

Chris Naylor: volunteering in health and social care - scenarios for the future

Thank you, all of you, for coming and thank you to Michael and Alyson for kicking off the day so well. One of the reasons we wanted to hold this conference today was because the research that we did into volunteering really showed us just how important a part volunteering could be in the health system. And I think the main message from the research is that volunteers already contribute a huge amount to the health and social care system. But there is a lot more that we could do to make sure that the full value of that contribution is realised in practice.

So it's a piece of research that was funded by the Department of Health. We really had two objectives with it. First, was to understand a little bit more about the scale and scope of volunteering in health care and the value that is derived from it. And the second was thinking a little bit about the future. Particularly, at a time when so much is changing, the Health and Social Care Act, the financial pressures, what in that context of all those changes is the future for volunteering? So we looked at some of the published evidence. We did a series of interviews and focus groups with volunteers themselves, with professionals who work alongside volunteers and with patients and service users who've been supported by volunteers in various ways.

And what we heard was that this is an area where there is a lot of change at the moment; lots of things going on, lots of developments, and many of you in the room today are involved in leading those developments. It's an area of considerable innovation, I think. The Olympics, already mentioned, shone a spotlight on volunteering and people felt that volunteers helped to create the spirit of the games. Since then, a lot of people have been asking, "what can we do in other areas, in other areas of public services to recapture something of that spirit?"

In health and social care, there has been a very long history of volunteering. So organisations like WRVS, now RVS, I think, have been around for a long time. There's newer forms of volunteering that we are seeing at the moment, things like time banking, various forms of peer support. So Lambeth Collaborative is an example of an attempt to really harness those things and there've been some really large scale initiatives. So the Dementia Friends Programme that's trying to get in contact with a million dementia friends by 2015. Programmes like that are really drawing on this idea that we need a more engaged population and a more active relationship between people and professionals if we are going to have public services that are sustainable in future.

When you look at the numbers, the scale is really quite striking. So Richard mentioned already that the best evidence from surveys is that around 3 million people in England say that they volunteer in some kind of health or social care capacity. There is also added to that the 5 million people who care for a family member. And I think the point is that when we think about the health and social care workforce of the future, we need to see volunteers and also unpaid carers as part of the mix. In some of the NHS organisations we visited as part of our research, we saw signs of a cultural change where people were starting to see volunteers, not just as a kind of add-on, but as an integral part of the care team.

So what do we know already? There is already a lot of research out there on volunteering, but in spite of that there is still very incomplete information on the scale and scope of volunteering in the health and social care sector. There is good research

evidence about the benefits that accrue to volunteers themselves, so significant health and social benefits to people who are volunteering, and also to their wider communities in terms of building social capital, community resilience. It's less easy to demonstrate the benefits of patients. We believe they are there, and there are some ... there is some evidence they are starting to collect. So for example, Kings College Hospital, who we're going to hear from later, have done some work which looks at the effects of volunteers in their hospital on patient experience. And they found a measurable improvement in patient experience in those wards where volunteers were introduced.

And finally, one of the big messages that comes out of the existing research on volunteering is this tricky issue of do volunteers compliment or substitute for paid staff? And that's one of the reasons why it's sometimes hard to measure the effect of volunteering on patients and service users because of this issue of what would they be getting anyway? So that's the thing that I will return to in a couple of minutes.

In terms of our own research (that's some of the messages from the existing research)... In our research, we identified four areas where we think that volunteers can make a really significant contribution. The first is this issue about patient experience in hospitals and elsewhere. We heard some really powerful testimony from patients and service users about how much they benefited from the support the volunteers gave them. And it's very much about volunteers adding the human touch within services, and I think in light of Mid Staffs and the Francis Report recommendations, that's very significant.

