

VEnable

Volunteering, health and older people

Desk review report

November 2011

Contents

The background	01
Summary of desk review findings	01
Opportunities	01
Challenges	02
The profile of older volunteers in Scotland	03
Scotland's ageing population – implications and policy issues	04
Older people and health – Scotland's policy context	05
Reshaping care for older people.....	06
Commission on the Future Delivery of Public Services (2011) (The 'Christie Commission').....	08
The wider health context – policy and strategies.....	09
The Scottish Ambulance Service and volunteering.....	09
Volunteering and older people – the evidence.....	10
Older volunteering – an overview.....	10
The impact of volunteering on health	12
Community-based volunteering – the health benefits of Time Banks.....	13
Volunteers and Service Provision	14
The Northern Ireland experience	15
The Welsh experience.....	15
The English experience	16
The Perth & Kinross experience	17
Desk review conclusions	18
References:.....	20

The background

For the first time ever, there are more people aged over 65 in Scotland than there are people aged under 16. This tipping of the age balance is socially significant (Scottish Government, 2010a). It presents challenges to public policy and the allocation of health and social care resources, but also brings opportunities to develop a skilled pool of volunteers who not only help others but in the process maximise their own health and wellbeing. The Refreshed Strategy for Volunteering in NHSScotland defines a volunteer as:

“A person who gives freely and willingly of their time to help improve the health and wellbeing of patients, users (and their families and carers) of the NHS in Scotland.”

Scotland's older people possess the life skills, commitment and time to contribute significantly to the development of volunteering in health and social care. The evidence indicates this could benefit public services, and most significantly, the volunteers themselves.

Volunteering is a form of active citizenship and community involvement which has the potential to promote a positive image of older people, both to wider society and older people alike.

This desk review seeks to identify and report on relevant UK published literature, research and project-based information relating to older people, health and volunteering to help inform the VEnable pilot project being taken forward by Volunteer Development Scotland. The project, commissioned by the Scottish Government Health Directorates in conjunction with NHS Tayside, will explore and report on the potential of volunteering and enhance outcomes in relation to older people.

VEnable is a response to the issues relating to volunteering and health which were identified through the delivery of the Refreshed Strategy for Volunteering in NHSScotland.

Summary of desk review findings

Opportunities

- While the causal links between volunteering and health and wellbeing remain a matter of debate (i.e. is it the case that healthy, motivated people with good social networks are the ones who volunteer, or are health benefits brought about directly through volunteering?) the literature suggests that volunteering is a positive experience for older people, with several important benefits relating to improved mental and physical health, social inclusion and personal development.
- Older people bring valuable qualities and skills to volunteering.
- Older people will volunteer (and continue to volunteer) if they are kept busy and feel that their role is useful and meeting real need.
- Older people are a valuable resource – for example, they actually provide much more care than they receive.

- Volunteer-involving projects and organisations bring significant benefits to the NHS, local authorities and communities – better health and wellbeing, reduced social isolation etc.
- Older volunteers are involved in a wide variety of projects and activities that are of direct benefit to service users. The outcome of these is a more cost-effective delivery of services.
- As well as promoting good physical and mental health and wellbeing in volunteers, volunteering has the potential to maximise cost-effectiveness by supporting independent living, preventing unanticipated admission to hospital, and avoiding the need for professional care.

Challenges

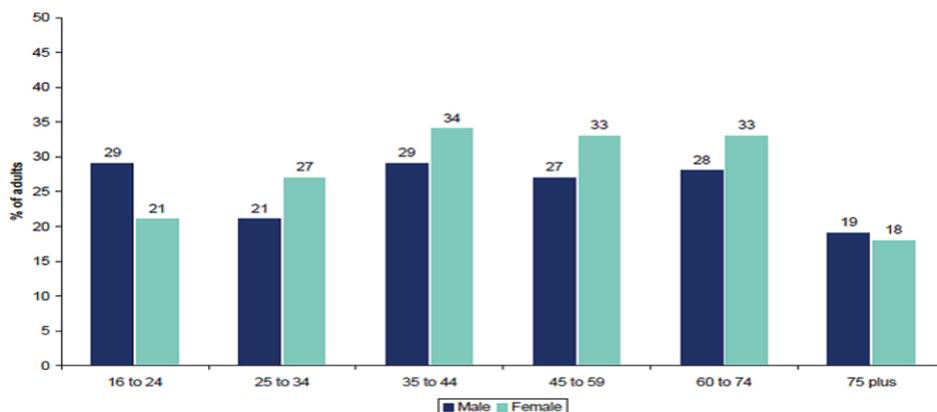
- There are relatively low levels of volunteering among older people. Several reasons for this have been identified in the literature.
- Organisations often ignore the individuality of older people.
- Ageism in volunteer-involving organisations.
- Practical obstacles such as health condition.
- The attitudes of older people themselves.
- A key issue is the decline in health and wellbeing from age 75.
- How to encourage people to volunteer on retirement and then keep them volunteering if policies are to maximize volunteering by this group.

The profile of older volunteers in Scotland

By older people, we mean those aged 65 and above. Towards the younger end of that age group, people tend to be fit and well, and although they may have retired from paid employment, they retain the skills, energy, commitment and desire to continue to contribute as volunteers. From age 75, it seems people experience markedly reduced levels of health and wellbeing, and with that can come the inactivity and isolation that makes matters worse (IPPR, 2009).

