Beyond the Trolley Service

Volunteering and Health in the 21st Century

Beyond the
Trolley
Service

NHS
Tayside

Volunteer
Centre

'Ordinary people make impossible dreams come true'

Residents of Delancey Street Foundation, San Francisco

Beyond the
Trolley Service

Gary Malone
Volunteer Centre Angus 2009

ACKNOWLEDGEMENTS

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FOREWORD

It is a great honour and an immense privilege to be the author of this report, 'Beyond the Trolley Service' which creates a new dialogue on Volunteering in Health, bringing together the potential to significantly realign strategic thinking, with positive, informed volunteer perspectives for a healthier, more humane and socially just society.

Both my parents spent most of their working lives as nurses, in Royal Dundee Liff Hospital. As a child, I remember helping out at the very successful garden fetes attended by hundreds of people within the hospital grounds, volunteering along side patients and helping the hospital to be a natural part of the community. The organisation of the fetes drew a variety of people together, patients, relatives, staff, and members of the public, some making things which were bought by the public. Back then, the aim was to try to address stigma towards mental health encouraging the public to see that the hospital wasn't a scary place to be; nowadays could very well be seen to be a social enterprise activity.

My mother Mary, who grew up in conditions of absolute poverty, was awarded the Nurse of the Year Award in 1970; I didn't understand the relevance of it then but I do now. It replicates a story often told about legacies of empowerment where ordinary people, despite such adversity, achieve their full potential.   Little did I know then that I would follow a similar path in my working life, albeit in a different context but by and large tackling the same issues as my parents.   This is important because volunteering is often inspired within family learning environments or in communities trying to improve the lives of people they care about or to change things for the better. Volunteering is so diverse that even the smallest of efforts become part of larger scale social change. In essence it is like a jigsaw puzzle. Bringing all the pieces of volunteering activity together builds a complete picture; a picture which illustrates the tremendous impact volunteering can make on health, both in the context of the community and the health-care settings. Taking pieces away leaves society more vulnerable to uncaring communities where, the elderly, the young and people with health needs endure further isolation and disadvantage.

Arguably, for many years, patterns of service provision have suppressed the resilience of community and created greater dependency. This is complicated further through the manifestation of an individualisation culture emanating from the 1980's merging into the accelerating throw away consumer cultures in the new millennium. To address these challenges we need to empower communities to care, build on community action and raise the profile of volunteering at all levels, helping all people make volunteering a natural part of their lives.

Volunteering is indeed an ancient and traditional form of social action but is increasingly measured by its economic value. It is however an act of humanity, of necessity, it is global, local, and active from the darkest and most dangerous corners of the world to the affluent areas here in Angus. Most importantly it is relative to the environment in which it happens, it builds communities and wellbeing, which is something we can't put a price on.

Gary Malone
Volunteer Centre Angus

INTRODUCTION

The concept of 'Beyond the Trolley Service' was developed by a working group set up by Angus Community Health Partnership and Volunteer Centre Angus. Based on a consultation involving approximately 200 people, environmental analysis and an extensive literature review, its purpose is to create a coherent, strategic and sustainable approach to volunteering which:

- Builds on examples of good practice including the strong foundations for volunteering within health settings, whilst raising the profile of existing volunteering effort at local level within communities.
- Achieves better and more meaningful community engagement, through a more proactive commitment to engage people enduring poverty, disadvantage and inequalities as potential volunteers.
- Assesses the range of volunteering opportunities beyond traditional volunteer settings, connecting to a more modern notion of co-production.
- Offsets potential ambivalence towards volunteering by recognising its potential for social change, addressing inequalities through volunteering as a right of all people.

The evidence presented within this report highlights the power and potential of volunteering of which much remains untapped. Examples of volunteering- related health outcomes are threaded throughout this report. The literature review asserts a strong argument favouring associational life, recognising that despite higher levels of spending in health, our health inequalities are greater than those in more equal societies.

Whilst this report is clearly focused on volunteering in health it should be noted that a number of services in Angus are delivered jointly by the NHS and local authority, particularly the Social Work and Health Department.

A significant level of volunteering takes place in social work services and the Council has had a long standing relationship with the Volunteer Centre.

It is hoped that a further report on volunteering in social care will add value to this piece of work and enable further joint approaches to volunteering which will assist people with health and social care needs.

Volunteering is a complex issue; it is not cost-free as it requires management, planning and resourcing. It is also very high on the political, economic and social change agendas in Scotland, and is particularly relevant to the challenges facing the NHS. In the current economic climate, as relative poverty increases, the demands on services delivered by volunteers will be higher. The employability agenda may result in many more people seeking volunteering through choice or by coercion via the mooted '*earn your welfare*' proposals, whilst public spending cuts and the removal of ring-fenced budgets may also impact on the resources available to support volunteer management.
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As the first of its kind, this report will also be of interest to a wider audience including the Scottish Government, NHS Scotland, local Volunteer Centres and Community Health Partnerships across Scotland, together with volunteers and their managers. It firmly locates the role of volunteering in developing more sustainable NHS services for the 21st Century

RECOMMENDATIONS

Building on the findings of this consultation and literature review, it is recommended that the following measures are considered within the planning for volunteering both at strategic and operational levels.

1. **Building Capacity and Volunteer Management**
   Volunteer managers are commended for their commitment and dedication, however their efforts need to be complemented by leadership at strategic level, to champion volunteering, provide resources, and by staff in various localities by further supporting the work of volunteers. A more collaborative approach could secure additional leverage, particularly in recruitment, marketing, training and recognition through joint work with Volunteer Centres and other agencies. New arrangements for shared volunteer recruitment, induction and training would help build capacity and avoid duplication.

2. **Better Community Engagement**
   Although there is much rhetoric around community engagement, people most likely to experience social exclusion, are less prominent in traditional community engagement settings and indeed volunteering. Furthermore the evidence suggests those less likely to engage are more likely to endure poor health through poverty, disability and disadvantage. Consequently action needs to be taken to engender meaningful community engagement encouraging participation from people living in the most deprived areas or facing disadvantage through ill-health. This requires volunteering recruitment to be based on the equality and diversity framework with levels of participation, monitored and evaluated accordingly. This more proactive and targeted approach is consistent with a value base applicable to social justice and equalities.

3. **Volunteers/ Staff and Labour relationships**
   Many of the responses given suggest volunteering being perceived as a cheap option and volunteers are 'just unpaid staff'. These perceptions are consistent with ambivalence and hostility towards volunteering especially in times of recession, but nevertheless should not understate the importance of volunteering within contemporary health challenges. It is essential therefore agreements with Trades Unions recognise the role of volunteering within the NHS. This may require additional efforts to; clarify the roles and responsibilities of volunteers and paid staff; stimulate learning and evaluation; and promote volunteering roles within a consistent value base, integral to volunteering and the NHS.

4. **Diversity**
   The evidence presented in this report draws connections between public perception of volunteering in health and participation by age, gender and ethnicity. Although this research is relatively small scale a significant number of responses were from people aged 55 plus, despite this, further enquiry involving young people suggests young people are interested in volunteering in the NHS. This is an issue not only for volunteering but is reflected in concerns within workforce planning. The evidence goes on to suggest women are more likely to volunteer than their male counterparts. More efforts are required to make sure that volunteering is taken up by a more diverse group including minority, black and ethnic communities.

5. Policy and Planning

The evidence from the Consultation and Literature review demonstrates that volunteering has a powerful role to play within an ever-changing political and economic climate. It is suggested that NHS and Volunteer Centres work together to identify how volunteering can respond to meet these modern challenges. In a planning context, volunteering should become more prominent in the Health Compact Agreements whilst featuring more regularly in Community Health Partnerships discussions. Given the size and scale of volunteering in health there remains an opportunity to encourage increased involvement by volunteers in service delivery and planning.

6. Volunteering and Community Empowerment

Given the scale of volunteering within the NHS, further arrangements to empower volunteers in decision making requires further consideration at strategic and operational levels. Volunteer responses suggest that they have little involvement in decision making or in the formulation and description of new volunteering opportunities. Consideration of new arrangements may include developing a volunteer council or committee, additional communication efforts including volunteer newsletters, and volunteer/ staff meetings. At a local community level, building on existing good practice and extending the successful local volunteer led community action projects such as Healthy Happy Communities.

7. Personal and Social Development

More resources including training and pre-volunteering skills development are required to support those who are less confident about engaging in volunteering. A growing body of evidence suggests significant benefits from volunteering especially for people more at risk of social exclusion. Encouraging learning and development including access to accredited training opportunities and pre-volunteering training can help lead to paid employment. Training should involve staff and volunteer managers on issues around managing and supporting volunteers. Additional leverage could be gained through connecting to existing work carried out by Volunteer Centres and linking up with pre-volunteering personal development programme, such as the Volunteer Academy. Toolkits such as RICKTER Scale could be used to determine positive outcomes from an individual's perspective providing valuable qualitative data.

What volunteers told us…

"Volunteering is a fantastic experience and I would recommend it to anybody. It's the only opportunity you'll ever get to do something for somebody else without worrying about how much you are getting paid for doing it"

SUMMARY

1. Participation

The positive engagement and approach shown by participants suggests a willingness, enthusiasm and determination to further develop the capacity for, and create diversity of opportunity in volunteering and health and community settings. In total 201 people participated in this consultation exercise engaging through structured surveys, one to one interviews, facilitated focus groups and strategic worker dialogue. The support provided at strategic level is considered as fundamental to offsetting the global, economic, political and social change challenges of the 21st Century.

2. Partnership Working

There is clear evidence of potential collaborative gain through effective partnership working between Volunteer Centres, Volunteer Engaging Organisations and Community Health Partnerships. The findings clearly suggest the potential to enhance the role of volunteering within health planning and provision and the robust nature of the consultation will help in the formulation of future local Single Outcome Agreements.

3. Community Engagement

The findings highlight a need for effective, appropriate and consistent community engagement methodologies, fundamentally grounded on the principles of social justice and equalities. Despite this, people living in deprived communities remain less likely to engage in decision making structures, and often indeed in volunteering itself. The report also illustrates the personal benefits the volunteering experience affords those living with health inequalities. Research findings generally suggest that those from the lowest socio-economic groups often have poor volunteering experiences. Without a more proactive and rigorous effort being exerted towards more meaningful engagement, decisions taken are less likely to make real social impact on communities most in need. It is also important that a consistent image of volunteering is reflected in building a culture where people feel 'volunteering is for me'.

4. Building the Capacity of Volunteer Management

This report highlights several volunteer management issues. Whilst most volunteers expressed satisfaction with the management and support arrangements in place, demand and potential additional demands will require additional resourcing. Consistently in a U.K. context a growing body of evidence suggests that limited investment in volunteer management restricts the potential for volunteering to involve a greater number of people. In a marketplace context, evidence suggests there to be little point in developing the supply side of volunteering (through promotions and recruitment campaigns etc,) if the demand side (management and support arrangements) is of limited capacity.

5. Literature Review

The review of literature reflects on a growing body of evidence suggesting volunteering is a powerful contributor to positive health. Whilst much of the hard evidence is continuously emerging, there is no doubt from the

anecdotal experiences of those involved that volunteering makes a significant contribution to wellbeing and sustained mental or physical health. Evidence supports the view that there are higher levels of social networking, increased levels of social capital, longer life expectancy and better mental health in more equal societies. It does not necessarily follow that countries that spend more on health have better health and wellbeing than more equal societies, again supporting the need for effective involvement and engagement.

6. Volunteer diversity

Four times as many women returned survey questionnaires in this study compared to their male counterparts. 49 out of 50 surveys were returned by volunteers identifying their ethnic origin as white. Whilst the sample scale is small, the survey suggests volunteering in health is an activity currently more attractive to older people. In the responses given the majority of volunteers were aged over 55 years whereas young or younger people under the age of 35 were not present. Paradoxically, of the 46 young people we surveyed, (under the age of 25) over half said they would consider a career in the NHS with around 30% suggesting they would volunteer in a health setting.

7. Broadening the range of opportunities

Evidence presented throughout this report suggests the need to develop a broader range of volunteering opportunities both in a health and community context. The responses of young people provide one example of this, suggesting further opportunities to complement existing volunteering roles within health settings. An increasing commitment towards volunteering within the community is fundamental to helping address health inequalities; volunteering can significantly offset the demands on the NHS whilst maintaining good mental and physical health of those involved. The capacity to increase the number of volunteers involved will require further auditing but is nevertheless evident.
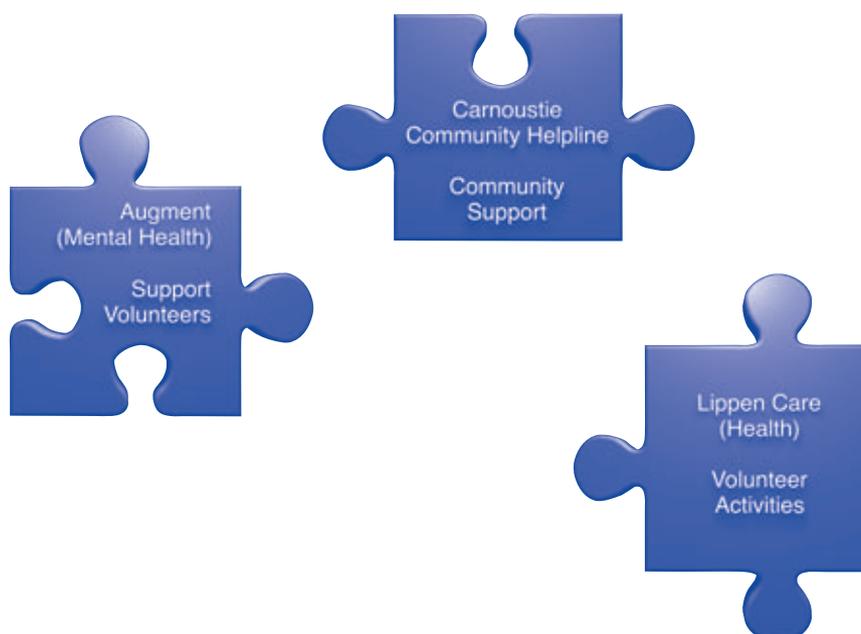
METHODOLOGY

Size scope and scale:

This consultation was undertaken to achieve the following:

- To provide an evidenced based approach for volunteering in health services aspiring for a more coherent, sustainable and collaborative organisation of Volunteering and Health fit for the 21st Century.
- To identify ways in which to broaden out the range of volunteering opportunities beyond the public perceptions and to engender a buoyant culture of volunteering which addresses health inequalities.
- To develop recommendations which restructure volunteer marketing, support and capacity building within the NHS
- To develop the potential of volunteering in order to offset the global economic, political and social challenges.
- To provide a foundation on which action and planning which extends volunteering towards a model of co-production.

