

Volunteering in NHSScotland

Development of volunteering in integration authorities

Engagement with Third Sector Interfaces

15th March 2016



1. Introduction

Scottish Government had asked the Scottish Health Council to engage with integration authorities to determine what needs they might have in relation to the development of volunteering in health and social care.

Engagement of integration authorities' chief officers was undertaken by Research Scotland. The findings are available from the Scottish Health Council website.

The Scottish Health Council commissioned Voluntary Action Scotland to invite Third Sector Interfaces to a meeting with the Scottish Health Council Programme Manager to discuss the findings of the research findings.

The session was attended by representatives from five Third Sector Interfaces. A further five representatives had been expected but were unable to attend.

2. Feedback on the research

A number of points of importance were identified by the Third Sector Interface representatives.

Recognition of the broad spectrum of volunteering across health and social care

There was agreement that there is a range of volunteering already taking place under local authorities and NHS Boards, although this wasn't reflected in all comments from integration authority chief officers.

Third Sector Interface representatives highlighted a range of activities already taking place including work around delayed discharge, falls prevention and home from hospital schemes where health and social care overlap.

They also cited a challenge in binding together the different concepts from across health and social care such as coproduction, community capacity building and representation, all of which cut across volunteering.

There was a suggestion to examine the 'circles of support' approach instead of the traditional model of 1:1 befriending as a way of engaging multiple volunteers alongside statutory provided services. It was acknowledged that this would entail a more complex service design.

There was a feeling that the exploration of micro-volunteering and online volunteering had not been explored adequately in health and social care and could be a growth area.

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Volunteering strategy, policy and management

The research confirmed that NHS Boards and most local authorities have their own policies in place for volunteering. Only one third of integration authorities have considered developing an integrated policy.

In the findings there were suggestions from integration authorities' chief officers that the Third Sector Interfaces and/or the third sector could take on responsibility for volunteering strategy development and even the management of volunteers. Some representatives expressed concern with these suggestions. The Third Sector Interfaces do not have the capacity, nor are they necessarily best placed, to take on this role on behalf of the integration authorities. This would require additional resourcing as there is limited (or in some cases no) capacity to implement the new models of volunteering outlined in the research findings.

Questions were raised at the suggestion of pushing volunteering out to the third sector through indirect volunteer engagement, particularly after many years of the development of directly engaged volunteers in the NHS.

The delegates noted the concerns around Protection of Vulnerable Groups Scheme and Disclosure and the belief that some 'myth busting' is required. They highlighted the need for the volunteer-engaging organisation to adopt practices that take recruitment delays into account and keep applicants engaged throughout the process.

It was acknowledged that there was a suggestion of a window of opportunity in a year's time to re-engage with integration authorities on volunteering. However, it was also noted that this was not necessarily an open door in all circumstances and that work is required prior to any discussions, in particular, gathering evidence of the impact of volunteering and how it contributes to health and social care outcomes.

There was a view that a national strategy for volunteering, limited to only health and social care would not be helpful. The consensus was that a national strategy for Scotland, setting out the principles of volunteering, would be very much welcomed.

3. Next steps

There was acknowledgement that there are still some gaps in information, e.g. the status of volunteering policies and strategies in local authorities.

Additionally, gathering evidence of the impact of volunteering (on all parties) and how this relates to the intended outcomes of health and social care services was seen to be an important step in ensuring that volunteering is understood and embedded within local planning processes.

Voluntary Action Scotland will consider how best to engage with Third Sector Interfaces in the coming year to identify opportunities for developing volunteering under the auspices of integration authorities.

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