

The future of health and social care: What role for volunteering in effectively, equitably and sustainably confronting the challenges?

Session plan

A short introduction from Justin highlighting the depth and breadth of volunteering in health and social care. Then outline 5 key changes and challenges within health and social care generally and 5 within volunteering in health and social care specifically. We will then hear three distinct pieces of research exploring different aspects of volunteering in health and social care:

- 1) Exploring the personal and local factors influencing prevalence and type of participation of volunteers in formal long term care settings in England;
- 2) Exploring citizen involvement in public health projects such as walking groups, sexual health outreach and neighbourhood health projects and highlighting the distinctive challenges involved in managing volunteering in these contexts;
- 3) Exploring many different aspects of volunteer management in palliative care

The presenters will have time and space to present their own research findings but will end by devoting some time to drawing on their research to specifically address the changes and challenges facing volunteering in health and social care. We will then open the session up to broader discussion to address the panel topic together, namely....

What role for volunteering in effectively, equitably and sustainably confronting the challenges?

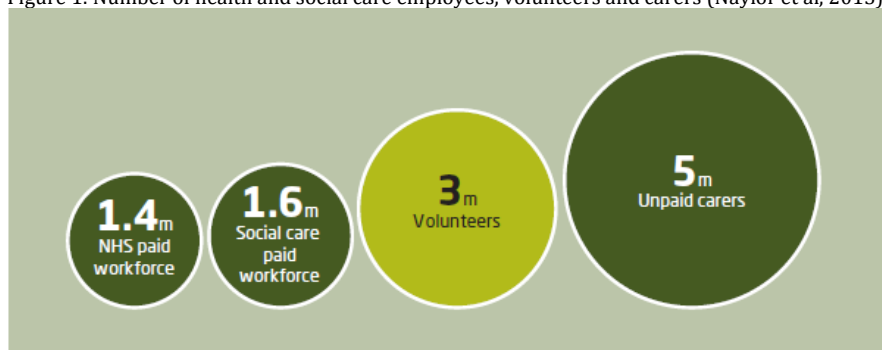
We would really value any input from research you know of or have been involved in.

So we have an hour and a half and so each of the presenters will have around 20 minutes. We will take points of clarification after each presentation but please leave more general questions for the open discussion at the end.

Introduction *(stressing the breadth and depth of volunteering in the health and social care sector)*

An estimated 3 million individuals volunteer across health and social care in England (Naylor et al, 2013) (NB: this panel is addressing issues in England but hopefully it will have resonance for the other countries of the UK and beyond).

Figure 1: Number of health and social care employees, volunteers and carers (Naylor et al, 2013)



A huge diversity:

Sectors - Voluntary, public, private;

Settings - Hospitals, hospices, care homes, community care, mental health;

Roles – direct care, emotional support, health education, strategic engagement.

Not just supplementing staff but ‘adding value’ – Naylor et al, 2013 found that volunteers play an important role in *“improving people’s experience of care, building stronger relationships between services and communities, supporting integrated care, improving public health and reducing health inequalities. The support that volunteers provide can be of particular value to those who rely most heavily on services, such as people with multiple long-term conditions or mental health problems.”* (pvii)

Also the important time-intensive roles volunteers provide that cannot be easily provided by the paid workforce, e.g. listening, counselling and their direct impact on users’ mental health and wellbeing.

Historically volunteering and the voluntary sector has been integral in providing health and social care – indeed, this is really where it all began – welfare before the welfare state (Harris, 2010). The relationship between state and voluntary sector provision changed dramatically in 1945 (introduction of the welfare state; perhaps mention what you mean by relationship change) but the role of volunteers has remained central and volunteers have been instrumental in many of the developments in health and social care provision since then – especially palliative care, mental health services and community based services.

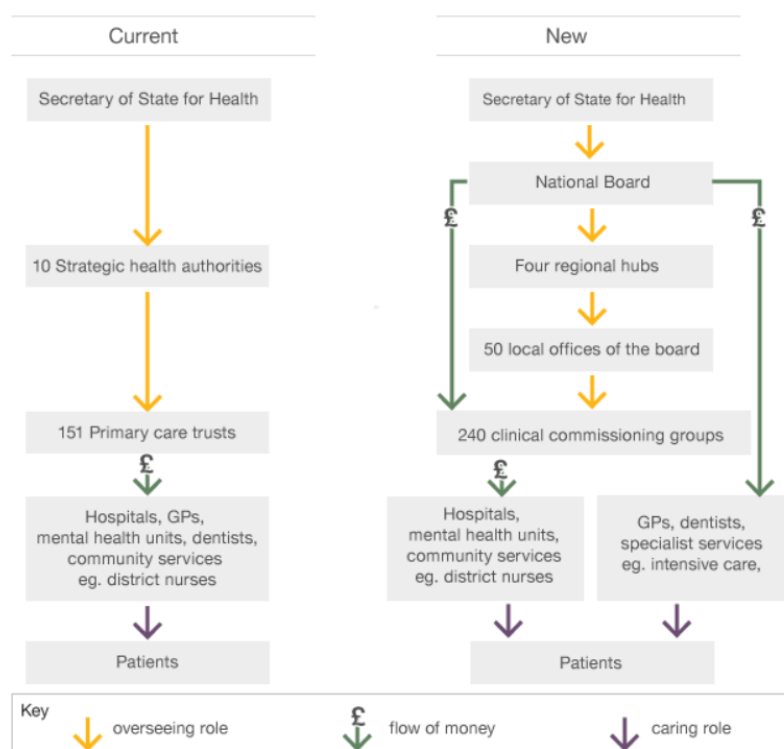
(I see the following challenges as opportunities for increased volunteering)

