Volunteering in the Public Services: Health & Social Care

Baroness Neuberger's review as the Governments Volunteering Champion
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Contents

Summary

This report is the first in a series examining the role of volunteers and volunteering in public services. My initial focus, and the subject of this report, is health and social care.

It is important to state from the outset why it is important to expand the role of volunteers in health and social care. Ultimately this review is not about putting volunteers at the heart of the health service, but about putting people at its heart. Volunteering is one way to do this. It allows individuals to collaborate with each other and create people centred services. It is in no way about services being provided on the cheap. I have no desire to see the great work that paid staff do being displaced by volunteers.

During the course of this review, it has become clear to me that there is huge potential for the expansion of volunteering in health and social care, particularly in relation to the role of volunteers who are also service-users. Much of this expansion cannot be unlocked without a change of culture within the public sector, particularly in the level of understanding of volunteering.

Provision of health and social care services now takes place within a mixed economy, with the public sector, third sector and the private sector all being providers. This review has unearthed some interesting anomalies in how we approach volunteering in these various sectors. In particular there needs to be more debate about the role of volunteers in private sector service provision, such as in care homes for older people. Statutory agencies commission such services, so our recommendations mostly focus on the public sector (interpreted very broadly), and the need for commissioners to think about how volunteers can be incorporated into services.

This report recommends some immediate easy wins, such as ensuring that NHS Direct provides links to volunteering opportunities to boost recruitment. But if the Government is really serious about wanting to improve health and social care services through the involvement of volunteers, a much longer term cultural change will be needed. The message needs to be communicated both to statutory providers and to commissioners that volunteers do not present an unnecessary risk and that they can really add value. But that is only true if they are invested in seriously and managed properly.

This report lists many ways in which the culture could be changed. I have included recommendations around the implementation of employee volunteering schemes, training and information being available to commissioners and the encouragement of in-house ‘volunteer hubs’. But if all these recommendations are to be taken seriously and driven through, a programme board needs to be established, probably in the Department of Health, to oversee the implementation of the recommendations and to examine further ways of expanding volunteering in health and social care.

The increased role of volunteers in the public services has been controversial among some groups. There is a suspicion among trade unions for example, that the only motivation for the increased role of volunteers is cost-cutting and job substitution. This should never be the case. The Government must be clear about that. Instead it is about helping to create services that are people centred. Besides, good management that brings about the best outcomes for volunteers, staff and service-users does not come cheaply – this is not a cost cutting measure.

The other key issue that has struck me during the course of the review is the huge potential for the involvement of service-users as volunteers. No one understands what it is like to have a condition like a person who has that condition themselves, which is why service-user volunteers can make such an enormous contribution to health and social care. It has also become clear that such volunteering can empower and have positive health outcomes for the volunteer as well as the recipient. The voluntary sector and the NHS have already begun to recognise this and have started implementing programmes. But there is clearly much more potential out there, and I feel resources should be deployed to allow for an expansion in this kind of volunteering.

The Department of Health is reaching the end of the process of drafting its own strategy on volunteer involvement in health and social care. At the same time, it is consulting on a strategic review of its funding to the third sector more generally. These moves are positive ones for the volunteering agenda, and I hope that this review will add to the debate in a positive and timely way.

Chapter 1 – the context

One of the main messages in the course of this review has been the huge diversity of volunteering in the health and social care sector. This diversity relates to both the type of volunteering that individuals are carrying out and to the places that they are volunteering in.

Quantifying the numbers of volunteers has been a challenge. The 2007 National Survey on Volunteering and Charitable Giving (Helping Out) [1] found that 22% of respondents stated that they were volunteering in the area of health. To consider this in context- 31% of respondents were volunteering in education, 24% in religious activities and 22% in sport and exercise. One of the main aims of this review was to get a sense of scale and look at three questions.

1. What are volunteers doing?
2. Who is volunteering?
3. What drives people to get involved?

What are volunteers doing?

Broadly, the volunteers are involved in three different areas: -

1. In the public sector- for example, volunteers based in a hospital or doctor's surgery.
2. In the Third Sector, but within an organisation contracted to deliver a specific service.
3. In the Third Sector, but in an organisation or group that has not been contracted to deliver a service.

The roles vary considerably in each of these areas and Volunteering England has produced a list of 101 roles for volunteers in health and social care. [2] The conversations I have had during the course of this review suggest there may be more. The list demonstrates not only the diversity of volunteering in the sector but also the potential for more.

The feedback during the course of this review shows that the types of opportunities on the list vary widely across the country and that the creation of these roles is often the result of the work of a committed individual or groups of individuals who can think imaginatively about the potential for volunteering. Much more could be done to ensure that those involved in thinking about how health and social care services are delivered, both locally and nationally, include in their deliberations how they might use volunteers and learn from the case studies in this review.

Who is volunteering?

It seems that volunteering has a stereotypical image, one that calls to mind older, middle class, white women sorting through clothes in charity shops. These 'traditional' volunteers make an enormous contribution and are generally highly committed to what they are doing. There is, however, an argument that suggests that this 'traditional' image of volunteering prevents some other people from taking part. In his 2006 report for Volunteering in the Third Age, Professor Colin Rochester[3] found that 73% of people who volunteer in health are aged 50 and over. During the course of this review, I have met a number of volunteer groups that

[1] Low. N, Butt.S, Ellis Paine.A, Davis Smith.J (2007) Helping Out- A National survey of volunteering and charitable giving.
[2] 101 roles for volunteers in health & social care- http://www.volunteering.org.uk/WhatWeDo/Projects+and+initiatives/volunteeringinhealth/101rolesforvolunteersinhealthsocialcare.htm
[3] Rochester, C and Thomas, B (2006) The Indispensable Backbone of Voluntary Action: measuring and valuing the contribution of older volunteers.

include individuals that do not fit into the traditional volunteer stereotype. The stereotypical image of volunteering does, without doubt, need to be addressed. One way of doing this is to celebrate and highlight the achievements of a diverse range of volunteers. This can then be used as a way of changing people's perceptions of who might or might not be a volunteer. Volunteer managers also need training and support in reaching out to underrepresented groups.

Time for Health

The Time for Health partnership includes Attend, Care Services Improvement Partnership (CSIP), the General Dental Council, WRVS, TimeBank and the National Association of Voluntary Service Managers. The partnership is funded by the Cabinet Office and CSIP to deliver workshops on how to recruit volunteers from under-represented groups. There will be 18 workshops, focusing on a range of topics, from working with young people to supporting and engaging disabledf volunteers.

