

VOLUNTEERING & SOCIAL ACTION AND THE CARE ACT: AN OPPORTUNITY FOR LOCAL GOVERNMENT

Foreword

The Care Act (2014) represents a step-change in the legislation governing social care and support: one which (among other things) shifts the emphasis away from services which react to crises, and towards the promotion of wellbeing for all citizens. Citizens will be seen as active members of strong, supportive communities. Communities will form the bedrock of a care and support system which prevents, reduces and/or delays the need for longer term care.

The Act is one marker of a fundamental change in public policy: others are the Children and Families Act and the NHS Five Year Forward View. Taken together, these initiatives form a policy programme which promotes citizenship and community as the foundation on which local health and social care systems are built.

Volunteering and social action are at the heart of this programme. The importance of the Care Act, in identifying volunteering as a positive and realistic outcome for people with care and support needs is absolutely clear. We use the terms *'volunteering'* and *'social action'* to mean activities which seek to recognize and build on the strengths

of communities and individuals and so to promote well-being. The Care Act reinforces the role that volunteering is asked to play, as an expression of citizenship and of an individual's ability to contribute to and participate in community life - and in doing this, in helping to secure, enhance and maintain that individual's health and well-being.

This paper aims to provide inspiration and guidance for councillors and officers in their work together with partners in their local communities, in ways which respond to the **spirit** as well as the letter of the new legislation. The aim in doing this is the promotion of resilient communities and active citizens such communities and citizens are critical system requirements as we strive to build sustainable and integrated public services.

Why it matters

The Care Act's duties upon local government and partners:

- Establish the promotion of **wellbeing** as the guiding principle for adult social care
- Put an emphasis on action to **prevent, reduce or delay** needs; to do this by building on the resources of the local community, including local support

networks and facilities provided by other partners and voluntary organisations.

- Provide **information and advice** for the whole population, including those who are not eligible for council-funded care and support, self-funders, and those future generations yet to develop needs.
- Join up the services provided (or other actions taken) with NHS provision and other health-related services (including housing and leisure services).
- Shape a **diverse and sustainable local market of providers** for care and support.

The statutory guidance also recognises “accessing and engaging in volunteering” as a meaningful outcome, where local authorities are asked to undertake assessment of individual eligibility for care and support services (and the same applies to carers).

The Care Act and wellbeing

“The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life”.

“Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as “the wellbeing principle” because it is a guiding principle that puts wellbeing at the heart of care and support. The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person”.

And of course this also matters more than ever, when the scale of the financial challenge faced by local government is unprecedented. The point here is not that volunteers are in a position to *replace* paid staff (they are not!); it is rather that if we are to come close to building the sort of caring, supportive social institutions that the drafters of

Care Act clearly envisage, then community members must now find ways to come together in new ways - to create those institutions.

The Voluntary, Community Social Enterprise (VCSE) sector

The changes outlined in the Care Act have implications for all sectors involved in adult social care as they seek to make the Care Act’s aspirations a reality. The VCSE sector is an essential partner of local government in this process: its defining features include its responsiveness, flexibility and roots in community: these features mean that it is the perfect partner for local authorities seeking to deliver their Care Act responsibilities.

The VCSE sector is home to volunteer-involving agencies, volunteer centres and allied organisations, whose role is to source, recruit, induct, train and support the vast majority of the three million volunteers working in health and social care todayⁱ. According to the NCVO Civil Society Almanac 2014, more than 36,000 charities work in the health and social care sectors. The numbers of VCSE organisations that are not charities working in the field (social and community enterprise) is likely to be even higher. If we are to make the most of this pool of community resources then the contribution of volunteer-involving agencies is of the first importance.

Areas in which volunteers have a key role to play

- Quality issues and reporting – including as participants in local Healthwatch enter & view audits.
- Peer review of services as “experts by experience.”
- Helping someone think through what is most important in their life – and guiding them in making a support plan.

- Improving information and advice to ensure it is available at the right time, in the right place and has the right contents.
- Providing regular feedback to groups which help to influence future service provision.
- Offering to be a friend and someone to talk to in the community to reduce social isolation and improve social contact, provide basic support.
- Volunteers as Digital Champions, reviewing web-sites, social media and other digital information services.

