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Research, Policy and Strategy
Research
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Background

Volunteer Development Scotland commissioned the Scottish Council Foundation to undertake this research to contribute to our understanding of the role that volunteering might have in supporting health and well-being. Overall the research involved 68 people (43 volunteers, 8 volunteer co-ordinators and 17 stakeholders from the Health Service or Local Government) in 9 case studies. The understanding of health gain through volunteering used in the study was based on volunteering as a health enhancing activity and as an additional support to health focused activities. The fieldwork was undertaken between June 2002 and May 2003 and the study was funded by the Scottish Executive Health Department.

Main Findings

Participants' volunteering in support of health involved a range of activities, such as a credit union, community based health activities, support for patients at a health clinic and support for people dealing with mental health issues. A number of social changes were thought to have created more need for volunteering. These included: social isolation; a growing elderly population, often far removed from family supports; an increase in sedentary lifestyles that posed present and future health problems; changing employment patterns that meant there was less shared experiences at local level. These were all seen as potentially isolating people to the detriment of their health. Priorities for action included:

- **Integrated planning and support** – in relation to working across statutory and voluntary agencies and in linking service priorities to local needs. Participants considered it important to bring service delivery and volunteering activities together to establish a coherent framework for change.
- **Recognition of the importance of volunteering** – benefits were thought to include personal development, social inclusion and better understanding of issues faced by other people.
- **Volunteering that strengthens communities** – understanding the networks of relationships in communities and linking activities to the different needs and interests were seen as priorities.
- **Integrated funding** – volunteer activities, volunteer gains and community infrastructure were felt to have a direct impact on people's health and well-being and participants believed that funding criteria should be developed on this basis through locality community planning.
- **Recognition of the benefits and limits of volunteering** – it was felt that volunteering offered unrecognised possibilities for supporting the delivery of health and social care services, but service providers needed to understand that volunteering was not a cheap alternative in delivery but an additional benefit and support to service provision.
- **Working in partnerships** – Partnerships, formal and informal, with voluntary and health related organizations, service providers and volunteers were seen as crucial to the provision of volunteering.

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Findings

The priorities for the volunteers were their belief in the activities they were involved in and the value they placed on these as ways of supporting vulnerable people to have a better quality of life. The majority also felt that the social consequences of what they did helped to create a safer and healthier society. A starting point for all participants was the need for decision makers to recognise the potential for supporting health through volunteering. It was clear that while all participants agreed that health and social care services need to be provided professionally and resourced properly there was a sense that the discussion of health and care was part of a broader discussion about society, civic participation and social justice. The long-term challenge was not joined up policy but action, and actors that can respond to individual need.

The vision of health and volunteering that created these priorities was based on a belief that people need to:

have social contact: *Some of the old people feel they need to talk. Mentally they're being stimulated and they're remembering, but you do too. It's a two way process. (Volunteer)*

be financially secure: *There are so many links between poverty and social and financial exclusion to health, to all aspects of health. (Volunteer)*

be able to become involved in local, health-enhancing activities: *Essentially a supporting action for members of the public who are sedentary, for whom their inactivity is becoming a health risk. (Interviewee)*

live in an area that is well looked after and supportive: *When you restore the social fabric you raise the social and the moral values again. That's what we're trying to get across. We play a part in each other's lives once again. We become important to each other once again. (Volunteer)*

be able to have access to high-quality treatment and responsive services when needed: *People centred stuff, not the home help is in the area at 7.00pm so you'll go to bed at 7.00pm. (Volunteer)*

have the resources to respond to local needs and issues: *You need the ideas off them if you want to understand their community. You need local people to feed back what's wrong with health. (Interviewee)*

A number of actions were identified that would support developments around the main findings. These included:

Integrated planning and support

- Developments in community planning that include a process for creating localised community plans should be investigated
- Monitoring and evaluation of community based projects should include an exploration of the networks and relationships that support project activity.