The workshops have been enthusiastically received, with one participant stating that the workshop "provided an environment that was both safe to disclose and share information in a non threatening environment but also did something to address the issues there and then.

What drives people to get involved?

At the consultation events, I spoke to a number of volunteers involved in health and social care. For many, the answer to the question as to what drives them to get involved was that they wanted to give something back or help someone. Many people, whether they are former patients or relatives, will perform volunteer fundraising activities as a way of saying thank you to an organisation that helped them. Many had also had a recent health experience that led them to wanting to share their experiences with others. There were also individuals who wanted to get involved as a stepping stone to employment in the sector.

It is important to recognise that there is no single motivation for getting involved in volunteering. So the message when recruiting volunteers needs to be sophisticated enough to reach audiences with differing motivations. I am far from convinced that this is the case at present.

What is the Government already doing about volunteering?

Volunteering is high on the political agenda and is important to all three political parties. The Government is a great supporter of volunteering and investment is at an all time high, currently at £82.2 million for this year, up from £16.6 million in 1997/98.

Currently, the Government's efforts to boost volunteering numbers focus on young people and those that are at risk of social exclusion. In the next three years £117 million will be invested in youth volunteering through the charity v. Other programmes, such as Volunteering for All and Goldstar, focus on increasing volunteering amongst specific groups and promoting best practice. There is also a focus on breaking down the real and perceived barriers to volunteer involvement. The Office of the Third Sector also fund Volunteering England and the Mentoring and Befriending Foundation, organisations that develop good practice in volunteering, as strategic partners.

As well as general volunteering initiatives through the Office of the Third Sector in the Cabinet Office, many of the Government spending departments invest in volunteering. The Department of Health runs the Opportunities for Volunteering fund. This scheme provides grants and development support to local health and social care projects, enabling them to involve volunteers in their work, to complement local statutory service delivery. They are also due to publish their volunteering strategy in the near future.

Chapter 2 – why is it important to do this

Before outlining how volunteering in health and social care could be expanded, it is important to explain the real and compelling reasons as to why we should be doing this. What does the use of volunteers actually bring to health and social care public services? If volunteering in public services is to be expanded, it should be done only if it can bring demonstrable benefits to:

a) the individual users of services, and the communities they serve
b) paid staff in public services
c) the volunteers themselves

Or any combination of the above.

Ultimately we have to ask what public services are for and what can volunteers add to them. Since health and social care services are not an end in themselves, but a means to improve the public's quality of life, ownership of them by that same public is of paramount importance. This is where volunteers have a huge role to play. It is clear to me that good health and social care services should be:

- user-focused
- holistic, focused on well-being
- permeable and responsive to the communities they serve

There is currently little hard evidence on the economic and social benefits that volunteers can bring. However, throughout the course of our consultations, a real consensus emerged that volunteers can perform roles that paid staff could never do. The Commission on the Future of Volunteering found that volunteers can, and often do, bring the following unique perspectives:

- A user voice and expertise as former patients
- Ownership by the communities that are served by these services
- A personal, human touch that staff might be prevented from providing, making services feel genuinely caring
- The act of volunteering also brings actual health benefits to individuals
- Innovation and a fresh perspective
- A source of local and other knowledge
- Community cohesion and the building of strong communities[4]

There are obvious overlaps between what makes a good public service, and what volunteering can bring. As I stated at the outset, ultimately this review is not about putting volunteers at the heart of the health service, it is about putting people at its heart - and volunteering is a key way of doing this. The following sections detail specific areas where volunteers bring a specific benefit to health and social care outcomes.

a) User voice/ service users as volunteers

Service-users volunteer throughout the public services, both by helping to shape the services that are provided and by helping others who have been through the similar experiences to theirs. Their contribution to health and social care is perhaps the most valuable when an individual is first diagnosed as suffering from a health condition, or finds themselves in a totally new set of circumstances. In such cases, a package of professional support is vital,

[4] Commission on the Future of Volunteering (2008), Manifesto for change.

but an additional and important part of that package may well be the opportunity to talk to someone who has been through a similar experience. More often than not, that person will be a volunteer.

Individuals who have either recovered or who are still suffering from some condition are by definition experts on how it feels to have that condition. Professionals may well be able to treat the condition, but, except for the unusual circumstances when they have suffered from the conditions themselves, it is volunteers who are going through similar experiences who are best able to offer emotional and practical support on living with the condition. That contribution is vital to many patients, especially those with chronic and long term conditions.

Support groups are the most obvious example of this kind of volunteering. They can offer all kinds of support, both to those living with conditions and those caring for people with conditions such as Alzheimer's. Their origins can nearly always be found in service-users who sustain the groups on a voluntary basis, often with grant in aid from national charities. The internet has provided huge opportunities and led to a massive growth in peer-to-peer support groups. These are particularly invaluable to individuals whose conditions mean that they find it difficult to leave the house, or people who are suffering from conditions that are quite rare, who would find it difficult to find people going through the same experiences in their locality.

The NHS already recognises the unique perspective that service-users can bring, as demonstrated by the roll-out of the Expert Patients programme. This programme is a self-management course for anyone over 18 years old living with any long-term physical or mental health condition. Courses are delivered in the local community by volunteer tutors who themselves live with or have experience of chronic conditions. The volunteer tutors are nearly always people who have completed the self-management course themselves.

Service users can bring added value, not only in terms of using their experiences to support other patients and sufferers, but also in educating staff by talking about their conditions, perspectives and experiences in order to improve how staff deliver services to others in the future. The expert patient, as volunteer, has a huge role to play.

React

The charity React runs a programme, in conjunction with Preston and Chorley PCT, in Learning Disability Awareness. The project is funded by the Department of Health Opportunities for Volunteering fund, via National Agents, Mencap. Volunteers with Learning Disabilities co-design and co-lead this training, alongside the Community Nurse Team. The training has been developed to address the need for hospital staff to have a greater understanding of people with Learning Disabilities, so that there are better services for people with Learning Disabilities in medical care.

Initially, the training was developed and delivered to staff within Preston PCT, including receptionists and newly qualified nurses. However, now, due to the courses success, it has progressed to target Ward sisters and Matrons, more specifically. As a direct outcome, each ward now has a champion with a better understanding of Learning Disability. This champion is the point of contact whenever they receive any patients with a learning disability.