<http://volunteeringmatters.org.uk/app/uploads/2015/11/Vol-Social-Action-Health-and-Care-web-version.pdf>

Volunteering is already a well-established feature of health and social care. The Care Act introduces new challenges and opportunities, which invite volunteer-involving organizations to take their contribution to the next level. Some of the Care Act duties where volunteers may find they have a greater contribution in future are as follows:

- Enhance and assure the quality of care and support services
- Build bridges between care and support services and the wider community.
- Play a role in the provision of advice and information – including information about money and the cost of services. People should be signposted to ordinary/non-specialist community resources in the first instance, wherever that is sensible and feasible.
- Assist local authorities with some of their duties to change the “customer experience” as people pass through the process of assessment, planning, receipt of services and onto review. Local authorities are now asked to actively involve service users, families and the wider community throughout this process. Undoubtedly, volunteers could help in this.

- Assist local authority commissioners in their “market shaping” duties. Volunteers with knowledge of local communities and experience of social care services can make a very valued contribution in this regard.
- Services which are commissioned or provided as part of ‘alliance’ contracting, often involve small and medium-sized VCSE organisations who are partly or wholly reliant on volunteers at the operational level.

All of this is in addition to volunteers’ “traditional roles” in care and support services, which include social activities, be-friending, the provision of transport and other practical help around home or service. By their very nature, volunteers *are the community*, and by putting in place measures to make best use of volunteers, local authorities are actively building community capacity. It is in these ways –not by substituting for paid staff or professional roles – that voluntary action shows itself to be an effective and cost-efficient component in the delivery of modern social care support.

The Kings Fund Report

- Around three million people volunteer in health and social care, making an important contribution to people’s experience of care. In *social care* volunteers represent approximately 1 per cent of the total workforce.
- 87 per cent of volunteers are in the voluntary sector, where they comprise 4 per cent of the workforce.
- Volunteers are spread highly unevenly across the system and many organisations report having no volunteers. Taking just those organisations that do support volunteering, volunteers constituted nearly a quarter of the workforce.

- Too many organisations currently lack a strategic vision for the role of volunteering within their workforce, and so miss the opportunities that exist.
- The economic situation is creating a challenging environment for job substitution and raising challenging concerns about job substitution.

What difference can volunteering and social action make?

It is important to recognise the breadth of activity where volunteering can make a contribution: when we refer to “volunteering” here we include less formal roles (neighbourliness) as well as some of those activities mediated by new currencies such as time-credits.

So defined volunteering and social action is an activity which benefits *individuals*, who share time, skills, gifts, talents and other resources for the benefit of others. Most find fulfilment and purpose in life – and feel good about themselves. Health and well-being improves.

It is also an activity which benefits *community* – which brings cohesion and a sense of belonging. In this way, it assists councils in their wider civic responsibilities.

The challenge is to now incorporate volunteering activities as key elements of a more sustainableⁱⁱ, prevention-focusedⁱⁱⁱ social care and health system, fit for the future. This means concentrating on what works, and on interrogating what it is that key VCSE agencies need from statutory partners, and vice-versa to make a success of working together.

There is an increasing focus across the sector in understanding and demonstrating **impact and changes in outcomes**, as part of productivity initiatives, evidence-based commissioning from

Public Health, but also as a natural consequence of the move to personalised care and support under the Care Act. For more on this see Volunteering Matters’ ‘[How we evaluate](http://volunteeringmatters.org.uk/policy-research/impact-performance/how-we-evaluate/)’ document; <http://volunteeringmatters.org.uk/policy-research/impact-performance/how-we-evaluate/> and the [LGA/ADASS Commissioning for Better Outcomes approach](#).)

Volunteering and Health and Wellbeing: The Case for Investment

“Experimental and cohort studies show participation in volunteering is strongly associated with better health, lower mortality, better functioning, life satisfaction and decrease in depression.”

“There is a substantial body of evidence on community participation and empowerment and on the health benefits of volunteering. The current evidence base does not fully reflect the rich diversity of community practice in England. Cost-effectiveness evidence is still limited; nevertheless research indicates that community capacity building and volunteering bring a positive return on investment.”

‘A guide to Community Centred Approaches to Health and Well being’, PHE and NHS England, 2015 ref

Common features of a successful local approach

Our message is not that any one model of volunteering and social action provides “the answer,” it is that if the wellbeing principle of the Care Act is to be anything more than empty rhetoric, communities must now come together to organise themselves differently. Commissioners and professionals must recognize the assets or

strengths those communities bring and build support systems on that foundation.