Recognition of the importance of volunteering

- Raise awareness of the role of volunteering in supporting well-being.
- Explore the possibilities of using 'bridging' capital as a developmental process in raising awareness of particular issues, such as racism and sectarianism, to identify some of the possible actions that can be taken at community level.

Volunteering that strengthens communities

- Build on current knowledge to inform policies, identify benefits and difficulties at local level and explore the implications in terms of wellbeing and social capital.

- Explore opportunities for increased networking and information sharing across issue and geographical volunteering to build on the work that has already taken place and identify gaps.

Integrated funding

- Integrated funding in support of local activities should be explored on the basis of building a relationship between service providers and organisations funded, so that they can discuss their separate priorities and agree shared outcomes.
- The relationship between service provision and responding to local needs requires increased awareness of individual, locality and service issues and opportunities and how these relate to each other and to health and social care service delivery. These include exploring the relationship between wellbeing and social capital and the role of community development in stimulating wellbeing and supporting health.
- Increase awareness of what integrated funding can look like and achieve.
- Responsive services require integrated thinking about issues. This should be explored in the development of locality community planning to identify funding implications.

Recognition of the benefits and limits of volunteering

- Monitoring and evaluation developed around volunteering and health should be explored on the basis of defining roles and aspirations of the volunteering project in conjunction with those of the health or social care providers involved to agree the terms of evaluation.
- Training for those in primary health care and social services on the potential of volunteering should be developed and provided.

Working in partnerships

- An identification of the range of partnership activities, and implications in terms of the resources of the relevant projects, should be clarified as part of the monitoring and evaluation of relationships.
- Personal planning with volunteers should be used to provide space for them to reflect on their changing knowledge and experience.
- The relationships between individual users and volunteers, as well as between the 'community of users' and the projects, would seem to provide an opportunity for testing some of the findings of this study on the relationship between health gain and social interaction.
- Assessing volunteering and health activities includes the need to highlight health gains as an indicator of a 'healthy' community and explore the long-term implications for service delivery.

Research

The research involved working with participants in nine case studies and was based on a mixture of focus groups (or interviews) with volunteers, interviews with project co-ordinators and interviews with two local service deliverers. Local policies of the Health Board and the Local Authority were investigated, to identify social/health strategies and commitments and to note any volunteering roles identified. The local volunteering infrastructure was also considered to increase understanding of the context in which the volunteering was taking place. The case studies were chosen to cover four different Health Board and Local Authority areas. The ninth case study was based on a small number of blood donors to explore their perspectives on their own role as blood donors in Health Service provision and their views, and interests, in volunteering. The case studies spanned projects in inner city, small town and rural locations; covering financial and social inclusion issues; deprived and relatively affluent areas; the elderly and carers, cancer

support, mental health issues and people who needed physical exercise to improve their health, as well as community-based health activities. It is important to note that users' views were not part of the research.

Recommendations

Ultimately the research showed a network of activities and aspirations that started from individual commitment to a particular activity that participants believed offered additional support to people in need. It demonstrated a range of relationships at community level and at regional and service levels that required time and effort to stimulate and support and to learn from. It highlighted the closeness of aspirations between service planning and volunteering aims and objectives. It also highlighted some of the difficulties in bringing these together across such a broad range of activities based on responding to locally perceived needs and issues in the context of professional priorities, regional and national policy and funding initiatives and service targets and performance criteria. The implications of supporting health through volunteering require a broad context for understanding the nature of social interaction and its relationship to well-being as much as its practical support to particular services. The real challenge is to find ways to enable volunteering that can stimulate healthy interactions within and across communities, without undermining the diversity and the independent actions that sustain it.

Participants believed that there were a number of needs and issues to consider in taking this agenda forward. These included:

- Offering opportunities to rethink how services are delivered
- Increasing understanding of community
- Stimulating and supporting working relationships between local communities and public and voluntary sector organisations
- Partnerships between users, volunteers, communities and professionals to develop future provision
- Acknowledging the value of the skills and knowledge that volunteers bring

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