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'ShortCut' to *Making a difference*  
through volunteering No. 5

# Local commissioners

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This ShortCut is the last in a series of five briefing papers that sets out issues for those involved in commissioning, providing and receiving volunteer services such as home care and intermediate care. It draws on research carried out in 2005-06 by the Older People's Programme on services provided and supported by British Red Cross, CSV/RSVP and Help the Aged.

This ShortCut on volunteers is intended to inform those responsible for planning and delivering volunteer services, as well as those who might be interested in volunteering or who know someone who might benefit from being supported by volunteers. It focuses on information that is particularly pertinent to service commissioners and other funders (eg grant making bodies). It outlines the breadth of what volunteers and volunteer services offer and importantly what they achieve. It highlights the importance of establishing the range of needs, situations and individual experiences involved; as well as the specific and general outcomes achieved through the support provided by volunteers in these schemes. There are important messages too, about the need to view this kind of volunteer support as part of the 'whole system' of care available in any area; and to ensure services and organisations delivering this support are adequately resourced.



## 1. What volunteers offer

- Volunteers provide a different but complementary type of support from the statutory sector, partly because of the way this is delivered. For example, 'shopping' might mean getting pet food or weed killer from a DIY store, not just buying basic weekly groceries
- Volunteers have (and make) time to talk – and can in conversation find out a lot about people's situations, aspirations and needs; by chatting and sharing stories and experiences, they are also able to form relationships based on trust and mutual respect
- Volunteers often play a significant part in improving people's quality of life
- Volunteer services can reach people who refuse statutory services; but if the referral to the volunteer service comes from the statutory sector, that is often enough to persuade someone to try the volunteer service
- In these ways, volunteer services are very much based on supporting someone in the way he or she needs and wants – in other words, a truly person-centred approach
- It is essential to understand that volunteers also have limits – just like paid staff. What volunteers will not do (individually or as a group) needs to be as fully understood as what they do offer.

## 2. What volunteer service providers can offer

- An expert, high-quality service with well established systems designed to meet the needs of recruiting, developing, supporting and managing volunteers who can provide a wide range of flexible and tailored support to clients
- Providers have a range of local and national contacts and networks they can 'tap into' for the people they support. Larger voluntary organisations may be able to access additional services the organisation provides – such as wheelchair loans, advice about benefits or insurance etc

- They offer commissioners a potentially rich source of information about local people's needs, aspirations and circumstances.

### 3. Feedback and data required

- Commissioners need to be able to find out more about the 'extra' that volunteers provide, that goes beyond volume based targets and goals – and in particular about how people's quality of life and overall wellbeing improves. In other words, they need to know about the impact that volunteers and volunteer services can have on people's lives, their health, independence and wellbeing, and not just about how many people have been supported or seen in a given time period
- They need to know when other organisations affect the volunteer services – such as a hospital deciding to discharge its patients earlier
- They need to know what impact volunteers have on other services – such as how many GP home visits were avoided, and other health appointments kept, through volunteer drivers taking people to surgeries and clinics
- They need to know what people ask for that isn't provided locally – especially for planning for the future.

### 4. Funding decisions

- If funding for a volunteer co-ordinator post is withdrawn, the whole of the service can be lost, as volunteers then leave
- Commissioners should not underestimate the strain on organisations of managing piecemeal and short term funding
- Paid staff and volunteers and those receiving support all experience anxiety and a loss of faith in the services available, when funding is uncertain
- Training, checking and supporting volunteers are all necessary expenses, as are meeting out-of-pocket expenses such as car mileage
- Levels of pay for volunteer providers' staff, and related costs, are often already so low that no funding cuts can be sustained.



### 5. Capacity building

- It is vital not to treat all volunteer service providers the same when negotiating contracts. Larger organisations may be able to be more robust; smaller organisations may be able to meet niche needs that require very detailed contracts. The geography of the area also needs to be taken into account, eg the amount of travel and time involved in very rural areas or congested urban areas. The type of volunteer support is another key factor, for example telephone befriending as opposed to active (face-to-face) befriending; volunteer transport schemes as opposed to home from hospital schemes
- Commissioners should consider how else they can support organisations to at least continue, if not expand – for example, offering to second their staff to support or take on co-ordinator posts; offering their own staff opportunities to volunteer; promoting and publicising the services and volunteering opportunities to their statutory and commercial partners (for example through Local Strategic Partnership networks)
- There should be clear protocols for handling problems due to over-capacity
- Good relationships between volunteer co-ordinators/managers, commissioners and others are part of a successful service
- Volunteers and service providers need to feel part of a wider and valued team and public service system. Traditional public sector and non-statutory boundaries are blurred through the type of successful partnership working that can be achieved with these volunteer schemes and services.

## 6. What statutory sector staff can do

- Get to know what is really on offer – so that referrals are appropriate (eg not discharging patients on a Friday when volunteers aren't available at weekends)
- Understand how this support complements – but does not necessarily replace – statutory sector services, and accept referrals when statutory sector help is needed
- Make sure that any statutory sector 'arguments' (such as whether social services or the NHS should pay for transport for patients leaving hospital) do not affect the volunteer services
- Treat the service as a valuable resource – it may be providing support at the 'periphery' of care but is no less useful because of that; and respect that those who use it, value it hugely.



## 7. What commissioners can do

- Help support providers to attract and manage their volunteers
- Recognise the actual capacity within the organisation, and support to sustain this as a minimum
- Work to protect providers and volunteers from the worst excesses of statutory service behaviour (eg inappropriate referrals)
- Develop more sophisticated 'results' (ways of reporting outcomes) than just setting targets such as numbers of referrals.

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