Key Actions:
- Analysis of the volunteering environment in Angus.
- A literature review of theory and studies pertaining to the subject.
- Questionnaires to elicit the views of members of the public carried out by volunteers active in health (Meeters and Greeters).
- Semi structured interviews using questionnaires.
- Questionnaires asking the volunteers what they think about their volunteering in health.
- Focus group discussions including strategic managers, volunteers and volunteer managers.
- The involvement of Strategic Planning Officers who helped shape the consultation and champion volunteering within a health setting.

The subject matter of the research necessitated that the approach taken to the enquiry should maximize the informational value of the knowledge base. This was facilitated through the collection, understanding and interpretation of the perspectives available from a focused complement of contributors at strategic level rather than acquiring and interpreting the views of a large random sample population.

In planning the research process, an analysis of the inquiry methods available to the researcher was undertaken. This review suggested that a combination approach of traditional methods, namely structured one-to-one interviews augmented by facilitated focus group activity, was likely to elicit the most appropriate nature and level of information.

As with all qualitative research the role of the researcher is integral. Given the underlying knowledge and current involvement of the author in the subject heading, a qualitative methodology and action research approach has allowed flexibility in approach, facilitating a circumstance where the design of the research has been allowed to fully evolve through the research process. The setting of the research, within the natural environment of health or volunteering has also been

pursued by the author, allowing the theory delivered by the research to evolve as the data collection process was undertaken.

Whilst the focus group method can be limited, it has been integrated into this consultation to ensure that a depth of information could be achieved. Focus group activity is recognised as a key tool in understanding audience attitudes and behaviors. It is acknowledged that this method must not be considered in isolation, but seen as complementary to the interviewing process as it does not ascertain any quantitative data.
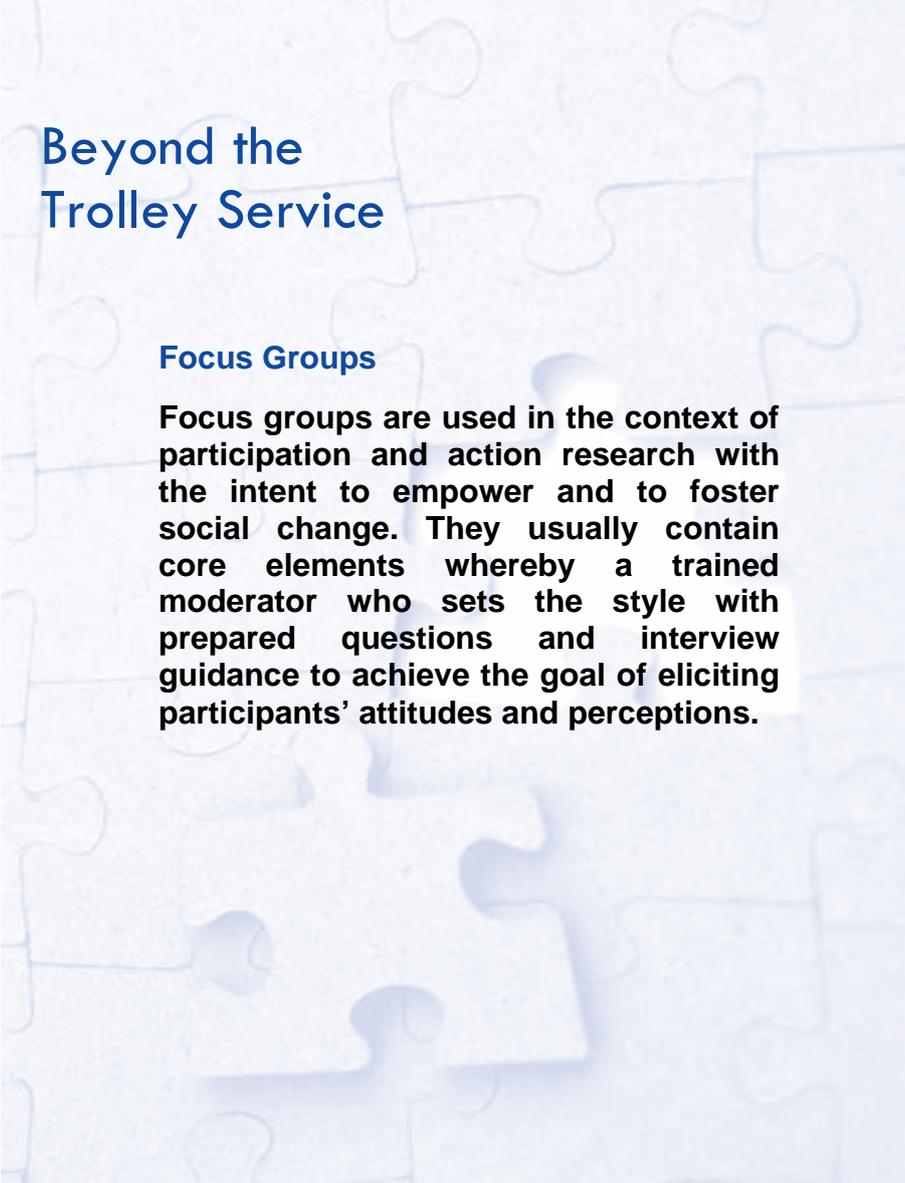
Beyond the Trolley Service

Focus Groups

Focus groups are used in the context of participation and action research with the intent to empower and to foster social change. They usually contain core elements whereby a trained moderator who sets the style with prepared questions and interview guidance to achieve the goal of eliciting participants' attitudes and perceptions.

5. ANALYSING THE VOLUNTEER ENVIRONMENT
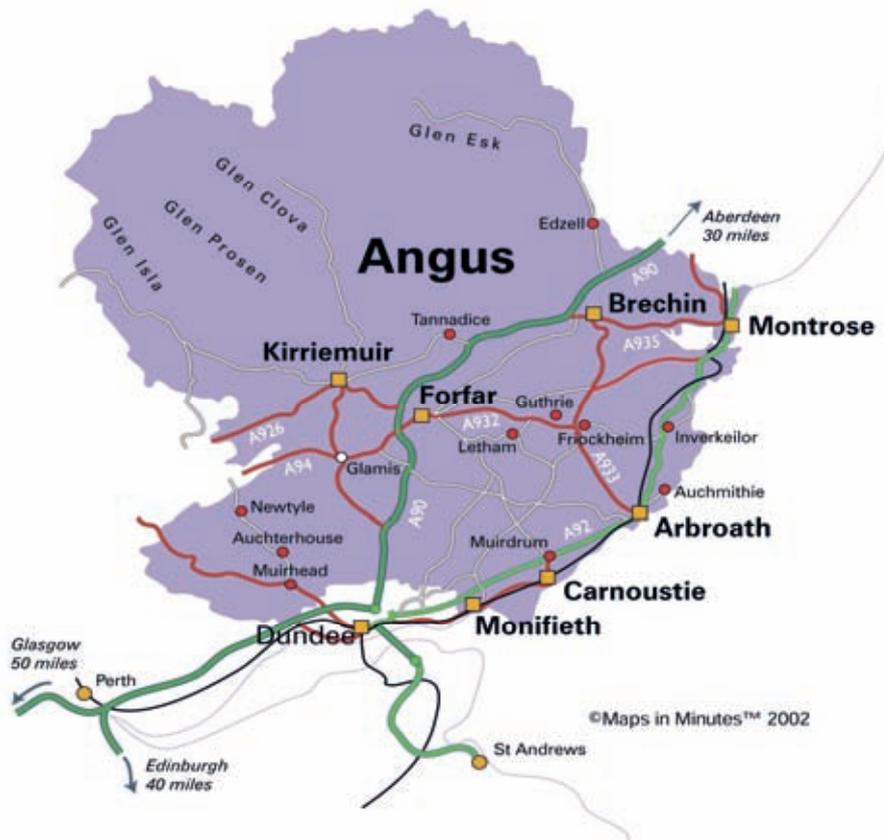
Demography

The County of Angus is mainly rural with an extensive coastal boundary. There are 7 Burghs – Arbroath, Forfar, Montrose, Brechin, Kirriemuir, Carnoustie and Monifieth. There is also the more rural area – the Angus Glens which is renowned for its natural environment and beautiful scenery. The rurality of Angus presents many challenges including transport. Whilst isolation can factor high in rural areas, people in urban areas can also endure social isolation.

Angus has an estimated population of 108,400 (Census - 2001), 2.1% of the Scottish population. It extends to 218,148 hectares (roughly 842 square miles), which is some 2.8% of the land area of Scotland. 52% are Female and 48% Male. Approximately 94% of Angus residents are white Scottish (this is slightly higher than the Scottish average).

Demographic forecasts suggest an ageing population and a decline in the number of people of working age. As most volunteers are of working age this may suggest lower levels of volunteering. Recent years have also seen the rise in the number of European Migrant Workers located in Angus, mostly by people from Eastern Europe. Whilst this development places additional challenges to services, the European Migrant Worker community make a valuable contribution to community life, the environment and the economy.

Economy

There are a projected 49,000 households in Angus. 5.7% are occupied by lone parent families and in Arbroath the percentage is higher (7.87%) than the Scottish average of 6.9%. Pensioners reside in approximately 16% of households.

The economy of Angus is predominantly agricultural: just over 80% of the land is farmed. The county is popular with walkers and climbers and in winter, with skiers and snow-boarders. The coastal towns have a long tradition of both manufacturing and service industries. Montrose, because of its proximity to Aberdeen has benefited in recent years from the North Sea oil industry.

Volunteering Impact

Recorded levels of volunteering are higher in Angus (32%) than the Scottish Average (25%) (Scottish Households Survey:2006). This equates to 28,170 (32% of total adult population aged 16 and over) who had volunteered in the last 12 months. In a survey carried out by VCA 1863 people volunteered (twice as many women as their male counterparts) in a sample of 72 organisations, Using a mean income valuation approach, the economic value of volunteering can be estimated at more than £30 million pounds. Remote and rural areas generally have higher levels of volunteering (SNHS:2008) There are 631 registered charities in Angus where an estimated 65% of volunteers are active in voluntary sector organisations.

Volunteering activity	Scottish Average	Angus
% volunteered in last 12 months	25%	32%
On an occasional basis		26%
1-5 hours (within the last 4 weeks)		32%
6-10 hours (within the last 4 weeks)		21%
11-15 hours (within the last 4 weeks)		7%
16-20 hours (within the last 4 weeks)		7%
21-35 hours (within the last 4 weeks)		3%
36+ hours (within the last 4 weeks)		4%
Economic Value of volunteering (per annum)		£30,705,498.00
Number of registered Charities		613

Mapping volunteering

From the research undertaken by the author, it could be reasonable to suggest that In Angus alone there are more than 500 volunteers who are active in health either through their direct involvement in an NHS setting or through voluntary sector organisations with a direct funding relationship with NHS Tayside. It has proved much more difficult to estimate the numbers of volunteers engaged in the wider community context but with the increased focus and developments around community volunteering a more tangible audit is however possible.

Given the analysis of the current size and scale of volunteering in health and volunteering potential it could be reasonable to suggest that an additional 200 volunteers could be recruited within the next 2-3 years. This figure does not include a proliferation of community volunteering, but is based on a formula of aspirations and opportunities; (VCA Data base 2009 see appendix 1). This requires a broader range of diverse opportunities; which are suggested on page

21 and is evident in the responses given during the consultation. Any increase in volunteering activity may require further audit especially in relation to the engagement of people less confident about volunteering and an increased uptake by other groups including young people and migrant workers.

The current range of volunteering activity which was identified within this consultation has also been matched against national volunteer descriptors and is highlighted in appendix 2. The table below reflects some aspects of volunteering in health where organisations have a funded relationship with the NHS, Angus Councils Social Work and Health Department or where people directly volunteer in a NHS setting. A number of the organisations listed below are funded by both NHS Tayside and Angus Council. In these instances Angus Council Social Work and Health Contracting Officers have responsibility for monitoring service level agreements.

Organisation	Activity	Number of volunteers
SHOUT Learning Disabilities	Buddies	3
Volunteer Centre Angus	Volunteer Buddies	21
Angus Mental Health Association	Befrienders and support volunteers	40
Angus Carers	Volunteer Carers and Drivers	42
Augment	Mentors	14
Angus Independent Advocacy	Volunteer Advocacy	30
Alzheimers	Drop in services and fundraising	11
Angus Special Playscheme	Support for Playscheme participants	50
Body Positive	Befriending Support volunteers	10
Enable	Befrienders and buddies	6
Headway Tayside	Befriending Support volunteers	25
Monifieth Befriending Scheme	Buddies and Befrienders	30
Carnoustie Community Health	Community support	25
Lippen Care	Community café, hospital visiting etc,	50
NHS Voluntary Services	Drivers, visitors, admin, group support	50
Macmillan's	Reception, Drivers, arts and crafts	60
Radio North Angus	Hospital Radio	20
Tayside Council on Alcohol	Mentors and Befrienders	15
	Total	502

This table does not reflect the full diversity of volunteering relating to health

Examples of Volunteering in Health

In Angus there are many examples highlighting the role of volunteering in advancing the health needs of local communities of geography and of interest. Such volunteering is evident across all sectors. The examples given below are by no means comprehensive but provide a flavour as to the diversity of volunteering effort within health and in agencies that have a funding relationship with health either through NHS or Angus Council Social Work and Health Department.

Mental Health

Angus Mental Health Association provides a range of support including drop in facilities, befriending, motivation projects and work with young people in schools. As a leading voluntary sector organisation in Angus it relies on volunteers across all aspects of its work including management level. AMHA became one of the first organisations in Angus to gain the Investors in Volunteer awards. Augment is also a voluntary sector organisation with a more Social Enterprise focus. In addition to providing a range of support Augment undertakes valuable and innovative consultation using open space technology. Augment is reliant on volunteers. The Volunteer Buddy project run by Volunteer Centre Angus responds to request for volunteering by more than 200 people experience mental health issues each year.