The volunteers who take part in this course get a chance to seriously influence the practices and procedures of the PCT. This makes a real difference to people with a Learning Disability in Preston and Chorley. The team at React continue this training as the need remains high for real change in the way people with Learning Disabilities are treated when they need medical care. For a few of the volunteers the training is especially important as their own bad experiences in hospital have motivated them to make a positive change for others.

React plans eventually to take this training to GPs, and more widely across the whole of the PCT.

Mark Hampson, a volunteer, said:
“I think there should be more volunteering roles for people to teach staff about how they should support people with a learning disability.”
“I enjoy the training. It gives me a confidence boost.
I am treated with respect because I have knowledge to give the nurses. I am an expert on having a Learning Disability because I have a Learning Disability.”

Such support not only benefits the recipients of the volunteers’ efforts, but also the volunteers themselves. A later section will cover how volunteering has been found to bring improvements in physical and mental wellbeing to participants, but the service-users of certain conditions are clearly serious in wanting to use their experiences to help others. Charities such as Macmillan Cancer Support (see case study) report that the supply of opportunities to volunteer cannot keep up with the demand from users. We need to move away from seeing care users as passive beneficiaries of services, and think instead about how we can use their experiences, and the knowledge they have gained, to improve the future experience of others, and ultimately the design of services.

Macmillan – Cancer Voices

Macmillan has developed a community of involved service users 'Cancer Voices' (people with cancer, their carers, friends and family) who use their experience actively to inform, review and influence service design within Macmillan. Cancer Voices also work externally to campaign and influence service provision provided by health and social care providers. Macmillan currently has over 1,100 Cancer Voices signed up to take part in these involvement opportunities.

Macmillan has developed a robust infrastructure to engage with service-users. This includes the 'Opportunities Exchange' website, which allows both Macmillan departments and external organisations to post involvement opportunities in service-delivery, campaigns or fundraising that the Cancer Voices can sign up for. Between April and December 07, they had an increase of over 150 opportunities posted on the website. Even then, they could not meet the demand from Cancer Voices to get involved in more opportunities – demand is completely outstripping supply.

This may be linked to retention strategies, which include the use of innovative projects to maintain the momentum for users to volunteer their time. For example, they are developing a user advocacy programme, which allows people affected by cancer to self-navigate through complex support systems, as well as to train other people affected by cancer to do the same.

Macmillan also has an online 'Share Forum', which allows service users to post messages and talk to other people going through similar experiences. They have found the forum is often used late at night or in the early hours of the morning when people can't sleep possibly as a result of stress due to being diagnosed with cancer or due to looking after someone with cancer. The forum will eventually be moderated by Cancer Voices.

Macmillan has also recognised the need to take opportunities and support out to people who may not have the capacity (finances, time, and limited mobility) to be actively involved. They have funded the development of online support groups which allow people living in rural areas to access support and get involved in discussions about local need. They are also taking the concept of support groups out to corporate settings, where, because of an overall poor 'work life balance' across the UK, people have little time to 'get involved'. Consequently, they will both support the development of support groups in organisations (linking this to the wider Corporate Social Responsibility agenda) and also potentially develop online forums – perhaps linked to the organisations staff intranets.

Macmillan currently supports 850 Self Help and Support Groups across the UK. They have an online database that people can use to locate the closet support group

b) Ownership by public who use services

At the beginning of this chapter, I argued that, for a public service to be effective, it must be permeable, transparent and responsive to the communities it serves. Services should not be seen as exclusive and distant from the communities they sit in and serve, but should be an essential part of them. Local communities need to feel a sense of ownership of their local services. As the Newham Volunteers case study later in this report demonstrates, volunteering can clearly help health and social care providers to achieve these objectives. It

is a two-way process. Volunteers can provide a source of local knowledge and information about local communities for the service-providers, acting as the ‘voice of the community’ and providing a check on how services are delivered. Service providers achieve far higher satisfaction ratings as a result, with some evidence of happier, more fulfilled staff in these circumstances.

It is, however, probably much easier to galvanise a sense of community ownership in health services than in social care. Hospitals, hospices and GP surgeries act as a focus for the community, and naturally attract large numbers of volunteers without enormous marketing efforts. Social services are less cohesive. They are mostly provided by local authorities amongst many other areas of public service delivery, and often by voluntary sector organisations providing a service contracted by the local authority, with or without the involvement of volunteers in that service delivery. Nearly every UK citizen will use a hospital at some point in their lives, but most hope that they will never come into contact with social services. This is, perhaps, all the more reason to encourage and facilitate volunteering in social care.

London Borough of Newham

Newham Volunteers started in 2004, originally as an Olympics inspired project, to encourage and train Newham residents to volunteer at events. The project has since moved on to mainstreaming the use of volunteers throughout council services, through the Good Neighbourhood Scheme.

Newham has the highest transient population in London, with a 40% turnover every year. The community cohesion agenda is, therefore, of huge importance in Newham, and the local authority saw volunteering as an effective method of making residents feel part of their community.

The first task of Newham volunteers was to ensure an effective infrastructure was in place to recruit and train volunteers, pay their expenses and deal with CRB checks. Newham Council departments are encouraged to think about how volunteers could be integrated into the services they provide. The emphasis here is that any new volunteer role must bring a value-added. Volunteers must never fulfil a task that the London Borough of Newham has a moral or statutory duty to fulfil. Roles that are now in operation as part of the Good Neighbourhood Scheme include:

- Library assistants
- Healthy eating champions
- Parks voluntary constabulary
- Disability escorts
- 2012 Games ambassadors
- Befrienders in 'Warm centres'
- Luncheon club assistants
- Extended school/Homework club helpers

The volunteers are a highly diverse group. There are more men volunteering than women. A huge number are not in education, employment or training. 4% are disabled.

Outcomes

The scheme has brought about positive outcomes in several areas for the London Borough of Newham, in terms of community cohesion, individual benefits for volunteers, and improved council services.

26% of volunteers have gone on to find full-time employment and 87% of the volunteers surveyed said that it increased their feelings of belonging to Newham.
. The scheme was evaluated by the University of Sheffield Management School in October 2007, which found that:

"Newham Volunteers offers a valuable model for other local authorities who share objectives of developing volunteering, human capital and enriching the community."

c) The act of volunteering can improve people's health

As well as improving outcomes for patients and the recipients of health and social care, volunteering can also bring health benefits to the people who actually volunteer. A recent Volunteering England report 'Volunteering Works – Volunteering and Social Policy' found that the health benefits of volunteering are demonstrated by studies that show both higher levels of reported health and well-being from people who volunteer and improvements in

objective measures of health, including a faster recovery from health problems, reduced stress, a boosted immune and nervous system and reduced heart rate and blood pressure. [5]

The report also found that many studies identify lower levels of depression for self-reported health volunteers. Research suggests that this can be related to the part played by volunteering in providing opportunities for individuals to contribute meaningfully through a variety of roles.[6] Volunteering, through the act of participation, can also help to address the negative psychological impacts that tend to be associated with the loss of social roles for some individuals.