With respect to volunteering this can also be represented by age, for example among 75+ women, volunteering drops by 15%, as illustrated by this graph from the Scottish Household Survey (2010):

Figure 12.1: Percentage providing unpaid help to organisations or individuals in the last 12 months by age within gender
2009 data, Adults (minimum base: 255)



As the graph shows, people in the 60 to 74 years demographic are well represented in the overall levels of volunteering but there is then a noticeable falling off in involvement. These figures have been fairly consistent over the last 10 years. It should be noted that the Scottish Household Survey has consistently highlighted a socioeconomic divide in formal volunteering, with noticeably lower levels in the country's most deprived communities. Additionally, the Survey has also highlighted the higher levels of volunteering in rural areas when compared with urban areas. As such there are important cross-cutting issues of socio-economic status and the geographical location of volunteering activity which have to be related to the overall age profile of volunteering in Scotland.

Scotland's ageing population – implications and policy issues

In summary the key issues are:

- Major financial pressure of ageing population as older people 'consume' more health;
- Demand for unscheduled care;
- Balance between acute and community sector provision;
- Delayed discharge;
- Comparative costs of acute and community based care.

And the key policy implications are:

- The need for a sustainable model of care;
- The need for a model to emphasis partnerships/joint working and especially co-production;
- A concerted shift from spend on unscheduled care to preventative treatment /anticipatory care.

Public policy in Scotland - and health policy in particular – clearly faces significant challenges related to demographic change and the ageing population. These challenges will lead to major financial pressures on the full spectrum of health and social care services. As such there is an urgent need to look at approaches which will help to reduce spending pressures and improve the health and wellbeing of older people.

Overall, the Scottish population is growing and it is expected to continue to grow, with forecasts suggesting a population of 5.5 million by 2033. The most dramatic increase in both absolute and percentage terms is in the population aged 75+. Over the next 20 years, the population of Scotland in this age group is expected to expand by 330,000 or 84% (see The Scottish Parliament Information Centre: Key Issues for the Parliament in Session 4, *SPICe*, 11/28).

Population ageing could have significant implications for health spending. The Scottish Government estimates that around £4.5bn is currently spent on health and social care services for those aged over 65. This accounts for 14% of the total Scottish Government budget and if services continue to be delivered on the same basis, spending is forecast to rise to £8bn by 2031 (*SPICe*, 11/28).

The impact on spending will depend on the extent to which healthy life expectancy keeps pace with overall life expectancy. To date, healthy life expectancy has grown at a slower rate, meaning that people are living longer but are not necessarily enjoying good health in later life, with resulting cost pressures on the acute and primary health sectors. In Scotland, long-term conditions, such as dementia and diabetes, account for 80% of GP consultations and 60% of hospital bed days (*SPICe*, 11/28).

The largest proportion of the spend on older people in Scotland is on unscheduled emergency admissions to NHS hospitals (31% of £4.5bn). Spending by the NHS on older people (£3bn) is currently more than double that of local authorities (£1.3bn). Notably, less than 7% of the expenditure on older people is spent on care at home, despite this being the preferred option of how care should be provided (*SPICe*, 11/28).

In recent years in Scotland there has been a policy drive to shift the balance of care away from acute hospitals towards care in people's own communities. However, the balance of expenditure is still skewed towards the acute sector. In addition, the number of emergency admissions in the over 65 age group has been increasing over the last decade although the total number of bed days used to treat them has decreased (SPICe, 11/28).

The acute sector in the NHS is much more costly than community care. For example, in Scotland the average weekly cost of an inpatient hospital bed is £3,349, compared to £550 per week for a publicly funded place in a care home. Therefore, pressures at the cheaper end of the care spectrum (cuts in local authority services) may reduce the chance for anticipatory care and result in increased pressures at the more costly end of care (SPICe, 11/28).

Delayed discharges from hospitals are perhaps the starkest indicator of the divide between health and social care. After a sustained decline in delayed discharges over the last decade, the numbers in Scotland have been rising again. For one third of these delays the reason was "awaiting funding for a care home placement". This may demonstrate the onset of funding pressures being experienced by local authorities (SPICe, 11/28).

The SPICe paper states that two key questions need to be addressed: how can Scotland provide a sustainable model of care to meet the rising demand for services at a time when public spending is decreasing, and, how can the NHS and local authorities release the £1.4bn which is currently being used to pay for the emergency treatment of older people and divert it towards community and preventative care?

Older people and health – Scotland's policy context

As evident in the following review of the key policy documents, over the past decade the Scottish Government has dedicated a great deal of work to anticipating the needs of the growing number of older people. It is clear that a high priority is being given to addressing the implications of a demographic shift which will increase demand on services at a time of escalating financial pressures and reduced resources.

Key aspects of the new national approach include:

- Viewing older people as an asset, not a burden;
- Measuring success by how many older people can be enabled to stay independently at home;
- Pushing back the concept of older age, with less of a focus on 'over 65' and more on 'over 75';
- Taking a truly 'whole system' approach, involving families, neighbours and communities;
- Services should be outcome focused.

Relevant policy documents:

- **Better Outcomes for Older People** (Scottish Executive, 2004) was developed by the Joint Implementation Group of the Scottish Government, largely to promote the implementation of joint services, particularly between health and social care, as well as housing. The policy emphasised the need to involve individuals and carers in care decisions to make care more person-centred, with a focus on the outcomes important to older people. There was also a focus on health promotion, early intervention and prevention and increased independence of older people.

