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Development of Volunteering in Health and Social Care Integration Authorities

Conducted by Research Scotland on behalf of the Scottish Health Council

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Executive Summary

Introduction

In October 2015, the Scottish Health Council commissioned Research Scotland to undertake telephone interviews with Chief Officers of the newly formed integration authorities. The telephone interviews were to establish what consideration has been given to developing, engaging and governing volunteers, and to identify any associated challenges and support required to meet these.

In 2014, the Public Bodies (Joint Working) (Scotland) Act introduced a significant programme of reform affecting most health and care services. These reforms aimed to ensure services are well integrated and that people receive the care they need; with a focus on community-based, preventative care.

This led to the creation of Health and Social Care Partnerships from April 2015, which take on responsibility for planning and delivering integrated care. Integration authorities plan and commission integrated health and social care services and perform a strategic role.

In total, 29 of the 31 integration authorities took part in this research and this report details the findings from discussions with the Chief Officers about volunteering.

To set the findings in context however, it is important to note that the specific role of the integration authority is not to deliver services, but to oversee the work of the Health and Social Care Partnership. Several Chief Officers did not think their role in relation to the Integration Joint Board was relevant to discussions on volunteering. Their view was that volunteering had been in place and worked successfully before integration, and so the creation of the Integration Joint Board had little impact on volunteering.

Benefits of volunteering

Officers[1] commented on volunteering in general, and felt that it was beneficial. There were recognised benefits for the service user, and for the organisation as well as for the volunteers themselves.

Volunteering was recognised as a means of combatting social isolation, as a step into employment or training, and as a means to support volunteers' own recovery in addictions or mental health issues by becoming peer supporters.

This research found that each Health and Social Care Partnership we spoke with had volunteers working within health and/or social care. However, there were more likely to be examples of volunteering within the NHS than in social care.

Roles for volunteers included both traditional types of volunteering, such as signposting information, befriending roles and practical roles such as drivers or gardeners. There were also more holistic roles, such as art-therapy led by volunteers and peer supporters, where those with lived experience share their knowledge to support those in similar situations.

[1] 'Officers' refers to Chief Officers of integration authorities or senior officers who took part in their place

Engaging volunteers

In terms of engaging volunteers, integration authorities do not engage directly with volunteers – but they do engage with those who represent volunteers (such as representatives from the Third Sector) who in turn engage volunteers. This research highlighted that there were close links to the Third Sector Interfaces in most areas.

There was a general consensus among officers that the Third Sector were the 'experts' in working with volunteers and they should lead on volunteer engagement.

Future development and support

All integration arrangements set out in the Act and in secondary legislation must be in place by 1 April 2016. Officers indicated that although they were keen to further develop volunteering (whether directly or through their Third Sector Interface) it was not an immediate priority until integration was fully operational.

To help this development, some officers commented that practical support might be useful, such as sharing good practice and learning how others developed volunteering. Other officers felt that their existing relationship with the Third Sector Interface provided all the support they needed to develop volunteering. There would be scope however, for the Scottish Health Council to share learning from the 'Volunteering in NHSScotland Programme'.

Equally there is a role for the Scottish Health Council to support volunteering; not in isolation, but to work with the Third Sector Interfaces, and Voluntary Action Scotland (VAS) to share learning and create volunteering opportunities.

1 Introduction

Introduction

1.1 In October 2015, the Scottish Health Council commissioned Research Scotland to undertake telephone interviews with Chief Officers of the newly formed integration authorities[2]. The telephone interviews were to establish what consideration has been given to developing, engaging and governing volunteers, and to identify any associated challenges and support required to meet these objectives?.

1.2 This research will inform future work as the Scottish Health Council will also engage with Third Sector Interfaces in Scotland.

Volunteering in Scotland

1.3 The Scottish Household Survey[3] provides information on who volunteered, where, and in what capacity, across Scotland. The most recent data available is for 2014. The survey aims to engage 31,000 households over a two-year period.

1.4 Results from the survey indicate that around three in ten adults (27%) in Scotland had "provided unpaid help to organisations or groups in the last 12 months", and that 17% of adults volunteer on a regular basis ("at least once a month"). The survey indicates that the levels of volunteering have remained relatively stable over the last five years, although the 2014 data shows that volunteering has decreased by 4% from 31% in 2010.

Volunteering in the NHS

1.5 There is a history of developmental support and strategic direction of volunteering in the NHS. In 2008, the Scottish Government launched a refreshed strategy[4] outlining the intention for Volunteer Development Scotland to work with a designated person from each NHS Board to develop volunteering.

1.6 The Scottish Government and NHSScotland recognise the valuable contribution volunteers make, and the wider benefits volunteering brings. During the Voluntary Action Scotland conference in October 2014, the Cabinet Secretary for Finance, Employment and Sustainable Growth reiterated the Government's commitment to volunteering in general.

[2] There are 31 integration authorities. 30 follow a 'body corporate' Integration Joint Board model, while Highland is the only authority to have a 'lead agency' model.
[3] http://www.gov.scot/Publications/2015/08/3720
[4] http://www.sehd.scot.nhs.uk/mels/CEL2008_10.pdf

1.7 The Scottish Health Council has delivered the 'Volunteering in NHSScotland Programme' on behalf of the Scottish Government since October 2011. The Programme aims to support NHS Boards to develop sustainable volunteering programmes. An evaluation of the Programme in 2014[5] suggests that volunteering makes a positive contribution to the patient experience and adds value to the service provided by NHS Boards. Progress has been made, and staff are more likely to recognise and value the contribution that volunteers make to the health service. This change is illustrated by increasing demand for volunteers and new volunteer roles. However, this study found that there is still work to be done to increase awareness and acceptance of volunteers in health settings.

1.8 There are approximately 8,000 volunteers working within NHSScotland contributing an average of two hours of volunteering each, per week. Volunteering in the NHS takes many forms, with every volunteer providing valuable support to patients and the public. Volunteers can be engaged with NHS Boards in one of the following three ways.

- **Directly**: Volunteers are recruited, trained and supported by NHS staff.
- **Indirectly**: Volunteers are recruited, trained and supported by Third Sector organisations. Volunteering might take place on NHS premises, in the community, or in people's homes.
- **Commissioned services**: Where Third Sector organisations are commissioned to deliver a particular service. The organisation recruits, trains and manages these volunteers.

Health and Social Care Integration

1.9 The Public Bodies (Joint Working) (Scotland) Act 2014 introduced a significant programme of reform affecting most health and care services. The reforms aimed to ensure services are well integrated and that people receive the care they need at the right time and in the right setting, with a focus on community-based and preventative care.

