



**Community
Transport
Association**

Response to the Department of Health

Consultation: Towards a strategy to support volunteering in health and social care

Closing Date: 30 September 2008

The Community Transport Association

The CTA is a rapidly growing national charity giving voice and providing leadership, learning and enterprise support to member organisations, which are delivering innovative transport solutions to achieve social change. CTA UK promotes excellence through providing training, publications, advice and information on voluntary, accessible and community transport.

Voluntary and community transport exists to meet the travel and social needs of people to whom these would otherwise be denied, providing accessible and affordable transport to achieve social inclusion.

The CTA is the representative body for third sector passenger transport operators in the UK. CTA Member organisations are involved in the provision of transport, especially accessible services.

The CTA is the UK's largest provider of training, advice and information on accessible, voluntary and community transport provision. The CTA is part-funded by the Department for Transport, the Welsh Assembly Government and the Department for Regional Development (Northern Ireland).

CTA's Response to Consultation

The CTA welcomes the opportunity to contribute to the Department of Health's consultation document "Towards a strategy to support volunteering in health and social care". After reading through the consultation we have decided to respond on those specific areas that we believe would have a marked effect on our sector.

Contact Details

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Support for individual volunteers

1a. Does the vision set out here reflect the true potential of what we should be aiming to achieve for support for individual volunteers?
What would strengthen the vision?

The CTA welcomes the recognition that is being provided for volunteers and the desire to develop a strategy for supporting volunteering. In order to provide continuous improvement in the future, CTA would encourage the DH to continue their engagement with national voluntary sector organisations, like CTA, who are in a position to represent the views of their members who, in turn, have extensive experience of supporting volunteers.

1b. Are the obstacles we have identified the right ones? Can you tell us about any that we might have overlooked?

The listed obstacles cover the main areas of difficulty. CTA would like to highlight one particular obstacle that is currently being faced by volunteer drivers using their own cars to provide transport to others, often in a health or social care setting. Evidence suggests that volunteers are becoming less willing to do this kind of work when they are paid 40p per mile for the use of their vehicle. We appreciate that this approved mileage allowance payment (AMAP) rate is set by the HMRC. We are also aware that higher mileage rates can be paid if these are justified by actual costs and that the volunteer then has no additional income tax liability. We know that higher mileage rates are paid to some people but when this happens the possibility of the HMRC asking for and then challenging recorded costs continues to concern volunteers.

It is CTA's experience that potential volunteers are often nervous about the requirement for training. The requirement needs to be clearly demonstrated and the training provided in a supportive and accessible way as possible, meeting individual needs where this is necessary.

1c. Would the possible actions and solutions we have identified address the perceived obstacles effectively? For example, is existing guidance helpful, or in need of review?

The payment of expenses for volunteers using their own cars would need more than clear guidance. Ideally it would require a change in the AMAP rates (see question 1b) issued by HMRC but if a more circuitous route is used to pay higher mileage rates to volunteers, then the DH should provide an absolute undertaking that any additional income tax that fell due in later years would be covered by ex-gratia payments at the time.

1d. Are there any other actions, by whom, not mentioned here, that the DH should consider to improve the esteem of volunteers and the quality of volunteering opportunities in the health, well-being and social care sectors? What outcomes could they deliver?

As previously stated, we urge the DH to continue to engage with representative bodies, such as CTA, when developing volunteering strategies. In our case this is

in the area of transport and extends both within the DH remit and in the wider voluntary sector.

1e. Where does responsibility lie in relation to the possible solutions? What are the organisational and financial implications for public and third sector organisations?

As stated, volunteers are not free labour, therefore adequate funding needs to be readily available to both public and third sector organisations so they are able to provide the best possible support for the volunteers for whom they have responsibility. In addition training and development opportunities need to be available to managers of volunteers and commissioners of voluntary services with the DH remit and beyond to meet their own skills development needs.

Effective management within organisations

2a. Does the vision set out here reflect the true potential of what we should be aiming to achieve to support effective management within organisations? What would strengthen the vision?

CTA welcomes the vision set out.

2b. Are the obstacles we have identified the right ones? Can you tell us about any that we might have overlooked?

CTA has nothing to add to the issues raised in the consultation document.

2c. Would the possible actions and solutions we have identified address the perceived obstacles effectively? For example, is existing guidance helpful, or in need of review?

Further work needs to be done on raising the profile of volunteers in particular and in the voluntary sector in general, with managers and other staff to show that they are a valuable asset to any team.

2d. Are there any other actions, by whom, not mentioned here, that the DH should consider to improve management of volunteers within organisations in the health, well-being and social care sectors? What outcomes could they deliver?

CTA has nothing to add to the issues raised in the consultation document.

2e. Where does responsibility lie in relation to the possible solutions? What are the organisational and financial implication for public and third sector organisations?

Continued engagement needs to take place with national membership organisations, such as CTA, who provide advice and support to organisations who involve volunteers extensively. See also our answer to question 1e.