So if I read you a couple of quotes from people in our focus groups, first from someone who is a hospital inpatient, they said that, "I was totally at sea. Absolutely tearfully at sea and there was no time. None of the professionals really had time to sit and talk to me." So I think that's a very important area for volunteers. A second quote from another hospital patient saying, "It really works on the psyche that someone is doing something for you for free, and it makes you feel valued." So perhaps there is something, you know, intrinsic in the fact that volunteers aren't being paid that adds to this value.

The second area was this idea that services can, by engaging with volunteers, build a closer relationship between their services and the communities they serve. And that's true of all communities, is particularly true of so-called hard to reach communities. Some of the public health professionals that we spoke to said that volunteer organisations and community organisations are really an essential part of their engagement with certain communities in their local area and they just wouldn't be able to reach them otherwise. So that clearly has implications for how we go about tackling health inequalities.

And the fourth and final area is around integrated care. So there's lots of examples out there, some of which we are going to hear from in the workshops later on. Of organisations that are using volunteers to help join up the different bits of public services that are available to people and help people to navigate through very complicated systems.

There is also some evidence on the financial value of volunteering in the health sector that Michael Dixon referred to earlier on. Michael very kindly attributed this to the King's Fund; I have to say it was actually the Institute for Volunteering Research that published

this work. They estimated the £1 investment yielded ... in a hospital setting, yielded a return of at least between £3 and £10. There is other work that has found similar things. So the British Red Cross have done some really great work measuring the return on investment from some of their services and we are going to hear from them later on.

So there's bits of evidence out there, but I think the overall feeling is that more evidence is needed if commissioners are going to feel confident in investing in these kinds of services. But overall, a positive message about the value of volunteering from our research. But the other main message from our research is that it takes careful thought and planning to get it right. There is a lot of potential barriers, a lot of problems that you can come up against, and the biggest of all at the moment is the financial situation. So what we heard time and time again throughout our research was that the economic climate was...meaning the concerns, those concerns I mentioned earlier on around our volunteers substituting or complimenting, the concerns around job substitution coming to a fore, and making people more sceptical about why are the authorities kind of interested in pursuing volunteering and expanding volunteering at this moment in time?

So the danger is that there is a lot of scepticism out there. You know, a quote here someone who volunteered in the community centre provided by a voluntary sector organisation asking herself rhetorically, "Am I encouraging cuts in the NHS because I am volunteering?" A similar quote from an NHS volunteer saying "There are jobs, certain tasks that once upon a time some trained staff would be doing, but now they are using volunteers more and more. I am very concerned about the whole, bigger picture of authorities using volunteers, instead of coughing up the funds for paid work." So that was from someone who was herself a volunteer, but who is nonetheless conscious of this idea, this question about the reasons for pursuing volunteering.

And I think if we...these sensitivities exist and if we are going to navigate our way through them what we need to do is to focus on quality, to focus on how volunteers can add value for patients. And we need to make sure that we organise and manage our volunteering services adequately because it's in circumstances where you don't think clearly about the role of volunteers and why you're working with volunteers that it's most likely that we're going to see those concerns about jobs and substitution arising where we're least likely to get the full value out of volunteering. So this quote from someone who is both a patient and a volunteer saying that I think the whole volunteer organisation in the NHS is chaotic, ill-managed, not properly valued. And that's one person's experience of one hospital in the NHS in this. And what we saw in our research was a lot of variation, but it's an important point to take onboard nonetheless, I think.

A quick word about the reforms, what implications might they have. Well, the reforms are fiendishly complicated, and predicting the impact of them on anything is a bit of a minefield. But we focused in particular on two aspects of the reforms. The first is the market aspect of the reforms, the idea of increasing the diversity of provision, potentially a growing role for the private sector. What implications might that have? The volunteers that we spoke to, fell into two camps. Quite a few volunteers said that there was absolutely no way they would volunteer for a profit-making organisation, and that, by the way, included franchising arrangements.