1.10 Integration began in Scotland from 1 April 2015, with the new Health and Social Care Partnerships taking on responsibility for planning and delivering joined-up health and social care provision for adults, and also, in some areas, children's services. Integration authorities plan and commission integrated health and social care services in their areas and perform a strategic role.

1.11 Integration Schemes from each NHS Board and local authority were submitted for Ministerial approval, by 1 April 2015. The three Health and Social Care Partnerships in East, North and South Ayrshire were the first to become fully functioning under the new legislation, with their integration authorities legally constituted on 2 April 2015.

1.12 All integration arrangements set out in the Act and in secondary legislation must be in place by April 2016.

[5] Volunteering in NHSScotland, Evaluation of progress with the Volunteering Programme for NHSScotland, Scottish Health Council, December 2014

1.13 The Scottish Government now wishes to understand how volunteering is being developed within these new structures, and what, if any, developmental support will be required. To achieve this, the Scottish Health Council commissioned this research to establish what consideration has been given to developing, engaging and governing volunteers in the new integration authorities, and the associated challenges they foresee.

This report

1.14 This report examines the findings of the telephone discussions with Chief Officers and presents their views on volunteering.

1.15 Where the term “we” is used in this report, it refers to the activities undertaken by Research Scotland, other than direct quotes which are attributed to participants.

2 Methodology

Introduction

2.1 The Scottish Health Council met with Research Scotland in October 2015 to discuss and agree the most suitable approach to conducting telephone interviews with Chief Officers.

Rationale for telephone interviews

2.2 Semi-structured, in-depth interviews offer the opportunity to explore issues in detail, and adapt to the specific role of each officer and the nature of each integration authority. Organising the interviews by telephone, rather than face-to-face provided the best use of resources and allowed the researcher to be flexible about interview times. Several Chief Officers rescheduled their telephone interview as other meetings arose, and this was more easily managed via this method.

Discussion guide

2.3 A discussion guide was designed by Research Scotland in collaboration with the Scottish Health Council and this was circulated to Chief Officers in advance of the telephone interview. Some Chief Officers raised concerns about the wording of the discussion guide, specifically as it could be interpreted that integration authorities have responsibility for delivering services – when they do not. We discussed this point during the interviews and clarified the roles of the integration authorities. Comments in relation to this issue are reported in the following chapter.

2.4 It should be noted that these views differ from the Scottish Government policy[6] which states that: “the Integration Joint Board through its Chief Officer now has responsibility for the planning, resourcing and operational delivery of all integration services within the strategic plan”.

Recruiting Chief Officers

2.5 There are 31 Chief Officers; one for each local authority area in Scotland, with the exception of Stirling and Clackmannanshire which share a Chief Officer.

2.6 To alert the Chief Officers to this research, a letter was drafted by Research Scotland and sent by the Director of the Scottish Health Council. The letter set out the purpose of the research and what would be expected of Chief Officers in their participation. It also encouraged the Chief Officers to contact Research Scotland directly to schedule a convenient interview time. The letter was sent by the Scottish Health Council on 20 November 2015.

2.7 Email reminders and follow up telephone calls took place from mid-December into January to schedule interview times with those outstanding.

[6] http://www.gov.scot/Resource/0044/00447596.pdf

2.8 Twelve Chief Officers delegated participation in this research to another member of staff. These were senior members of staff who held the following positions:

- Chief Nurse
- Commissioning Services Manager
- Director of Adult Care
- Head of Business Development
- Head of Strategic Planning, Performance and Commissioning
- Head of Strategy, Planning & Health Improvement (2 posts)
- Health Improvement Lead: Mental Health and Addictions
- Lead Nurse
- Planning and Commissioning Manager
- Senior Planning Officer for Integration, and
- Transformation Integration Manager.

2.9 For the purpose of this report, we will refer to 'Chief Officers' specifically, and 'officers' when referring to both Chief Officers and other senior officers that participated in this research. Quotes have been tagged to distinguish whether the respondent was a 'Chief Officer', or 'Officer' denoting another senior member of staff, so as not to be identifiable.

Fieldwork

2.10 The fieldwork period took place between 17 December 2015 and 22 January 2016. In this time, Research Scotland completed 27 interviews. All 31 Chief Officers responded to the invitation to take part in this research and had interview times scheduled. However, due to unexpected circumstances, several Chief Officers had to reschedule their interview times; four of which fell outwith the original fieldwork period.

2.11 Findings for this final report are based on the 29 interviews that were completed within the fieldwork period. Two Chief Officers were not able to reschedule their telephone interviews within the fieldwork period and will not be included in this research.

3 Key findings

Introduction and context

3.1 It is important to set the key findings of this research in context. Below we refer to some of the comments made by officers in relation to this research, which help to provide some background to the findings.

Role of the Integration Joint Board

3.2 Officers wanted to make clear that the specific role of the Integration Joint Board is not to deliver services (which might involve volunteers) but to oversee the work of the Health and Social Care Partnership. Several Chief Officers did not think their role in relation to the Integration Joint Board was relevant to discussions on volunteering. Therefore, the context of much of these findings relates to the Health and Social Care Partnership, and not the Integration Joint Board.

> "It (managing volunteers) is not fundamentally a function of the Integration Joint Board. It is not their role to drive services which are operationally managed in the council or health board."
>
> (Chief Officer)

> "The Integration Joint Board doesn't employ staff or deliver services, but its role is to support those that do. Until such a time as service delivery becomes a function of the Integration Joint Board, we will keep things going the way they currently function."
>
> (Chief Officer)

> "The Integration Joint Board might have an interest in volunteering, but it has no remit or responsibility for volunteers."
>
> (Officer)

3.3 Some officers commented that volunteering had been working successfully in both health and social care before integration, and so the creation of the Integration Joint Board had, or would have, little impact on volunteering.

Status of integration

3.4 Many of the officers we consulted with were preparing for full integration in the coming months, or had only become fully integrated recently. All integration arrangements must be in place by 1 April 2016.

3.5 The majority of Chief Officers had been in their current post for a short period of time – anywhere from a few weeks to two years. Therefore, much of the discussions focused on the fact that volunteering, although important, was not an immediate priority.

The concept and language of volunteering

3.6 Volunteering as a concept has been included in many of the Strategic Plans required by the Health and Social Care Partnerships as part of their focus on community capacity building and community engagement. Health and Social Care Partnerships also commission services which are run by volunteers.