Learning Disabilities

Volunteering effort is crucial to the empowerment of people with learning disabilities supporting community involvement, self determination and community care. The SHOUT group is an action and self advocacy group made up of people with learning disabilities, who are supported by volunteers to address inequalities. HOPE (Hospitalfield Organic Produce Enterprise) is a volunteer led project which supports learning and development, growing organic vegetables and fruit and selling them onto the public.

Older People

There are many examples of volunteering effort supporting older people to maintain good health and engage in community activities. The Angus Gold 50 Plus Project involves volunteers to assist people to learn how to access Information Technology and a range of better health projects. It was originally funded by the Scottish Executive and received an excellent report on its impact on elderly people, their health and personal development. Angus Gold is now mainstreamed and relies on a balance of paid staff and volunteers to plan and deliver the range of activities available.

Young People

In addition to the Millennium Volunteering Awards Scheme there are a number of initiatives in relation to encouraging young people to volunteer or pursue a working interest in health

- Health and Social Care Academy - Pre-Employment Programmes, Foundation Programme and Modern Apprenticeships, supported by Angus College.
- Barnardos Work Experience Programme - involving some of the most vulnerable young people offering 6 month work experience placements - co-ordinated through the Healthcare Academy.

- Work Experience Policy - to reduce the age of opportunity to 15, to promote careers and jobs across the Career Framework and not just for those who will enter university, this policy is being taken forward in partnership. A co-ordinator has been appointed.

(In Angus, 416 young people aged 16-25 received Millennium Volunteering certificates for up to 200 hours of volunteering during 2008)

Disabled People

Angus Access Panel provides support and guidance to disabled people and organisations on issues relating to disabilities and access. Angus Disabled Ramblers also have 12 volunteers who enable people with disabilities to access the outdoor environment.

Public Partnership Group

The Public Partnership Group is made up of volunteers who undertake a range of consultation and research work on behalf of the NHS in Angus. Their work involves providing a reference for emergent plans and projects, engaging members of the public in consultation and gathering their views on issues relevant to health planning.

Equalities

Migrant workers in Angus have a very high level of commitment to volunteering with most of their endeavours being around the environment and education but also in health through supporting people on their road to recovery. The Dobromysl Foundation is a voluntary organisation that provides advocacy and support for migrant workers, and engages schools and communities in a range of volunteering activities. They work in partnership with Volunteer Centre Angus through the Migrant Workers' Project.

Carers

Angus Carers has a very high ratio of volunteering effort supporting all aspects of its work. This includes volunteers who sit for carers to allow them time away from their caring responsibilities, fundraisers, board members and volunteer drivers.

Children and Families

Home Start Angus is heavily dependent on volunteering to provide services for families and their children across the county. Their volunteers tend to commit to the service for many years, receive excellent training and support and provide befriending support for lone parents and parents on low incomes. Their work is essential to early years development.

Cruse Bereavement

Volunteers involved in Cruse provide a counselling service and support to people going through bereavement.

MacMillan Cancer Support

Volunteers provide emotional support, counselling, therapies and companionship for people living with cancer. Set in a rural area, McMillan also has a volunteer driver project enabling people to access services.

Angus Independent Advocacy

Angus Independent Advocacy (AIA) values the impact that volunteer independent advocacy can make within the NHS. AIA recruits, trains and supports their volunteers to provide independent advocacy to vulnerable and disadvantaged individuals who may have a number of disabilities including; mental ill-health, learning disabilities, acquired brain injuries, dementia or who have frailty in old age. Advocates aim to uphold and promote the rights and dignity of those whose interests they are supporting or representing. Their primary aim is to empower their advocacy partner to speak up for themselves whenever possible and aid communication between the patient and professionals. AIA's volunteers (with no upper age limit) come from a wide range of social backgrounds, having a wealth of life experience and personal skills to bring to the volunteer advocacy role. In compliance with the national Principles & Standards for Independent Advocacy in Scotland, (further details at (www.siaa.org.uk) volunteer advocates should not have any close links with service professionals and their offices are not sited within NHS premises, to help address any potential conflicts of interest.

Healthy and Happy Communities

Health and Happy Community is an initiative developed in partnership between health and social work and is part of the Angus Focus on Alcohol Project. The volunteers are active in the Brechin and Kirriemuir areas. As community volunteers they undertake research and inspire new projects including the Friday Night Project in Kirriemuir to address alcohol issues through publicity and promotion.

Carnoustie Community Health Co-operative

This community led initiative provides support to people especially elderly people with mobility issues. Their helpline and driving scheme is run by volunteers who have developed working relationships with GP practices. As a consequence of their support elderly people are more likely to enjoy support at home rather than increased dependency on mainstream services.

Focus on Alcohol

The Focus on Alcohol Angus project is developed around community engagement and action to tackle the problems associated with alcohol use and misuse. To date the project has attracted and supported a range of volunteers. These have included young people from all secondary schools, local community councillors, community groups and Alcoholics Anonymous.
Tayside Council on Alcohol (TCA) provide a range of highly supported voluntary opportunities for individuals to be trained as volunteer counsellors or mentors/befrienders with their Angus Link-up Mentoring Service. One of our voluntary counsellors also supports the Focus on Alcohol Angus Website.
www.focusonalcohol.org

Service development

Lippen Care volunteers work very successfully in partnership with NHS which funds and provides the nursing and medical care in Strathmore Hospice. The volunteers continue their fundraising efforts to deliver a high level of care and comfort to patients, their carers and families.

Volunteers work in the Hospice every weekday and Sunday afternoon, chatting to patients, serving teas, welcoming visitors and generally helping in any way they can. Volunteer gardeners provide a peaceful haven for patients and carers. The volunteer complementary therapy service is proving to be beneficial in enhancing patient care and comfort. A team of volunteers run the Lippen Care shop and accommodate any requests from the public, staff and patients during the ward 'trolley run'. Fresh floral arrangements adorn the hospice lounge. Increasingly the volunteer service is being acknowledged as a valuable contribution to palliative care.

What volunteers told us…

"As a retired person, volunteering gives me focus. I have to get up and get out, it would be easy to just hibernate and this would affect my happiness and health"

What volunteers told us…

"I would recommend volunteering to everyone as it has given me a sense of purpose"

Differentiation of Volunteering against policy imperatives

The literature review and other studies describe a range of benefits from volunteering in health. The table below differentiates these according to the key strands of health outcomes and policy imperatives.

Benefits	Initiatives/Opportunities	Outcomes
Public Health/Health Improvement Policy drivers: • Better Health Better Care • Public Health Bill 2007 • Towards a Mentally Flourishing Scotland	Increased/revised health volunteering opportunities Incident specific volunteering opportunities Volunteer Academy	Improved mental and physical well-being Improved health outcomes (where relevant) Improved direct community impact/reach for targeted health messages Improved levels of participation Personal and social development gains/ removing barriers to employment / volunteering / education and health.
Community/Social Benefit Policy drivers: • Better Health Better Care • Equally Well • Better Heart/ Stroke Care Action Plan • Better Diabetes Care • Towards a Mentally Flourishing Scotland	Increased/revised health volunteering opportunities Timebanks Community Health initiatives CHP/sector co-operatives Peer based support initiatives Volunteer buddying	Improved community cohesion Increased self-help ethos Empowerment of people experiencing long term care conditions Improved levels of social capital Lowered dependency on statutory services Improved levels of participation
Service Development Policy Drivers: • With Inclusion in Mind • Directly elected health boards • Better Health Better Care • Equally Well • Better Diabetes Care	Increased/revised health volunteering opportunities Public Partnership Forum Patient Reference Groups Community Health Researchers Complementary Volunteering Roles Increased recruitment and support through Volunteer Centres.	Increased emphasis on volunteering at development stage Re-focussed emphasis on 'close to the customer' service delivery Reduction in service duplication/increase in service complementarity

Extending the range of opportunities

The consultation and literature review highlighted areas where volunteering can be developed and where initiatives can be build upon. The range of volunteering and health related activities locally can be mapped against national examples in appendix 2. The suggestions on extending the range of opportunities are also highlighted on pages 46, 47 and 53 of this report but have been clustered around the following themes:

Volunteering in a health setting context:

- Actions to support members of the public to enjoy quality time during appointments making the hospital a 'less scary place to be' e.g. childcare/volunteer led crèche.
- Extending information and support to visiting public.
- Complementing patient care.
- Promoting the hospital in the community.
- Undertaking consultation and involvement in decision making.
- Further complementing volunteering effort within health settings.
- Extend the range of services and reach more people.
- Volunteering which improves the health of the volunteers themselves.
- To make the experience of visiting hospitals more comfortable for visitors and patients, especially those anxious about prognosis (i.e. patients friend, befriending and counselling).

Volunteering in a community context:

- Volunteering to tackle Isolation and loneliness.
- Buddy support for people experiencing Long Term Care Management conditions.
- Buddying support in relations to mental health.
- Peer and mentoring support improving young people's health.
- Supporting young people to maintain and enjoy a good quality of life.
- Supporting older people through buddying, befriending and practical tasks which maintains dignity and addresses isolation and loneliness.
- Volunteer led Community Engagement.
- Community volunteer health development, including Timebanks, Community Health Co-operatives, walking groups etc.

In attempting to broaden the range of volunteering opportunities it has been important to consider these factors and how they relate to volunteer motivations. The varying motivation factors across age groups suggests a range of different outcomes are sought by individuals seeking volunteering opportunities. This could be considered on a continuum ranging from the need for affiliation to the need of employment and further learning. In essence as unemployment increases, volunteering becomes a higher policy priority and as isolation in older years grows more people seek affiliation through social networks. The mapping of volunteering activity highlights richness in terms of its diversity and levels of participation. This has been analysed further focussing on wider environmental impacts.

ANALYSIS OF THE VOLUNTEER ENVIRONMENT

The table below illustrates the Political, Economic, Social, Technological, Environmental and Legal impacts in relation to Volunteering and Health

Political	- Potential change of power – UK Government different policy priorities in relation to health and volunteering - Scottish Government/COSLA Concordat, Single Outcome Agreement, loss of ring-fenced budgets - Public Sector Reform agenda - Directly Elected Health Board representative pilot - NHS 'Investing in Volunteers' requirement by 2011 - National Strategy on Volunteering - United Nations – Statement and Declaration on Volunteering - Policy impact on volunteering - Positive policy perspective -Equally Well Agenda
Economic	- Economic situation, credit crunch etc could mean cuts in public sector = cuts in funding of Volunteer Management - Recession – increased levels of relative poverty – more demands on volunteering but less resources to make volunteering happen - Economic value of volunteering and wider social benefits - Banking crisis – impact on Corporate and Social Responsibility and Employer Supported Volunteering (ESV) - Shared services agenda - Implications of free personal care agenda
Social	- Lifestyle changes – individualisation culture - People don't have time or money to volunteer - Volunteering as a life changing experience, recovery from drugs etc - Demographic ageing population. People live longer, can contribute longer but increase demand on services and volunteering - People work further away from home and families - Health inequalities impact most on poorer people - Community responses to local health issues - Increased focus on social care employment opportunities
Technological	- Advancement in new technologies - Volunteering Scotland Database - Advancement of Digital care - Not all people want volunteering on-line, need to focus on personal support and guidance - Improved communication – increased opportunity to learn and share good practice across the globe
Environmental	- Global warming – countries without water - greater migration - Disasters, emergencies and relief - International and migrant workers contribution through volunteering - Multiple deprivation areas/ affluent areas/ rurality (Angus Mix) - Transport issues in rural areas make it hard to access volunteering - Super-bugs and global viruses (*Bird and Swine Flu*)
Legal	- Disclosures and increased regulations - Duty of care - Lack of clarity on how volunteering is protected under laws and regulations - Consistency of information on Benefits and threat of mandatory volunteering - Litigation , increased regulation and legislation

5. LITERATURE REVIEW

The Role of Volunteers within Health

There are many research studies suggesting the benefits of volunteering in health. Volunteers fulfil many roles within the health services. As volunteers often come from within the local community, they also often represent and reflect the interests of that community. Their local dialogue can also inspire members of the public to have both a more positive appreciation of their own health needs, and become involved in volunteering. Consequently, the evidence also suggests a positive volunteering experience is likely to lead others to be inspired to do likewise.

The unique nature of volunteering highlights a strong consensus that volunteers can 'perform roles that paid staff could never do' and 'often bring their own unique perspectives' (IVR 2006). Further studies conducted by the Department of Health also highlight the unique contribution volunteers bring to health settings, asserting:

- A service user voice and expertise as former patients.
- Ownership by the communities that are served by services.
- A personal and human touch.
- A source of local knowledge.
- A fundamental to community cohesion.

(Dept of Health 2006)

The most common roles for volunteering in health according to a survey carried out by the NHS in Wales, suggests that '71% of health related volunteers are engaged in voluntary sector services and 29% in statutory agencies'. Examples of this include support for carers, organising social activities, supporting patient groups and practical support on the ward. This may also suggest that there are extended opportunities to plan and deliver across sectors where training, support and recruitment issues are of a similar vein.

Furthermore, according to Wilson & Mussick, 1999, there is clear evidence to suggest that volunteering can improve people's health through:
- It's a form of social participation helping to reduce isolation
- Volunteering is a self validating experience in helping to engender self esteem, belongingness and health
- It fosters a belief in making a difference, self worth and making a contribution to your community is essential to good physical and mental health

The benefits of involving volunteers within NHS

The benefits of involving volunteers in health are ascribed by Volunteering England against three main attributes:

1. Volunteers are often in the position to provide a much more personal response, a response that formal health and social care workers sometimes find more difficult to deliver in the pressures of the environments in which they work.

2. Volunteers can foster better local ownership, the involvement of local volunteers in expert patient programmes in particular, as representatives of working groups can give commissioners on health and social care an invaluable window into the community they serve.

3. Volunteering can promote good physical and mental health and can help people at risk of social exclusion from becoming isolated. Where volunteers themselves have a health or social care need, volunteering could help break the cycle of dependence and empower individuals to take control of their own lives by supporting other people with health and social care needs within their community. (Volunteering England:2006*)*

Paradoxically, despite a long history of volunteering in the NHS and its powerful contemporary role, volunteering continues to suffer from under-investment and poor policy setting leading to:

- Limited recognition and profile for volunteers outside 'traditional' roles.

