or some flexibility to extend the time if this is needed to enable a 'good exit' on both sides are critical.

> See *ShortCuts 3 to 5*

## 9. Volunteer co-ordinators' roles

The role of the paid volunteer co-ordinator or manager is critical to the success of the scheme – if this post is cut, the volunteers are also likely to leave. Co-ordinators need to develop and maintain good relationships with their volunteers, with commissioners, those making referrals and other stakeholders.

> See *ShortCuts 3 to 5*

## 10. Raising awareness and the profile of volunteer services and schemes

Lack of awareness of services is a critical problem for attracting both potential volunteers and clients. Volunteers are often the most active ambassadors for their services, but they need opportunities to do this and materials to share. Printed literature (eg leaflets) is the most common way people find out about what exists. Whether the service has a well-known name (eg British Red Cross, CSV/RSVP, Help the Aged) is more important to those that commission services than it is to service users and volunteers.

> See *ShortCuts 4 and 5*

## 11. Provision and delivery of volunteer services

Volunteer services provide different (yet complementary) support from other sectors, often to people who may refuse statutory services. Good relationships and strong communication between staff within the voluntary sector and across different sectors planning and providing services are vital to ensure effective and progressive delivery of services for clients. Voluntary organisations could do more to develop and exploit opportunities for joint working, eg with other volunteer service providers and statutory service providers, which could increase the effectiveness and efficiency of activities such as recruitment and development of volunteers; and

increase their knowledge base around areas such as local need, innovation and good practice. The main things that currently prevent this from happening include financial pressures and contractual uncertainties emanating from local commissioners. This results in competition between different volunteer services for the same, limited, pot of funding and pool of volunteers, which is a strong disincentive to working in partnership.

> See *ShortCuts 4 and 5*

## 12. Partnerships and partnership working

Volunteers provide a different but complementary service to the statutory sector – this should be supported, encouraged and developed, and the nature of this unique contribution understood, recorded and shared. Key to this is ensuring that volunteers are treated as part of a very broad public services system and ‘team’. Statutory services need to make sure their behaviour – whether by individual staff, teams or whole organisations – does not undermine the valuable role played by their volunteer partners and the volunteers themselves. The volunteer schemes also need to tap into their own networks and seek opportunities to make partnerships a priority rather than only seeing this as something for the statutory sector to deliver.

> See *ShortCut 5*

## 13. Sustainable commissioning practices

The precarious nature of funding for volunteer schemes is a cause of anxiety for everyone, including clients. The size of the volunteer service provider matters – bigger organisations may be more robust in contract negotiations, but smaller organisations may be able to meet niche needs that require very detailed contracts. Different approaches are needed by commissioners that include other ways that statutory services can support organisations – such as secondments, or promoting and publicising services and volunteering opportunities.

> See *ShortCut 5*

## 14. Measuring impact

Volunteer services already help improve people's quality of life – the role of the voluntary and community sector and improving people's quality of life, are two increasingly central aspects of current public and social policy. Commissioners need to respond to this agenda by finding out more about the ‘extras’ already provided by volunteers that support these broad quality of life aims.

Commissioners need to agree common measures for volunteer services that look at the outcomes – perhaps using ‘before’ and ‘after’ case studies.

> See *ShortCuts 3 to 5*

## C. The twelve recommendations

1. It is essential that both commissioning organisations and service providers **measure the full impact of volunteer services** and for this to be more widely understood by all parties who may be involved in commissioning, funding, providing, volunteering (or potentially volunteering), using (or potentially using) and referring other people to these services.

2. **Qualitative and outcome measures must be developed**, communicated and widely understood for the real impact of volunteer services to be determined effectively. Case studies and life stories could be used more prominently to communicate the benefits and outcomes of volunteer support, and of volunteering to a much wider range of audiences – including through local and national media. Individual service user and volunteer measures of how their quality of life has been enhanced could also be developed further and used more widely.

3. **Recognising the role played by volunteers in reducing the isolation and loneliness experienced** by some of the most vulnerable people in society is of paramount importance. The subsequent positive impact on individuals' wellbeing, and their ability to live as independently as possible, also needs to be acknowledged and fully exploited by service commissioners, policy makers, other service providers and researchers in these arenas. The role which volunteer services can play in supporting policies and helping statutory agencies to attain objectives and targets should not be under-estimated.