- **Promoting Mental Health and Wellbeing in Later Life** (Scottish Executive, 2006) stated the need to “encourage and support to local older people to take advantage of opportunities for meaningful activity, social interaction and physical activity”.
- **All Our Futures – Planning for a Scotland with an ageing population** (Scottish Executive, 2007) invited Scotland’s local authorities “to consider the further developments of local strategies for positively engaging with their ageing populations...and to make best use of the skills and experience of older people in local areas”, recognising that “An active, involved older population has a huge contribution to make which will benefit older people themselves through increased wellbeing and prosperity and will benefit Scotland”.
- **Reshaping Care for Older People: A Programme for Change 2011 – 2021** (The Scottish Government, COSLA and NHSScotland, 2010b). In 2009, the Ministerial Strategic Group for Health and Wellbeing agreed to develop a strategy for reshaping care for older people in the light of a shared aspiration to improve the quality and outcomes of current models of care, address the implications of the projected demographic change, and respond to the financial pressures.
- **Commission on the Future Delivery of Public Services 2011** (The ‘Christie Commission’). In November 2010 the First Minister asked Dr Campbell Christie CBE to lead the Commission on the Future Delivery of Public Services. This report makes recommendations in response to the increased challenges placed on the public sector due to financial cuts and changing patterns of demand. The report also recognises that older people “make a significant social contribution as active citizens, including through volunteering, provision of social care and providing the ‘social glue’ of communities and families”.
- **Shifting the Balance of Care** (SBC) has been a key theme in the work of the Scottish Government Health Directorates for a number of years. Previous policy documents, in particular, *Delivering for Health* (2004) and the *Better Health, Better Care Action Plan* (2007), raised the profile of shifting the balance of care in Scotland, which is intended to bring about improvements in service delivery and health outcomes. Shifting the balance of care focuses attention upon improving health and wellbeing from hospital based services to health improvement activities, anticipatory care and the provision of care closer to home. A key focus of this improvement framework, which brings together a range of initiatives and straddles health and social care programmes, is the shift in who delivers health and social care. There is undoubtedly a key role for volunteers to play in local areas across Scotland.

Reshaping care for older people

The *Reshaping Care for Older People* programme is intended to provide a long-term and strategic approach to delivering the change needed to achieve the vision for future care for older people in Scotland. The programme states that this change needs to be built on a ‘strong and enduring consensus’ across all sectors and interests. It stresses that:

- Older people are an asset not a burden – demographic change creates a challenge but these shifts also offer a potential solution in that older people provide far more care and support than they receive;
- We need a shift in philosophy, attitudes and approaches – we need to move away from measuring success by how much we do to how many, and towards measuring success by how many older people can be enabled to stay independent and well at home and without need for care and support;

- We are adding healthy years to life – we need to push back our concept of older age, focusing less on over-65s and more on over-75s. We need to ensure that older people have benefited from health improvement activities throughout their lives so that they have fewer risk factors for long term conditions when they reach an older age;
- Supporting and caring for older people is not just a health or social work responsibility – we all have a role to play: families, neighbours and communities; providers of services like housing, transport, leisure, community safety, education and arts; and also shops, banks and commercial enterprises. Our approach to achieving our vision must be truly ‘whole system’;
- Services should be outcome focused – services which provide personalised care and support designed to optimise independence and wellbeing through an enabling approach;
- We need to accelerate the pace of sharing good practice – there is a lot of good practice across Scotland and beyond, but examples tend to be fragmented and narrowly focused. We need to rapidly build, grow and spread these examples, reduce variance in practice and achieve greater consistency in, and equity of, support;
- Now more than ever it is important to align partnership resources to achieve our policy goals – it is important to acknowledge that there will be considerable pressure on all public sector budgets over the next period which makes it an absolute imperative that we can demonstrate that all of the £4.5 billion currently spent annually on services for over 65-year olds is being used to optimal effect.

The Reshaping care for older people *Programme for Change strategy* document states that is also important to note that older people have a critical role to play in keeping other older people out of the formal care system and living independently at home. Older people, the document states, provide far more care than they receive: It is estimated that just over 3,000 people over 65 years receive more than 20 hours of paid care per week while over 40,000 people over 65 years provide more than 20 hours unpaid care per week. Further research has estimated that older carers (aged over 60) in the UK are providing up to £4bn in unpaid volunteering and up to £50bn in unpaid family care (*Future of Retirement*, Leeson, G and Harper, S, HSBC 2007).

Future work under the *Reshaping Care for Older People* programme for change will be taken forward under the following themes:

- **Co-production and community capacity building** – working with older people, their carers and the third sector to build an approach to providing care, based on co-production principles, to develop new community-driven models of care provision, and to help older people maintain their independence wherever possible.
- **Care services and settings** – working with statutory and non-statutory sectors across health, housing and social care to embed these principles and to ensure the physical and social environments and infrastructure of services support the goal to optimise the independence and wellbeing of older people at home or in a homely setting and enable them to remain in their communities.
- **Care pathways** – working across clinical (acute and primary) and care and support agencies to create coherent and integrated care pathways that improve the ability to support people, particularly those with complex care needs, to remain at home or to move smoothly between services and settings.
- **Workforce development** – developing a motivated and capable workforce to underpin a high quality care sector, through work led by NHS Education for Scotland and the Scottish Social Services Council, promoting the principles of co-production and personalisation.

Scotland's *Reshaping Care for Older People* programme is being taken forward by the Joint Improvement Team (JIT), which was established in late 2004 to work directly with local health and social care partnerships across Scotland. JIT is co-sponsored by the Scottish Government, NHSScotland and COSLA, and one of its action areas (*JIT, 2011a*) is to take forward the *Programme for Change*.

In 2011-12 the Scottish Government is allocating £70 million to a *Change Fund* to enable NHS Boards and local authorities, together with voluntary agencies, to redesign services for the growing older population. The JIT is working directly with these stakeholders to decide where this money needs to be invested to improve services under the banner of the *Reshaping Care for Older People Programme*.

The JIT has made available a set of support materials and will be working directly with partnerships as they prepare the local change plans required to access the *Change Fund*. The health and social care partnerships which are successful in accessing the Fund should focus on developing approaches that are based on community capacity building and co-production.