3.7 However, it was apparent that those Chief Officers with a local authority background, were more likely to talk about "community capacity building" and "pathways" rather than referring to "volunteers" and "volunteering", which might traditionally be perceived as a term used in relation to health services.

> "To talk about volunteering draws us into a very narrow focus."
>
> (Chief Officer)

3.8 It is also worth noting that there were mixed views and levels of understanding in relation to volunteering among officers. For example, some officers based their comments on acute-based volunteering only, while others commented on having to "think outside the box" and go beyond the NHS to introduce more community-based approaches to volunteering. There was also limited understanding of the Scottish Health Council, its remit, and the achievements of the 'Volunteering in NHSScotland Programme' among some Chief Officers.

This research

3.9 Officers described their current situation at the Health and Social Care Partnership in relation to volunteers, including how they are engaged and governed. We also discussed what the benefits and challenges might be of working with volunteers and what support might be useful to help develop volunteering further.

Perceptions of volunteering

Benefits of volunteering

3.10 The discussions began by exploring perceptions of volunteering in general. The majority of officers felt that volunteering was beneficial. Officers recognised the benefits of volunteering for the service user, and for the organisation, as well as the benefits to the volunteers themselves.

> "It is as much about their own health and wellbeing (volunteers own) than the service users."
>
> (Chief Officer)

> "The benefits of moral worth, of socialising and making a contribution to your community."
>
> (Chief Officer)

Benefits for volunteers themselves

3.11 Other benefits included recognising that volunteering can help as part of a recovery process for people who experience mental health problems or who are recovering from addictions.

"For people who have had to cope with circumstances like mental health issues; volunteering can help on their journey to recovery."

(Chief Officer)

3.12 Several Chief Officers also mentioned that volunteering was a means of combatting social isolation, as many older people give up their time as volunteers and can benefit from meeting new people, and having a structure to their day.

"Yes (it's beneficial) for volunteers and their own mental health as we know that isolation is an issue."

(Chief Officer)

3.13 Equally, some people use volunteering as a stepping stone into employment or training. They can gain new skills and increase their confidence before entering the workplace. Officers in two Health and Social Care Partnerships had established vocational programmes to provide volunteering opportunities that could lead to employment.

"There is a whole social inclusion agenda. We have responsibility to support people back into employment."

(Officer)

"We have found that people who volunteer have improved pathways into employment."

(Officer)

Benefits to those receiving voluntary care

3.14 One officer suggested that volunteers can be perceived differently from paid members of staff, in that they bring a different set of skills, and a more personal approach. For example, in some care homes in this specific Health and Social Care Partnership, there were older people who valued the support they received from volunteers.

"They value the time that they give up and that they are not paid workers, somehow it feels more meaningful."

(Officer)

Benefits for the organisation

3.15 Chief Officers also recognised that volunteers can help the Health and Social Care Partnership work towards its health and wellbeing outcomes. However, it was noted that volunteering should be viewed as an addition, rather than a replacement of the core functions of a Health and Social Care Partnership.

"Volunteering can help to meet health and social care integration outcomes and can help with a number of issues relating to an ageing population, such as isolation, depression, mental health."

(Chief Officer)

"It should be a positive experience for them (volunteers) and be beneficial to services, in an additional way, and not a replacement of core functions."

(Chief Officer)

3.16 Overall, officers felt that volunteering was a beneficial activity and they did not dispute the benefits volunteers could bring to the service.

The focus of volunteering in health and social care

3.17 We explored whether volunteering was more about service delivery, or whether it was about improving health and wellbeing in each local area. The majority of officers reported that service delivery and health and wellbeing were interconnected, and volunteering could contribute to both.

"It is difficult to disconnect the two. All of our focus is on health and wellbeing – it is our core service provision."

(Chief Officer)

"It is a combination of both – volunteers can enhance services and provide things that we would not be able to do or manage from core funding. But equally they improve the health and wellbeing of service users and their own health and wellbeing."

(Chief Officer)

Engaging volunteers in health and social care

3.18 Chief Officers felt that volunteers were well established in the parent bodies of the NHS and the local authority, although in some cases, volunteering was perceived as better developed in one parent body than the other (usually in the NHS than in social care). Most officers agreed that there was more to do to engage and integrate volunteers into health and social care.

"They are not integrated in the partnership. For example, volunteers are integrated in health and they are integrated in social care, but not within health and social care."

(Chief Officer)

"In health, I can't say it's the case. We have a way to go. I have observed my council colleagues and their processes and felt that they had more "social focus" than the NHS."

(Chief Officer)

3.19 One officer expressed concerns about the status of volunteers. This officer had concerns around volunteers having to be registered (such as with the Scottish Social Service Council) at which point it was perceived that they stopped being volunteers and became unpaid members of staff. There were concerns that services could take advantage of volunteers.

"I wouldn't look to integrate volunteers. They then become essential to a service which becomes dependent on them. This places an onus on volunteers and that is not the essence of volunteering. Volunteers are a gift."

(Officer)

Current situation

Integration authorities

3.20 The integration authorities had, or were in the process of recruiting volunteer representatives to sit on their boards. It is a requirement for volunteers representing carer groups and service users to sit on the Integration Joint Board and attend regular meetings. In many cases, there is also a representative from the Third Sector (either a volunteer or a paid member of staff) who sits on this board. These are the only volunteers directly associated with the integration authorities.

3.21 As indicated earlier, the role of the Integration Joint Board in relation to volunteering is a strategic one. There were no examples of any direct links between the Integration Joint Board and volunteers.

"The Integration Joint Board might take a strategic view of volunteering in its broadest sense, however there is no plan to look at any direct link between the Integration Joint Board and volunteering."

(Chief Officer)

Health and Social Care Partnerships

3.22 All the officers we spoke with had volunteers working within health and/or social care within their integrated services. There were more likely to be examples of volunteering within the NHS than in social care. For example, in at least two Health and Social Care Partnerships, the Chief Officer perceived that there was no reported volunteering taking place within social care, when compared to the NHS Board.

"There are no volunteers within social care – never have been. All the volunteering that takes place is within the NHS and so all volunteering is influenced by health."

(Chief Officer)

Traditional volunteer roles

3.23 The types of roles that volunteers were undertaking within Health and Social Care Partnerships were varied. Some of the roles reported by Chief Officers included those who signpost and give information at hospitals, governance roles at lunch clubs, befriending roles in hospital wards, and practical roles including volunteer drivers and gardeners. These represent the more 'traditional' types of volunteering roles.

"They have volunteers in lots of different roles – for example, as part of the quality team who look at the quality of hospital cleaning, there are volunteers

who support meal times so that more time can be spent with individuals. All these volunteers are part of the service delivery."