**4. Effective methods of partnership working need to be developed and continuously nurtured**

to secure the ongoing and appropriate provision of volunteer services – which are complementary to and work effectively alongside statutory health and social care services available within the same area. Staff in many different positions working within a range of partner organisations, need to be more aware of the role of volunteers, and their contributions both to the individuals supported and the effective running and impact of other services – including the ones they provide.

5. At a national level this needs to be mirrored by the way in which Government departments develop, implement and monitor public and social policies and practices that promote health, independence and wellbeing alongside and in synchrony with public policy on active communities, civil renewal and citizenship. **There needs to be far greater synergy and evidence of joint working on these developments across all central Government departments, Regional Government and local planning decisions.** Past attempts to achieve this through ring-fenced project funding (such as Section 64 grants) have often, inadvertently, led to short term-ism of contracting arrangements and stop-start service developments at a local level.

6. Volunteer services can provide excellent value for money but are not a cheap alternative. It is crucial that robust and effective structures are in place to support and develop volunteers and the services they provide, and that these are fully costed and considered when services are planned and developed. **Full cost recovery therefore needs to be fully implemented for volunteer services, to ensure ongoing provision is sustainable and properly resourced.** A simple, detailed checklist for costing and pricing all elements of volunteer service provision is needed, that can be used by local volunteer service providers and by service commissioners, to achieve this goal.

7. The research identified a number of concerns with under-developed commissioning practices and weak contractual arrangements relating to volunteer services and activities. If these services are to be properly recognised and appropriately resourced, they **need to be built into commissioning priorities and investment plans designed to meet the**

**needs of local populations.** The contractual or commissioning lead for volunteer services should not be delegated to a junior position where the full impact and profile of volunteer support is neither properly understood nor clearly defined.

8. Flexibility is a key, defining feature of volunteer support which promotes person centred care and increases choice and control for service users and volunteers, in turn enhancing their independence and wellbeing. **This feature needs to be maximized and promoted widely** to support the recruitment, personal development and active retention of this valuable resource.

9. Flexibility and freedom, and the ability to use discretion and judgment in what people do as volunteers, can lead to them sometimes providing personal care. In view of the overwhelming positive responses we received about the flexible and personal aspects of the support experienced in these six areas, we believe the time has come for a **renewed, open and honest debate about what constitutes acceptable personal care as delivered by volunteers.** This debate needs to be conducted in the spirit of what can be achieved to enhance people's lives, rather than what should be avoided in the name of risk management and professional control.

10. Organisational and management processes within volunteer services should be constantly reviewed to ensure that these are **robust and supportive but as streamlined and free from bureaucracy as possible.** Volunteers value the ability to use their own common sense and judgement in often unpredictable situations – but within a clearly defined framework. Public agencies need to consider and build these features into local volunteer service provision when designing, planning and commissioning services to meet local needs.

11. Volunteers could contribute far more than they currently do to the planning and development of local services. **Effective methods for capturing volunteers' views and suggestions for improving and further developing local services** (which are not overly time consuming or 'involved') need to be established as a marker of good practice in this field.

12. Volunteers often advocate on behalf of clients – or support them to advocate for themselves. We

suggest that **further development and support for volunteers to undertake a 'volunteer advocate' role** is needed; and could enable more agencies and provider organisations, particularly within the statutory sector, to engage and involve service users – both in their own support arrangements and in planning, developing and evaluating services. This requires detailed exploration with national and local groups and organisations that have expertise in this area, such as the Advocacy Alliance, Older People's Advocacy Alliance (OPAAL) and others.

## 'ShortCut' to *Making a difference through volunteering* No. 2

### People supported by volunteers

This ShortCut is the second in a series of five briefing papers that sets out issues for those involved in commissioning, providing and receiving volunteer services such as home care and intermediate care. It draws on research carried out in 2005-06 by the Older People's Programme on services provided and supported by British Red Cross, CSV/RSVP and Help the Aged.