Commission on the Future Delivery of Public Services (2011) (The 'Christie Commission')

The report makes key recommendations on future delivery of public services including better integration of services and prioritising preventative measures. It is highlighted that up to 40% of all spending on public services is accounted for on interventions that could have been avoided if preventative measures had been prioritized. The report also emphasises the requirement to move away from a 'top down approach' and deliver more effective services by working with communities to build resilience.

The Scottish Government made a response to the report in September 2011 which describes their approach to public service reform. The response emphasises that the Scottish Government is committed to the introduction of an 'integrated system of health and social care to ensure that older people continue to receive the care, compassion, support and dignity they need and deserve'.

Priorities include the ongoing investment in the Change Fund to support to NHS Boards and local authorities to invest in partnerships and new approaches to delivery. The Scottish Government also emphasises the importance of placing greater control and responsibility in the hands of citizens, increasing wellbeing and independence and closer joint working between GP's, pharmacists and other community services.

The wider health context – policy and strategies

In the wider context of health in Scotland, key policy documents include:

- *Better Health, Better Care: Action Plan* (Scottish Government, 2007a).
- *Developing Social Prescribing and Community Referrals for Mental Health in Scotland* (Scottish Government, 2007b).
- *Equally Well Implementation Plan* (Scottish Government, 2008b).
- *Towards a Mentally Flourishing Scotland* (Scottish Government, 2009a)
- *A Force for Improvement: The Workforce Response to Better Health, Better Care* (Scottish Government, 2009b).
- *The Healthcare Quality Strategy for NHSScotland* (Scottish Government, 2010c)
- *National Dementia Strategy* (Scottish Government 2010d).
- *Refreshed Strategy for Volunteering in NHSScotland* (CEL, 10: 2008).

Volunteer Development Scotland was the strategic partner in developing and implementing the *Refreshed Strategy for Volunteering in NHSScotland*. Key features were the setting up of a national group to guide the development of volunteering in health and delivering support to all of Scotland's NHS Boards to work towards achieving the *Investing in Volunteers Quality Standard*.

The Scottish Ambulance Service and volunteering

Volunteering continues to be a noticeable element of the strategies of health agencies. For instance, in 2011 the Scottish Ambulance Service published its *Draft Community Resilience Strategy*. This encompasses the broader concept of community resilience: working with community members and public and voluntary sector partners to develop more sustainable ways to deal with health problems, to lessen their impact, and develop preventative measures. One of the benefits for community members of developing community resilience is 'self-development' through volunteering, involvement and education.

The Scottish Ambulance Service Strategy proposes the increased recruitment and training of community volunteers and the development of a sustainable community and professional volunteer pool. A key element of the strategy is the further development of volunteer Community First Responders and being able to deploy them in a wider role to support the Scottish Ambulance Service and other emergency services. The implementation plan includes the development of a Memorandum of Understanding for the provision of volunteer management support (including training, selection, equipping, expenses, etc.) from partner organisations.

An additional element of the implementation plan is developing and recruiting co-responders – a 'professional' volunteer resource to be deployed in identified gap areas, such as remote and rural communities.

Volunteering and older people – the evidence.

There is a growing body of volunteering and older people literature, and a broad agreement is emerging that being involved in volunteering has important benefits for older people and the wider community. It has been estimated that the value of older people's volunteering in the UK reaches some £10 billion with older people spending an average of over 100 hours 'informally' volunteering and more than 55 hours in formal volunteering roles (WRVS, 2011).

As seen from the following review of the evidence, volunteering encourages independence, resilience, provides a valued role and combats social isolation. There is also agreement that volunteering enhances health and wellbeing in older people (or at least agreement that volunteers tend to be healthier than non-volunteers). The experience and skills of older people have also been recognized as a valuable resource for businesses and for voluntary sector and civic organizations (Government Office for Science, 2008).

As we detail here, there is a wide range of projects and initiatives across the UK, delivered by volunteers, which result in improved health outcomes for service users and which in many cases provide cost efficiencies for services.

Older volunteering – an overview

In 2001 the Institute of Volunteering Research publication *Involving Older Volunteers* summarised the benefits of volunteering for older people under three main headings:

- Volunteering gives back to older people a role in the community, and so helps them to maintain their sense of purpose and self-respect;
- Volunteering enables older people to get out of the house and meet others, providing them with a chance to enjoy the relationships they once had in the workplace or the family;
- Volunteering is good for the mental and physical health of older people.

The report discussed the lower levels of volunteering among older people and suggested three main reasons why older people are under-represented as volunteers:

- Ageism in volunteer involving organisations (e.g. upper age limits);
- The attitudes of older people themselves;
- Practical obstacles to do with health, mobility, income and insurance.

A common theme was that organisations surveyed in the report ignored the individuality of older people and treated them as if they were all the same. So organisations that wish to attract and sustain older volunteers should above all treat people as individuals. The IVR report concluded that when planning for older volunteers, organisations should:

- Target older people specifically, stressing that there is no upper age limit;
- Use personal contact and social networks to recruit older people;
- Be open about both the benefits and responsibilities of the role;
- Portray an inclusive image;
- Recruit service users;
- Be flexible.

A review by *Rochester et al (2002)* of the *Home Office Older Volunteers Initiative*, a programme aimed at encouraging older people in England to volunteer, concluded that:

- The contribution of older people is likely to be especially valuable in providing education and recreational activities for frail and isolated older people, intergenerational activities with school- age children, and helping other people with long-term health problems to manage their conditions.
- Older people bring valuable qualities and skills to volunteering that are rarely possessed by younger people. These include enhanced life skills, maturity, authority, tolerance, commitment and self-confidence.
- Volunteering enables older people to meet their personal needs and interests and provides them with opportunities for personal development. They tend to volunteer to feel useful, valuable and wanted and to put something back into the community.
- Older volunteers remain committed, provided that they are kept busy and feel that what they are doing is useful or valuable.