Some organisations or projects have actually been set up with the expressed intention of using volunteering to bring about improvements in health and wellbeing, for example BTCV's Green Gyms, which take referrals from doctors, and Capital Volunteering, which is outlined below.

Health improvements for volunteers do seem to be particularly striking where an individual has a mental health problem. The Rushey Green time bank, based in a doctor's surgery in Lewisham, South London, is now entering its seventh year. The scheme enables local residents to earn and spend 'time' to improve life both for themselves and their neighbourhood. Doctors are increasingly referring patients suffering from depression to the time bank as a complementary form of treatment.

As well as improving health outcomes, volunteering can also be a platform for getting people back into education or employment, or just into becoming more involved in their local community. It can become a virtuous circle, leading to more cohesive communities, higher levels of well being, and better use of people's potential. The act of volunteering can support a number of other government priorities.

Capital Volunteering

Capital Volunteering is a pan-London programme which aims to tackle issues of mental health and social inclusion through volunteering. The lead partners are CSV and the London Development Centre, and the programme is funded by the Treasury, through its Invest to Save Budget (ISB). Other key partners include a wide range of local voluntary and community organisations, employers, local authorities and NHS trusts. There are many good examples of volunteering programmes and opportunities for mental health service users, and of 'befriending' or 'buddying' programmes. Capital Volunteering builds on these good examples and has increased significantly the number and range of volunteering openings available. It also nurtures new and innovative approaches to mental health, social exclusion and volunteering.
As part of Capital Volunteering, the Institute of Psychiatry (IoP) is evaluating the effects that participating in Capital Volunteering is having on the quality of service users' lives. The latest reports outlining the experiences of the 150 Capital Volunteers taking part in the study after 6 months can be found in Annex A.

[5] Konwerski, P. and Nashman, H. (2007) ibid.
[6] Lum, T. and Lightfoot, E. (2005) 'The effects of volunteering on the physical and mental health of older people' in *Research On Aging* 27:31-48

Chapter 3 – the main problems and obstacles

a) Narrow group who do it

There is a general perception that volunteering in the health sector is for older people, and this appears to be broadly substantiated. Professor Colin Rochester, in his 2006 report for Volunteering in the Third Age, found that 73% of people who volunteer in health are aged 50 or over. There is also a perception that volunteering in the health sector is predominantly female, which again appears to be true. Helping Out found that women were more likely than men to volunteer in organisations whose main field of interest was health/disability.

There is, of course, absolutely nothing wrong with this. But there do seem to be both real and perceived barriers in existence which deter men and young people from getting into volunteering in health and social care. This is in part due to some of the routes into this type of volunteering, as well as to do with the opportunities available. There are also perception issues around where and who people will be volunteering with, as well as a widespread belief that volunteering in health requires a large time commitment or will only be needed to help individuals with complex support needs.

Some of our consultation respondents suggested that the government could invest in recruitment campaigns that target men and young people. However, this was greeted with great suspicion by many others, who felt that national recruitment campaigns are often very unsuccessful. They argued- and I agree- that recruitment should be locally based and designed around local needs. Indeed, many of the successful projects I have spoken to faced no problems with recruitment of men and young people (such as Aintree and Newham Volunteers), and were already struggling to train and place the many volunteers they had recruited. Both of these projects felt that working with, and receiving referrals from, external agencies, such as universities, schools, Jobcentre Plus, the Disability Service and others had helped them achieve this.

Although men are less likely to volunteer directly in health and social care, they do contribute to wider public health aims through volunteering in other areas. Men are twice as likely to be involved in sports/exercise based organisations, and are more likely to be involved with environmental/conservation volunteering. These types of volunteering activities can play a huge role in preventing ill health, both physical and mental. Such volunteering could be a useful hook for getting men involved more directly in health and social care organisations, particularly in relation to public health activities designed to prevent ill health.

b) Routes into volunteering

Volunteering in health, perhaps more than in any other sector, is likely to rely on volunteers having a personal interest or link to the cause. This creates a self sustaining volunteer base, but it also means that volunteering in health is dependent on this personal link for volunteer recruitment. There is potentially a large number of other volunteers who might want to get involved in volunteering in health, but do not do so, either because they do not have a link to the cause or condition, or because they do not already know someone who volunteers in this area.

This echoes strongly what we have been told by some successful volunteering projects, such as Newham Volunteers and Aintree Volunteers, who stated during the course of our consultation that they no longer needed to advertise once their projects were up and running, and that word had spread quickly around the communities they served.

Volunteers without a personal link could, of course, also apply to their local Volunteer Centre or access the National Volunteering Database (www.do-it.org.uk). Interestingly, a search on the National Volunteering Database using the key word “hospitals” and setting a search of 50KM around London (the furthest opportunity is in Staines), produces just 226 opportunities. A high proportion of these opportunities were in what could be described as ‘traditional’ roles, i.e. working in hospital shops, meeting and greeting, hospital transport etc. A search of PCT web- sites reveals precisely the same opportunities. These opportunities may not be seen as attractive, particularly to men and younger people. This needs closer examination, and very possibly a rethink, by the organisations involved.

c) Risk aversion in public service and the third sector

There are risks in involving volunteers in the delivery of public services. The relationships between a member of staff and a service user or a volunteer and a service user are fundamentally different. The staff member has a contract with their employer, and responsibilities associated with it. They are also covered by their employer’s insurance. A volunteer has, at most, a volunteer agreement, which is unlikely to have any legal standing, and they may well also not be covered by the organisation’s insurance.

However, restrictions on what responsibilities volunteers can take on should not necessarily be seen as a barrier to an expansion of volunteering efforts. Whilst it is true that a volunteer can do anything (and throughout the history of health and social care in the UK, they have done everything), volunteers should not be given the same level of contractual responsibilities as staff. It is, of course, also right that volunteer managers should consider legal obligations when designing volunteer roles- not to do so would not only put the hospital/charity/local authority in a precarious legal position, but could also compromise the volunteer, cause tension with paid staff, and, lest we forget, have serious ramifications for the service-user. But all this does not mean that volunteer roles, which do not carry the same weight of responsibility as staff roles, but still add considerable value, cannot be created with a little bit of imagination. Nevertheless insurance and other legal considerations do seem to have created a level of risk-aversion throughout all management levels in health and social care services. And that has led to senior managers being wary of using volunteers, and failing to see them as central to their services.