This ShortCut on volunteers is intended to inform those responsible for planning and delivering volunteer services, as well as those who might be interested in volunteering or who know someone who might benefit from being supported by volunteers. It provides information about the range of people who are supported by volunteers (referred to as 'service users') whilst also often receiving support from health and social care agencies. Sometimes the support provided by volunteers is the only service received, for example following a period of time in hospital. A range of experiences and situations are covered in this ShortCut, reflecting the diversity of needs, circumstances, preferences and environments involved. These included two out of the six study sites where understanding cultural needs and characteristics were key components of the support provided through volunteers: providing opportunities to speak Welsh in Anglesey; and to share cultural histories and experiences in Nubian Life, in Hammersmith & Fulham.

## 1. Characteristics of people supported by volunteers

Two categories of 'service users' [people supported by volunteers through the participating schemes] were involved in this research:

- The majority group was people receiving support from volunteers recruited through one of the schemes provided by British Red Cross, Help the Aged and CSV/RSVP such as volunteer drivers, Home from Hospital, active befriending, and local links
- The second, smaller group included members of two knitting groups in Anglesey – part of an CSV/RSVP initiative to involve people both as volunteers (giving their time and often wool and other materials) and as 'service users' or beneficiaries of this scheme.

Two thirds of those who took part in this research were aged between 75 and 90 years, with a small proportion (9.5%) aged between 30 and 60 years, and a further 7.5% aged over 90 years:

- Most of the people supported by volunteers were women (around 78%), most of whom were also aged over 60 years
- The proportion of those belonging to a knitting group who were women was higher than for the other schemes, and most of these members (95%) were also aged over 60 years – with most between 60 and 75 years old. A small percentage (5%) were aged over 90.

In terms of the kinds of needs and situations where volunteer support is provided, in our study this included:

- People who need transitional support
- People who are not eligible for ongoing health or care support but still have some needs
- People who have those needs, do qualify, but do not want or trust statutory sector involvement
- People who are isolated or lonely in some way – eg they live alone, they live in isolated rural areas, they have recently experienced bereavement or loss, they are adapting to a significant life change

such as an impairment or chronic illness, or they have recently moved house (including moving into some form of supported accommodation).

## 2. First contact with volunteer services

- Most people found out about these services from statutory sector referrals (hospitals, GP, social services) – but some also found out through friends, leaflets, and local talks and presentations
- Many people did not know about the service until they were referred to it. This lack of knowledge may matter less when the reason for needing the service is very specific; you may not need to know about post-hospital support unless and until you go into hospital. It may be more significant for other types of support that are not linked to such specific circumstances eg. befriending schemes
- When statutory services advise someone to try the service, this seems to encourage them to do so. For those involved in the research, who did not want (for example) social services involvement (because they were anxious about having to pay, or thought the service would not suit them), accepting the volunteer initially seemed the lesser of two evils, but quickly turned into a very positive experience. The role of those statutory staff in making the referrals is therefore significant.

## 3. What people receive

- A huge range of support was provided by the services involved in this study, ranging from practical tasks (shopping, personal care, housework); helping people to feel more confident; befriending; and accompanying people on trips/appointments
- Many of these activities – regardless of their main purpose – were also important because they gave people something to look forward to, either simply because they had some company that they enjoyed, or because of the combination of the company alongside important, practical help – such as someone to wash their hair

- Some of the important detail about what people actually receive may, however, be lost under the generic headings used in volunteer schemes. For example, 'being driven to a health appointment' can involve helping someone into a car, driving to the clinic or hospital, waiting with the person until they have been seen, collecting prescriptions, taking the person home, and talking over with the person what happened in the appointment and what might happen next – much more than the term 'driving' implies
- One of the most important things that people said they received was the volunteer's time, the unhurried nature of the visit, and the close attention paid to what was being said.

## 4. What people gain and value

- For many people, the fact that someone cared enough to visit them was invaluable
- Most people reported an improvement in the quality of their lives, and were very satisfied with the support they received
- The importance of volunteers responding in the way that best suited the person was very clear: some people wanted friendship, others felt it helped to have someone to talk to who wasn't emotionally involved
- *"it helped keep me sane"*
- It helped to *"get over the fright I felt"*
- It helped a single parent stay at home with their child after hospital treatment
- There was a clear difference between being on the receiving end of support from paid staff and from volunteers – *"staff do what's needed but volunteers do a bit more"*
- People valued support as they adapted to change in their lives

- They also really enjoyed the ‘chatting’ approach, as the volunteer was often “on my wavelength”, able to share interests (such as nature), and could tell people what was going on locally so they felt more connected with where they live
- There was a chance to get to know someone new
- People trusted the volunteer – often more than they trusted paid staff from the statutory sector.