Challenges and changes in health and social care

- **Re-organisation and Changes to commissioning** - Health and Social Care Act 2012 - NHS re-organisation in structure – GP commissioning; removal of PCTs etc (<http://www.legislation.gov.uk/ukpga/2012/7/enacted>); Currently 1 in 20 pounds in nhs goes to non-nhs providers. The changes are thought to increase the competition from private and voluntary sector and increase this proportion dramatically (<http://www.bbc.co.uk/news/health-12177084>) – section 75 of the H&SC Act is set to greatly increase competitive tendering;

Figure 2: The structure of the nhs taken from BBC website: <http://www.bbc.co.uk/news/health-12177084>

The structure of the NHS



- Personalisation** – this is being seen especially in social care. Personalisation is an attempt to increase patient control and choice over the nature of the services they receive. Examples include individual budgets and direct payments but the policy is an attempt to cut across all aspects of care provision (see e.g. 'Putting people first: a shared vision and commitment to the transformation of adult social care', 2007; LAC(DH)(2009)1: Transforming adult social care; <http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/SocialCare/SocialCareReform/Personalisation/index.htm> e.g. Evaluation of the Individual Budgets pilot programme: final report, 2008);
- Increased demand** for health and social care – “ageing populations, and advances in drugs and technology, contribute to continued growth in the demand for healthcare” <http://www.nao.org.uk/wp-content/uploads/2012/06/1213192.pdf> p10); - this is can be an incentive for increased volunteering activities, esp. among older people (can brief you on a recent study in Turkey, where colleagues and myself investigated the prevalence of older volunteers in care home settings)
- Reduced funding?** – Spending on health has increased significantly since 2000-01 (<http://www.nao.org.uk/wp-content/uploads/2012/06/1213192.pdf> p7). Spending on health services in the UK has more than doubled in cash terms in the last decade, growing from £53 billion in 2000-01 to £120 billion in 2010-11 (equivalent to an increase of around 80 per cent in real terms). Currently, real terms funding is ring fenced. We are certainly seeing an end to such dramatic increases, however, if policies of austerity are continued in a context of flat growth then health and social

care is likely to become a target for cuts (especially as it begins to account for a greater and greater proportion of overall spending;

- **Risk aversion** – this has been seen across society but especially in health and social care (insert refs, ????) – I believe this, unlike the above, is a challenge for volunteering in health and social care- responsibility and accountability.

Challenges and changes in health and social care volunteering

- **Demographics within this area** - Looking at the national data we see some important discrepancies in participation in health, disability and social care volunteering. Most notably in terms of sex - male 21; female 32 and to some extent by ethnicity – 27 white; 24 asian; 22 black; We do not see much difference by age; (Types of organisations helped through regular formal volunteering in the 12 months taken from the Citizenship Survey, 2010 - <http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/statistics/pdf/1547056.pdf>). The key is that we don't really see significant differences by sex and ethnicity in volunteering generally. A specific problem is also the different demographic engagement within specific areas of health and social care volunteering as we will see from the papers.

Table 18: Types of organisations helped through regular formal volunteering in the 12 months before interview, by ethnic group