- Lack of clarity on appropriate use of volunteers in relation to paid staff roles, leading to lack of integration within service delivery teams.

- Maladministration and inappropriate use of Disclosures Checks.

- Missed opportunities for partnership working between Statutory and Third Sector Organisations.

- An assumption that involvement of volunteers is entirely cost free, meaning the value of investment, costs and resources required to support volunteering is not recognised in the context of commissioning.

- Limited investment in volunteering to the wider health, well-being and social care system.

Volunteering and the Recession

Despite its positive profile, Danson 2009 noted that volunteering 'is particularly contentious in times of economic downturn'. The impact of the recession and growing levels of unemployment can create 'an ambivalent and hostile attitude towards volunteering and the idea of earning your welfare'. By contrast, Danson goes on to suggest volunteering 'is essential to fighting poverty and deprivation'. This paradoxical position requires Government and policy directorates to develop more consistent and positive approaches to policy setting. There is, however, little point of developing policies favourable to volunteering when others contradict its aims, therefore it is essential to ensure that 'barriers to volunteering are not erected during times of recession' (Danson:2009) To address issues relating to ambivalence, Volunteering England reached agreement with the Trades Union Congress which helped differentiate the role of volunteering and paid work. This agreement is based on common values of 'Inclusion, solidarity, mutuality and social justice'. (Volunteering England 2009)

Volunteering: Values and Perceptions

Volunteering is a direct term used to describe a range of different activities which are underpinned by a value base. The United Nations Declaration on Volunteering pursues more socially just and inclusive volunteering societies, where actions brought by Governments lead to volunteering as a right of all people in the world to enjoy. The UN Declaration also describes volunteering as an activity undertaken without concern for financial gain and by freewill and choice. (United Nations: 2001)

Beyond the Trolley Service

Case Study: Community Volunteering

Following a stroke a man in his 70's had to give up driving and playing golf. In addition to his physical health condition he became depressed and for the first time in his life was prescribed anti-depressants. The social network issue in this case related to the individual not being able to engage in the things he enjoyed and the loss of socialisation. He was matched up with a local volunteer buddy who encouraged him to become involved in other social activities. This new relationship had a very positive effective on the individuals mental health to the point where he no longer required the anti-depressants. This case study asserts the benefits of social prescribing where people in communities can make a major impact on health.

The term volunteering according to Lukka, P and Ellis, A (2007) occupies a "*paradoxical position*" where on the one hand it lacks precision with "no clear cut definition on what it encompasses" Shread J (1995) and Handy et al (2000). On the other hand it becomes narrowly defined in the minds of the general public where people form their own constructs which are "inevitably culturally and socially specific where the dominant representation is of volunteering as the domain of white, middle aged females who volunteer in social care settings or charity shops" (Lyons et al 1998) "like Emily Bishop from Coronation Street…..an elderly, kind hearted woman who would do anything for anyone" (Kamat: 2001). Increasingly, perceptions on volunteering change as levels of unemployment rise,

engendering an increased recognition of volunteering as a learning experience and as a key strand of policy setting. Despite this individuals experiencing exclusion through poverty, health inequalities and low attainment are often seen as the recipients of volunteering 'rather than involved in the delivery of services and mutual benefit' (Danson:M 2009)

A Typology of Volunteer Activity

As a generic term, volunteering can describe many activities. This typology helps to articulate the key characteristics of volunteering.

Smith (2000) identified this as typically:

1. Mutual aid or self help: people with shared problems, challenges or conditions working together to address them
2. Philanthropy or services to others: most commonly volunteering through a voluntary organisation to provide some form of service to one or more third parties or beneficiaries
3. Participation: The involvement of individuals in the political governance or decision making at any level
4. Advocacy and Campaigning: Collective action or informal groups or as individuals to secure or prevent change

*(*Smith J, IVR 2000*)*

Whilst much of the public perception on volunteering in health is aligned to service giving (Kamat: 2001), other aspects of this typology are justified in broader examples of volunteering, notably in the area of community engagement to ensure the relevance of service delivery is in accordance to the needs of people. Advocacy is seen as important to the rights of disadvantaged people, and mutual aid or self help further recognised as critical to community volunteering endeavours. This typology does not claim to describe the full breadth of volunteering; it does not explore volunteering significantly by activity, but is useful to looking at definitions of volunteering which connect across the main policy ambitions of health.

Volunteer Motivations

Various reports suggest people tend to volunteer for a variety of reasons. These can derive from a threat (closure of a facility etc) or an opportunity (to make a difference etc) and the major life milestones and transition points including, school, college/university life, moving to a new area, retirement, death of a partner etc. Many of the motivating factors are based on the need for affiliation. On a similar vein, the motivation expressed by volunteers as part of this consultation reflected the social factor as a positive outcome. Rochester (2008) found that it is widely accepted that a mix

of self interest (benefits for the volunteer and their family) and altruism (benefit for others or the environment) results in a motivation to volunteer (SNHS: 2008) There are many studies on motivation and in the context of volunteering two prominent models are described below.

Fredrick Herzberg's Theory
One theory put forward by Fredrick Herzberg is that two sets of factors operate in employment - whether paid or voluntary.

- Factors that cause satisfaction
- Factors that cause dissatisfaction

Factors which cause satisfaction mainly relate to the content and nature of the task or role -

- The volunteer role - *level of interest, variety, challenge*
- Responsibility - *the extent to which a person can control his/ her own work and make decisions relating to it*
- Achievement - *the personal satisfaction gained from doing a job well*
- Recognition - *being given credit for hard work and achievement*
- Advancement - *the opportunity to get promotion - more interesting jobs, more responsibility, recognition, achievement, etc*
- Growth - *development of one's personal knowledge and skills*

Another theory on motivation is also relevant to volunteering and connects closely to the high response categories given in the consultation with volunteers.

Dr David McClelland's Theory of Needs
This theory says there are three needs required for motivation - affiliation, achievement and power.

Affiliation

Need	Close connection with a larger group or organisation
Characteristics	A people person, wants relationships, sense of belonging, enjoys being a member of a group, needs to be well thought of, wants to keep people happy, helping, supportive

Achievement

Need	Accomplishment
Characteristics	Task/goal orientated, needs measurable success and check points, likes systems, facts, figures, likes to exceed past accomplishments, restless, innovative

Power

Need	Impact and influence
Characteristics	Likes to persuade, influence others, requires the OK to innovate, create, challenge, often verbally fluent, likes to feel own ideas are being taken onboard, directs and controls movements of group, gives advice

McClelland's philosophy is closely aligned with Herzberg's motivators but are more focussed on the personality of the volunteer; an aspect of consideration vitally important when trying to address the issue of demotivation. Both theories underline the need to know the volunteer, their motivations and what they want to achieve through their volunteering activity.

Herzberg, F (1966), McClelland, D (1998)

Volunteering in health - motivation factors

Individuals are motivated to volunteer in the NHS for many reasons including:

- Wanting to give something after they or their family have benefited from the services
- Exploring a career in health care
- A wish to develop and maintain skills and experience
- Wanting to help the NHS improve and develop services

Whilst volunteering is often associated with an act of kindness, it is increasingly linked with personal and self development and self interest. According to the VCA database (2,750 people) the main priority outcomes for people seeking volunteering were as follows:

- To get work or further and higher education
- To increase their confidence and self esteem
- To gain access to social networks

Mental health and motivation

In their 2003 report The National Centre for Volunteering suggested people experiencing mental health issues were motivated to volunteer through a combination of the following factors:

- Money matters - ensuring expenses are reimbursed and that any expenses given do not affect their benefits
- Social attitudes - the level of awareness about their mental health is considered and reflected in their management and by people who are involved in the organisation where the volunteer is active
- Motivation factors - where the people concerned are explicitly looking for a society which will make them feel better

(The National Centre for Volunteering, 2003)

In another study by the Institute for Volunteering Research, respondents suggested that volunteering improved their mental health, giving them structure and direction to improve their interpersonal relationships, gain employment, education and training, but also highlighted the requirement for good support, meaningful volunteering opportunities and a commitment to addressing inequalities and barriers in recruitment. (IVR:2009)

The report goes on to suggest that promoting employment, recreation and social engagements are important to reducing the number of people who develop mental health and endure health inequalities. A growing body of evidence suggests that volunteering has a fundamental and empowering role for people facing significant health inequalities.

Furthermore, people with mental health problems are often seen as passive recipients of services. Many in fact are volunteers themselves, helping deliver the services to others. (Virtuous Circle Report, Scottish Community Foundation, 2002). This suggests the setting of volunteering is important to people who have mental health issues. People with mental health issues are often attracted to volunteering in mental health settings suggesting there is less stigma but moreover they feel supported, and are confident in giving something back to others.

Voluntary Sector

The Voluntary Sector is deeply rooted in initiatives which engender good health. Despite this, recent evidence suggests that given the emerging professionalisation of the voluntary sector and contract culture, an increasing number of voluntary sector organisations do not involve volunteers beyond the positions of Boards or Committees (IVR : 2008). Paradoxically, it is suggested by Volunteer Development Scotland that the voluntary sector has a capacity to engage an additional 60,000 - 80,000 volunteers (VDS, 2008). Of significant interest to volunteering recruitment in a health context, it may be important to recognise that people who volunteer do so often in more than one role and are likely to volunteer across many sectors. This is also consistent with the evidence from the NHS Wales report suggesting 71% of volunteers in health are active in the voluntary sector. This is consistent with the mapping exercise carried out as part of this report, and provides an opportunity to develop new cross-sector arrangements in recruitment, training, marketing and development.

Community Volunteering (Co-Production)
Whilst much of the last century saw a period of production before consumption, economists suggest the 21st century requires further collaboration between people, communities and services to tackle community health issues (Smith J 2008). This model of volunteering has its roots in community aspirations delivered through a more flexible and responsive manner where volunteers are not working for any particular agency but volunteering in an equally formed relationship with Agencies and Services.

The New Economics Foundation (NEF) pamphlet "Co-production" describes a deeper and more important reason for promoting co-production. The skills and values involved in co-production are also those that communities need to improve the social capital which is critical to the wellbeing of society. Co-production on this level is about valuing and rewarding fairly, people's everyday contributions to society. One tool which can help achieve this is Time banking (cited in NHS Tayside:2009). It could be argued that much of the social economic and policy is predicated on the principles of full employment which the U.K. has experienced until the recent global economic crash and recession. The current economic climate presents two particular challenges to volunteering and health

1. As unemployment brings increased levels of relative poverty, more will be demanded from volunteering effort.

2. As public spending becomes squeezed there will be funding pressures on resources for volunteer management. This will inevitably have major impacts on individuals with additional needs or less confident about volunteering.

The potential interface between Volunteering, the Third Sector and Health can be accelerated by the notion of co-production (VCA Annual Report, 2008), (Justin David - Smith, Institute of Volunteering Research, 2008). In this context, Co-production inspires communities to take responsibility for their own challenges and issues whilst working with agencies and services on key priorities as determined through meaningful community engagement.

Building Social Capital
Attention to the benefits of forming social capital movements is more advanced in North America here in the UK. Social Capital is based on the notion of reciprocity (Putnam, R: 2000) where people act together for mutual benefits. In Angus the

Timebanks project and Friday Nite Project in Kirriemuir reflects positive outcomes based on building social capital and is consistent with the notion of co production, as highlighted in the case study below..

Beyond the Trolley Service

Case Study : Timebanks for Health Angus

Timebanks is a social capital project which is based on reciprocity. Part of this project supported a woman who had written excellent poetry and stories about her life but couldn't use computers. She was also an excellent cook and her speciality was baking cakes. Through the Timebanks project she was matched up with a disabled male who had mobility problems and felt he was unable to cook. By matching these two people the disabled man helped the woman to learn how to use computers so she could make her poetry into a booklet which has now been produced. Consequently the male was taught how to do basic cooking skills by the woman. By the two people coming together the woman has achieved a life long ambition to write a poetry book and send it to her relatives. The man involved has improved his own health by learning how to cook.

Volunteer Management

According to the Scottish National Household Survey (2008), people at the lowest end of the socio-economic level have the worst experience of volunteering to the extent where they would never consider engaging in volunteering under any circumstances. Additionally 70% of volunteers who were interviewed as part of the Volunteering in Health survey in Wales said that their volunteering was badly managed. Furthermore they suggest this to be a major deterrent to enjoying the experience of volunteering. The Welsh research goes on to suggest that volunteers make a significant contribution to health and social care and with the application of good volunteer management people most at risk of social exclusion will go on to enjoy the benefits of volunteering for a long period of time. (Report on Volunteering in Wales 2006)

Consistently, in a report undertaken by the Institute of Volunteering Research in 2009, volunteers had suggested that the resources they require to volunteer could be improved. They suggest that 25% of volunteers do not receive out of

pocket expenses potentially creating additional barriers to people facing poverty. Furthermore only 50% were given support and supervision. The issue of expenses and support is fundamental to the principles of community engagement such as social justice and equalities and reducing inequalities in volunteering.