A study by *Davis, Smith and Gay (2005)* into volunteering and the transition to retirement found that for some older people, volunteering offered a 'structured' means of making a meaningful contribution in society once the opportunity to do so through work had been cut off. While some older people volunteer because they have always done so, for others retirement is the trigger for volunteering for the first time.

The researchers concluded that:

- Organisations need to be more flexible about the activities and time commitment they require.
- There is scope for rethinking both pre-and post-retirement education to ensure that volunteering better meets the need of older people.
- Policy makers need to understand more about what might trigger people to volunteer on retirement if policies are to maximize volunteering by this group.

In its 2009 report *Getting On: Wellbeing in Later Life*, the *Institute of Public Policy Research* reviewed UK policies for older people and examined people's experiences of growing older: their quality of life, their expectations and their emotional wellbeing. The authors found strong evidence that investing in social activity outside the home and workplace is good for long-term health, and that having broad social networks appears to protect against isolation, depression and dementia in later life, especially among those who have been bereaved or divorced or live alone in old age.

This report suggested that disability, isolation and the effects of bereavement can lead to low level depression (and worse). The negative effects of these life events can be prevented by:

- Resilience;
- Independence;
- Health;
- Income;
- Having a role/having time.

As with much of the other literature on ageing, the IPPR report notes the lower levels of older people volunteering, particularly in the 75+ age group. The biggest issue is how to attract more people to volunteer, and how they can be enabled to carry on if they want to, even if their health or mobility deteriorates.

The authors concluded that volunteering enables older people to make a contribution, participate in social activity and engage in community life. They suggest that a key question remains to be resolved: are volunteers healthier because of the benefits conferred by their volunteering activity or is it the case that healthier people are more likely to volunteer and keep volunteering?

The impact of volunteering on health

In 2008 a systematic review to ascertain the health effects of volunteering on individual volunteers and on health service users was commissioned by *Volunteering England* and carried out by the *University of Wales, Lampeter*. *The Lampeter review*, in providing a meta-analysis of work in this area, probably represents the best available evidence we currently have for the impact of volunteering on health and wellbeing.

In total, 87 UK and international papers meeting the inclusion criteria were reviewed. A range of quantitative and qualitative methodologies and study designs were found, and methodological quality varied considerably. Overall, the review found qualified evidence that volunteering can deliver health benefits both to volunteers and to service users.

Volunteering was shown to:

- decrease mortality;
- improve self-rated health, mental health and life satisfaction;
- improve the ability to carry out activities of daily living without functional impairment;
- improve social support and interaction;
- improve healthy behaviours and the ability to cope with one's own illness.

These benefits apply more strongly to older volunteers and much less to younger volunteers. However, it should be noted that the review found relatively few studies on the impact of volunteering and health from the UK (and even fewer from Scotland).

There was also evidence of activities in which volunteers can make a difference to the health and well-being of service users. Outcomes for service users included:

- increased self esteem;
- improved disease management and acceptance;
- increased breastfeeding and better parenting skills;
- improved mental health;
- improved survival time for hospice patients;
- improved adoption of healthy behaviours;
- improved concordance with medical treatments;
- improved relationships with health care professionals.

The authors stressed that the volunteering programmes included in the review were highly context-dependent, and any success or failure of an intervention may have been a result of other aspects of the programme or of the ways that volunteers are trained and managed.

Although there is an overall positive correlation between volunteering and perceived health, life satisfaction, and self-life expectancy (Haski-Leventhal. 2009) further research on the training and management of volunteers in healthcare settings, and a UK-based longitudinal study of the health of volunteers, is needed.

Community-based volunteering – the health benefits of Time Banks

It is also worth considering the impact on health of community-based volunteering projects such as Time Banks. A Time Bank is typically a relatively informal network of community based volunteers (generally the volunteers are referred to as members of the Time Bank). Essentially members are involved in a wide variety of volunteering activities such as cooking, accompanying other members to medical appointments, befriending or shopping. These activities generate time credits which members can use for themselves or can donate for the benefit of other members – reciprocity is a key element of Time Banking.

The evaluation of the *Rushey Green Time Bank (2001)* showed several positive effects of being a Time Bank volunteer. The Rushey Green Time bank is a health-focused project, based in part in two health centres in London. Members of the Time Bank were recruited mainly from people using the health centre services. The evaluation found that the Time Bank had:

- given members someone to talk to and got them out of the house;
- improved their social networks outside of their home and family;
- enabled people to gain support and learn from each other's experience, either through meeting informally or through telephone helplines.

By 'mixing' people up, the Time Bank had also helped increase people's understanding and tolerance of conditions, such as depression and mental illness. By valuing everyone's time and skills as equal - from calling someone on the telephone through to cake making - the Time Bank had given a sense of self-worth to people who had previously been passive recipients of care.

Many of the members were elderly or disabled and cared for to some extent. The Time Bank had given them the opportunity to also give to the community and become 'carers' in different ways in the community. It had also to some extent reduced the burden on traditional carers, in the form of both family and social services, by providing support from other local people.

The evaluation showed that the Time Bank provided support for workers at the health centre by creating a system of social support for some of the health centre's more vulnerable patients.

Volunteers and Service Provision

The report *Making a Difference Through Volunteering* (Bowers, et al 2006), carried out by the Older People's Programme in England, also showed the impact of volunteers on preventing social isolation, contributing to independence and wellbeing, advocacy and providing personal care through a wide variety of projects.