(Chief Officer)

More holistic roles

3.24 Some officers suggested that their volunteers take on more holistic roles and carry out additional activities that health professionals do not necessarily have the time to perform. For example, in one Health and Social Care Partnership, volunteers run arts based therapy sessions for in-patients.

"It's all part of holistic care."

(Officer)

Peer support

3.25 There were also examples of Health and Social Care Partnerships engaging with volunteers in less traditional ways. For example, several Chief Officers reported that they now engage people with 'lived experience' as peer supporters. This could include those with experience of mental health, addictions or breastfeeding.

3.26 For example, in one area, a pilot scheme was started with long-term substance mis-users who were encouraged into peer support roles. Their experience of the recovery process was thought to give a unique perspective to offering support.

"It brings people with lived experience into working alongside folk who are struggling. For example, through rehab, we have a lot of addiction services and have a strong peer network which is linked to a recovery group – people feel they can give back when they step into the group."

(Chief Officer)

"As a partnership, we must think of volunteering in the broadest sense. For example, we look for ways of supporting people in their route to recovery – where volunteering can help with their own wellbeing."

(Chief Officer)

3.27 This type of volunteering was said to help create a more "personalised" service, by working with people who can share their experiences. It was hugely valued by the officers we spoke to as a means of service delivery.

Recognition of spectrum of volunteering

3.28 Overall, officers indicated that volunteering could take place in different forms, and it could be as simple as befriending a neighbour in the community, to giving up time as a peer supporter. Officers were able to recognise that there are different ways of volunteering, and all can make a contribution.

"The source of the contribution can be simple, like being a good neighbour– there is a spectrum of volunteering."

(Chief Officer)

"Volunteering goes beyond the NHS boundaries and is an established activity, which is important as it contributes to support."

(Chief Officer)

"When you think of volunteering, you think of wee ladies helping in the canteen – and that is fine, but we want to think outside the box. It's the way you define it. For example, we have some young women who work as peer supporters for young mums who are having trouble breastfeeding. This isn't volunteering in the typical sense – but it is volunteering."

(Chief Officer)

Engaging volunteers

3.29 Integration authorities do not engage directly with volunteers – as this is not their role. They do engage with those who represent volunteers (such as representatives from the Third Sector) who in turn engage volunteers.

3.30 Officers reported examples of working closely with their Third Sector Interfaces who recruit and train volunteers. There were also examples of the Health and Social Care Partnerships funding Third Sector organisations to deliver commissioned services. There was a general consensus among officers that the Third Sector were the 'experts' in working with volunteers, and they should lead on volunteer engagement.

"[The Health and Social Care Partnership] have put £1million of service fund into the Third Sector so that they can try new ways of doing things and involve volunteers in this type of service delivery."

(Chief Officer)

3.31 There were examples however of Health and Social Care Partnerships engaging with volunteers in different ways. For example, two partnerships have worked with their colleagues in Education to encourage young people to think of volunteering as part of a vocational programme. In one example, a new hospital, specialising in mental health issues had created volunteering opportunities for young people. This in turn was helping to break down some barriers relating to mental health.

"It encourages young people to get involved and to think of caring as a career."

(Chief Officer)

3.32 Another partnership area has taken its existing Public Partnership Forum (PPF) and reconstructed the way it engages with volunteers. The new forum did not want to be constrained by formal meetings, and so instead hold a series of workshops, to which between 40 and 50 volunteers attend. The workshops are informal, interactive discussions allowing volunteers to feedback on a range of topics. Volunteers do not have to sign up or commit to anything long term.

3.33 A final example involves a group of volunteers known as the 'quality checkers'. This group includes volunteers with learning disabilities who are supported by staff. They meet and talk to members of the community and other local organisations in order to feedback to the partnership on key issues. The Health

and Social Care Partnership found that groups were more willing to feedback to this group than representatives from either the NHS Board or the local authority.

"It's amazing how willing people are to talk to this group."

(Chief Officer)

Governance

Volunteering policy and strategy

3.34 We discussed with officers whether there was a policy and /or strategy relating to volunteering in the Health and Social Care Partnership, and whether there were any plans to update these into a joint policy or strategy. Overall, the majority of respondents reported that each parent body had its own policy relating to volunteers. A small number of local authority areas were identified as not having a volunteering policy.

"The parent bodies have their strategies. The Integration Joint Board is busy with its statutory requirements."

(Chief Officer)

3.35 Around one-third of Health and Social Care Partnerships indicated they plan to review the existing policy and strategy with a view to establishing a joint version. Another third of officers indicated that there were no plans to establish a joint policy or strategy. The remainder said that establishing a joint policy or strategy had not yet been discussed by the Integration Joint Board, or 'was not relevant'.

"An integrated policy on volunteers is an interesting question and one that has not yet been raised – although it might be after April 2016."

(Chief Officer)

"There is no (joint) volunteering strategy or policy. We depend on those of the NHS and the local authority, but we will develop these in time."

(Chief Officer)

"We have adopted both the local authority and the NHS and we recognise that these are starting positions as we don't want to reinvent something that is working."

(Chief Officer)

3.36 Only one Health and Social Care Partnership had a joint strategy relating to volunteering. It was for statutory and Third Sector organisations. It reportedly covered different themes, of which health and wellbeing was one.

Managing volunteers

3.37 In one Health and Social Care Partnership there was a dedicated Volunteer Co-ordinator, who has responsibility for managing volunteers in both health and social care. This remit involves undertaking background checks and training and supporting volunteers so that they are ready for their roles. One other partnership noted that there were salaried volunteer leads in the NHS, whose role was to engage volunteers, through their volunteer centre. They would then find roles for them in hospitals.

"It is such an established service. The system really works, especially having a single point of contact. It provides added value."

(Officer)

3.38 In other areas, volunteers are managed by the parent body at service level, in accordance with the volunteering policy in place. This would include things like membership of the Protecting Vulnerable Groups Scheme (PVG), conduct and good practice.

"Our model is that the service that wants volunteers has to own them and support them."

(Officer)

3.39 Most commonly, it was reported that, volunteers were managed by the Third Sector who recruit, train and support the volunteers.

"We prefer to hand all the management of the volunteers over to the Third Sector Interface."

(Officer)

Investing in Volunteering standard

3.40 Every NHS Board in Scotland has currently achieved the Investing in Volunteering standard. This award ensures the basic standards of volunteer engagement are met.