Criminal Records Bureau checks were mentioned by many of the respondents to our consultation. These are recommended where a volunteer is working in a hospital and may come into contact with young people and/ or what is termed vulnerable adults. Respondents stated there were often lengthy delays in their processing, whilst certain groups, such as refugees and immigrants, would have difficulty passing a CRB check because they might not have the necessary paperwork or a long enough residence at the same address. Navigating these issues can be confusing and clearly ultimately creates a barrier to involving volunteers in public services.

However, whilst I understand that organising and following up on CRB checks can be a major source of frustration for many organisations, I am equally clear that this is also another example of risk aversion. Some organisations require mandatory CRB checks for all their volunteers. This is clearly unnecessary. Checks should only be undertaken where a volunteer might spend time alone with young people or vulnerable adults. Managers need to show some common sense and stop, for example, requiring CRB checks for people working on hospital radio stations, one of many examples we received of where a CRB check was clearly unnecessary.

CRB checks should be seen as part of a wider risk-management strategy. Some organisations have found other ways of managing, such as giving volunteers office based

tasks to do whilst they waited for their CRB check, or ensuring that their volunteers worked in pairs, and are never left alone with vulnerable adults or children.

d) Job substitution

One limiting factor for the use of volunteers in public services in general is the fear that volunteers might be used as a form of cheap labour, both exploited by paid staff, and used as a form of job substitution to allow services on the cheap. It is extremely important to avoid this very real risk. No-one benefits if this is what actually happens - not volunteers, not staff, and lest we forget, not the actual users of the services.

The trade union position on volunteering is generally clear. Volunteering should not be used to replace the work of paid staff, nor should volunteers perform tasks that are in the job descriptions of paid staff. This can mean that volunteers face resistance in their roles, particularly in getting involved in non-traditional volunteering roles, by creating limitations on what volunteers can, and cannot, do. This is further complicated by the fact that trade unions are generally positive about the use of volunteers on a national basis, whilst resistance can occur locally, none of this is very surprising.

Nevertheless, we have come across examples of trade unions and volunteer groups working very well together. At Aintree Hospital the volunteer unit initially found resistance from the unions at the hospital, but they have now formed a close working relationship and are involved in drawing up the job descriptions of volunteer roles to ensure they do not substitute for the work of staff. The trade unions have been particularly pleased at the use of Aintree Volunteers as a training and recruitment ground for employees of the hospital trust.

e) Public sector approach to volunteering

The Commission on the Future of Volunteering found that there was a lack of a volunteering strategy across Government, and that volunteering was seen as something for the ‘voluntary sector’ and not as desirable across all public services. The use of volunteering as part of services is seen as something that the third sector ‘does’.

I have found that there is generally a very different attitude towards volunteering within the public sector from that in the third sector. Whilst volunteering has always been seen as integral to the services voluntary organisations provide, this view has generally been lacking from the public sector. Indeed there remains a misperception that voluntary organisations are run solely by volunteers rather than by a mixture of volunteers and paid staff. Many of the barriers to the increased use of volunteers, outlined above, apply much more to the public sector than to the third sector. When they have a statutory duty to provide services, they are understandably more risk averse, and more sensitive to the concerns of staff and unions. This remains true despite the long history of volunteers running shops, libraries and meet and greet services in hospitals, to name but a few examples.

The historical consequence of this aversion has meant that much of the public sector has neither the experience nor the knowledge to be able to manage, thank and appreciate volunteers properly, nor to integrate them into health and social care services.

Most hospitals have at least a part-time Volunteer manager, and there are some excellent examples of good practice (see the example of Aintree Hospital). However, Volunteer Managers themselves tend generally to suffer from very low status within hospital hierarchies, and often feel that the role of volunteers and what they can bring is not thought about strategically or integrated in any way into general management’s thinking.

Aintree Volunteers

Aintree Volunteers began in 1997 and was taken over by Aintree Hospital Trust from the League of Friends. The aims of the scheme are:

- To involve volunteers to improve quality of care
- To supplement the care given by professional staff without volunteers being involved in the direct intimacy of care
- To improve the recruitment and retention of student nurses
- To recruit volunteers into Trust jobs
- To ensure the scheme is integral to the overall hospital strategy and to ensure that there is full and regular consultation concerning the roles and boundaries of the volunteers through meetings with staff and union representatives

In 1997, a group of volunteers began assisting staff in A&E. Many of them acted as 'meeters and greeters' serving tea and refreshments. The unit then began expanding the volunteering efforts and they are now present on most wards of the hospital. Some volunteers also have more specialist roles, such as within the library service and the organisation of health promotion days such as Diabetes Awareness. There are also volunteer alternative therapists, who have become increasingly popular.

The success of the scheme has been enhanced as staff involved with the project are proactive in promoting the scheme and in building up relationships with external agencies such as Department for Work and Pensions (DWP), Job Centre Plus and Volunteer Centres. The Unit has developed a good and close working relationship with the local DWP Disability Service, and around 40-50% of their referrals now come from them. For the past 8 years, the unit has not needed to advertise volunteer roles and the numbers of potential volunteers applying exceeds the numbers they have the resources to train.

The Union were initially suspicious of the activities of the volunteer unit and were concerned that volunteers might be used to replace lower grade paid staff, or to fill gaps in the event of industrial action. These suspicions have now been dispelled. Unison has developed a good relationship with the unit and now receives almost entirely positive feedback from their members.
The unions work closely with the volunteers unit and helped them draw up role descriptions for volunteers to ensure that they did not encroach on the work of paid staff.

Outcomes

By the end of summer 2007, 586 volunteers had entered nurse training, with a further 280 volunteers gaining employment in the Trust (32 of these are disabled).

The Unit now deals with 89 schools across Merseyside, and provides work experience for 354 students annually.

Whilst this remains true throughout much of the Health Services, the Department of Health has made some excellent steps in the right direction in recent years, particularly with its introduction of the Opportunities for Volunteering fund. This scheme provides grants and development support to local health and social care projects, enabling them to involve volunteers in their work to complement local statutory service delivery. The scheme

particularly welcomes applications from programmes that involve service users. The React case study featured in this report was funded by Opportunities for Volunteering via one of the National Agents of the scheme, the charity Mencap.