So the kind of thing we've seen Hinchingsbrooke in Cambridge. Some volunteers said even if it was an NHS Hospital still, but being managed by a profit-making organisation, 'I wouldn't want to be involved in that'. So some are quite clear about that, but others, I

should say, took a different view. So for some volunteers they said, well, it wouldn't necessarily matter for me whether it was public or private, per se. It would depend more on my overall assessment of whether that organisation was doing good work in my community. And if it was, I wouldn't really care if it was profit making or not. So different attitudes there towards the private sector and different ways that could play out in the new health system.

Another aspect of the reforms is something that Michael Dixon referred to earlier on about the kind of the new balance of power in the system. So the reforms give new roles to clinicians, particularly GPs. They also give a number of new powers to local authorities. And some of the professionals that we spoke to argued that in those aspects of the reforms, there might be something which could be helpful. If we think about health and wellbeing boards, health watch and so on, some of these things could support attempts to harness volunteering and voluntary action more broadly.

So, given all of the uncertainties, it's very difficult to make a kind of single prediction about the future of volunteering in the health sector. But what we did in our report - and this is also included in your packs - is to describe two possible scenarios for the future. So they are deliberately polar opposites, and the key difference between them, I think, is what is the dominant narrative that is going around about volunteering? So in the best-case scenario, the narrative is all about quality, it's all about how do we use volunteering to improve patient experience, to improve community engagement? We see virtuous circles turning where people, volunteers help to build a closer relationship between services and communities. That in turn, encourages more people to volunteer and so on. So we see increasing participation, the value of volunteering being well-measured and widely articulated. Hospitals seeing volunteers as part of their relationship with the community, strong innovative voluntary sector organisations, and commissioners using value-based commissioning and social value-based commissioning seeing volunteering as a way of creating social value in their local area.

Private sector organisations seeing volunteering as part of their social responsibilities that go along with doing NHS-funded work, and health and wellbeing boards and HealthWatch really kind of driving this kind of co-production approach to health. The worst-case scenario is a very different world where the dominant narrative is about cost control and efforts to expand volunteering backfires. So some of the things that I mentioned about cynicism around the aims of volunteering, that creating tensions between professionals and volunteers. Vicious circles turning where we could see public services being increasingly distant from the communities they serve. Professionals not being clear about the role of volunteers; this kind of blurring of boundaries, potentially volunteers walking away from some of the more struggling NHS providers.

We've heard today about 14 NHS trusts which have poor outcomes than average. One of the things we heard from some of the volunteers we spoke to was that they wanted to be associated with high-performing organisations, and they didn't want to be associated with hospitals where people are left dying on trolleys. So, you know, is there a risk of the struggling organisations who actually might benefit most from volunteers, finding it difficult to recruit them? In this worst-case scenario, we also see the voluntary sector scaling back because of funding difficulties, private sector failing to engage volunteers, and CCGs, health and wellbeing boards not managing to, to capture the value of volunteering.

So, two very different visions of the future, how do we move towards the best-case scenario? Well, that's really a subject for discussion for the rest of the day, you know, I am very interested to hear all of your views on that. How do we get this best-case scenario? Certainly, I think we need to see volunteering as a high-value activity, and to do that we need to measure the value of it better and articulate it better. I think we'd like to see service providers and commissioners taking a more strategic approach towards volunteering where we really think about, you know, what is the vision for volunteering within each organisation? How are volunteers to be used? Keeping the focus on quality rather than reducing short-term costs. We need to make sure that the management of volunteering and the infrastructure around it is resourced adequately. And there is this issue of dealing sensitively with the issue of role boundaries between professional and volunteer.

So I'll just finish off by saying what we are doing next, which is a survey that's an extension of our research we published already. It's already been sent to the directors of HR and directors of nursing of all NHS Acute Trusts. And what we're kind of trying to do through it is get a better handle on the exact numbers, scale and scope of volunteering, specifically at this point in NHS Acute Trusts. So, potentially in future expanding to other kinds of organisations.

The link for it, they will circulate that later. And what we hope to do through that survey is really to help create another bit of evidence which really goes to help to show that to demonstrate that the value of volunteering within the health system is really, really important. Thanks very much.