

Faculty of Medicine and Health Sciences

Volunteering in health and social care, the potential, the challenge!

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What do we already know about Volunteering in Health and Social Care?

The numbers?



Department for
Digital, Culture,
Media & Sport

Community Life Survey: Formal Volunteering

This factsheet summarises official statistics on formal volunteering **at least once a month** and **at least once in the last year** by adults (16+) in England, based on data from the 2017-18 Community Life Survey

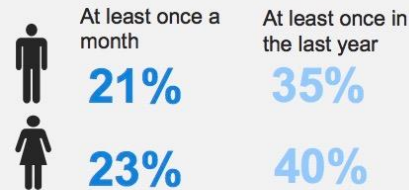
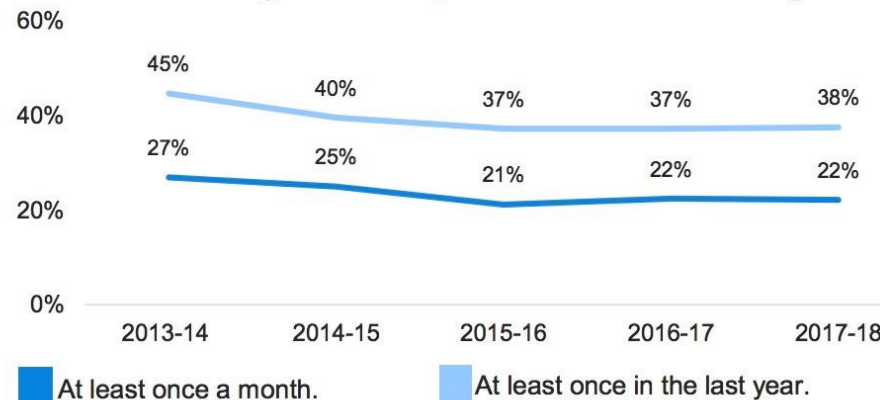
Formal Volunteering is defined here as giving unpaid help through clubs or organisations.

22% of adults formally volunteered at least once a month.

38% of adults formally volunteered at least once in the last year.

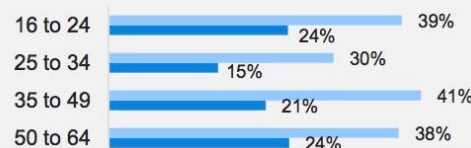
These rates are slightly lower than in 2013-14.

Percentage who took part in formal volunteering



Monthly volunteering was similar among men and women, but women

Formal monthly volunteering was least prevalent among the 25-34 age group...



25% of those living in the South West, and South East volunteered at least once a month compared with **16%** of those

Although estimates vary, data suggests that around **3 million people** volunteer in England **at least once a month** for ‘health, welfare and disability organisations’ (Naylor *et al* 2013) and the British Social Attitudes survey found that more than 3 per cent of respondents currently volunteer for ‘health or care services’ in their local area, equalling to 1.7 million such volunteers across Britain (Buck 2016).

(The King’s Fund)

Brief 1. Examples of volunteer roles in NHS provider organisations

Hospitals

- Discharge assistant
- Hospital guides/navigators
- Welcome volunteers
- Governors and trustees
- Hospital radio
- Ward and department volunteer including specialist roles, for example Neonatal family support volunteers, Intensive Care, Stroke Ward.
- Bedside buddies, befriending, reading
- Dining companions, mealtime assistance
- Shop volunteers, tea or café volunteers
- Library volunteers
- Entertainment/music/arts and crafts/activities
- Buggy service, mobility support
- Pet therapy
- Trolley service
- Administrative support
- Running errands and collecting prescriptions/test results/paperwork.
- Chaplaincy
- Dementia buddies
- A&E volunteers
- Support with unplanned admissions
- Outpatient support
- Discharge support
- Volunteer mentors supporting other volunteers
- Mobility volunteer/physical activity

Primary care & general practice

- GP patient participation group
- Social and activity event organisers
- Interpreters

- Information stand (signposting and guidance)
- Expert patients
- Practice health champions

Community settings

- First responders
- Befriending/buddying/visiting
- Self-care
- Expert patients
- Dementia friends
- Speech and language support
- Hospital to Home escorts
- Health champion
- Occupational therapy activity volunteers
- Fundraising
- Support with long-term conditions
- Peer support
- Care champions, Care navigators

- Lifestyle coach
- Mentors
- Respite support
- Counselling
- Advocacy
- Information and advice
- Signposting
- Organising and running activities/ social organiser/ community connectors
- Teaching and training roles
- Delivering equipment and supplies
- Transport assistance
- Falls prevention

This list is not comprehensive: it indicates some of the roles undertaken by volunteers in NHS providers. Volunteers often operate across both roles and health settings.