Much of the recent literature on building community capacity and promoting voluntary action has highlighted innovative models and excellent local projects, with a few shared key features. These features include:

- **Co-produced** – Conceived and designed together by commissioners and professionals working in partnership with people who use support services and their families.
- **Respond to local context** - They are rooted in the life of the communities they seek to serve, building on the distinctive strengths of local resources and personalities and reflecting distinctive identity and culture. They often involve community leaders as key players.
- **Human scale** - They are human in scale, often building around micro-enterprises, community interest companies or user-led organisations of one sort or another.
- **Strength-based** - They are built upon the assets or strengths, that is the passions, talents, skills and learning, which each and every citizen brings.
- **Build in learning** – Amongst those working in social care, the VCSE sector and volunteers themselves, to commission and deliver programmes of mentoring, action learning, solution circles and similar tools which privilege direct engagement, discussion and learning.
- **Build in sustainability** - Amongst the volunteers and those with care and support needs – by designing interventions which build individuals’ confidence, resilience and grow networks which can outlast the initial support.
- **Adaptive** - And they are open, flexible and able to adapt and learn from their experience.

There are important roles here for operational staff and decision-makers alike within local authorities, clinical commissioning groups and other professional and clinical staff. These roles are

largely as *facilitators of change*. Seizing the opportunities provided by volunteering as the Care Act and other reforms are implemented involves a critical shift: a move from a model where the council *provides*, to a much more “equal and enabling” relationship, drawing upon the assets of the voluntary and community sector, alongside those of the individual and their family to achieve agreed outcomes.

Everyone – including those using services, their families and others in community – must have an appreciation of what this change means and how expectations have shifted.

Examples of good practice

- Kent: Caring All Together on Romney Marsh (CARM) runs a befriending service, providing support to older and vulnerable people living in Romney Marsh and Ashford. The service aims to improve wellbeing and to help people remain independent; it is partially funded by Kent County Council.
- North / South London Cares
- Collaborative working in implementing the Care Act locally
- Lambeth’s community led commissioning,
- the Access to Volunteering programme, supported volunteering,
- the RSVP programme,
- Community fundholding
- Small Sparks

All the examples listed above are excellent initiatives, but most are modest in scale and many recur in the literature. ***Please could readers of this draft to provide the authors with additional local examples?*** The greatly reduced funding for health and social care makes reform more difficult but even more important.

If we are to capitalize on the opportunities which volunteers offer us, Care Act-related activity must

necessarily have a wider focus than simply meeting additional burdens of new assessment responsibilities, and changes in eligibility and funding arrangements. It must also put in place measures to seek out and evaluate the local challenges, opportunities and contingencies which volunteers provide; and it must take the brave step of shifting resource away from certain long-standing services to make the most of these opportunities and to build services which are more wholeheartedly “prevention-focused”.

Challenges and opportunities

- **Providing community leadership and strategic direction** – the role of elected Members is critical in bringing these changes to fruition. The Lead Member for social care and health is accountable to the wider electorate, whilst backbench Members have important roles in relation to the neighbourhoods they represent. There is a huge opportunity presented by the growing interest in “asset-based” or “strengths-based” thinking in health and social care: if this is to succeed then local people and local organisations need to understand how expectations of them are changing and how they might best work with their elected representatives. Health and Wellbeing Boards have an important leadership role in this context.
- **Replicating and scaling up good practice** - with the April 2015 implementation deadline for councils now past, and the cap on care costs postponed^{iv} there is now an opportunity for councils to move from compliance in their implementation of the Care Act, towards excellence, and explore good practice around volunteering across the sector and throughout the country.
- **Prioritisation versus competing demands** – National and local pressures on social care finance can make conversations around preventative activity difficult. However, it is more important than ever that the strong case

for investing in participation and volunteering is made. Spending on community development and promoting participation can produce strong value for money returns in a very short space of time^v.