Responsibility for social care falls mostly with local authorities. We found few examples of local authorities making direct use of volunteers. Whilst they often provide extensive support for their local volunteering infrastructure, for example by funding local Volunteer Centres or charities that make extensive use of volunteers, there is little strategic assessment of how volunteers could actively enhance council services, either directly or through commissioning decisions. Once again, there are exceptions. We found that councils such as Lancashire and Warrington have made efforts to integrate volunteers into their services, and our case study the London Borough of Newham provides an excellent example of how volunteers can be used to excellent effect.

Whilst the aversion to the use of volunteers in statutory health and social care services is understandable, it reflects a hugely wasteful attitude. Whilst some sections of central government are now waking up to the value of volunteering, there is a lack of awareness on the ground amongst public sector agencies of the value added that volunteering can bring both to service-users, staff and the volunteers themselves.

Commissioning with the third sector and its effects on volunteers

As well as direct use of volunteers, public sector agencies also make indirect use of volunteers through commissioning and contracting with the voluntary sector, as well as with the private sector, especially in the case of social care.

One concern voiced amongst many of the respondents to our consultation was that the statutory funders of health and social care services have failed to understand that volunteers are not a free resource. Volunteers can utilise nearly all of the traditional HR services apart from pay and pensions. They need training, expenses (lunch, travel and even childcare), role descriptions and appraisals. Most importantly, they need to be managed strategically by a professional volunteer manager who can ensure that the volunteers' needs are being met, and that the role they are fulfilling is of use to staff and beneficiaries. All of this costs money and requires real and intelligent planning. Meanwhile, many voluntary sector organisations' efforts to manage volunteers effectively are hampered by the usual problems of short-term funding and a lack of full-cost recovery.

There is also a general concern that the move from grants to contracts and commissioning could increase this problem. In addition, there is some concern that charities themselves might become more averse to the use of volunteers in a similar way to the public sector, as they move from providing additional local services to ones that they are under statutory obligation, under contract, to provide.

Our consultation respondents feel there is a low level of awareness amongst commissioners at present about the value-added that volunteers can bring. This is shown by the lack of attention to volunteers and volunteering when they are making their decisions to commission services. They see volunteering either in purely economic terms i.e. as services on the cheap, or they dismiss the idea entirely. There are, however, exceptions to this, most notably the sustainable commissioning model that was used by the London Borough of Camden in partnership with the New Economics Foundation for the retendering of their mental health contract, as outlined in our case study.

Camden Council – commissioning that values volunteering

In 2006 Camden Council successfully won funding from the HM Treasury's Invest to Save budget for a project entitled 'Third Sector Service Delivery in Camden'. The main objective of the project is to develop and pilot a new commissioning model that:

- is outcome focussed, and values both service-level and wider community level outcomes (economic, environmental and social) for Camden's citizens,
- tracks savings to the service, council and wider public sector of the achievement of these outcomes.

Camden commissioned the New Economics Foundation to develop the sustainable commissioning model. This model was piloted successfully in the tendering of a Housing and Adult Social Care contract: Provision of Mental Health Day Care Services, a £2m contract for 3.5 years.

The tender was won by a consortium of three local voluntary organisations: Mind in Camden, Holy Cross Centre Trust and the Camden Volunteer Bureau. The bid was not the cheapest tender, but Camden Council found it offered activities with the potential to deliver the most effective outcomes. The commitment to co-production and the involvement of service-users in the delivery of services, often through volunteering, was one of the factors that led to the success of the bid.

The Holy Cross Centre, which along with Camden Mind, now provides a mental health day care centre in Camden, estimates that around 10-20% of their capacity will come from volunteering, much of it via a Timebank. The Timebank is open to anyone, so that anybody can volunteer their services, for which they can receive a variety of training that gives them a 'Timebank credit'. Service-users themselves are encouraged to come up with ideas for services, such as support groups, and then set them up. The Holy Cross Centre can provide resources and professional staff, but the service users are encouraged to run the services themselves.

The involvement of the Volunteer Centre in this consortium also allows Camden residents who are not service users to get involved, as well as allowing service-users to gain access to different and additional volunteering opportunities in Camden. There is a widely held belief that volunteering allows service-users to reintegrate into normal environments from which they may have become isolated.

As the service was commissioned using the sustainable commissioning model, the outcomes of the service are being measured, and the savings that are achieved as a result of the service, both to the council and wider public sector are also being monitored. Camden Council will now be trailing the sustainable commissioning model with the Children, Schools and Families directorate, and Supporting People.

f) Lack of evidence that volunteering can bring benefits

The Government's Third Sector Review[7] found that the true social and economic value of the third sector is neither well-evidenced nor understood. The Review recommended the building of a coherent evidence base about the sector, its organisations and their work. This is of paramount importance, because real hard evidence is very persuasive, particularly for those

[7] HM Treasury and Cabinet Office (2007), The future role of the third sector in social and economic regeneration.

commissioning public services and those whose policies and practices third sector organisations will be campaigning to change.

The same could be said for volunteering. There is a lack of information about the role of volunteers in public services, and the value that they bring to the delivery of services. Many of the case studies throughout this report demonstrate that volunteers undoubtedly add value to health and social care. There is, however, a real case for more work to fully value the social and economic value that volunteers bring to this area. This is in more than blunt 'volunteers save money' terms. It requires a more rigorous analysis of how volunteers can add value, and this should not be confined only to a Third Sector context.

There are some tools for doing this already, which could be easily built upon. Volunteering England has the Volunteer Investment Value Audit (VIVA). VIVA enables organisations to produce a ratio showing how much value is generated from each pound invested in volunteering. Research using the VIVA method in 12 small UK social welfare voluntary organisations showed returns of between £2 and £8 for each pound invested.

A range of practitioners, including the New Economics Foundation, has begun to look at Social Return on Investment (SROI). This approach seeks to put a financial worth on the social value that third sector organisations create. A small number of SROI evaluations have been carried out in the UK, but only one of these looked at volunteering. The Office of the Third Sector is currently scoping out interest in SROI as an approach to developing the evidence base for the third sector.

g) The role of volunteers in private providers of health and social care has been neglected

Private companies now provide many health and social care services. When I asked people who attended our consultations for their thoughts on the role of volunteers in private companies, many of them felt that individuals should not be encouraged to volunteer for these organisations. Antipathy towards the use of volunteers in companies that make a profit seems both widespread and ill-founded.