Figure 12: Characteristics of recent volunteers and those who have never volunteered

(% of all people surveyed)



**RECENT VOLUNTEERS
ARE MORE LIKELY TO BE:**

- 65+ year-olds
- female
- from higher socio-economic groups
- educated to a higher level
- retired or working part time
- living in town and fringe, or rural areas.

**THOSE WHO HAVE
NEVER VOLUNTEERED
ARE MORE LIKELY TO BE:**

- 25-54 year-olds
- male
- from lower socio-economic groups
- educated to a lower level
- unemployed or not working
- living in urban areas.

TIME WELL SPENT

A NATIONAL SURVEY ON THE VOLUNTEER EXPERIENCE

Summary Report
January 2019





Centre for Ageing Better | Age-friendly and inclusive volunteering

Volunteering in later life

We need to ensure people in later life have the opportunity to contribute to their communities

By the time people reach later life, the majority have some experience of contributing to their community – either in a formal volunteering role, or by helping out friends and neighbours.

However, looking to the future, there is no room for complacency. The older population is changing – it is already becoming more ethnically diverse, and more people are living for longer, often with long-term conditions and caring responsibilities.

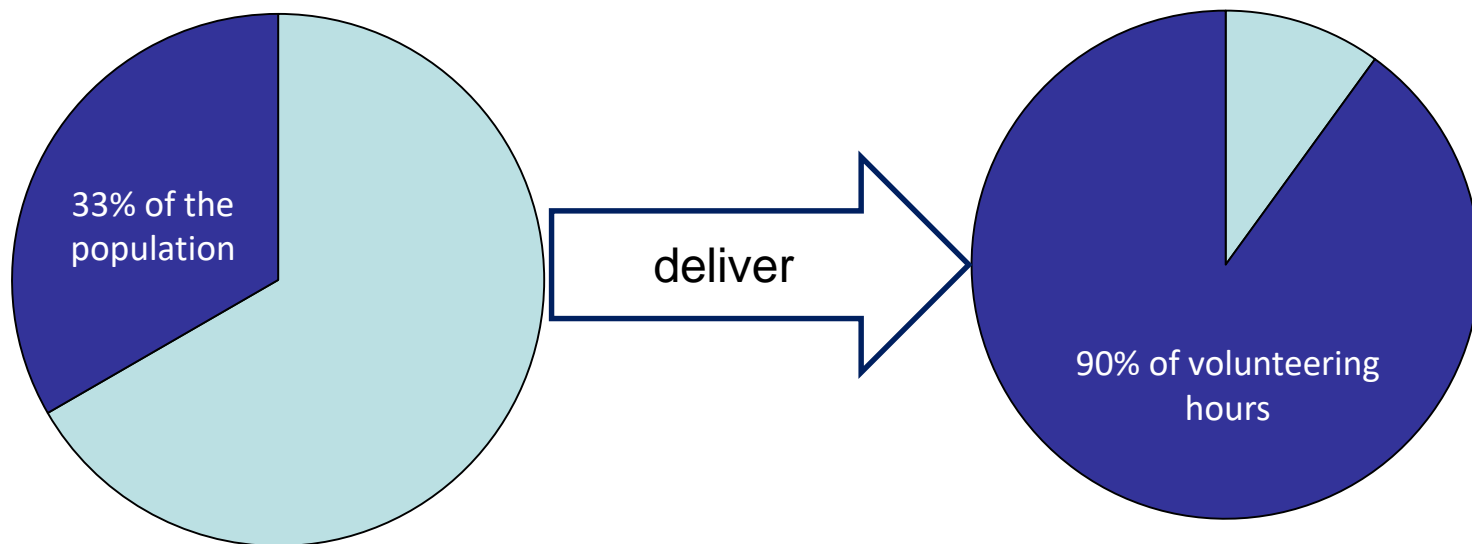
Our communities currently rely on a 'civic core' of highly engaged

individuals, who are mainly healthier, wealthier and white. But this group may not be able to sustain its contributions in future, as more people work longer and care for longer.