- **Commissioning practice** – The Care Act and the issues highlighted in this paper provide a significant opportunity for local authority commissioners. Volunteers represent a major under-utilized resource – but as this paper seeks to make clear they are not simply “another service” to be commissioned using standardized contracting and procurement tools. Commissioners should be assessing the value-added offered by volunteers in the context of their local market-position; they need to know what it is local volunteers can offer; and consider what infrastructure arrangements they should commission to make the most of these opportunities. Offering a range of funding options at different scales enables the right funding to be sought for the right services at the right scale.
- **Facilitating choice and control through micro-commissioning.** Many of the best and most innovative volunteering projects are small-scale, local and build from the ground up on the passions of individual people. Commissioners should be introducing mechanisms to investigate and capitalize upon such opportunities in their localities. (see <http://www.communitycatalysts.co.uk/>; also the LGA, TLAP, ADASS document, “Commissioning for Better Outcomes” at <http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab>
- **Augmenting, not displacing paid work** - Volunteers have a central role to play in building local health and social care systems that are effective, efficient and fit-for-purpose. They can only do this if their contribution focuses upon the added-value they bring – and

not upon cost-savings through the replacement of paid staff. Experience teaches that the latter approach causes tensions on all sides and can be counter-productive. Volunteers should be regarded as having a distinctive and valued contribution to make, one which helps to build modern support systems with deep roots in community, and most definitely not as a cheap substitute for paid staff.

- **Measuring the impact of volunteering.** This is an issue receiving increasing attention as it becomes clear that in some situations, volunteers have a major impact, in other situations, much less so. How can we design volunteer support programmes and recruit volunteers to have the greatest impact, and capture their effects on outcomes at both individual and intervention-wide level? This is something which Volunteering Matters is actively pursuing, in collaboration with colleagues at NHS England, Public Health England and Leeds Beckett University. For more on this see the following link: <http://volunteeringmatters.org.uk/policy-research/impact-performance/>

Involving young people - #iwill

Case Study from Volunteering Matters Youth Social Action in Health and Social Care Toolkit – produced in association with #iwill campaign

Voluntary Action Oldham has been working with young people to deliver short term activities with groups of residents in care homes. Recruited through an online campaign and their brokerage service, 14 young people came forward. This was part of NCVO's Volunteering in Care Homes project, funded by the Department of Health.

The young people went through the project's introductory training and each care homes' induction prior to their placement. Working with staff, the young people consulted residents about

their interests and in response developed a series of activities that included making collages, watercolour painting, paper crafts, scrapbooking and playing games such as Dominoes, Snakes and Ladders, Ludo and Snap.

They were supported by staff at Voluntary Action Oldham to plan and deliver the programme of activities.

The impact on all concerned has been remarkable; young people have developed their confidence, residents have had new experiences, a more vibrant care home environment has been created and relatives have become more engaged in the activities of the care home.

"I was really nervous to start with and had to push myself to volunteer. I really enjoyed it over the weeks as the residents liked playing games with me, especially dominoes. I feel a lot more confident now about leaving the house and I have decided I want to go into care work in the future."

16-year-old volunteer

The role of elected members and others leading change

As we have already said, there is a critical role for elected Members here, in providing community leadership and in providing strategic direction and guidance for officers, in a situation of reducing resources. Many councillors and many constituents will already be volunteers in some shape or form, and will have views on the issues set out in this paper. Elected members can help through promoting informed debate and their input into strategic planning and scrutiny of operational plans – thus ensuring the role volunteers can play is part of the deliberations of officers and the community as services are designed and commissioned.

“Local leaders and commissioners (should) celebrate, support and develop both formal and informal volunteering. Volunteering is the bedrock of community action, brings benefits to individuals and increases the capacity of services. Grants, training, marketing, organisational support and commissioning volunteer-led services are all ways to support local volunteering”

‘A guide to Community Centred Approaches to Health and Well Being’, PHE and NHS England, 2015 ref

And as we have also seen, commissioners also have an important leadership contribution to make: the local authority’s role in market shaping, as the Care Act frames it has a much more extensive reach than simply procuring traditional care services, and commissioners now need to use and flex the tools at their disposal - Joint Strategic Needs Assessments, Market Position Statements, contracting and procurement protocols – to make effective use of all of the assets in their communities for the benefit of local people.

For staff who provide first contact, assessment, and care-planning to those with care or support needs it will be important to have an awareness of the local volunteer and VCSE offer in the area. This will enable staff to effectively signpost people to appropriate support, and/or build volunteering or support from other volunteers into assessments and care plans. Processes and systems should help ensure that this happens, rather than leaving the individual to find their own way to the offer.