For the users of such services are almost exactly the same. Take, for example, an older person about to go into a care home, whose bills are being paid by the local authority. The issue of whether the home is run by a charity or a for-profit company will hardly come into the decision. There is no reason, from the point of view of the user, why an older person who lives in a charity run care home should benefit from volunteers, whilst one who lives in a privately owned and run home should not. There are around 468,000 older people in residential care homes.[8] About 22%[9] of these are run by private for-profit providers (but note that these figures are from two different years). So around 103,000 people could be missing out on the value-added that volunteers can bring.

It seems that private companies maybe suffering from a double whammy when it comes to barriers that prevent them from using more volunteers. On the one hand, they suffer from the same problems as the public sector in terms of a lack of a culture of volunteering, and a general lack of expertise around how volunteers should be managed. At the same time, if they do involve volunteers in their services and with their clients, they may experience the same problems as not-for-profit providers in not receiving adequate funding from the councils who pay the bills for full volunteer management.

In addition, the antipathy that seems to exist within the third sector towards private companies using volunteers may also prevent engagement and learning between the two sectors. It might prevent, for example, Volunteer Centres from advertising volunteering

[8] Laing & Buisson (2006) Care of Elderly People: Market Survey
[9] Laing & Buisson (2004) Care of Elderly People: Market Survey

opportunities in private care homes. And some anecdotal evidence suggests that it does just that, which reflects extremely poorly on those who run such organisations.

Chapter 4 – How could we do better?

Taken together, I believe that the following recommendations would enhance the ability of volunteering to make a serious contribution to health and social care services:

1) The use of volunteers should become more mainstreamed into health and social care services delivered by statutory agencies through the use of in-house 'volunteering hubs'

2) Statutory agencies should consider the social benefits of volunteering when commissioning services from providers, and understand the true costs of volunteering

3) Employee volunteering schemes should become commonplace throughout health and social care services, enabling staff themselves to volunteer on a regular basis.

4) A programme board should be set up, probably situated in the Department of Health, whose remit is to get more volunteers into health and social care and ensure that they are properly managed and recognised.

5) Both the Government and charities need to make more of the huge, largely untapped, resource of service-users as volunteers.

6) NHS websites should signpost their users to peer group support websites, and to more general volunteering opportunities

My first three recommendations are aimed squarely at the public sector, namely hospitals, PCTs and local authorities. It has come to light quite clearly, in the process of our consultation, that a wider cultural change is needed within the public sector on the use of volunteers. Volunteers should not be used to replace statutory services, but this does not mean that they cannot add value in a way that enhances services overall. The Department of Health has recently begun working in partnership with the third sector through the Opportunities for Volunteering fund, by-passing local delivery agencies, to deliver volunteer projects that complement local services. However, much of the public sector, as well as those who run public services, often fails to understand the value-added quality and the benefits that volunteers can bring.

The publication of robust research that demonstrates what volunteering can bring is essential for this. Third sector organisations themselves might also be able to play a role in promoting the value of volunteering, particularly in local infrastructure bodies, such as Volunteer Centres.

1) The use of volunteers should become more mainstreamed into health and social care services delivered by statutory agencies through the use of in-house 'volunteering hubs'

This report contains two excellent examples of 'volunteer hubs', one in the London Borough of Newham, and one in Aintree Hospital. Both these examples have managed successfully to mainstream the use of volunteers into their services. Such hubs remove the obstacles to volunteer management and integration in statutory health and social care services, and bring real added value.

The benefits of such hubs should be promoted and their development encouraged. It would require an initial investment, but it could bring huge social benefits in the longer term.

The situation with hospitals and local authorities is slightly different. Most hospitals already have a volunteer unit (though they often suffer from low status and profile). There are, however, very few examples of such units in local authorities. Such volunteer hubs may bring even more advantages to local authorities, by bringing a sense of community ownership of social services.

The contractual relationship that organisations have with staff is essential. There are certain things that should always be done by staff, but there are huge areas where volunteers could add value. It appears from our consultation that there is no shortage of volunteers who want to contribute. What is really lacking is the capacity within health and social care services to develop and manage these opportunities imaginatively.

We would not expect or want to see volunteer hubs becoming a mandatory requirement. Attempts to force hospitals, PCTs and local authorities to use volunteers more extensively could result in them feeling burdened and developing volunteering strategies as a tick-box exercise. This approach would very likely result in volunteers being mismanaged, which will bring no benefits for the end service-user. Instead, the benefits of such volunteer hubs should be promoted. Agencies could be encouraged to think about how such units could help them achieve other public sector targets, such as those around community involvement for foundation hospitals, or other national indicators used in the local government performance frameworks.

Training should be both accessible and mandatory for public sector managers who also want to manage volunteers. Indeed, it should be part of public service managers' career progression to spend time as a volunteer manager. This training should also be available to private sector managers who provide public services and who want to introduce volunteering elements to their companies. Such managers could get access to training via current Government programmes such as Train to Gain, which are currently underused.

2) Statutory agencies should consider the social benefits of volunteering when commissioning services from providers, and understand the true costs of volunteering

The value-added that volunteering can bring needs to be better communicated to health and social care commissioners. Our consultation found that most third sector organisations' experience of commissioners' attitudes to volunteering was either one of indifference, or that they saw the value of volunteering only in economic terms i.e. services on the cheap.

Measures to inform commissioners about the role of the third sector in general should include the role of volunteering as a separate but linked issue. Such information should be incorporated into existing programmes such as IDeA and the Cabinet Office's National Programme for Third Sector Commissioning.

As with the previous recommendation, there should be no mandatory requirement to ensure that commissioned services involve volunteers. There should not be targets for volunteer involvement, but instead commissioners should receive training and information about how volunteers can help achieve outcome targets. They should be encouraged to consider ways of incorporating added social value, including the community engagement that volunteers can provide, into the contracting of health and social care, for example through the use of social clauses. Commissioners should also consider using more holistic methods that bring social benefits such as NEF's Sustainable Commissioning model employed by the London Borough of Camden. As I discussed in chapter 2, public services are not just an end in

themselves, but a means of improving the public's quality of life. They should be integrated into the communities they serve.

Measures to increase the knowledge held by commissioners about volunteering should not neglect the private sector. Health and social care companies could also make very good use of volunteers, if they were funded properly to do so.

In the area of health and social care, the introduction of Joint Strategic Needs Assessments will be crucial for strategic thinking about how volunteers can be used in services and how they are to be managed. Local authorities and PCTs should be encouraged to consider the issue of volunteers at this stage.