3.41 While officers agreed that maintaining the standards of the award were important; this was generally viewed as the responsibility of the person managing the volunteers. Most officers perceived this would fall to their Third Sector Interface, or the member of staff with responsibility for directly managing volunteers within the NHS, as designated in the Refreshed Strategy for Volunteering[7].

3.42 In one Health and Social Care Partnership, 'recognition days' are held where volunteers are invited to lunch and an awards ceremony. The Chief Officer here did not think it appropriate for the Integration Joint Board to get involved in these events.

[7] http://www.sehd.scot.nhs.uk/mels/CEL2008_10.pdf

Reporting on volunteer activity

3.43 Where the Health and Social Care Partnership has a contractual agreement with a voluntary organisation, or has given funding to a programme which is run by volunteers, then a report, evaluating their activity (most likely against set outcomes) would be expected.

"Where services are funded through the Integrated Care Fund, there is an evaluation."

(Chief Officer)

"We do need to know that the quality of the work is maintained, and we need to know that the work that is being supported is bearing fruit."

(Chief Officer)

3.44 One Chief Officer said that it was set out in the Health and Social Care Partnership's Strategic Plan that they report on volunteer activity, and the numbers of volunteers they have engaged, and trained.

3.45 Another Health and Social Care Partnership has developed a programme of reports that will be submitted to the Integration Joint Board on various service updates. One of these will refer to the local participation and engagement strategy (which includes volunteering).

Aspirations for volunteering in the future

3.46 The discussions then explored the plans and aspirations the officers had for developing volunteering in the future, in light of integration.

Partnerships with Third Sector Interfaces

3.47 Several officers indicated their plans to maintain or further develop the relationships with their Third Sector Interfaces. These partnerships were felt to be key to developing volunteering. In most cases, the officers intended for the Third Sector Interface to take the lead on volunteering for the Health and Social Care Partnership.

"The partnership have a good relationship with the Third Sector Interface. We share ambitions and recognise the bigger picture. I intend for the Third Sector Interface to take the lead and expect them to have an element of supportive management culture."

(Chief Officer)

"Volunteering is pretty well established, so it is definitely up there in our strategic documents, but it might not be formalised. I think the Integration Joint Board see it as a role for the Third Sector."

(Officer)

"The knowledge is embedded, but as a partnership it is just easier to say 'we'll hand this over to the Third Sector Interface' rather than as a function of the Integration Joint Board."

(Officer)

Community Capacity Building

3.48 Building the capacity of local communities was perceived as a good way of encouraging and identifying volunteers. There was an appetite among some Health and Social Care Partnerships to do more to encourage and support local people to take on more roles in the community and to become more involved. Chief Officers in these areas discussed their aspirations for communities to take on more responsibility for their own health and wellbeing.

"The overall vision is to be involved less and less and for the community to grow its capacity to do more and more." (Chief Officer)

3.49 For some Chief Officers, the priority was to "get better" at community engagement and to tap into existing resources in the community – such as community activists.

"Already there is some community engagement and there are great resources in community groups – they have a lot to offer."

(Chief Officer)

3.50 One Chief Officer had plans to launch a campaign, specifically about raising awareness of how local people could get involved in their communities. This would be planned for April 2017, once the Integration Joint Board was fully functioning.

"I am committed to volunteering, from a health and social care perspective, it is fundamental to engender a shift in communities to perceptions of civic responsibility and that people can make a difference in their communities."

(Chief Officer)

3.51 In some cases, increasing community capacity can result in more people becoming work-ready, as they improve their skills by volunteering and find they are ready to return to the workplace.

"We can identify people in the community who have no confidence or skills for employment and get them started by volunteering, so that two, or three years down the line, they might be ready for work."

(Chief Officer).

3.52 Chief Officers were clear on the benefits of increasing community capacity and helping local people to recognise their 'role' in the community; whether it was through peer support or steps to employment.

"There is a richness of experience for volunteers themselves who are involved for a number of reasons, but there is huge scope to look at volunteering opportunities; to look at the journey of mental health recovery or as steps to employment."

(Chief Officer)

Building on peer support

3.53 Some Chief Officers wanted to build on their existing use of peer support to help encourage more volunteers to come forward and share their experiences.

"More of what we are doing now in addictions. People with lived experience in mental health, disability, drug use."

(Chief Officer)

No plans for developing volunteering

3.54 In some other cases, officers indicated that there were no real aspirations to change or develop volunteering. This was either because there had not yet been any discussions about volunteering at Integration Joint Board level, or that volunteering was not seen as a function of the Integration Joint Board.

"If the Integration Joint Board was not there, then volunteering would just continue in its current form. I'm not sure if integration authorities and the new arrangements will focus directly on volunteering as it fulfils a scrutiny role on how services are delivered."

(Chief Officer)

"There is no view towards more integration, in that there have been no higher level discussions around integrating services or volunteering."

(Officer)

Challenges to developing volunteering

3.55 Officers were aware of potential challenges to developing volunteering further. Some of these are identified below.

Recruiting

3.56 Officers commented on the challenge of recruiting volunteers – particularly while trying to ensure a diverse range of volunteers. In one local area, staff have tried to think of innovative ways of engaging with local people, by targeting places where people are already involved.

"We try to reach them through inter-generational projects, where they are already engaged. It is a challenge to get representation from all parts of the community."

(Officer)

"Trying to use the old structures of engaging volunteers through the PPF for example, is not helpful."

(Chief Officer)

3.57 Chief Officers from island and remote, rural communities commented on the added challenges of young people moving away from their areas, leaving a smaller pool (of mostly older people) from which to recruit volunteers.

"As a consequence, we have an ageing workforce who have their own health challenges and their own caring responsibilities which diminishes their capacity to volunteer."

(Chief Officer)

Retaining volunteers

3.58 As with any type of volunteering, there are potential challenges in retaining volunteers. A lack of time to dedicate to volunteering and other commitments mean that volunteers can be inconsistent and unpredictable. The challenge for Chief Officers is to have a large enough pool of volunteers from which to draw upon.

3.59 However, in some cases, where people are volunteering as part of their own recovery, or on a journey towards employment, then officers were happy to see volunteers moving on.

> "They come and go, as is the nature of volunteering."
>
> (Officer)

Volunteers save money

3.60 Officers were concerned about the perception that the use of volunteers is a reflection of 'financial strain' on resources. Officers stated that it was important to ensure that volunteers were seen as "added value" and not replacing a service.