The report was a joint venture between Community Service Volunteers (CSV), the British Red Cross and Help the Aged and focused both on the beneficial effects of volunteering to volunteers themselves and on the impact of volunteers on service users.

It showed that a broad and varied range of tasks are carried out by volunteers on behalf of service users. These are often 'services' which are not provided by any other sector (e.g. shopping, housework, accompanying people on trips, and dog walking). This range of tasks included some aspects of personal care. Even where the volunteer service or scheme in question was focused on a very particular task – such as help with transport – volunteers had usually contributed much more than the practical task itself: for example listening to problems, helping people to get ready to leave the house, picking up prescriptions, and accompanying people on appointments.

The report concludes that volunteers provide services complementary to statutory services and should be treated as part of a very broad 'public services system'.

Neuberger (2008) in a report based on a consultation with over 1,000 volunteers and organisations found significant potential to expand volunteering in health and social care with the aim of building more people centred services. The report identified a largely untapped source of volunteers in service users. Neuberger argues that service users could make an enormous contribution as volunteers in health and social care, primarily because service users have a unique insight into a condition, its treatment and how services can be improved.

The Joseph Rowntree Foundation (2011) looks at ways Local Authorities can support better outcomes for older people "with less money". It cites a range of examples of how volunteer involving organisations provide social care and personal care services to older people. These include neighbourhood network schemes, volunteer led foot care service and highlights the suggestion 'that low intensity practical support services, such as handy person schemes, had by far the highest impact on quality of life of all the service types examined' (Windle et al, 2009). The importance of working with and involving older people is designing support services if further emphasised by a member of the JRF Older People's Inquiry:

"There are many good support services but not all are geared through the eyes of an older person. If you really want to get it right for older people, ask older people themselves"

Nell McFadden, 2010 (Member of JRF Older People's Inquiry 2005/06).

The Northern Ireland experience

A review of the literature on older people volunteering by the *Northern Ireland Volunteer Development Agency* (2009) states that volunteering can be a useful vehicle to address many of the issues relevant to government priorities in Northern Ireland which relate to older people, including poverty, social inclusion and health. The research has highlighted multiple benefits for those involved in volunteering. In particular it has shown that older volunteers experience fewer health issues as they get older and report diminishing symptoms for existing health conditions.

The review notes that there continues to be a debate regarding the causal relationship between health and volunteering. It concluded that it is undoubtedly the case that, irrespective of the differences between those who volunteer and those who do not volunteer, volunteering itself leads to improved physical and mental health, and therefore acts as a positive and 'self-reinforcing cycle'.

Volunteer Now (previously NI Volunteer Development Agency) are currently delivering the 'Unlocking Potential Project', a five year initiative which began in 2008. The overall aim of the project is to encourage and support healthier ageing and civic engagement in Northern Ireland, by enabling and empowering older people to take part in volunteering. It is planned that over the course of the 5 years, the project will be informed by ongoing pieces of primary and secondary research, which will be used to inform the shape and direction it takes. The 'Making the Connection' Report (2009) is available to download from www.volunteernow.co.uk/publications. A second survey has been conducted which explores some of the issues raised in the 'Making the Connection' report, but also to investigate some new areas.

The Welsh experience

In 2010 Bangor University produced an evaluation report on *The Role of the Voluntary Sector in Delayed Transfer of Care (DToC)/Hospital Discharge and Prevention of Readmission* which was commissioned by the Wales Council for Voluntary Action and funded by the Welsh Assembly Government.

The report looked at the Home from Hospital Service provided by the British Red Cross, which is made up of three elements: transport and escort, care and support in the home, and equipment loan. Provided by trained volunteers who are managed by paid staff, the Service operates out of one hospital and provides a service across two counties. It is free, although a donation is requested for the equipment service to cover cleaning and maintenance costs.

The Home from Hospital Service provides practical and emotional support to vulnerable people for up to six weeks following a hospital discharge. Support can include shopping, collecting prescriptions, befriending and confidence building. The overall volunteer base exceeds 200 individuals and approximately 40 volunteers are active at any one time.

The transport and escort element of the Service is either provided by volunteers using their own cars or by specialist vehicles (for example, wheelchair accessible vehicles) driven by trained staff. There is also one driver employed by the organisation on a casual hourly basis. Service users are not charged for transport home following discharge or for using the Transport and Escort service provided within the Home from Hospital support package. This service is also available to people who might otherwise be restricted to their homes, and for out-of-hours hospital transport.

In terms of care and support in the home, volunteers provide emotional and practical support for four to six weeks following discharge from hospital. Volunteers will prepare a patient's home ready for discharge, for example by switching on the heating or making the bed. Once the service user is back in their home the volunteers carry out practical tasks, such as picking up prescriptions and shopping - either by fetching shopping or helping the service user do their shopping themselves. Volunteers also befriend service users and offer emotional support: sometimes this might be telephone befriending and the volunteer will ring once or twice a week, or it can take the form of a 'sitting service' where the volunteer will go and visit the service user and have a chat over a cup of tea.

The Bangor University report detailed the cost of providing the Home from Hospital Service within the context of hospital bed-days saved, by either preventing an admission or by assisting a discharge and preventing a delayed transfer of care, consequently freeing up a bed. An assumption was made that each referral saved only one bed night.

The Home from Hospital Service had 344 referrals from the NHS in Wales. A conservative estimate of the impact of this service is that 344 bed days were created through the prevention of a delayed transfer in care, with an annual running cost for the service of under £27,000 per annum. The cost of

344 bed days is approximately £133,000 including fully absorbed costs (using England and Wales national average full costs). So this service offers potential annual savings to the local NHS of just over £100,000.