Social Exclusion

Analysis of the Scottish National Household Survey confirms that key groups of people facing additional barriers could benefit significantly through volunteering. (SNHS: 2008). This is despite being less likely to volunteer than society generally. Specific groups who face barriers to volunteering include:

- Disabled people who are less likely to volunteer than those without a disability
- Unemployed people who are less likely to volunteer than those who are in employment
- Young people aged 16 to 24 are less likely to engage than those aged between 26 - 45
- People living within the most deprived areas of Scotland are less likely to volunteer than those from more affluent areas
- People lacking formal qualifications are less likely to volunteer than those with qualifications

(SNHS 2008)

Better Community Engagement and Developing Wellbeing

Community engagement is built on the principles of equality and social justice. It acknowledges that barriers to public health services exist for many people and especially those more at risk of social exclusion. "These barriers are often the failure of agencies to adequately recognise the complex social, cultural, religious, economic and general experiences of distinctive communities." *(The Faculty of Health, Centre for Ethnicity and Health Institute of Philosophy, Diversity and Mental Health, 2008)*
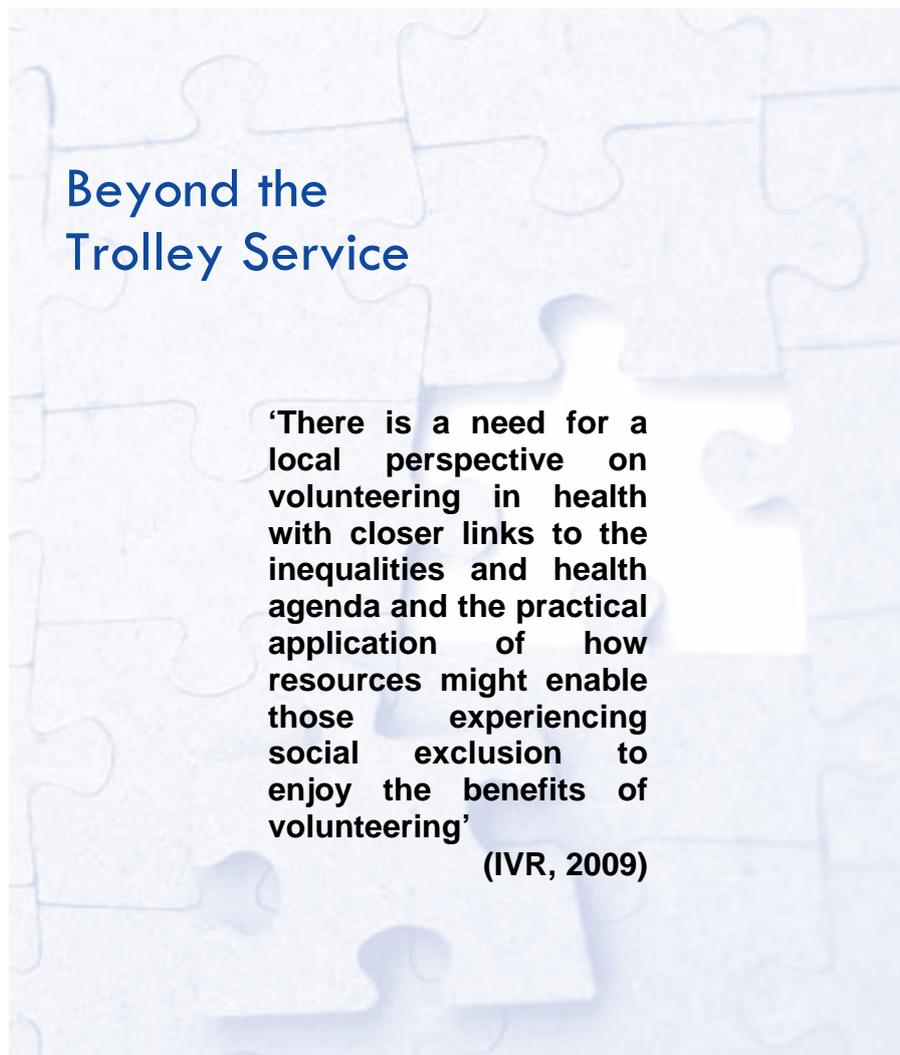
In attempting to address the complex challenges relating to community engagement the focus may need to connect more firmly with the social justice, equalities and ethical issues underpinning the change it manifests. As well as developing community skills we also need to involve communities far more, and in a far more targeted and meaningful way than we do currently in the design and improvement of services. Of significant challenge is the engagement of people most at risk of social exclusion who 'are less likely to engage in decision making processes'. Evidence suggests 'communities with more health and wellbeing needs will be less represented, than those with less health and wellbeing needs'. As communities with more health and wellbeing needs tend to be poorer and more disadvantaged, this will inevitably mean that there better community engagement effort is geared towards the engagement with people from more deprived communities. 'This needs to be very different to the sort of engagement that can work with affluent articulate people who are willing to sit in large committees considering NHS matters'

(Better Engaged Communities: 2008)

This is evidenced further in a report by Choose Health - The Public Health White Paper, November 2004, it is suggested that "a key success to effective engagement will be in local partnerships between the NHS working to a common

purpose and reflecting local needs." This may suggest that efforts are required to build on existing community engagement structures; to be more far reaching, especially into deprived communities.

The challenges facing services are also highlighted in 'Our Health, Our Say', (2006) there is further evidence of the need for objectives which move towards fitting services around people, not people around services. Again this is especially relevant to action which engages "the hard to reach groups".

Beyond the Trolley Service

'There is a need for a local perspective on volunteering in health with closer links to the inequalities and health agenda and the practical application of how resources might enable those experiencing social exclusion to enjoy the benefits of volunteering'

(IVR, 2009)

It could be argued that existing community engagement arrangements need to take account of inequalities in volunteering and in health and ensure people most at risk of health inequalities are better engaged and supported to volunteer.

Single Outcome Agreements
The Angus Single Outcome Agreement (SOA) gives priorities to improving health and wellbeing, improving social wellness and improving interdependence, however there is no location identified for volunteering to achieve this. As a new arrangement between Government and Local Authorities, The Single Outcome Agreement also comes with a phased removal of ring-fenced funding. In this context it will become more challenging to "understand what actions are being

taken to address poverty and inequalities and ensure consistency across Scotland", (www.engender.org.uk). This is also relevant in the sphere of volunteering as Scotland no longer has a National volunteer strategy.

The Single Outcome Agreement describes six priorities for health improvement and these are:
- Focus on alcohol
- Obesity and physical activity
- Mental health and wellbeing
- Sexual health
- Smoking cessation
- Oral and dental health

The health related aspect of the agreement also suggests significant increases in the population over 65 by 64%, together with a significant decrease in the population of working age. Given that most of the volunteers who are involved in volunteering in Angus are of working age, this creates an imbalance in the 'volunteering marketplace' and could suggest that significant measures are needed to engage younger generations of people in volunteering, the growing migrant worker community in volunteering in health, and to appreciate the contribution people can make in later years of life as life expectancy increases. As key local leadership agencies, Volunteer Centres may benefit from closer working with local Community Health Partnerships (CHP'S) to advance Single Outcome Agreements. Evidence of health gains deriving from volunteering are highlighted in the following case study.

NHS Voluntary Services

Health Volunteers

Radio North Angus

Hospital Radio Volunteers

ENABLE Learning Disabilities

Buddies and Befrienders

Beyond the Trolley Service

Case Study: The Road to Recovery

A young woman (22) determined to kick a heroin addiction was supported into volunteering. Through a period of extensive support and guidance she became very active in volunteering in social issues and tackling inequalities for people, not just in Scotland but across Europe. She volunteered in Bulgaria working with orphan children and went on to receive a 200 hour excellence award for her volunteering as part of the national Millennium Volunteering awards project run through the Volunteer Centre. She has now been clean for three years and is in employment and promotes the Road to Recovery to drug addicts not just in Angus but across Scotland.

A Refreshed Strategy on Volunteering

The Scottish Government Directorates for Health and Wellbeing acknowledged the importance of volunteering in NHS Scotland in its high level policy document "Better Health Better Care (2007)."Better Health Better Care" inspired all NHS Scotland Boards to achieve Investing in Volunteers (IIV), by March 2011. More detailed Scottish Government plans for developing volunteering followed in February 2008 when the Refreshed Strategy for Volunteering in NHS Scotland was launched. The Refreshed Strategy seeks to achieve the following 3 outcomes:

- To improve the health and wellbeing of the users of Scotland's NHS services (patients/users and their families/carers) by enhancing the quantity and diversity of volunteers and the effectiveness of their contributions to health delivery;
- To ensure volunteers enjoy a positive experience, whenever and wherever they volunteer in NHS Scotland;
- To provide a framework for quality standards in volunteer development and develop better recognition of volunteering in NHS Scotland

Whilst the Refreshed Strategy is to be welcomed, it may be over-focussed on national priorities but disconnected, or unreflective of local partnerships. Increasingly, Volunteer Centres, Community Planning Partnerships and Local Health bodies are working together on a similar agenda where volunteering can

respond to the major health challenges and NHS priorities, especially in relation to tackling deprivation and health inequalities. Given the complex issues relating to volunteering and the evidence from the SNHS survey 2008 it is questionable that securing IIV status alone can 'guarantee a quality experience'. The inequalities agenda is as pertinent to volunteering as it is to health therefore; Volunteer Centres and local NHS staff need to realign resources, build on local education, expertise within Volunteer Centres and develop further good practice. The relationship between Volunteer Centres and local NHS should also be considered within the Single Outcome Agreement and Community Planning agenda as an example of 'interface between Volunteering and Community Planning'

Information technology

Most people who find their way into volunteering do so either by the personal experience of another person or by social networks. The internet is commonly used to recruitment for volunteers. It is however unlikely that information technology can provide the support and guidance needed to help people, especially those most at risk of social exclusion into volunteering, and indeed a survey carried out by Tower Hamlets in 2006 suggested that people are three times more likely to engage in volunteering through personal contact than they would through the internet. Whilst the internet offers a valuable support in terms of signposting, the social contact argument recognises the guidance and ongoing support needs of vulnerable groups.

Literature review

Inequalities in health are consistent with inequalities in volunteering, life long learning and employability and this suggests that people with disabilities, disadvantage, social exclusion, unemployment, poverty and homelessness are less likely to experience the health or employment and learning opportunities enjoyed by more affluent people. In essence 'the rich stay healthy, the sick stay poor' (Bono, U2 the Joshua tree).

The review of literature suggests that more needs to be done to ensure a more inclusive accessible volunteering culture and provides a strong argument for the added advantage which derives through volunteer management. There are clear benefits for people facing social exclusion in its many forms where volunteering can inspire confidence, self esteem and address isolation. As a major policy imperative, the notion of better community engagement requires a differentiation of marketing and targeting towards people most likely to face disadvantage. The evidence suggests that public perceptions of volunteering create psychological barriers to volunteering. Motivating factors need to be utilised to encourage individuals of all backgrounds, communities and ethnic groups to participate in volunteering. The literature review also asserts the need for an increased focus on community volunteering and co-production.

CONSULTATION

The consultation process was facilitated through the use of questionnaires aimed at five participant groups. In total 201 people were involved in the consultation including, volunteers, volunteer managers and other staff working with volunteers, young people and members of the public accessing NHS facilities. The volunteer questionnaires were designed using the volunteering impact assessment toolkit designed by The Institute of Volunteer Research, England in 2004. Further Focus Group discussions and continued dialogue at strategic level helped inform the consultation processes and develop action planning from the findings.

Participation

Beyond the Trolley Service

Method of Consultation	Number of respondents
Volunteer Questionnaires	50
Public Responses	48
Staff	14
Focus Groups	31
Strategic Groups Dialogue	12
Young Peoples Survey	46
Total	201

Responses by Volunteers

Volunteers were asked to provide their views on a range of questions relating to their experience as volunteers within the NHS. Questionnaires were returned by 50 volunteers

Age and Gender

All the responses received were from volunteers aged 50 years and over. Responses were also returned by far more women than men. This may suggest that this grouping is more involved in volunteering in health than other age and gender groups. This return bears some resemblance to national data available from the Scottish National Household Survey. Although people aged 35-44, account for the largest proportion of volunteers, people aged 60 years and over are more likely to engage in volunteering activity connected with older people, religion and faith issues whereas young people under 25 are more likely to volunteer with children, young people's projects, sports and recreation. The proportion of females engaged in volunteering is consistently higher than males. Households on incomes of £20K are more likely to volunteer than those less that £20K (SNHS 2008)
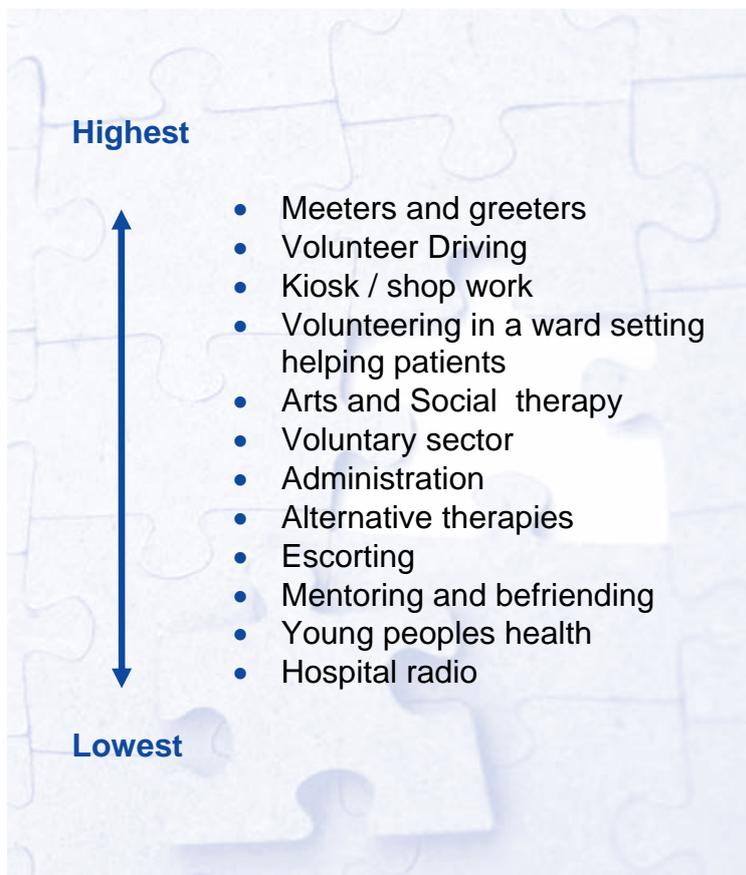
Volunteering Activity by Type

Volunteers were asked to describe the types of tasks they undertook as volunteers. The accompanying table (left) highlights a clustering of the various roles identified. In total more than 80 volunteering role descriptions were provided highlighting that volunteers undertake more than one activity. Some volunteers described up to 8 different roles which they undertake. In order of level of activity the table below highlights the range of involvement by volunteers.

Highest

- Meeters and greeters
- Volunteer Driving
- Kiosk / shop work
- Volunteering in a ward setting helping patients
- Arts and Social therapy
- Voluntary sector
- Administration
- Alternative therapies
- Escorting
- Mentoring and befriending
- Young peoples health
- Hospital radio

Lowest

Volunteers were also asked about the length and frequency of their service. Out of 50 questionnaires the following responses were received:

How long have you been volunteering in health?