> "There is also the misconception that engaging volunteers is a 'cheaper' way to provide services, so we need to be careful."
>
> (Chief Officer)

> "Money – there is a concern about the budget in general, but also that people think volunteers are seen as replacing staff, so we have to ensure that volunteers are seen as supporting and augmenting."
>
> (Chief Officer)

Maintaining momentum

3.61 In one Health and Social Care Partnership there were concerns about the length of time taken for volunteers to be vetted for a Protecting Vulnerable Groups (PVG) certificate, enabling them to work with vulnerable adults. In some cases, the length of time volunteers had to wait to receive this certificate, put them off volunteering and the momentum was lost.

> "A PVG check is necessary for lots of volunteers, but this can take three months and there is a challenge not to lose the volunteer in the meantime, or lose momentum."
>
> (Chief Officer)

Receptive culture for volunteering

3.62 Officers reported that there were mixed views among staff about working with volunteers. For some, working alongside volunteers was still a new concept, and one that required more information and understanding to appreciate the contribution volunteers could make. For example, one Chief Officer reported that there were concerns among staff about volunteers retaining patient confidentiality.

> "Yes, the statutory sector is still quite distant – they see many constraints about confidentiality of patients."
>
> (Chief Officer)

3.63 However, overall, it was felt that there was a receptive culture of working with volunteers – and that the more exposure staff had to working with volunteers would bring more awareness of what they could provide.

> "There is a professional respect, but there is quite a lot of work to do around trust and culture change."
>
> (Officer)

> "It is human nature that there will be a broad range of views, but I think, like anything, the more exposure you have to it, the more appreciative you become of them."
>
> (Chief Officer)

3.64 For some Health and Social Care Partnerships, they were already beginning to think about creating volunteering opportunities for their own staff. In three locations, Chief Officers reported that they were making time within their own services for staff to take time away to volunteer.

> "As a council, we now have a policy where we try to promote the staff taking one day a year to volunteer, just to get the message across about volunteering."
>
> (Chief Officer)

> "We continue to say to staff to personally volunteer in their own communities. Personal health and wellbeing is a good thing."
>
> (Chief Officer)

Support and development

Support

3.65 Overall, the Health and Social Care Partnerships that we consulted with, stated they had good existing partnerships with their local Third Sector Interface or voluntary sector. Where these relationships existed, the officers felt that they had all the support that was necessary to help them to develop volunteering; should they wish to.

"I would leave that to the Third Sector Interface – I wouldn't want to step on their toes."

(Officer)

"To be honest, we work so closely with the Third Sector Interface and they have all the expertise, we would probably tap into existing support."

(Chief Officer)

3.66 However, there were some elements of support that were perceived as helpful, regardless of the relationship with the Third Sector Interface. For example, sharing good practice and learning from others was thought to be useful in developing volunteering. Others suggested more practical support, such as help in developing their volunteering strategy, or establishing a code of conduct for volunteers.

"Help and support to develop a volunteering strategy so that it can be linked to the Workforce Plan and the Strategic Plan."

(Chief Officer)

"For us, having access to guidance and example policies is useful. As we have limited resources, anything we can do so that we don't have to develop materials from scratch is useful."

(Chief Officer)

3.67 One Chief Officer reported that the Health and Social Care Partnership would benefit from support relating to evidencing the impact that volunteers have in relation to the nine health and wellbeing outcomes. This Health and Social Care Partnership has already engaged with Evaluation Support Scotland to help it to do this.

Timescales for developing volunteering

3.68 As indicated above, although the concept of volunteering was accepted as beneficial and something to be developed; it was not an immediate priority for the Chief Officers. For many, their main focus was to get their own staff teams up and running, and so felt that volunteering would not become a priority until at least one year after full integration.

"It is a journey and it will likely last the life of the strategic plan; it's not going to happen in six months."

(Chief Officer)

"Over the next year of operations, I think we need to get over the line and get the necessary work done as there is a huge amount to do to integrate the teams."

(Chief Officer)

"I have given no thought to volunteers as I have spent my first few months in the job doing the framework for integration authorities and getting the Strategic Plan together."

(Chief Officer)

Support from the Scottish Health Council

3.69 A small number of Chief Officers were uncertain of the role of the Scottish Health Council in this context stemming from a lack of awareness of the 'Volunteering in NHSScotland Programme' and the organisational remit. There was a concern from one Chief Officer that the involvement of the Scottish Health Council in developing volunteering would only duplicate work being undertaken by the Third Sector Interfaces. However, there was also a suggestion that the Scottish Health Council could take on a scrutiny role, and externally evaluate volunteering.

"Any kind of scrutiny role where the Scottish Health Council could review what the partnership are doing and make suggestions would be helpful."

(Chief Officer)

"It would be better to boost the Council for the Voluntary Sector who have a mandate to do this (volunteering). If there are particular things that the Scottish Health Council can add, then fine, but it is not helpful to replicate the CVS."

(Chief Officer)

Chief Officer volunteering event

3.70 We asked officers whether there was any appetite for an event, specifically about volunteering aimed at Chief Officer level. There were mixed views. For most, they agreed in principle with the idea of an event; but stated that their initial priority was to establish all integration arrangements. Others agreed in principle, but felt that an event should be aimed at staff with a specific remit for volunteering, rather than Chief Officer level.

3.71 Some suggested that the content of an event should be aimed at more practical support, such as sharing good practice, learning from other Health and Social Care Partnerships and networking with others. It was suggested by one officer that support, in the context of how volunteering can be linked with the Third Sector, would be useful.

3.72 Finally, a small group of officers felt that there was no need for an event as they already agreed with the principles of volunteering, and had support from their Third Sector Interfaces to continue to develop volunteering.

"I have attended integration events before and I have an interest, but I think it would be below Chief Officer level."

(Chief Officer)

"I don't need an event to sell the concept of volunteering, but it might be useful to have something which provides an additional boost on the benefits of volunteering and the roles they can play."

(Chief Officer)

"No – we are far too busy to consider anything like this. We will think about support further down the line."

(Officer)

4 Conclusions

Integration authorities are not setting strategic direction for volunteering

4.1 Chief Officers have a clear view that the Integration Joint Board is not the forum for dealing with volunteers. The Integration Joint Board's purpose is to be the strategic decision-making body, while it is the Health and Social Care Partnership that delivers services. While the Integration Joint Board may have an interest in volunteering – it has no direct remit or responsibility for it. This research has highlighted that while the Chief Officers have aspirations to develop volunteering further; they see this as a function of the Health and Social Care Partnership, and not the Integration Joint Board.