## 5. What people find difficult

- Anxiety about funding difficulties for the service
- Anxiety about the support ending and coping afterwards
- Dealing with statutory sector staff – there were anxieties about paying for services, a lack of trust, and a feeling that staff were disinterested in them as individuals
- Feeling bullied rather than encouraged to regain independence: “[It] felt like I was on an assembly line with a different [statutory sector] staff every visit, but volunteers encouraged me without pushing, understood that I’m independent and felt frustrated”.

## 6. What people can do

- Ask about alternative arrangements. One person was taken shopping once a week and therefore felt she had to do a huge shop each time. She would have preferred two shorter trips each week, but did not ask as she did not think this was possible
- Say if they’re not happy about something
- Say what they can do for themselves. People appreciated it when volunteers directly asked this question
- Say what else they think would be helpful, or that they would like – not everything may exist but unless those providing and funding services know what is missing, this situation will not change.

## 7. What people want and need

- Accessible information on the services available through local volunteers
- People wanted more information about what they could expect from volunteers, or at least some encouragement to try the service
- To trust and have confidence in the volunteers.

## 'ShortCut' to *Making a difference through volunteering* No. 3

### Volunteers

This ShortCut is the third in a series of five briefing papers that sets out issues for those involved in commissioning, providing and receiving volunteer services such as home care and intermediate care. It draws on research carried out in 2005-06 by the Older People's Programme on services provided and supported by British Red Cross, CSV/RSVP and Help the Aged.

This ShortCut on volunteers is intended to inform those responsible for planning and delivering volunteer services, as well as those who might be interested in volunteering themselves, or who know someone who might benefit from being supported by volunteers. It provides information about the diversity of volunteers involved in schemes associated with home and intermediate care services in six sites: who they are, what they do, how they do it, who they support, and the reasons why they volunteer. The volunteers who participated in this research told us their stories, and in doing so illuminated the stories of the people they support and how they benefit. We were extremely impressed, and moved, by the wealth of experience and contributions that so many people give through volunteering. We were particularly struck by the importance of reciprocity and flexibility, both for volunteers and for service users.

### 1. Volunteer characteristics

Volunteers are busy people. They are often volunteering for a range of organisations and schemes; they provide many hours of their own time; some are also in paid work; and some also play an informal caring role with their own family, friends and neighbours. Most of the volunteers who took part in this research were women; and of all the volunteers (both men and women) over two thirds were aged over 60:

- 95 (78%) of the volunteers who took part in this research were female and 25 (21%) were male
- Over two thirds of these volunteers were aged over 60 years old (76%) with most aged between 60 and 75 years (53%)
- The vast majority of respondents (104 or 85%) are not in paid employment, but 3 people (2.5%) advised that they work full time and 12 people (9.8%) on a part time basis
- Around half of these volunteers began volunteering from 2000 onwards; a further 25% began volunteering in the 1990s; 6% in the 80s; and around 18% began prior to this – with 2 respondents beginning volunteering in the 1940s.

Volunteers are also highly individual, each with their own unique skills, talents and contributions to make; and each with very different situations in which they can, or are able, to offer their time:

- Some preferred to have task-based and time limited involvement; others wanted a 'loose' ongoing arrangement
- Some clearly valued the emotional aspect of volunteering and the chance it offered them to develop friends, others were keen to keep those they supported at 'arms' length' so that the person did not become dependent on them (this was especially the case when support was limited to 4 or 6 weeks)
- Some people who have been involved in community activities over many years do not see themselves as volunteers.