Less than one year	10
One to two years	7
Three to five years	23
Six to ten years	4
Eleven plus years	6
Total	**50**

This table illustrates high level of commitment by volunteers providing many years of service. Accumulatively, the respondents offer up to 200 years of volunteering effort.

How often do you volunteer in health?

Once a week	40
One or two days a month	8
A couple of times a year	1
Very occasionally	1
Only once	0
Total	**50**

Based on the formula used in the Scottish National Household survey the economic contribution of volunteering if applied on an average hours given multiplied by the mean average wage and numbers of people volunteering within NHS Tayside Board area (estimated at more than 700 Volunteers) would equate to £1,443,736. The above table shows higher than average frequency of volunteering.
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Volunteers Views

The Impact of Volunteering
We asked the volunteers for their views on training, support and social events. The responses are detailed below….

How satisfied they are you with training and support

	A Very satisfied	B Satisfied	C Neither satisfied / dissatisfied	D Dissatisfied	E Very dissatisfied	F Not relevant
Access to training course	8	27	11	0	0	4
On access to social events and other volunteering or staff	10	38	2	0	0	0
Access to support for your volunteering	2	15	26	7	0	0

The above responses may suggest that more needs to be done to ensure volunteers have access to training and support. The responses in terms of support should not be deemed as detrimental to the current efforts of volunteer managers but may highlight a wider resource issue given the large numbers of volunteers engaged in volunteering in health compared to the resource available. This is more a strategic issue and is consistent with literature and other research on the subject matter showing limited resourcing of volunteer management in comparison to impact and volume, across a variety of engaging agencies.

Given the previously recorded economic value, it would be appropriate to address issues of capacity building and support accordingly. While there are high levels of positive responses around access to social events with other volunteers or staff, respondents suggested lower levels of satisfaction in terms of support.

What volunteers told us…

""I previously volunteered with another organisation for five years; it became more demanding and took up a lot of my time. I felt quite guilty when I had to give it up but have moved on now to volunteering in health and I think the big difference is that I am working as part of a team, other people can fill in if you are not able to do something, it is well organised and well managed and it is a great experience - I would recommend it to anybody"

Volunteer Views: Personal and Social Development

Volunteers were asked to suggest ways in which volunteering has impacted on their personal and social development

	A Increased greatly	B Increased	C Stayed the same	D Decreased	E Decreased greatly	F Not relevant
My personal development for example, confidence and self esteem, self management	4	23	18	0	0	5
My skills base, for example my teamwork through to computer literacy	7	18	17	0	0	8
My general health and wellbeing	9	25	10	0	0	6

Although this is a small sample size, the collated returns suggest that volunteering is intrinsically linked to the individual's personal development with skills gained through volunteering helping them to develop self esteem and self management, to work in teams and groups and generally improve their wellbeing.

Of the responses which were not relevant, it could be suggested that the chosen approach of postal questionnaires was not the most appropriate method and that a series of one-to-one structured interviews could have elicited improved responses. Other research highlighted in the literature review confirms the potential of volunteering as a powerful driver for social change through personal development outcomes especially for people facing social exclusion.
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Volunteer Views Economic impact

Volunteering can affect some people economically, both in terms of what you might gain from volunteering, but also in terms of the costs of volunteering

	A Very satisfied	B Satisfied	C Neither satisfied / dissatisfied	D Dissatisfied	E Very dissatisfied	F Not relevant
All the expenses incurred as a volunteer are reimbursed	5	16	4	5	0	17
I have access to free training	0	16	10	0	0	20
I have increased my earning power	0	2	10	5	1	26

Issues relating to volunteer expenses are reflected in the literature review. The need for reimbursement of expenses is especially relevant to people on low incomes. Without proper arrangement and confidence that volunteering won't affect benefits additional barriers could manifest. Given the age range of respondents it is less likely increasing earning potential would feature high but this may not be the case in terms of young people responses.

Volunteer Views: Cultural impact

Volunteering can impact on people's sense of cultural identity in a number of ways

	A Increased greatly	B Increased	C Stayed the same	D Decreased	E Decreased greatly	F Not relevant
My sense of community, ethnic, faith or religious identity	0	8	32	0	0	8
My appreciation of other people's cultures	3	10	29	0	0	7
My participation in cultural, environmental or leisure activities	4	3	29	0	0	12

The responses given in relation to cultural impact is supported by other research on the subject. Although the above table suggests most responses indicate the cultural impact had stayed the same there is some evidence of increased levels.
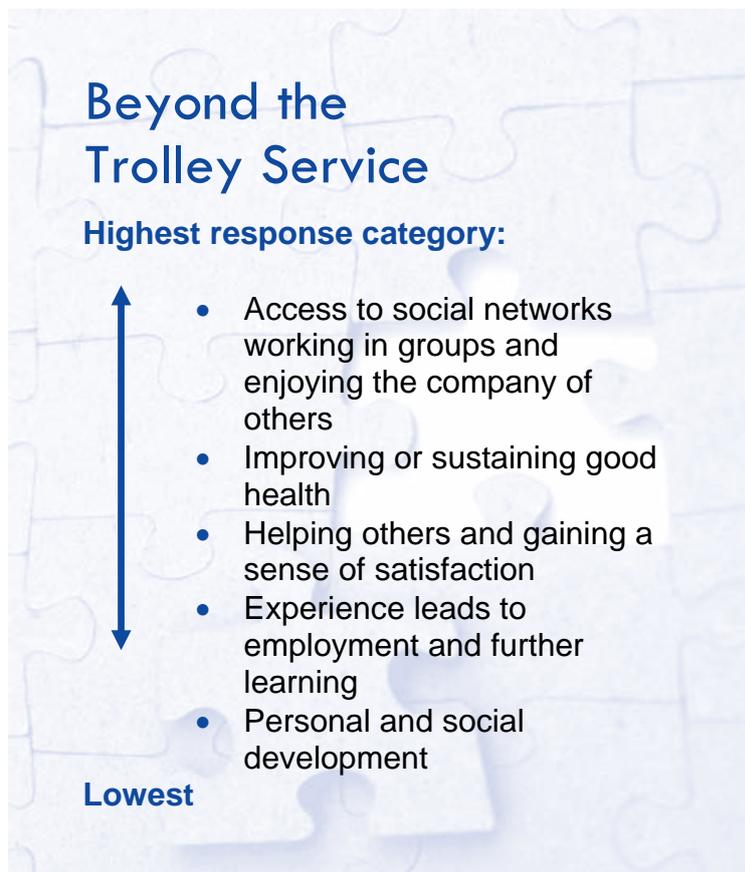
Access to Social Networks
Below are listed some of the ways in which people gain through the social links they develop by volunteering

	A Increased greatly	B Increased	C Stayed the same	D Decreased	E Decreased greatly	F Not relevant
Meeting new people and becoming involved in group activity	2	27	13	0	0	7
Developing of trust in others	1	18	23	0	6	6
Involved in local activities	1	13	21	0	0	12

This and other research provides powerful testament to volunteering as a social activity helping people access social networks. As a personal outcome from a volunteer perspective the social aspect of volunteering is amongst the most important factor by which people are inspired to volunteer. (VCA Data Base: 2009). It may be appropriate to consider the age range of respondents being 55 plus. Subsequently the gains suggested by respondents may indeed differ from younger people who suggest motivation is inspired more by career and further learning outcomes.
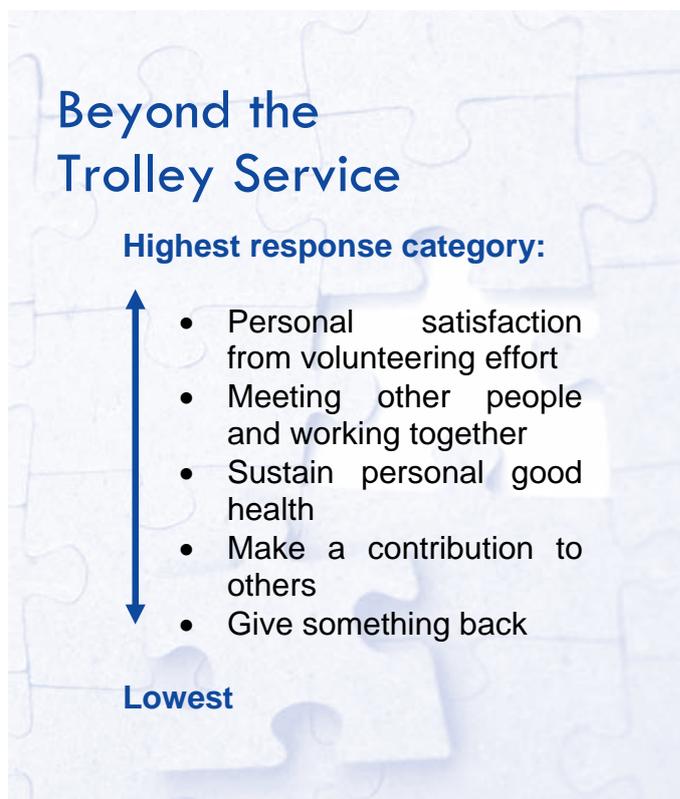
The Impact of Volunteering on the Volunteer
Volunteers were asked to express what impact volunteering had had on their own life.   The responses given in relation to personal impact provide a consistency when read across the social, health and learning benefits as expressed in the review of literature section. More than 60 responses were given to this question where volunteers had offered more than one positive benefit.

Beyond the Trolley Service

Highest response category:

- Access to social networks working in groups and enjoying the company of others
- Improving or sustaining good health
- Helping others and gaining a sense of satisfaction
- Experience leads to employment and further learning
- Personal and social development

Lowest

Given the age range of volunteer participation in the research and drawing on other studies, the responses given are to be expected. For older people volunteering meets 'affiliation needs' whereas younger people seek learning experiences and development leading to employment or access to further and higher education.

The Volunteer Experience
In addition to the proformas asking volunteers what impact volunteering had on their lives volunteers provided more than 40 responses. All were very positive with the exception of one concern raised around volunteer expenses. The responses were clustered around the following themes

Beyond the
Trolley Service

Highest response category:

- Personal satisfaction from volunteering effort
- Meeting other people and working together
- Sustain personal good health
- Make a contribution to others
- Give something back

Lowest

Volunteers
Views

Volunteers provided many statements; some of these have been highlighted below to demonstrate a broad reflection of their views.

- 'As a retired person volunteering gives me a focus. I have to get up and get out, it would be easy just to hibernate and this would affect my happiness and health'
- 'What I enjoy most about volunteering is the social interaction, my motivation increased, my personal satisfaction has increased and this is all because I am helping to make a contribution to other people and to the NHS, which is an organisation I really believe in'
- 'I enjoy meeting people from all walks of life, chatting to them and hopefully ease their anxiety. I find it an interesting and rewarding activity and have met lots of wonderful people through my volunteering'
- 'It depends what I'm doing'
- 'Due to the extra mileage on my car I feel I'm over £600 out of pocket every year. The mileage rate has stayed the same every year yet the price of

petrol goes up. We don't go to a separate petrol pump that says volunteers on it'

- 'It's a fantastic experience and would recommend it to anybody. It's the only opportunity you'll ever get to do something for somebody else without worrying about how much you are getting paid for doing it'
- 'It's fantastic to make a contribution to other people, work in a group and feel you are part of a volunteering family'
- 'I previously volunteered with another organisation for five years; it became more demanding and took up a lot of my time. I felt quite guilty when I had to give it up but have moved on now to volunteering in health
and I think the big difference is that I am working as part of a team, other people can fill in if you are not able to do something, it is well organised and well managed and it is a great experience - I would recommend it to anybody'
- 'I would recommend volunteering to everyone as it has given me a sense of purpose'

Volunteers express very high levels of personal gains and satisfaction and a sense of purpose to the activity they are involved in. The contributions made by volunteers can be seen as refreshing in terms of their commitment to being involved in the NHS clearly illustrating the role of volunteering as the community face and a powerful driver in the pursuit of the NHS drive on social inclusion. Of further testament to the volunteer experience when asked they would recommend volunteering to other people, **All 50 respondents said yes.**

What volunteers told us...

"Volunteers are the human face of the NHS, the recipients of our services very much value the face that people are there in a volunteering capacity rather than a paid capacity"

Volunteers Views

PUBLIC SERVICE USERS

48 questionnaires were completed by people using NHS health provision. The majority of these were undertaken at Whitehills Hospital and the questionnaires were conducted by Meeters and Greeters volunteers with the support of Volunteer Centre Angus.

Are you aware volunteers help out at this hospital / health setting?

Yes	**39**
No	**9**

Can you describe what volunteers might do?

Of the 45 responses given the responses had consistent themes with the public perceptions suggested in the literature review. These were clustered around response categories as highlighted below.

- 16 responses were in relation to providing services for patients including feeding and walking and escorting etc
- An equal number were in relation to meters and greeter - providing information to the public on where to go and services
- Smaller response categories were in relation to working in the Café, promoting the Hospital, have discussions with the public (friendly chat) and help people to relax when visiting the hospital.

Can you think of anything else that volunteers can do to make your visit here a better experience?

The responses that were given were:

- Perhaps they can spend their time chatting more to people who are anxious or upset who are getting bad news
- They can maybe do something to help children in the hospital when their parents are visiting a doctor
- No, can't think of anything because they do absolutely fantastic work already
- They already do brilliantly - don't need to ask more of them
- Other things they could do is to help promote the hospital as part of the community
- Bring me free tea while I am waiting
- Their service is excellent - they already do everything. Just continue to have them, they are very important to have here at Whitehills
- They do lots of work and should be better valued
- More people should volunteer and become a meeter and greeter
- They do a great job as it is
- Perhaps there could be more volunteering in the community
- More links with community groups
- No, they are excellent
- They are all very good at their job
- They provide a friendly face of the NHS
- They can sit and chat for a while with patients
- Play games with the children or show people where information is on health issues

Public Views

The physical settings where the questionnaires were carried out may also have affected the responses given. Nevertheless, in many of the responses across all participant groups, identification of volunteering opportunities beyond 'traditional perceptions' were rather limited.