Altogether, the three service elements cost the British Red Cross £100,000 per annum, and the running cost is supplemented by fees and donations paid by the service users. 136 wheelchair loans and 15 commode loans were made in the year 2008-2009. Many patients could not be discharged without the loan of a wheelchair. The wheelchair service also helps prevent delayed transfer of care and thus has financial benefits for the NHS Trust.

The English experience

In 2010 WRVS published the findings of a study, *Social Return on Investment*, which analysed the returns generated by WRVS volunteers and the services they provide in two health-based projects in England. The report was conducted on behalf of WRVS by Frontier Economics, a consultancy that specialises in identifying what benefits are provided by policies and activities relative to their financial cost.

WRVS commissioned Frontier to look at the cost and benefits of different services it provides ranging from the work in hospitals to providing leisure facilities to older people in the community. The key finding was that local authorities, not just the health service, stand to make significant savings from aspects of WRVS' work.

Frontier found that in many cases the value provided by WRVS services did result in financial savings to local authorities and the health service, while in other cases the value manifested itself in improved well-being for individuals and families.

The study considered WRVS services in Leicester (hospital based) and Staffordshire (community based) and concluded that the benefits of activities in both Leicester and Staffordshire significantly outweigh the costs. These benefits include:

- reduced inpatient admissions and consultations with GPs;
- reduction in day care and residential care;
- reduced burden on hospital staff;
- reduction in missed hospital appointments.

In Leicester Royal Infirmary the study covered the following services:

- meet and Greet, where WRVS volunteers help users find their way around the hospital;
- WRVS Retail, comprising four shops within the hospital run by WRVS volunteers;
- Community Transport Scheme;
- buggies service, providing transport support within the hospital for people with mobility difficulties;
- clinic Volunteers, providing support for paid clinic staff in places like eye and fracture clinics.

The results show a return of £1.9m on an investment of £957,000 by the NHS, equivalent to a 98% return in a single year – a benefits-to-cost ratio of 1.98.

In Staffordshire, the study concentrated on a range of activities including:

- social clubs ;
- Hanley Community Centre;
- Good Neighbours service;
- Meals on Wheels.

As with Leicester's hospital based services, all of the activities show positive benefits in relation to costs. In some cases the benefits are described as 'extraordinary': for example, the Hanley Community Centre Classes show benefits of over 46 times the investment.

Overall the results indicate a return of £601,000 on an investment of just over £285,000, equivalent to a 111% return in a single year – a benefits to cost ratio of 2.11.

All of these benefits are for a single year and Frontier would expect the longer- lasting benefits to yield even greater ratios.

In Staffordshire the largest savings for the public sector were actually obtained by local authorities because of reduced day care and residential care. The savings are of this magnitude because of the high needs of the users of services like Staffordshire Good Neighbours.

Smaller savings would accrue to the health service, mainly because of greater wellbeing among older people using WRVS services, and a resulting reduction in mental health support. These savings calculations are based on the actual costs of in-patient admission, GP visits and mental health day support.

In Leicestershire there were financial benefits to Leicester Hospital due to requiring fewer staff and a reduction in missed hospital appointments. The services provided by WRVS in just two areas can achieve net benefits to the value of some £1.25m in a single year.

The Perth & Kinross experience

In Scotland, the Perth and Kinross *Healthy Communities Collaborative* is an innovative project which seeks to improve the health of older people and tackle inequalities by combining community development principles with collaborative methodology. It was evaluated by the Joint Improvement Team in 2010 (*JIT, 2010*).

The older people involved in the collaborative are grouped together as 'teams' within their own communities. Each local team develops its own priorities and ways of working, meeting between weekly and monthly. The core areas of activity tend to be lunch clubs and exercise clubs. Additional opportunities include benefits advice and information about other material support, IT and mobile phone skills, and training and learning events. While the staff team ensures that various sources of information from a range of other agencies are fed in to all teams, the members also share information between themselves. Collaborative staff also encourages team members to take on roles and responsibilities where they wish to do so.

When asked about benefits of the collaborative, improved social contact and increased activity were the two outcomes mentioned most frequently by team members. Many made a positive and direct link between the opportunities for social contact and their mental health and wellbeing. Similarly, with regard to activity, benefits for physical health were mentioned by many individuals. Being better informed was important, and several people additionally identified how access to information had resulted in them feeling safer in their homes and communities.

Team members were involved in a wide variety of volunteering roles including volunteer drivers, walk leaders, chair based exercise instructors and lunch club organisers. It was clear that for many individuals, what they put in to the collaborative was as important as what they got out of it and there was a strong overall theme of the importance of making a 'contribution' to the community through involvement in the collaborative.

The evaluation also highlights 'critical success factors' which include the co-production approach of 'doing with not to' and recognition that the traditional targets and approaches to commissioning need to change.

Desk review conclusions

Scotland faces significant challenges as a result of demographic change. Between 2008 and 2033, the population of Scotland in the 75+ age group is expected to have increased by 84%, which will have serious implications for health and social care spending.

As people are living longer, and pension age extends, the definition of 'older' will shift. So too must society's attitude to what constitutes 'old', and appreciation of the important contribution that older people can make as volunteers. People should be supported to redefine their expectations of ageing, and be encouraged to volunteer into later life.

Keeping people well for as long as possible is a national priority, and the available research indicates that promoting volunteering into older age can help to achieve that. As well as promoting good physical and mental health and wellbeing in volunteers, volunteering has the potential to maximise cost-effectiveness by supporting independent living, preventing unanticipated admission to hospital, and avoiding the need for professional care.