Volunteering is a priority

4.2 Chief Officers acknowledged the benefits involved in volunteering. They could see that those in receipt of services provided by volunteers, were benefitting from a more personalised service and that the organisation was benefitting through service delivery. They also recognised that the volunteers themselves were benefitting from increased socialisation, confidence and, in some cases, support on the road to recovery or finding employment. Chief Officers wanted to develop opportunities for volunteering and to encourage more people to take part. Whether through increased community engagement or capacity building, it was hoped that more people would seize the opportunity to get involved. Although the timing of getting to work on volunteering might not be immediate (most said after the first year of operation, so after April 2017), volunteering remained on the agenda.

> "It is not a lack of knowledge among Chief Officers or willingness (regarding volunteering) but it is about whether it is the right time."
>
> (Chief Officer)

Working in partnership with the Third Sector Interface

4.3 A large number of Health and Social Care Partnerships were happy to let their Third Sector Interface take the lead on volunteering in their areas, in terms of recruiting, training, managing and supporting the volunteers. The perception was that the Third Sector Interfaces already have the expertise, and should continue to work, in partnership, with the Health and Social Care Partnership.

4.4 However, there is learning from the current 'Volunteering in NHSScotland Programme' hosted by the Scottish Health Council that could be beneficial in addition to local support from Third Sector Interfaces.

Volunteering is changing

4.5 This research has highlighted that volunteering is changing. It is no longer just 'traditional' volunteering roles that people undertake, but instead volunteers are building their capacity and taking on more holistic roles in care and offer peer support.

National support role

4.6 There is clear recognition among officers of the importance of sharing information and good practice and learning from others' progress. Any support from the Scottish Health Council should complement and not duplicate other support roles such as those provided through the Third Sector Interfaces. Given there was some uncertainty among Chief Officers as to the role and remit of the Scottish Health Council; there is scope for sharing learning from the 'Volunteering in NHSScotland Programme'. There does not need to be a role for the Scottish Health Council in isolation, but opportunities to work with the Third Sector Interfaces and Voluntary Action Scotland to share learning from the 'Volunteering in NHSScotland Programme' should be welcomed.

Appendix 1 – Discussion Guide

This guide was produced by the Scottish Health Council for use by Research Scotland in conducting the interviews

- We are undertaking research for the Scottish Health Council on behalf of the Scottish Government exploring volunteering in the new integration authorities.
- The purpose of the research is to develop an understanding of what consideration has been given to developing, engaging and governing volunteers. We are also interested in the development and support needs of Integrated Joint Boards in terms of volunteering in the future.
- We are speaking to all Integration Joint Board Chief Officers during December and early January 2016.
- The Scottish Health Council will also be engaging with Third Sector Interfaces through Voluntary Action Scotland.
- Everything that you say will be treated and reported anonymously, although your contact details will be passed to the Scottish Health Council to maintain their database of contacts.

Introductions

- Confirm role and length of time in current post. Any previous experience of volunteering?
- What are your perceptions of volunteering?
    - For you, is volunteering about service delivery or improving health and wellbeing?
    - In your opinion, how integrated are volunteers within Health and Social Care?

Current situation

- Tell me about the current situation you have at the Integration Joint Board....do you have any volunteers at the moment?
    - If yes, probe, numbers of volunteers in both health and social care, types of roles, how long it took to get volunteering up and running).
    - If no, probe situation at NHS Board, such as numbers of volunteers and types of roles they undertake.
- Overall, what are your aspirations for volunteering in the Integration Joint Board.

Engaging volunteers

- What consideration has been given to how the Integration Joint Board has engaged/or will engage volunteers?
- What are the benefits and challenges for engaging in these different ways?
- If volunteering has not been planned in the Integration Joint Board, ask
    - Do you plan to learn from colleagues/share best practice? (Why/why not?)

Governing volunteers

- In terms of governance and management of volunteers, is there a volunteering policy (or is one planned?)
- Is there a volunteering strategy (or is one planned?)
- Have you reviewed the current policy or strategy or way of working in the NHS Board? (Why/why not? Was this beneficial?)
- How do you (or will you) manage risk with volunteers?
- NHS Boards have the Investing in Volunteering award (a quality standard that ensures that basic standards of volunteer engagement are maintained). Are you aware of this standard and the benefits of it? Do you think it is something you might replicate? (Why/Why not?)
- Are you/will you be required to report or evaluate volunteer activity?
    - Probe fully the reporting requirements

Benefits and challenges

- What benefits can you foresee in terms of developing volunteering (further) at Integration Joint Board level?
- What barriers or challenges can you foresee in terms of developing volunteering at Integration Board level?

Support and development

- What are your timescales for having a system of volunteers in place?
- What support would be useful to help you develop volunteering (further) at the Integration Joint Board?

- What support do you think you will need to:
    - Manage volunteers and volunteer services?
    - Network with peers
    - Offer training and development opportunities to volunteers or
    - Undertake evaluation of volunteer activity?

- Would an event for Chief Officers or other staff specifically about volunteering be helpful?
    - What would you hope to get out of an event like this?
- Is there any other support you would like to receive in terms of developing volunteering?

- Any other comments?

Appendix 2 – Integration status of Health and Social Care Partnerships (January 2016)

	Policy /Strategy		Joint Policy/Strategy	Model type	Status of integration
	NHS Parent Body	LA Parent Body			
Aberdeen City	Yes	Yes	Plans to have one	Body Corporate	Integration Scheme formally approved. Legally established. Will go live in March 2016.
Aberdeenshire	Yes	Yes	Plans to have one	Body Corporate	Integration Scheme formally approved. Legally established.
Angus	Yes	Yes	Plans to have one	Body Corporate	Integration Scheme formally approved. Legally established. Public Consultation on Integration Plan – January 2016.
Argyll and Bute	Yes	No	Plans to have one	Body Corporate	Integration Scheme formally approved. Legally established. Integration planned 1st April 2016.
City of Edinburgh	-	-	Yes	Body Corporate	Shadow partnership in place – aiming for integration in April 2016
Dumfries & Galloway*	-	-	-	-	-
Dundee	Yes	Yes	No plans	Body Corporate	Integration Scheme formally approved. Legally established.
East Ayrshire	Yes	Yes	No plans	Body Corporate	Fully operational as of 2 April 2015.
East Dunbartonshire	Yes	Yes (GCC policy)	No plans	Body Corporate	Fully integrated
East Lothian	Yes	Believes Council has one	Not yet discussed	Body Corporate	Integration Scheme formally approved. Legally established. Strategic plan out for consultation – Jan 2016
East Renfrewshire	Yes	Not discussed	Not yet discussed	Body Corporate	Fully operational since August 2015
Falkirk	Yes	Yes	No plans	Body Corporate	Integration Scheme formally approved. Legally established. Chief Officer in post – December 2015.
Fife	Yes	Yes	Plans to have one	Body Corporate	Integration Scheme formally approved. Legally established.
Glasgow	Yes	Yes	Stated joint policy "not relevant"	Body Corporate	Integration Scheme formally approved. Legally established.
Highland	Yes	Yes	Plans to have one	Lead Agency	Fully integrated