Volunteering by People visiting NHS
Members of the public who are visiting health setting were asked do you volunteer. **Only one said yes, and 49 said no**. This is unreflective of the percentage of people in Angus who volunteer which is suggested to be around 32% of all adults. This may suggest that more could be done to market volunteering opportunities to people using NHS facilities.

If you do volunteer, what do you do?
The one response given reiterated that many volunteers undertake many roles. 'I volunteer at the Cubs, Brownies and in Community Groups'.

If you don't volunteer, what stops you?
The responses were clustered around the following themes:

If you don't volunteer, what stops you?

Respondent felt they were too old	5
Respondents felt their caring responsibilities stopped them from volunteering	3
Work/ family commitments stopped them from volunteering	26
Respondents didn't know how to get involved in volunteering	2
Respondents felt living in a rural location they were too far from any volunteering opportunities	1
Poor health/ disability	2

Public Views

The responses given by the public suggest they very much value the involvement of volunteers in health. Their responses suggest a degree of understanding of the volunteer roles; however, similarities between wider public perceptions suggest a need for further activities and consultation.

STAFF AND VOLUNTEER MANAGERS

14 staff participated in the research. These involved one to one interviews using a structured questionnaire. The interviews were carried out by staff from Volunteer Centre Angus. The 14 staff who were involved occupied a variety of positions ranging from Charge Nurse , Volunteer Managers and others with managerial responsibility for certain areas of NHS delivery. Most had direct contact with volunteers.

Respondents were asked to express an opinion regarding the impact of volunteering on staff, services, recipients of services, and the organisation of NHS itself and in the local community. **Significantly high level of responses given suggested volunteers make a positive impact to the NHS**. In terms of the volunteering impact on services, a significant level of responses also suggested that the volunteers play an important role in extending the services available through the NHS. Many other comments suggested that volunteers were very committed and flexible and loyal to the NHS and that their involvement in the NHS made it a more humane place to work.

On volunteering impact, many of the responses suggested that volunteers made a significant impact on the recipients of NHS services. This included comments such as – "**volunteers are the human face of the NHS, the recipients of our services very much value the fact that people are there in a volunteering capacity rather than a paid capacity".**

There is also a significant level of support on how volunteering enhances the reputation of the NHS. This includes how volunteering extends the range of service delivery and providing **a public face of volunteering in NHS** as being more inclusive by involving 'local' volunteers.

On the impact on local community, two perceptions were dominant - one being that "**members of the local community could see volunteers as cheap labour"** and getting services on the cheap whilst the other suggested that "**volunteers make a brilliant impact on connecting the NHS to the local community"**. Indeed, a few suggestions highlighted the fact that people from the local community tend to volunteer within an NHS setting, therefore the perceptions of the local community could be in relation to people befitting from health services often return as a volunteer.

Volunteering, staff and labour relationships

Some respondents suggested concerns around the volunteering - paid staff relationship and general labour relations. Within these included some perceived threat of volunteering replacing paid work.   Interestingly, volunteering staff expressed some concern that volunteering could be seen as a cheap form of labour and replacing people's jobs. Many of the responses included comments regarding the **"need for clear boundaries around what is a volunteering opportunity and what is a staff role**".

Respondents suggested that many staff are not familiar with volunteer's roles and where these boundaries are. Other responses are consistent with the issue of ambivalence raised in the literature review, highlighting concern about the demarcation

between volunteering and paid work. The breadth of responses received was consistent with other research and are detailed in the literature review. It should be noted that these issues are likely to be exacerbated in the current recessional climate.

Despite these concerns there is a suggested 'distinct synergy' between the value base underpinning volunteering and the aspirations of both the NHS and Trades Unions. This is reflected in the literature review and in the responses given by Staff and Focus Group discussions suggesting the benefits of volunteering in promoting equality, mutuality, reciprocity, the pursuit of Social Justice and positive outcomes in relation to good physical and mental health.

Any other comments
Of the fourteen responses given by staff, a significant proportion of the responses were very positive. These included comments such as – **"volunteering enhances the reputation of the NHS and through having a positive experience of volunteering in health, the volunteers are then likely to tell other people within their circle of friends or their community and this indeed impacts on a more positive view of the NHS overall"**. Another comment offered was that volunteers were a great asset to the NHS and were quite often the public face when people first come in to hospitals such as meeters and greeters. Some views were recorded that volunteers may have more difficulty in sustaining a positive commitment towards their volunteering, turning up on time and understanding issues to do with confidentiality.

Broadening the range of volunteering opportunities
Staff gave a variety of different views on how the range of volunteering opportunities could be broadened out. These covered a few responses which suggest there is a need to get more young people involved in volunteering within the NHS. Other comments suggest that there has to be more social support for people using the NHS services including bereavement and complimentary therapy and indeed volunteers could play a major role in other areas. These included an increased community focus to look at **what people in communities could do for their own lives** and through the help of volunteers, **tackle some of the community health issues and intervene before problems become more serious**. Other specific examples of where volunteering could be broadened out included:

* Management groups
* Gardening squads
* Community cooking skills
* Volunteer buddies and befrienders
* Volunteering in GP practices
* Volunteer sign posters to show people where different opportunities may lie, be it volunteering in leisure, or further and higher education
* Volunteering opportunities within health setting to help expectant mothers and parents with their children
* Volunteer patient friends
* Volunteer run crèche / children's activities

Staff Views

Challenges and Opportunities

Staff were asked what they thought the main challenges were to volunteering in health and what action needs to be taken and by whom. Responses included…

Recruitment

Challenge	Who should take action?
There should be a more diverse range of volunteering opportunities within the NHS	Higher appreciation by staff on volunteering, better marketing and senior managers to take more responsibility for leading from the top
There should be specific targeting of young people and black and ethnic minority communities. Better marketing and more support to enthuse people about the benefits of volunteering	Action should be taken by Volunteer Centre Angus, volunteer managers and strategic managers also Skills Development Scotland and Community learning and Development Service.
More localised opportunities for volunteer drivers, for example, as in Carnoustie	Recruitment in partnership Volunteer Centre Angus
A focus in community volunteering	Volunteer Centre Angus / Healthy Happy communities
Simplify recruitment procedures	NHS Board
Marketing towards young people within communities	Volunteer Centre Angus and Health Improvement Team
Take more opportunity of ageing population supporting older people to make contributions	Volunteer Centre Angus, 50+, Health Improvement Team and Angus CHP

Training

Challenge	Who should take action?
The need for better training and more opportunities for training for staff, volunteers and their managers	Volunteer Centre Angus, volunteer managers and Angus CHP
An enhancement of personal and social development progress for volunteers, especially those coming from disadvantaged and excluded backgrounds	Personal development and career planning and training such as Volunteer Academy and the Healthcare Academy, Volunteer Centre Angus, Angus CHP Angus College and Skills Development Scotland
A need for better staff induction and refresher courses for volunteers, staff and strategic managers at all levels. Support at strategic management level for volunteer development	NHS Tayside Board, Angus CHP and Volunteer Centre Angus and other Volunteer Centres operating in Tayside area

Community Focus

Challenge	Who should take action?
Health improvement community focus	Angus CHP, Health Improvement Team and Volunteer Centre Angus, CLDS
A need for more engagement of volunteers in decision making	Angus CHP and Volunteer Centre Angus - use Open Space forum for example

Policy and Planning

Challenge	Who should take action?
A need to address expenses including travel and other out of pocket expenses	The NHS Board
Better partnership and planning for volunteering management	Volunteer Centre Angus, Angus CHP and NHS
More volunteering opportunities	Angus CHP and Volunteer Centre Angus
A need for clear policies on volunteering which are available to staff, managers and volunteers themselves	NHS Board
Funding to focus on the future impact of volunteering in health to tackle global and economic challenges	Volunteer Centre Angus and Angus CHP - outcomes from the Beyond the Trolley Service report.
An increase in innovative practice	Volunteer Centre Angus could develop work with CHP on good, innovative practice
An extension of the therapeutic roles of volunteering	Local health centres, hospitals and Volunteer Centre Angus and Volunteer Managers
Reduce stigma attached to volunteering	Staff and Volunteer Managers with the support of Volunteer Centre Angus
Team building between volunteers and staff	Volunteer Managers and Volunteer Centre Angus
Volunteering opportunities should not be mundane and should fit around the lifestyles of the individuals	Angus CHP, Volunteer Centre Angus and Volunteer Managers

Staff provided positive views regarding the relationships and involvement of volunteers in health. As highlighted in their responses, some concerns regarding the demarcation of what is a volunteer role and a paid staff role have been raised.

Staff are positive in their appreciation of the role of volunteering in extending the reputation of the NHS connecting it to the communities it serves and where volunteers live.

FOCUS GROUP DISCUSSIONS

The focus group discussions were made up of a mixture of volunteers, their managers and some strategic managers, and facilitated by staff from Volunteer Centre Angus. There were 2 sessions one in Arbroath and one at Forfar. In total, 31 participants attended the Focus groups.

Before the focus group dialogue started, participants were asked to complete some proformas. One was on the impact of volunteering and two questions specifically on:

Question 1
Can you think of any ways in which volunteering experiences could be improved? And can you think of any actions health or your local council could take that would encourage people to volunteer in activities to meet health priorities?

Ways in which volunteering experience could be improved
In relation to question 1 - *can you think of any way volunteering experiences could be improved* the responses were clustered around the following;

- Training and education of staff to encourage better understanding of the role of volunteers and how they could enhance the quality of services which volunteering could deliver
- A few responses highlighted the need for support during volunteering placements, more support for volunteers whilst they are working in the NHS and ensure that volunteers get every encouragement to undertake their duties to the greatest effect
- Volunteering experiences could be improved if it was clearly distinguished what the different roles of volunteering in health were but also what the benefits for people volunteering would be
- Many suggestions focussed around the need to look at the volunteer roles, expectations so that all the volunteers, staff and members of the public understood quite clearly what the role of volunteers were
- Many suggestions highlighted the need for information on a wide range of opportunities to be available appealing to a wider audience of the public to get more people involved in volunteering
- A small number of participants mentioned the issue of expenses in terms of volunteer driving and other responses included the need for NHS to take volunteering seriously at a strategic priority level

Question 2
Can you think of any actions that health or local council could take that would encourage people to volunteer?

- A number of responses suggested a greater need to look at the recruitment and recognition of volunteers. Suggestions included having career days, health fairs, involvement of Care Scotland, buddying for volunteers and for local businesses to become involved more in hospital, for example, employer supported volunteering where people are given time off to work as beauticians or hairdressers
- The issue of recognition for the effort that the volunteers had made was raised by many of the respondents and they recognised that there was a Millennium Volunteering Awards programme, a celebration of volunteering in health once a year but there should be more done at a local level, there were no celebrations of volunteering in health events recorded in Angus
- Many of the responses given suggested that more could be done in terms of training opportunities connecting these with a wide range of health priorities. Volunteers should be more involved in determining what other opportunities should be available and how support arrangements could be made
- A significant number of responses highlighted the need for volunteering to be taken more seriously at policy level and a need for it to be supported better so that staff, health boards and other organisations could recognise the true value of volunteering
- Few responses suggested there should be a more robust volunteering strategy with clear outcomes to make volunteering happen

Overall, from the focus group discussions on question 1 and 2 it could be suggested that participants were of the view that more needs to be done at a strategic level, at a planning level and in the resourcing of volunteering encouraging greater partnerships between businesses, health, local authorities and Volunteer Centre Angus. Gary – NB The conclusion from these discussions seems problematic to me when the area being looked at is volunteering in health. Why include local authorities when there has not been an analysis or description of the roll of volunteering in local authorities?

What volunteers told us…

"Volunteering enhances the reputation of the NHS and through having a positive experience of volunteering in health, the volunteers are then likely to tell other people within their circle of friends or their community and this indeed impacts on a more positive view of the NHS overall"

The focus group sought to measure participant's awareness of volunteering roles and the benefits.

What do volunteers do in Health	What are the positive benefits of volunteering?
- Meeters and Greeters - Health information - Volunteer Drivers - Shop/ Lippen Care Trolley - Receptionist in ward - Hospital Radio - British Red Cross - Hairdressers - Occupational Therapy Assistants - Complimentary Therapists - Therapet - Music Therapy (Studio and Wards) - Befriender / Buddy Service - Advocacy Workers - Office Support - Patient News Letters - Hospitality / Support Groups - Shopping - Crafts/ occupational therapy - Fundraising - Patient Support - Hospitality Patient	- Provide a friendly face to people using NHS - The public are better informed - Greater social impact through volunteering efforts - Volunteers take some pressure off staff - Volunteering can boost the self esteem of others and volunteers too - Volunteering can help with - recovery - Volunteers can address loneliness and isolation - Can reduce anxiety, give people a voice or choice - Volunteering can help alleviate depression - Volunteers can extend services - Volunteer Social Network – physical benefits and psychological impact - Volunteering a source of community engagement - Social aspect/contact and social inclusion - Volunteering can improve communication and share information - Volunteers provide a direct service and come from the local community

Having looked at what volunteers do, now can you think of other things volunteers can do – new opportunities etc for volunteering?

(A) Health setting – Hospital, clinic etc	(B) To improve Health in the community
- Volunteer crèche - Dietary support volunteers - Evening entertainment - Designated quiet room Volunteer Counsellors - Communication – IT - Volunteering assistance at front door Ninewells wheelchair - Visual and Learning Impairment support - Wheelchair assistants (clinics/wards) - Support group for disease / long term conditions - Volunteer HCA for basic daily needs grooming - Volunteering crèche workers and helpers at GP surgeries - Versatile services within localities - Therapet - Work experience - T.A.P.S Courses in patients volunteer facilitator - Volunteers to facilitate group work, support for focussing on drug/alcohol - Encourage others to seek a career in the NHS - Volunteering help with feeding at meal times	- Book clubs - Volunteer gardening projects - Volunteer led cookery and healthy eating for young people and others - Greater recognition and volunteer awards - Information technology/ how volunteering can complement it - Day Care placements - Health Promotion - Work Experience - On young people issues - Young people could become peer volunteers - Train sexual health volunteers - Walk leaders - Weight management volunteers - Adult care - Knit a granny - Intergenerational teaching – volunteer and Timebanks - Volunteer Buddying to tackle isolation - Tackle loneliness

These responses have been clustered together and detailed in the mapping section on page 19 of this report.