### 2. What volunteers offer

Volunteers undertake a variety of different tasks and provide a wide range of practical and emotional support to very different people in diverse and often unpredictable situations. The following points highlight the particular and distinctive features of what volunteers offer:

- A flexible, common sense, 'can do' approach. This does not fit well with rigid policies and procedures that are most often associated with statutory agencies, or with those services involved in this research (home care and intermediate care)
- A 'listening ear' from someone who really does care about the person they are working with

- A type of support that statutory services either cannot or will not offer – staying for a chat, taking someone to a health appointment, going shopping for items beyond basic groceries
- Crucially, volunteers also provide types of support and a way of supporting someone that the person's existing family and friends either cannot or will not offer
- *“things emerge through conversation especially when you have more time”* – such as a sheltered housing tenant whose belongings were going missing, and were able to tell the volunteer who in turn passed this on to care workers.

### 3. What volunteers gain

Volunteers taking part in this research told us that they benefit enormously from volunteering – both on an individual basis through the relationships they develop and mutual support that often results; and on a collective basis knowing they have contributed something worthwhile for a number of people and for the organisation providing the services and serving local communities.

On a personal level, volunteers gain:

- An important sense of feeling needed and useful within a clear role
- Increased skills and knowledge
- Satisfaction from spending their spare time productively; and being an important part of a team
- Opportunities to use their common sense and life skills
- A chance to meet new people
- Training opportunities – such as NVQs
- An alternative to paid work, which often cannot be undertaken because of the volunteer's own ill health or disability.

### 4. What volunteers value

- The support of volunteer co-ordinators and volunteer managers
- Feeling part of the organisation for which they volunteer – being kept 'in the loop' and knowing what's going on
- Their service being publicised
- Some like clear boundaries and a task list; others prefer a more flexible approach
- Being able to respond very closely to what the person asks for
- Feeling that they (but not the statutory sector) are interested in the 'whole person'
- Being treated as an individual
- In most cases – peer support from and regular contact with other volunteers, however some volunteers do not like to feel pressurised into having team meetings or events
- Volunteer co-ordinators visiting and 'assessing' clients before the volunteer gets involved
- Being appreciated by clients
- Helping clients who really need their help
- Manuals and guides – especially covering what to do in difficult circumstances – and emotional support if they become upset or become involved with or aware of distressing issues.

### 5. What volunteers in these schemes can also do

- Encourage clients to say if there are other things that would be helpful or they'd enjoy – and check whether what's being provided could be done differently to better suit the person
- Tell the organisations they volunteer for what people are asking for that isn't provided
- Make suggestions about changes or enhancements to their scheme
- Play a role in collecting information to support ongoing funding.

## 6. What volunteers in these services find difficult

- Not everyone likes working one-to-one – for some it feels too risky or uncomfortable if they are alone with the person in the person's home
- Fulfilling very technical roles such as benefits advice or information about Direct Payments – especially if they feel this should properly be a statutory sector role; and not all volunteers know about these – although it should be noted that some volunteers enjoy specialising in this type of support
- Many do not enjoy paperwork or bureaucracy
- Many do not enjoy specific aspects of household tasks such as dusting or cleaning
- Volunteering with older people is not always a full substitute for paid work, and the latter generally also involves working with people who are younger than the volunteer. For some people, this mix of ages is a valued part of their paid work. For others, supporting someone of a similar age was an added bonus. Different volunteers value different things, and finding the right 'match' is important
- Not everyone wants the 'responsibility' of visiting someone intensively over a 4-6 week period
- Not being sure they are the right people always to help others come to terms with their changed circumstances
- Dealing with the stress of being asked to do more – especially when a volunteer has already made clear this is not an option
- Difficulties dealing with the emotions when their involvement with a client comes to an end – for whatever reason
- Passing information on to volunteer co-ordinators but not knowing what happens to this afterwards
- Travelling outside their local area – volunteers are not keen on this, even when their travel costs would be met
- Being expected to volunteer at times when they want to be doing other things – for example at weekends.

## 7. What volunteers want

- Time spent on paperwork, policies and procedures to be minimised
- To be appreciated for the work they do – by all parties, including professionals and clients
- To be called upon to work for an organisation regularly (according to how much time they can give)
- The appropriate 'tools' to help them in their work – eg training and information packs; and practical arrangements sorted out, such as hospital parking permits/spaces for volunteers within transport schemes
- The organisations they volunteer for to raise their profile and increase their contact with volunteers
- Certainty about funding and the future of the schemes.