The potential contribution of volunteering and social action is as wide as social care itself, indeed one might say as wide as *community* itself. It is for local authorities and the VCSE to now make the best use of that contribution for the benefit of all.

Annex 1: Further information and support available

- Think Local, Act Personal (TLAP), Building Community Capacity programme.
<http://www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity/>
- Volunteering Matters programmes:
 - Contribution Through Volunteering
 - Person Centred Care Through Volunteering
 - Measuring the impact of volunteering in health and care
 - RSVP
 - #iwill campaign – this campaign seeks promote social action and volunteering by young people in social care settings. Youth Volunteering in Health and Care toolkit that we were commissioned by DH to produce earlier this year:
<http://volunteeringmatters.org.uk/report/toolkit-youth-social-action-in-health-and-social-care/> . We have also involved colleagues at #iwill in a in a series of seminars we are doing this year for DH about how young people with additional support needs can engage in volunteering.
<http://volunteeringmatters.org.uk/>
- Here are links to some of the resources that encapsulate or exemplify an approach of this sort:
 - Asset based community development <http://www.abcdinstitute.org/>
 - Community Catalysts <http://www.communitycatalysts.co.uk/>
 - Community Development Foundation <http://www.cdf.org.uk/>
 - In Control <http://www.in-control.org.uk/>
 - Local Area Co-ordination <http://inclusiveneighbourhoods.co.uk/>
 - Participle <http://www.participle.net/>
 - SPICE <http://www.justaddspice.org/>
 - Think Local, Act Personal <http://www.thinklocalactpersonal.org.uk/>
 - Timebanking <http://www.timebanking.org/>
- Links to relevant policy documents and toolkits
 - Care and Support Reform – statutory guidance.
<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
 - Commissioning for provider diversity
<http://www.thinklocalactpersonal.org.uk/Browse/marketdevelopment/developing/?parent=8567&child=9517>
 - Volunteering impact
<http://www.ivr.org.uk/component/ivr/volunteering-impact-assessment-toolkit-a-practical-guide-for-measuring-volunteering>
http://b.3cdn.net/nefoundation/ee604b9c7787bf1b80_aym6ivqnu.pdf
<https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

Annex 2: About Volunteering Matters and the Care and Support reform programme

About Volunteering Matters

1. Volunteering Matters (formerly CSV), the UK volunteering and social action charity has, for over 50 years, facilitated volunteering and social action for the benefit of people with health and care needs.
2. Volunteering Matters, has been a member of the DH/PHE/NHS England funded **Health and Care Voluntary Sector Strategic Partners Programme**-(<http://www.voluntarysectorhealthcare.org.uk/>) since April 2013. We are also a member of TLAP and the Voluntary Voices partnership (which comprises NAVCA, National Voices and Regional Voices), and NHS England's People and Communities Board
3. Volunteering Matters' work at both national and local levels, like that of our partners in the wider volunteering involving sector, continues to demonstrate the value of volunteering and social action in improving health and care outcomes for people of all ages, backgrounds and circumstances-and in particular for some of the most excluded and vulnerable members of our society.

About the Care Act and the Local Government Association

1. The Care Act and associated reforms are the most wide-ranging set of changes to adult social care law in over 40 years. It is essential that councils and their partners (in provider, health and community and voluntary organisations) are able to make these aspirations a reality by reshaping how social care is provided and embedding the reforms in the practice and culture of social care at a local level.
2. From 2013 - 2016 the Local Government Association (LGA), the Department of Health (DH) and the Association of Directors of Adult Social Services (ADASS) worked together through the Care and Support Reform programme to support councils and care providers to successfully implement and embed the Care Act's reform locally. This document arose from that work.

Endnotes

ⁱ <http://www.kingsfund.org.uk/publications/volunteering-health-and-care>

ⁱⁱ LGA CSR Submission

ⁱⁱⁱ LGA Prevention paper

^{iv} Crosby, N. Using Real Wealth to Make Plans, (In Control, 2012) <http://www.in-control.org.uk/media/104027/real%20wealth.pdf>

^v Catherine Wilton, Volunteering, Unlocking the Real Wealth of People and Communities, TLAP July 2012 <http://www.thinklocalactpersonal.org.uk/library/BCC/VolunteeringPaper.13.7.12.pdf>