Focus Group Discussion continued….

On young people

Q How can we get more young people involved in NHS volunteering?

The responses were clustered around the issues of recruitment, retention and reward or recognition.

Recruitment More opportunities such as Health and Social Care Academy - consider a link to Volunteer Academy. Recruitment through Volunteer Centres and Volunteer Academy - getting young people volunteering ready More recruitment within Schools Volunteering leading to ongoing involvement. Better marketing promoting young people's image of volunteering in health Need to build on the positive experience young people have had of volunteering Volunteering in health should have a higher profile at Health and Careers fairs Need more marketing which addresses diversity challenges.
Retention More incentives building on benefits of volunteering Good leadership / Management Meaningful opportunities (Training) Feedback from others on positive volunteering impact of young people Personal Developments profiles Accredited training for volunteers which would help lead to employment in a health setting. Support young people and appreciate their culture and aspirations for volunteering. Need to listen to young volunteers and develop opportunities based on their interests and lifestyles.
Rewards Certificates for volunteering effort. Hold awards events for young people recognising their contributions. Accreditation and training leading to improved employment prospects. Portfolio development, references and CV building. Millennium Volunteering Awards. Clearer connections between volunteering leading to employment incentives etc. Ensure Young people feel valued. Higher appreciation and recognition of skills gained through volunteering.

Focus Group discussion Key points - what needs to change?

Participants were asked what they felt were the main things which need to change for a more sustainable volunteering culture within the NHS. The responses were:

- Volunteering to be part of a flexible school curriculum and merit systems
- More structured management support for volunteers – too much for one person to do.
- Government, NHS Board and other Governing bodies to recognise and develop the potential of volunteering.
- Key actions to reduce barriers and address inequalities in volunteering and in health.
- Legislative in favour of Employer Supported Volunteering
- Stronger links with Volunteer Centres.
- Better marketing and a more modern approach based on changing lifestyles and communities.

The unique opportunities of the Focus Groups enabled a greater depth of understanding of the key issues. Volunteers, their managers and officers reflected positivism towards volunteering and provided examples of where things can be improved upon

Beyond the Trolley Service

Case Study - Kirriemuir Friday Nite Project - Health and Happy Communities

Kirriemuir is set in the rural area of Angus and it had no open youth work provision. Young volunteers came together with staff from Social Work & Health and Angus CHP to develop the Health and Happy Communities' project. As part of this, young volunteers organised for a sports centre in the town to be available on a Friday night for young people in the area. Up to 120 people attend the Friday Night Project, but essentially it wouldn't happen if it wasn't for the efforts of young people who volunteer.

In addition to helping raise young people's awareness about drugs, alcohol and health issues another commendable factor was that young people themselves took on the role of volunteer befrienders to ensure that young people experiencing barriers were able to participate fully in the programme.

YOUNG PEOPLE;
QUESTIONNAIRE RESPONSES

As highlighted the consultation and workforce planning issues highlight a lack of involvement by young people in the NHS in either a paid or volunteering capacity. In order to address this we targeted a sample of 50 young people to elicit their views on volunteering in the NHS. 46 young people returned the questionnaires.
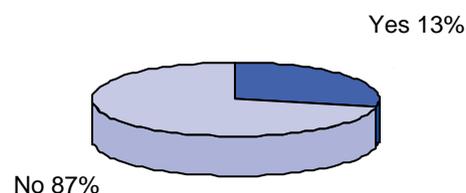
Age of Respondents	Number of Respondents
12 – 14	0
15 – 16	2
17 – 18	23
19 – 21	9
22 – 25	12
Total	46

Question One: Age
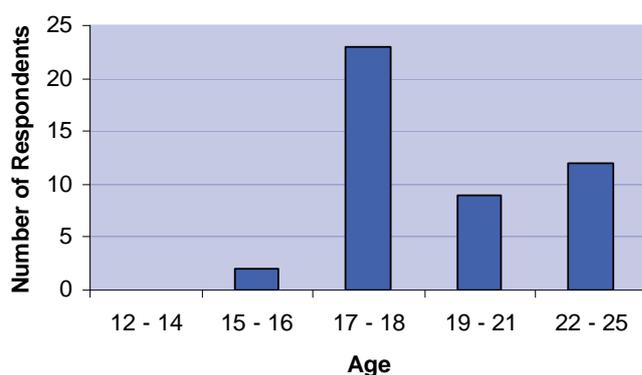
Question 2: Have you been involved in volunteering?

Have you been involved in volunteering?	Number of Respondents
Yes	6
No	40
Total	46

Yes 13%

No 87%

The above tables show lower than expected levels of volunteering given the significant increase in young peoples volunteering though Millennium Volunteering and other efforts.

Would you consider volunteering in the future?	Number of Respondents
Yes	33
No	13
Total	46

What stops you from volunteering?

The highest response given was a lack of time (17) where being at college, working or other commitments limited the time available to young people.

The next highest level of responses was in relation to not having the information on how to get started or awareness of what's involved. (9)

Other responses included a lack of child care especially over the summer holiday period, travel and benefits.

Would you consider volunteering in health?

Would you consider volunteering in health?	Number of Respondents
Yes	31
No	15
Total	46

No, 33%

Yes, 67%
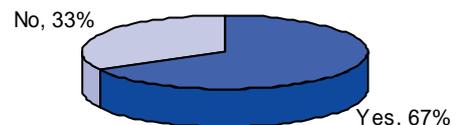
If you answered no, could you explain why?
• Not interested
• Because I'm interested in social sector
• Not enough time- If I had more time I would like to volunteer

Question 6: Would you consider a career/ job in health?

Question 6: Would you consider a career/ job in health?	Number of respondents
Yes	37
No	9
Total	**46**

No
20%

Yes
80%
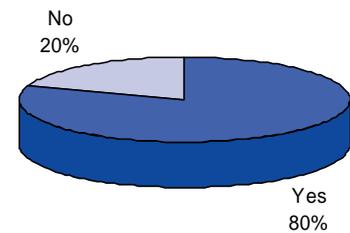
The views given by young people suggest they are interested in either a career or volunteer involvement in health. Where this might differ from the responses given by other volunteers could be in terms of their motivations and intended outcomes. Other research studies, as highlighted in the literature review, suggest young people are more motivated to volunteer in children's work, working with young people and the environment. This presents an opportunity to design volunteering opportunities which are more favourable towards young people, for example in health improvements and young people's health.   Undoubtedly, other agencies gained through the increase in the numbers of young people involved in volunteering through the Millennium Volunteering awards and the evidence from what young people have told us along with the high levels of young people volunteering may suggest additional opportunities exist within the NHS for young people to volunteer.

What volunteers told us…

"What I enjoy most about my volunteering is the social interaction, my motivation increased, my personal satisfaction has increased and this is all because I am helping to make a contribution to other people and to the NHS, which is an organisation I really believe in"

Young People

CONCLUSION

This report challenges the traditional perceptions on volunteering in health and provides evidence which should influence policy and decision making. Whilst volunteering has a higher profile in social and economic policy setting it also brings added responsibility, responsibility for all partners, government departments, volunteer centres and volunteer managers. The issues underpinning the volunteering agenda are indeed very complex. They are connected to the challenges of social justice, equalities, community engagement, better health and empowerment.

The challenges facing health in this new millennium are also more complex. We live in an era where the world is a smaller place, where super sonic transportation gets us around the globe easier and faster, as do super bugs and mutating virus. The economic calamity also impacts on local service delivery, struggling in the wake of recession, subsequent poverty, unemployment, and greater pressure on public spending.

Whilst it is suggested we live longer and our health is better than 'the good old days' of typhus fever, rickets and scurvy we are indeed more vulnerable to; increasing obesity, more conditions related to alcohol consumption, a rise in the number of sexually transmitted diseases, oral cancers and teenage pregnancies. These are modern challenges where potentially parents can outlive their children in a 'new world order'.

This report provides suggestions on how a volunteering partnership can help address these issues. It is however crucial that better community and volunteering engagement is geared towards people who are vulnerable to exclusion and disadvantage.

The innovative approach taken by the Angus CHP demonstrates a forward thinking philosophy which builds on partnership working and tackles modern health challenges.

This is a major undertaking which is achievable by: broadening the range of volunteering opportunities across Community and Health settings; changing perceptions and attitudes towards volunteering; realigning resources and, addressing the barriers to participation. This also requires leadership at senior level and driven by the values and principles of social justice and equalities where we redefine volunteering 'beyond the trolley service'.

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Appendix 1

Analysis of Volunteer Centre Angus Database 2009 (Based on 2650 volunteers)

Gender of volunteers	
Female	59%
Male	41%

Age range of volunteers	
Under 16	2%
16 – 25	26%
26 – 45	40%
46 – 59	22%
60 – 70	8%
Over 70	2%

Why people volunteer	
Help into paid work / education	23%
Improve health	2%
Increase confidence	12%
Learn new skills	17%
Meet new people	14%
Other	2%
Part of beliefs	3%
Use spare time well	20%
Want to improve things	7%

Employment status of volunteers	
Carer	1%
Full time parent	3%
Further Education	12%
Incapacity Benefit / DLA	15%
Income Support	9%
Jobseekers Allowance	14%
Other	3%
Paid employment full-time	12%
Paid employment part-time	8%
Retired / early retired	8%
School	7%
Self employed	1%
Unwaged	7%
Working holiday	0%

Appendix 2

Description of some activities undertaken by volunteers in health

Activity		Activity	
Administration helper/ medical records assistant	☑	Letter writer	☐
Advocacy	☑	Librarian	☐
Ambulance first responder	☑	Magazine delivery	☐
Anti-coagulant assistant	☐	Massage and aromatherapy massage	☑
Artist	☑	Medicinema	☐
Arts and crafts (knitters, blanket maker, art therapist)	☑	Meet and greet/ welcomer	☑
Befriending/ buddying (in-patients and community)	☑	Musicians	☐
Buggy service for outpatients with mobility problems	☐	Occupational therapy activities assistant	☑
Carer support	☑	Packs (making up maternity packs, patient emergency, etc)	☐
Chapel service helpers	☐	Pets as Therapy (PAT)	☑
Chaplaincy lay preacher	☑	Pastoral	☑
Clerical helper	☑	Peer educators (various projects)	☑
Clinic assistant (baby/ wellbeing, etc)	☑	Physiotherapy assistant	☑
Counsellor	☑	Plain language volunteer (de-jargon written material)	☐
Discharge lounge assistant	☐	Playroom helpers	☐
Drama assistant	☐	Post room assistant	☐
Entertainment	☑	PPI forum member	☑
Events helper	☑	Print room assistant	☐
Exercise to music	☑	Reception/ information/ enquiry desk, welcome desk	☑
Expert patient	☐	Recruitment and selection of staff	☐
Feeders (for patients)	☑	Recycling assistants	☐
Fish tank maintenance	☐	Reflexology	☑
Focus group for research	☑	Runner (errands in and outwith hospital)	☐
Flower arrangers/ flower care on wards	☑	Shop helper (food, clothes, etc)	☑
Fundraising	☑	Shoppers (for patients)	☑
Games player (for example chess companion)	☐	Skin camouflage	☐
Garden (including pond maintenance)	☐	Social events organiser/ helper	☑
GP patient participation group	☑	Speech and language volunteer	☐
Governance and trustees	☑	Companion for mental health service users (i.e. golf buddy)	☑
Hand holders (for surgery, etc)	☐	Sports organiser for mental health service users	☐
Home care	☐	Support groups for specific health conditions	☑
Home escorts for vulnerable patients	☑	Tea bar/ café/ bar	☑
Hospital radio presenter and request collector	☑	Trainers (for example life saving technique)	☑
Information/ leaflet readers and checkers	☑	Therapeutic hand care	☑
Information provider	☑	Transport (drivers)	☑
Interpreter	☐	Trolley service (meals, drinks, toiletries, etc)	☑
Interviewer	☐	Visitor screening helpers	☐
IT volunteers	☐	Ward and department volunteers (various including A&E, outpatients, x-ray, etc)	☐
Knitters for premature babies	☐	Wheelchair pushers	☑
Lay assessor (for the Quality and Outcome Framework)	☐	Young people health volunteering	☑

☑ Identified through research

CREDITS

This work has been accomplished with the valuable help of the following people who have made a significant contribution to this report:

Linda Bailey	Angus Independent Advocacy
Hilde Barrie	Angus Community Health Partnership
Iverene Bromfield	Chair of Volunteer Centre Angus and Curriculum Manager, Angus College
Elizabeth Darcy	Tayside Council on Alcohol
Judy Findlater	Treasurer, Volunteer Centre Angus and Volunteer, HOPE
Jade Findlay	Trainee Admin Worker, Volunteer Centre Angus
Liz Forsyth	Board member, Volunteer Centre Angus and NHS Director
Pat Fox	NHS Tayside
Rachel Green	Angus Community Planning Partnership
Mai Hearne	Chief Officer, Angus Association of Voluntary Organisations
Marion Hood	Lippen Care
Benny Malone	Ex nurse, NHS Tayside
Eileen McArthur	Focus on Alcohol Project
Kathryn McKenzie	Manager, Volunteer Centre Dundee
Morag McKenzie	Manager of Public Services, Volunteer Centre Angus
Councillor Ruth Leslie Melville	Provost of Angus
Norrie Murray	Volunteer Development Scotland
April Robertson	Skills Development Scotland
Selina Ross	Manager, Volunteer Centre West Dunbartonshire
Frances Scott	Board Member, Volunteer Centre Angus and Angus Disabled Ramblers
Vivien Smith	Angus Community Planning Partnership
Gerry Stenson	MacMillan Cancer Care
Sandra Stewart	Volunteer Development Worker, Volunteer Centre Angus
Aileen Tait	Social Work & Health, Angus Council
George Thompson	Chief Executive, Volunteer Development Scotland
Janice Torbet	NHS Tayside
Carol Torrance	Admin Worker, Volunteer Centre Angus
Dr Drew Walker	Director of Public Health, NHS Tayside
Sharlaine Walker	Social Work & Health, Angus Council
Stewart Walker	Executive Director Cruse - Scotland
Dr Michelle Watts	Kirriemuir Health Centre
Susan Wilson	Angus Community Health Partnership

A Volunteering and Community Planning Interface Initiative