## 'ShortCut' to *Making a difference through volunteering* No. 4

### Volunteer service providers

This ShortCut is the fourth in a series of five briefing papers that sets out issues for those involved in commissioning, providing and receiving volunteer services such as home care and intermediate care. It draws on research carried out in 2005-06 by the Older People's Programme on services provided and supported by British Red Cross, CSV/RSVP and Help the Aged.

This ShortCut on volunteers is intended to inform those responsible for planning and delivering volunteer services, as well as those who might be interested in volunteering or who know someone who might benefit from being supported by volunteers. It provides information about the nature of volunteer service provision; what volunteer services can achieve; the diversity of different volunteer services available; and how they can best be managed and organised to ensure high quality support is available for both service users and volunteers themselves.

### 1. Differences between volunteer service providers

- Local areas may have very specific needs and characteristics, both in terms of those receiving support from volunteers and the local environment or geographical considerations including rurality, poverty, numbers living alone and so on. Volunteer service providers can help spell out this detail, especially to their funders
- The size and infrastructure of the organisation matters for recruiting volunteers, building capacity, and managing multiple sources of funding
- Each of the three main organisations involved in commissioning this research has developed very locally based, tailored activities to meet local needs and demands – as a result, no single 'map' of local volunteer services is the same as another

- Sometimes these local developments are very organic and fluid, and as a result highly individual (eg the CSV RSVP knitting group); others are more consistent across different geographical areas (eg the Home from Hospital schemes).

### 2. Role of volunteer co-ordinators/volunteer managers

- This is a crucial post – not only is it highly valued by volunteers, but if the post is 'lost' the volunteers can also leave
- Volunteers may not be paid – but their recruitment, training and management needs are often as high as if they were
- Extensive skills and knowledge are needed in running or managing volunteer services
- It is essential that the 'match' between volunteer and client works – this involves considerable skill on the part of co-ordinators
- Problems can occur if volunteers feel that their help is not really needed or appreciated by some of the recipients of voluntary services – another reason why the services provided need to be matched carefully to the needs of the client.

### 3. Recruiting, training and managing volunteers

- The following aspects are worth highlighting when recruiting volunteers:
  - the opportunity to really make a difference to someone's life, perhaps illustrated by case studies
  - the chance to use spare time productively
  - the chance to be flexible
  - the support and back-up available to volunteers as part of a supportive team
  - where possible, commitment levels to suit volunteers, including the time limited nature of some work

- Volunteers are likely to stay for at least a couple of years and usually only leave if their personal circumstances change
- Significant investment is made in training volunteers – in areas as diverse as risk assessment, health and safety, first aid, manual handling, IT, food hygiene, benefits training, and dementia care
- There is also investment in police checks, obtaining references, and other checks such as driving assessments
- Handbooks and manuals are valued by volunteers, as is emotional support (eg if supporting someone who is terminally ill)
- Volunteers usually appreciate opportunities to meet as a group for support, as well as receiving feedback on what the organisation is doing, and about the people they support – all of which involve resources (eg co-ordinator's time, meeting rooms, travel costs)
- Continued motivation of volunteers is very important – especially as some may go through phases of feeling unappreciated.

## 4. Who is helped by volunteers

- People who need transitional support
- People who are not eligible for ongoing health or care support but still have some needs
- People who have those needs, do qualify, but do not want or trust statutory sector involvement
- People who are isolated or lonely in some way – eg they live alone, they live in isolated rural areas, they have recently experienced bereavement or loss, they are adapting to a significant life change such as an impairment, chronic illness, or they have recently moved house (including moving into some form of supported accommodation).

## 5. Precariousness of funding

- The service is often provided on very small sums of money, sometimes from multiple sources. Whilst schemes demonstrated flexibility and opportunistic management, this financial situation also makes schemes highly vulnerable to funding cuts of any size if there is no 'spare' to trim from budgets
- The anxiety about schemes' funding is felt by paid co-ordinators and the volunteers and the people receiving support – all of whom may need support in the event of any change or reductions to their services.