The increased interest in, and use of, individualised budgets in health and social care is likely to lead to a greater involvement of volunteers in a number of roles. Volunteers will be important in working with budget holders to design appropriate service packages, working with traditional and innovative service providers to reach budget holders and understand their needs, and working with the individual in adding value to any individual service package.

3) Employee volunteering schemes should become commonplace throughout health and social care services, enabling staff themselves to volunteer

In order to bring about a cultural change in health and social care services,
there can be no better way to increase understanding of the value added that volunteering brings, than by encouraging health and social care staff to volunteer themselves. I recommend that comprehensive volunteering schemes should be encouraged at a local level in PCTs, hospitals and local authorities, and that they be developed and implemented at a central level in both the Department of Health and the Department for Communities and Local Government

But this is also a two way process. The tensions that exist between the third and the public sectors are often due to two cultures not understanding each other. I also think it would be beneficial if charities should encourage their staff to take part in statutory volunteering schemes, so they are better able to understand the public sector. Cross over between the two sectors can increase understanding, which would ultimately benefit service users.

4) *A programme board should be set up, probably situated in the Department of Health, with a remit to get more volunteers into health and social care.*

This recommendation is linked to the first three recommendations and could be a powerful way of ensuring they are implemented. The programme board would have the following tasks:

- Consider ways of encouraging local authorities and hospitals to develop volunteer hubs, where they don't already exist
- Consider how to inform and raise awareness about volunteering amongst commissioners at a local level
- Identify practical issues that require a consistent national approach, and develop guidance
- Raise awareness of the benefits of volunteering through marketing and communications, both nationally and locally
- Target other relevant agencies, such as health and social care regulators, to ensure they are taking on board volunteering issues

5) Both the Government and charities need to make more use of the huge, largely untapped, resource of service-users as volunteers.

One of the strongest themes to come out of our consultations was the huge contribution that service users themselves can bring as volunteers in health and social care services. Many charities already encourage and provide opportunities for their beneficiaries to volunteer. Initiatives such as the Expert Patients and Opportunities for Volunteering programmes demonstrate that statutory providers also recognise the contribution that service users can bring, both to their own health outcomes and empowerment, and to those of others. But I feel there is still much more untapped potential. More thinking needs to be done about how Government and charities could make creative use of this army of potential volunteers. Some initial ideas are outlined here, but these are in no way exhaustive:

- An initiative based on an American model should be piloted. This encourages sufferers of conditions who are largely recovered to volunteer as befrienders to other individuals who have just come out of hospital with similar conditions, for example those who are recovering after heart surgery. The process is cyclical. Those who received help should then be encouraged to give it, once they have recovered.
- Nobody understands service-users like the charities that act in their interests. Those charities made it clear that there is currently an unmet demand from their beneficiaries to volunteer in a way that can help others suffering from similar conditions. Consideration should now be given to the creation of a fund that charities can access specifically for service-user involvement programmes.
- Health and social care commissioners should be encouraged to fund directly service-user involvement programmes in their localities.

6) NHS websites should signpost their users to peer group support websites, and to more general volunteering opportunities

The internet has brought unparalleled opportunities for peer group support for individuals suffering from a range of conditions. NHS Direct now has over 2 million users a month. There is massive potential here to encourage individuals who have viewed a web page on NHS Direct (they may have the condition themselves, or know someone who has it) to act on that interest and volunteer to help those with that condition. NHS Direct should include links to selected volunteering opportunities. This would help to encourage the cycle of care recipient to volunteer that recommendation 3 also aims to encourage.

Links to potential volunteering opportunities should also be included on the more recent website, NHS Choices.

Encouraging volunteering through NHS websites could also open up recruitment opportunities to individuals who do not normally volunteer in health and social care, such as men and younger people.

Annex A – Capital Volunteering study

The Institute of Psychiatry was able to interview 109 (73%) of the research participants six months after their first interview, to find out about their current circumstances, their involvement in Capital Volunteering, their health, quality of life and service use.
Over half (58; 54%) were still taking part in a Capital Volunteering project. 45 participants (41%) had a regular weekly time commitment, ranging from 1-28 hours, with the majority involved for 2 to 3 hours per week.

At 6 months, 91% of the sample described what they had gained from taking part in their project: meeting people and making friends (29%), increasing their self-confidence (29%), having somewhere to go and something to do (24%), helping others or making a contribution (18%) and enjoyment (16%).

Other gains included new skills, creative opportunities, and a sense of achievement. Only 9% said they had got nothing out of taking part.
78% felt that they had contributed to the project, most commonly by supporting other people (32%), or by contributing their own knowledge, ideas and experience (21%).
42% said they had experienced little or no difficulty in taking part. Among the rest, problems were attributed both to the project itself and to their own personal difficulties.

Over half said they had been able to use their experience of taking part in the project, mainly by applying their new skills or knowledge to other situations. Looking to the future, 28% hoped to use the skills, knowledge or experience gained to seek paid employment. Others hoped to encourage new people to take part in the project or to apply their skills to other volunteering opportunities.

Almost half the participants said they would not change anything about the project. Others (15%) felt the organisation or management needed improvement, 10% wanted more support or supervision and 9% wanted better communication or to be valued more within the projects.

There was an increase in the amount of contact with family and friends after 6 months. The average number of friends with whom people had contact showed a statistically significant rise, as did the average number of friends who were not service users. This suggests a widening of social networks beyond the mental health services.

There were small increases in the proportions saying they were satisfied with their personal relationships, had someone they could talk to frankly or confide in. After 6 months, more participants said they could talk frankly to five or more people.

There was a small trend towards higher levels of social engagement, with more people attending activities other than those run by Capital Volunteering or mental health organisations.

Results of the social capital measure also suggest wider social inclusion, with improved average scores for access to social resources after 6 months, although these changes were not statistically significant.

There were reductions in the use of health and social services over a three month period. Of all hospital based services, outpatient departments were the most widely used, with around a quarter of participants using the services.

In the six months prior to the second interview, nine people had had an inpatient stay with an average of 34 days. For the participants overall, the average stay was one day in the three months prior to interview. There was a drop in the average cost of hospital stays for the whole sample from £837 at first interview to £401 at second interview, over a three month period. However, this reduction was not statistically significant.

The proportion of people who were in contact with a psychiatrist dropped from 39% at first interview to 29% at second interview, although this was not statistically significant. However, there was a significant reduction in the average number of contacts with psychiatrists (from 1 to 0.4) and in the mean costs arising from contacts, from £53 at time of first interview to £23 at time of second interview.