	Policy /Strategy		Joint Policy/Strategy	Model type	Status of integration
	NHS Parent Body	**LA Parent Body**			
Inverclyde	Yes	Not discussed	No plans	Body Corporate	Integration Scheme formally approved. Legally established. Been live "for a few months."
Midlothian	Yes	Not discussed	No plans	Body Corporate	Integration Scheme formally approved. Legally established. Described themselves as "up and running".
Moray	Yes	Yes	Plans to have one	Body Corporate	Integration Scheme formally approved. Legally established.
North Ayrshire	Yes	Yes	Plans to have one – but for TSI to develop	Body Corporate	Fully operational
North Lanarkshire	Believes TSI has one	Believes TSI has one	Not yet discussed	Body Corporate	Integration Scheme formally approved. Legally established. Fully operational since June 2015.
Orkney	Yes	Yes	No plans	Body Corporate	Integration Scheme formally approved. Legally established. Has a shadow IJB
Perth and Kinross	Yes	Not discussed	Not yet discussed	Body Corporate	Integration Scheme formally approved. Legally established. IJB had inaugural meeting in November 2015.
Renfrewshire	Yes	D/K	No plans	Body Corporate	Integration Scheme formally approved. Legally established. Has a shadow IJB
Shetland	Yes	No	No plans	Body Corporate	Integration Scheme formally approved. Legally established.
Scottish Borders*	-	-	-	-	-
South Ayrshire	Yes	Yes	Plans to have one	Body Corporate	Fully operational
South Lanarkshire	Not discussed	Yes	No plans	Body Corporate	Integration Scheme formally approved. Legally established.
Stirling and Clackmannanshire	Yes	Yes – Stirling No – Clacks	Plans to have one	Body Corporate	Integration Scheme formally approved. Legally established.
West Dunbartonshire	Yes	Yes	Yes	Body Corporate	Fully operational
West Lothian	Yes (but not seen it)	D/K	Not yet discussed	Body Corporate	Integration Scheme formally approved. Legally established.
Western Isles	Yes	Yes	Not yet discussed	Body Corporate	Integration Scheme formally approved. Legally established. Strategic Plan out for consultation – 14 January 2016.

*Dumfries and Galloway and Scottish Borders did not participate in this research.

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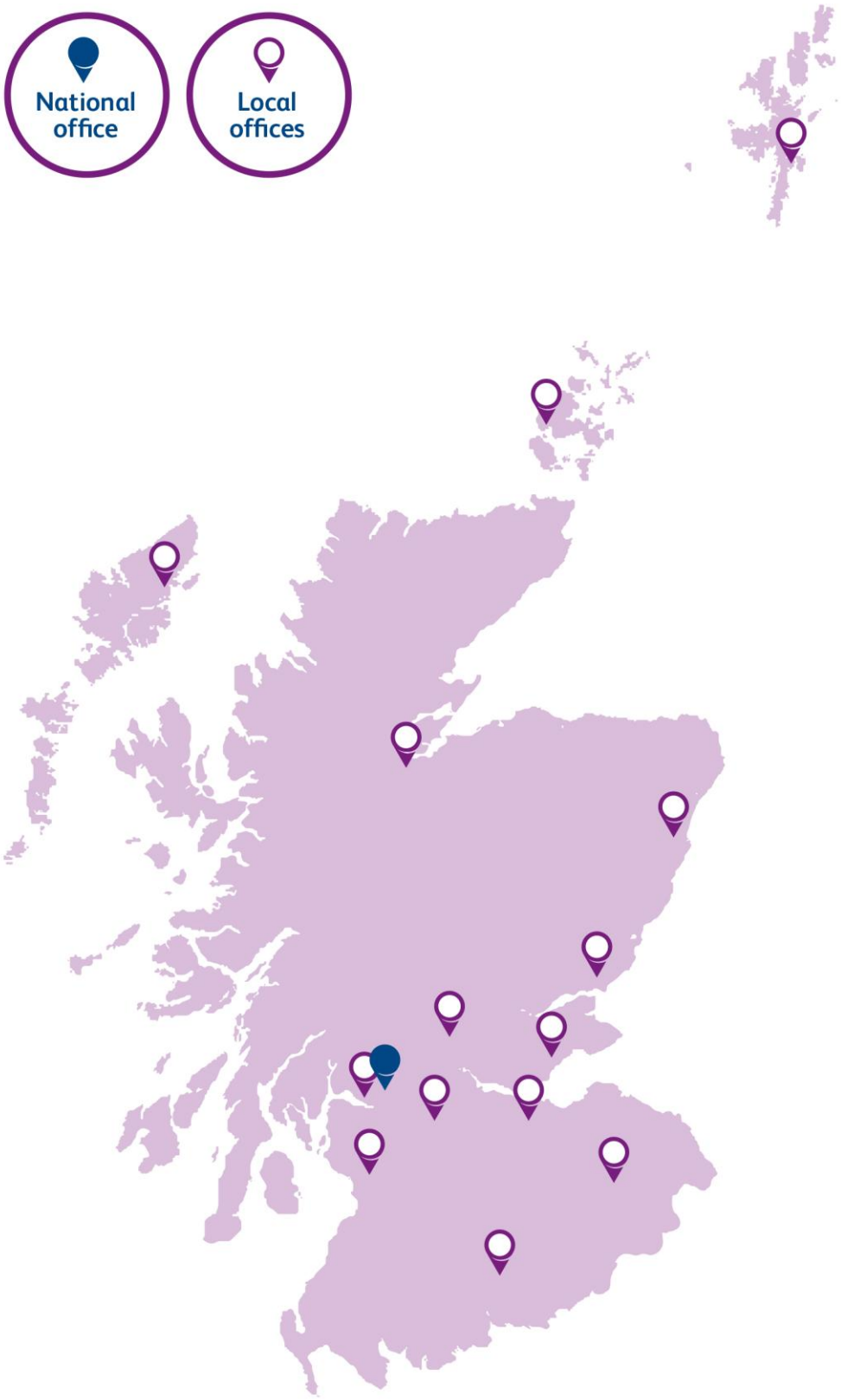

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