## 6. Contracts

- Contracts may be based on a team of volunteers reaching a set number of referrals – this can be difficult when volunteers have no control over when (and how many) referrals are received
- Target-based contracts may miss the specific 'extras' that volunteers are providing
- There should be mechanisms in place for providers to alert commissioners if other parties 'change the rules' eg hospitals begin to discharge patients earlier – and for commissioners to sort this out because the behaviour of the other parties is implicit in the terms of the contract or other funding
- Commissioners should make clear how providers should handle situations where they are caught up in arguments amongst the statutory sector (eg whether health or social services pay for transport on leaving hospital) – including making clear what support providers can expect from commissioners in these situations.

## 7. Information to collect and share

- Health appointments kept (eg type of appointment, distance travelled, time taken, how the person would otherwise have got there) including number of home GP visits avoided
- Estimates of hospital bed days saved through providing the service, and avoiding hospital readmissions
- Qualitative information on the impact of the service provided – from service users, volunteers and volunteer co-ordinators / managers
- Tasks and time spent – in other words, basic case studies of at least a proportion of people supported
- Full details of anyone staying with the service for longer than the agreed time (including the reason – and the outcome)
- Volunteers may have valuable suggestions for developing or changing schemes or services, but may not feed these back automatically. More systematic ways of asking about and identifying these areas should be found and promoted to all volunteers (and perhaps also to clients)
- What people ask volunteers for that is not available
- Information or help provided by volunteers that has led to other services or support being provided to clients
- 'Indirect cost' information, for support provided by volunteers that is not being funded.

## 8. Referrals

- People find out about services through: a) statutory referrals; b) friends; and c) literature. This is helpful to know in terms of targeting and sharing information, and the type of materials produced
- Local partner organisations need to behave like partners – accepting referrals for specific support that volunteers cannot provide but which is properly available from the statutory sector (such as benefits advice).

## 9. Other 'alert' systems

- Providers need a way to alert relevant organisations if – for example – someone is readmitted to hospital while receiving intermediate care, so trends can be seen and problems tackled
- A mechanism for feeding in people's views to the statutory sector (eg passing on to social services the specific reasons why people do not want their services).

## 'ShortCut' to *Making a difference through volunteering* No. 5

### Local commissioners

This ShortCut is the last in a series of five briefing papers that sets out issues for those involved in commissioning, providing and receiving volunteer services such as home care and intermediate care. It draws on research carried out in 2005-06 by the Older People's Programme on services provided and supported by British Red Cross, CSV/RSVP and Help the Aged.

This ShortCut on volunteers is intended to inform those responsible for planning and delivering volunteer services, as well as those who might be interested in volunteering or who know someone who might benefit from being supported by volunteers. It focuses on information that is particularly pertinent to service commissioners and other funders (eg grant making bodies). It outlines the breadth of what volunteers and volunteer services offer and importantly what they achieve. It highlights the importance of establishing the range of needs, situations and individual experiences involved; as well as the specific and general outcomes achieved through the support provided by volunteers in these schemes. There are important messages too, about the need to view this kind of volunteer support as part of the 'whole system' of care available in any area; and to ensure services and organisations delivering this support are adequately resourced.

## 1. What volunteers offer

- Volunteers provide a different but complementary type of support from the statutory sector, partly because of the way this is delivered. For example, 'shopping' might mean getting pet food or weed killer from a DIY store, not just buying basic weekly groceries
- Volunteers have (and make) time to talk – and can in conversation find out a lot about people's situations, aspirations and needs; by chatting and sharing stories and experiences, they are also able to form relationships based on trust and mutual respect
- Volunteers often play a significant part in improving people's quality of life
- Volunteer services can reach people who refuse statutory services; but if the referral to the volunteer service comes from the statutory sector, that is often enough to persuade someone to try the volunteer service
- In these ways, volunteer services are very much based on supporting someone in the way he or she needs and wants – in other words, a truly person-centred approach
- It is essential to understand that volunteers also have limits – just like paid staff. What volunteers will not do (individually or as a group) needs to be as fully understood as what they do offer.

## 2. What volunteer service providers can offer

- An expert, high-quality service with well established systems designed to meet the needs of recruiting, developing, supporting and managing volunteers who can provide a wide range of flexible and tailored support to clients
- Providers have a range of local and national contacts and networks they can 'tap into' for the people they support. Larger voluntary organisations may be able to access additional services the organisation provides – such as wheelchair loans, advice about benefits or insurance etc

- They offer commissioners a potentially rich source of information about local people's needs, aspirations and circumstances.