The commissioning environment and infrastructure

3a. Does the vision set out here reflect the true potential of what we should be aiming to achieve for the commissioning environment and infrastructure? What would strengthen the vision?

The potential for the wider voluntary sector to be engaged in larger projects within the DH remit should be identified.

3b. Are the obstacles we have identified the right ones? Can you tell us about any that we might have overlooked?

There is a perception in some circles that voluntary means unprofessional or unsafe. Awareness needs to continue to be raised amongst commissioners about the professionalism of third sector organisations and their volunteers. We would also urge the DH to embrace the principles of full cost recovery when dealing with the third sector.

3c. Would the possible actions and solutions we have identified address the perceived obstacles effectively?

There needs to be awareness that the costs of supporting and training volunteers will vary depending upon the individuals and the nature of the work they are undertaking. For example, training for volunteer minibuss drivers needs to be very extensive to ensure the health and safety of their passengers. This training then needs to be refreshed at suitable intervals.

3d. Are there any other actions, by whom, not mentioned here, that the DH should consider to support development of the commissioning environment in relation to volunteering in the health, well-being and social care sectors? What outcomes could they deliver?

National voluntary organisations, such as CTA, can provide support and information to commissioners to give confidence in engaging volunteers in the provision of transport. This could include training standards for volunteers, quality and best practice standards for transport operations.

3e. Are there any other actions and related outcomes not mentioned here that the Department of Health should consider to support investment by all stakeholders in the volunteering infrastructure at every level i.e. national, regional and local?

CTA has nothing to add to the issues raised in the consultation document.

3f. What is the role for strategic investment in volunteering from DH? Are there ways in which learning from investment in innovative volunteering projects by local commissioners can be gathered and shared to improve service design by commissioners in other parts of the country.

CTA and other national voluntary sector organisations already provide platforms for sharing information on innovative volunteering projects. This is done through magazines, national events and conferences, and engaging with governmental departments. In 2008 CTA will be hosting a number of partnership events with other national organisations and the Department for Transport. The DH may benefit from engaging with national voluntary organisations on a similar basis.

Any further development to improve resources will require financial investment.

3g. Where does responsibility lie in relation to the possible solutions? What are the organisational and financial implications for public and third sector organisations?

Public and third sector organisations can only provide effective solutions if the correct level of funding is available. Often in third sector it is not. The tendency to ‘engage’ with the third sector by giving out ‘contracts’, is not the only way to get good outcomes. The strengths of the voluntary sector include: reaction times; personalisation of service provided and almost limitless potential staff resources for particular projects. None of these strengths are particularly utilised by providing contracts for specific areas of work.

Promoting Partnership

4a. Does the vision set out here reflect the true potential of what we should be aiming to achieve for promoting partnership between organisations within and between sectors? What would strengthen the vision?

CTA has nothing to add to the issues raised in the consultation document.

4b. Are the obstacles we have identified the right ones? Can you tell us about any that we might have overlooked?

CTA has nothing to add to the issues raised in the consultation document.

4c. Would the possible actions and solutions we have identified address the perceived obstacles effectively? For example, is existing guidance helpful, or in need of review.

CTA has nothing to add to the issues raised in the consultation document.

4d. Are there any other actions not mentioned here that the Department of Health should consider to improve partnership working between stakeholders, at every level, to support and sustain volunteering opportunities in the health and social care sector? What outcomes could they deliver?

CTA has nothing to add to the issues raised in the consultation document.

4e. Are there examples of different approaches to partnership working – at either national, regional or local levels – to support volunteering opportunities that are not widely known? If so, can you provide a brief outline and contact details?

CTA has nothing to add to the issues raised in the consultation document.

4f. Where does responsibility lie in relation to the possible solutions? What are the organisational and financial implications for public and third sector organisations?

CTA has nothing to add to the issues raised in the consultation document.

Leadership

5a. Does the vision set out here reflect the true potential of what we should be aiming to achieve for effective leadership support for volunteering? What would strengthen the vision?

CTA has nothing to add to the issues raised in the consultation document.

5b. Are the obstacles we have identified the right ones? Can you tell us about any that we might have overlooked?

CTA has nothing to add to the issues raised in the consultation document.

5c. Would the possible actions and solutions we have identified address the perceived obstacles effectively?

CTA has nothing to add to the issues raised in the consultation document.

5d. Are there any other actions, by whom, not mentioned here, that the Department of Health should consider to support the development and improvement of leadership to improve and integrate volunteering opportunities across health and social care? What outcomes could they deliver?

DH needs to look beyond the health and social care sectors, and engage with other voluntary organisations that are in a position to provide examples of good practice and learning as well as their services.

5e. Where does responsibility lie in relation to the possible solutions? What are the organisational and financial implications for public and third sector organisations?

CTA has nothing to add to the issues raised in the consultation document.