Percentages ¹														England, 2008-09	
Ethnic group	White		Asian				Black			Mixed Race	Chinese ²	Other	All ethnic minority groups	All ⁴	
	Indian	Pakistani	Bangladeshi ²	Other Asian ²	All	Caribbean	African	Other Black ³	All						
Sport/exercise (taking part, coaching or going to watch)	53	42	39	26	28	37	38	29	33	49	25	42	37	52	
Hobbies, recreation/arts/social clubs	42	28	13	31	16	23	20	20	21	29	23	35	24	40	
Children's education/schools	33	38	47	25	19	37	38	38	39	48	37	43	39	34	
Religion	31	54	56	58	70	57	61	67	65	37	26	50	56	33	
Youth/children's activities (outside school)	33	24	41	30	18	29	28	32	31	37	20	39	31	33	
Health, disability and social welfare	27	25	19	35	16	24	29	18	22	28	34	24	24	27	
Local community or neighbourhood groups	23	17	19	33	12	19	20	14	16	16	24	24	18	23	
The environment, animals	21	3	7	16	4	6	2	5	4	14	3	11	6	20	
Education for adults	18	17	27	37	10	22	18	16	17	15	28	18	20	18	
Other	17	14	8	4	19	11	17	8	12	11	12	16	12	17	
The elderly	16	19	14	12	7	15	14	16	15	11	7	23	15	16	
Citizens' groups	11	5	1	16	30	8	6	1	3	2	10	8	6	11	
Safety, first aid	10	9	9	25	5	10	10	9	9	9	15	11	10	10	
Trade union activity	7	6	1	4	0	3	9	4	6	2	1	8	4	7	
Justice and human rights	6	7	10	35	26	13	11	11	11	17	15	17	13	7	
Politics	6	6	10	29	9	10	6	9	8	10	0	14	10	7	
<i>Respondents who had taken part in regular formal volunteering</i>	<i>2,110</i>	<i>249</i>	<i>172</i>	<i>51</i>	<i>41</i>	<i>513</i>	<i>190</i>	<i>211</i>	<i>13</i>	<i>414</i>	<i>123</i>	<i>39</i>	<i>101</i>	<i>1,190</i>	<i>2,271</i>

¹ Percentages sum to more than 100 because respondents could mention more than one type of organisation. Excludes respondents answering 'don't know' and missing data.

² Please note this is a very small base size so these findings should be treated as indicative rather than significant.

³ Some data is not presented due to a very small base size.

⁴ 'All' column based on core sample. Other columns based on combined sample excluding those with missing ethnicity data.

Table 19a: Types of organisations helped through regular formal volunteering in the 12 months before interview, by age and sex

Percentages ¹	England, 2008-09								
	Age						Sex		All
	16-25	26-34	35-49	50-64	65-74	75+	Male	Female	
Sport/exercise (taking part, coaching or going to watch)	61	57	61	45	42	27	58	47	52
Hobbies, recreation/arts/social clubs	44	37	35	46	44	39	43	39	40
Children's education/schools	29	52	49	25	15	7	23	42	34
Religion	22	27	29	36	46	50	29	36	33
Youth/children's activities (outside school)	46	35	47	22	17	10	34	32	33
Health, disability and social welfare	26	22	27	31	29	28	21	32	27
Local community or neighbourhood groups	8	17	20	31	28	33	22	23	23
The environment, animals	9	16	21	24	25	19	20	19	20
Education for adults	16	14	18	21	17	15	14	20	18
Other	19	14	14	18	25	17	16	18	17
The elderly	10	8	8	20	27	38	13	18	16
Citizens' groups	4	4	8	15	18	27	12	11	11
Safety, first aid	13	10	10	11	6	5	10	10	10
Trade union activity	3	8	10	9	2	2	8	6	7
Justice and human rights	6	7	8	8	7	4	7	7	7
Politics	3	5	5	10	11	6	9	5	7
<i>Respondents who had taken part in regular formal volunteering</i>	175	259	653	617	352	215	934	1,337	2,271

¹ Percentages sum to more than 100 because respondents could mention more than one type of organisation.

- **Job substitution** - This is a live issue within volunteering generally (see, Strickland and Ockenden, 2011) – “*Staff costs account for around two-thirds of spending on health services*” (<http://www.nao.org.uk/wp-content/uploads/2012/06/1213192.pdf> p8);
- **Changing expectations of volunteers** – there has not been a revolution in volunteering and there is a remarkable amount of stability in terms of rates, motivations and forms of engagement. Indeed it is a relatively universal activity, however, it is not immune to broader societal trends e.g. some increased instrumentalisation in terms cv orientation especially amongst young people (e.g. v evaluation, 2010); technological advances – leading to virtual volunteering and increased micro-volunteering (Paylor, 2013); increased expectations around support and supervision (Brewis et al, 2010a);
- **Reduced funding for volunteering infrastructure** (e.g. Curtis, 2013);
- **Continued under appreciation of volunteer management** – the value attached to volunteering is not always matched by the valuing of volunteer management and the time and resources required. Where this is recognised it can often be characterised by the “workplace model” from human resource management and insufficient recognition is given to the distinctive skills and appropriate management practices required in this specialist area (see Brewis et al 2010b; Howlett, 2010).
- The fact that ‘formal’ volunteering, i.e. activities with institutional structure for the benefit of others, is one of hardest forms of civic engagement and requires certain levels of autonomy and belief in the cause of volunteering.

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