### 3. Feedback and data required

- Commissioners need to be able to find out more about the 'extra' that volunteers provide, that goes beyond volume based targets and goals – and in particular about how people's quality of life and overall wellbeing improves. In other words, they need to know about the impact that volunteers and volunteer services can have on people's lives, their health, independence and wellbeing, and not just about how many people have been supported or seen in a given time period
- They need to know when other organisations affect the volunteer services – such as a hospital deciding to discharge its patients earlier
- They need to know what impact volunteers have on other services – such as how many GP home visits were avoided, and other health appointments kept, through volunteer drivers taking people to surgeries and clinics
- They need to know what people ask for that isn't provided locally – especially for planning for the future.

### 4. Funding decisions

- If funding for a volunteer co-ordinator post is withdrawn, the whole of the service can be lost, as volunteers then leave
- Commissioners should not underestimate the strain on organisations of managing piecemeal and short term funding
- Paid staff and volunteers and those receiving support all experience anxiety and a loss of faith in the services available, when funding is uncertain
- Training, checking and supporting volunteers are all necessary expenses, as are meeting out-of-pocket expenses such as car mileage
- Levels of pay for volunteer providers' staff, and related costs, are often already so low that no funding cuts can be sustained.

### 5. Capacity building

- It is vital not to treat all volunteer service providers the same when negotiating contracts. Larger organisations may be able to be more robust; smaller organisations may be able to meet niche needs that require very detailed contracts. The geography of the area also needs to be taken into account, eg the amount of travel and time involved in very rural areas or congested urban areas. The type of volunteer support is another key factor, for example telephone befriending as opposed to active (face-to-face) befriending; volunteer transport schemes as opposed to home from hospital schemes
- Commissioners should consider how else they can support organisations to at least continue, if not expand – for example, offering to second their staff to support or take on co-ordinator posts; offering their own staff opportunities to volunteer; promoting and publicising the services and volunteering opportunities to their statutory and commercial partners (for example through Local Strategic Partnership networks)
- There should be clear protocols for handling problems due to over-capacity
- Good relationships between volunteer co-ordinators/managers, commissioners and others are part of a successful service
- Volunteers and service providers need to feel part of a wider and valued team and public service system. Traditional public sector and non-statutory boundaries are blurred through the type of successful partnership working that can be achieved with these volunteer schemes and services.

### 6. What statutory sector staff can do

- Get to know what is really on offer – so that referrals are appropriate (eg not discharging patients on a Friday when volunteers aren't available at weekends)
- Understand how this support complements – but does not necessarily replace – statutory sector

services, and accept referrals when statutory sector help is needed

- Make sure that any statutory sector 'arguments' (such as whether social services or the NHS should pay for transport for patients leaving hospital) do not affect the volunteer services
- Treat the service as a valuable resource – it may be providing support at the 'periphery' of care but is no less useful because of that; and respect that those who use it, value it hugely.

## 7. What commissioners can do

- Help support providers to attract and manage their volunteers
- Recognise the actual capacity within the organisation, and support to sustain this as a minimum
- Work to protect providers and volunteers from the worst excesses of statutory service behaviour (eg inappropriate referrals)
- Develop more sophisticated 'results' (ways of reporting outcomes) than just setting targets such as numbers of referrals..

# Appendix 5: Members of the National Reference Group and Operations Group

## National Reference Group

Organisation	Representative
ADSS and IDeA	Andrew Cozens (Chair)
Commission for Social Care Inspection (CSCI)	David Walden
CSV	Duncan Tree
Department of Health	Claire Crawley
Lloyds TSB Foundation for England and Wales	Birgitta Clift
National Association of Primary Care Trusts	Shaun McEneaney
Social Care Institute for Excellence (SCIE)	David Ellis

## Project Operations Group

Organisation	Representative
CSV Consulting	Arnie Wickens
British Red Cross	Liz Urban
Help the Aged	Daniel Pearson
Older People's Programme	Helen Bowers, Alison Macadam, Meena Patel, Cathy Smith
Macmillan Cancer Care	Phillip Rosser



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