Older volunteers want to contribute to their communities, but to make them welcome, services may have to change old-fashioned cultures: ageism has to become a thing of the past, and the contribution that older volunteers can make has to be recognised and properly supported. The desk review has highlighted the need for more volunteer-specific research such as the VEnable pilot: to understand, for instance; older people's needs and priorities, what can be done to support volunteer involvement to meet those needs, and what best support and management suits volunteers and health and well being organisations.

As the desk review shows, there are clear policy drivers for developing the VEnable pilot in Scotland. These are recognised in the aims and objectives of the project:

1. To better integrate volunteering, pragmatically and strategically, within existing systems; feeding into planning frameworks and service design.
2. To demonstrate ways in which volunteering can impact on older people's health and support services (including older people who volunteer and those receiving support through volunteering).
3. To identify where volunteering interventions could support (alongside other services) older people to live independently for longer.
4. Increased ability for NHS Tayside to make informed decisions relating to the development of volunteering within older people's care services.

In summary, the desk review indicates: the needs of older people; that older people want to be involved and included; that volunteers can make a valuable contribution to improve the quality of life for others as well as themselves; volunteering can maximise cost effectiveness by supporting independent living and reducing hospital care. VEnable will seek to identify ways in which these potential opportunities can be recognised, maximised and harnessed for the benefit of all.

References:

- Commission for the Future Delivery of Public Services (2011) Final Report. Available at: <http://scotland.gov.uk/Publications/2011/06/27154527/0>
- Davis Smith, J and Gay, P (2005) Active Ageing in Active Communities – volunteering and the transition to retirement. Joseph Rowntree Foundation/Policy Press. Bristol: Policy Press.
- Bowers, H, Macadam, A, Patel, M & Smith, C (2006) Making a Difference Through Volunteering: the impact of volunteers who support and care for older people at home. London: CSV
- Future of Retirement, Leeson, G and Harper, S, HSBC 2007
- Government Office for Science (2008): Foresight Mental Capital and Well-being Project: Final Report. HASKI-LEVENTHAL Debbie; Elderly volunteering and well-being: a cross-European comparison based on SHARE data. *Voluntas*, 20(4), December 2009, pp.388-404
- Institute of Public Policy Research (2009) Getting On: Wellbeing in Later Life. London: IPPR.
- Joint Improvement Team (2010) Perth and Kinross Healthy Communities Collaborative Evaluation Report. Available at www.jitscotland.org.uk/publications-1/
- Joint Improvement Team (2011) www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/change-fund-plans/
- The Joseph Rowntree Foundation (2011) How can local authorities with less money support better outcomes for older people?
- Neuberger, J (2008) Volunteering in the Public Services: health and social care. London: Cabinet Office/Office of the Third Sector.
- Northern Ireland Volunteer Development Agency (2009) Older People Volunteering: A Literature Review. Belfast: NIVDA.
- Rochester, C, Hutchison, R, Harris, M and Keely, L (2002) A Review of the Home Office Older Volunteer Initiative. Home Office Research Study 248, London: Home Office Research, Development and Statistics Directorate.
- Rushey Green Time Bank (2001) Rushey Green Time Bank Evaluation Report: London: RGTB.
- Scottish Ambulance Service (2011) Draft Community Resilience Strategy. Edinburgh: Community Resilience Team, SAS Headquarters.
- Scottish Executive (2004) Better Outcomes for Older People. Edinburgh: Scottish Executive.
- Scottish Executive (2006) Promoting Mental Health and Wellbeing in Later Life. Edinburgh: Scottish Executive.
- Scottish Executive (2007) All Our Futures: Planning for Scotland with an Ageing Population. Edinburgh: Scottish Executive.

Scottish Government (2007a) Better Health, Better Care: Action Plan. Edinburgh: Scottish Government. Scottish Government (2007b) Developing Social Prescribing and Community Referrals for Mental Health in Scotland. Edinburgh: Scottish Government.

Scottish Government (2008a) Refreshed Strategy for Volunteering in NHSScotland, CEL 10 (2008) Scottish Government Healthcare Policy and Strategy Directorate.

Scottish Government (2008b) Equally Well Implementation Plan. Edinburgh: Scottish Government. Scottish Government (2009) Towards a Mentally Flourishing Scotland. Edinburgh: Scottish Government.

The Scottish Government (2010a) Demographic Change in Scotland. Edinburgh: Scottish Government, Office of the Chief Researcher.

Scottish Government (2010b) Reshaping Care for Older People: A Programme for Change 2011-2021. Edinburgh: Scottish Government.

Scottish Government (2010c) Health Care Quality Strategy for NHSScotland. Edinburgh: Scottish Government.

Scottish Government (2010d) Scotland's National Dementia Strategy. Edinburgh: Scottish Government.

Scottish Government/National Statistics (2010) The Scottish Household Survey. Available at: www.scotland.gov.uk/Topics/Statistics/16002/PublicationAnnual

Scottish Government (2011) Renewing Scotland's Public Services: priorities for reform in response to the Christie Commission. Edinburgh: Scottish Government.

Scottish Parliament Information Centre (2011) Key Issues for the Scottish Parliament in session 4, SPICe, 11/28. Edinburgh: Scottish Parliament.

Volunteering England (2001) Involving Older Volunteers. London: Volunteering England.

Volunteering England (2008) Volunteering and Health: What Impact Does it Really Have? London: Volunteering England.

Wales Council for Voluntary Action (2010) The Role of the Voluntary Sector in Delayed Discharge of Care/hospital discharge and preventing readmission. Cardiff: WCVA.

WRVS (2010) The Social Return on Investment. Available at www.wrvs.org.uk/our-impact/reports-and-reviews/social-return-on-investment.

WRVS (2011) Gold Age Pensioners: valuing the socio-economic contribution of older people in the UK. Cardiff: WRVS