Without action to attract and retain a more diverse pool of volunteers, organisations working with volunteers may find their capacity is depleted.

If we don't act now to engage a more diverse group of people in later life, communities will continue to miss out on the talents they bring.

Not all volunteers are equal....



See Mohan (2012)

So, what are the numbers telling us...

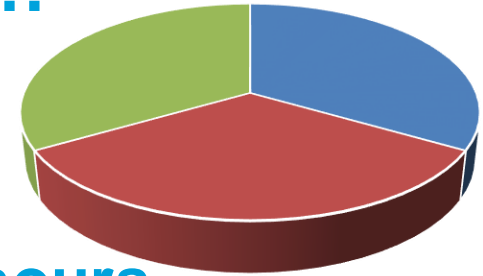
1/3 of people don't volunteer at all.

1/3 of people deliver 90% of volunteering hours.

1/3 of people deliver 10% of volunteering hours.

About 25% of volunteers do so in health and social care, in many different roles.

People are worried that numbers might fall.



What do we already know about Volunteering in Health and Social Care?

The stories behind the numbers?

1 Why carry out an impact assessment?

'The NHS simply would not function without its vast number of volunteers who help care for patients in many different ways across local communities.'
(Department of Health 2004)³.

While the above statement may indeed be true, there is no research-based evidence to support it. Volunteering England (VE) has a website devoted to anecdotal evidence suggesting volunteering in the National Health Service (NHS) has a significant positive impact on a wide array of stakeholders⁴. Speaking regularly to volunteer managers in the NHS we regularly heard stories about how the volunteers provided an invaluable service, but they wanted evidence to back this up. Meanwhile, the political climate is more favourable towards using volunteers to deliver public services than at any time since the beginning of the NHS 60 years ago. To help volunteer managers test the claims and to demonstrate the value of their work, VE successfully applied for funding from the Department of Health's Section 64 budget to carry out an impact assessment of volunteering in six NHS trusts. The work was to be based on the Volunteering Impact Assessment Toolkit (VIAT)⁵. The longer term aim was to encourage other trusts to carry out their own impact assessments so as to build up a more detailed picture of volunteering across the NHS.



**Themes and lessons learnt from NHS
investigations into matters relating to
Jimmy Savile**

Independent report for the Secretary of State for Health

February 2015

Authors:
Kate Lampard
Ed Marsden

Volunteer Rights Inquiry

Recommendations and call to action

March 2011



“While working as a volunteer I was verbally abused.” (R2),

“I have been left physically and mentally in pieces.” (R8),

“I was continually harassed, bullied, and worn down.” (R43)

Volunteer rights inquiry, interim report



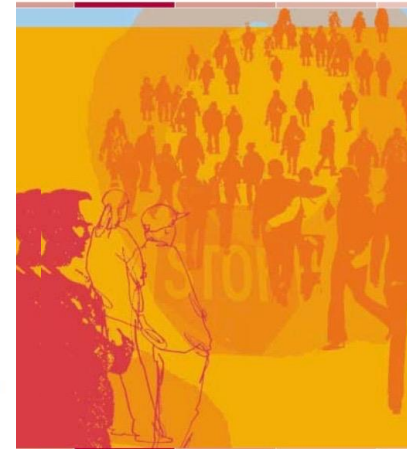
Chapter One: Introduction

Voluntary activity is the cornerstone of any civilised society. It is the glue that binds people together and fosters a sense of common purpose. It is an essential building block in our work to create a more inclusive society. It contains the principles of commitment and engagement that are the foundations of democracy. A strong culture of volunteering brings with it confident individuals, empowered communities which are safe and friendly places to live, better services, local and national government which is more responsive and a more vibrant economy

David Blunkett, 2001

Institute for
Volunteering
Research

Volunteering for All?
Exploring the link between volunteering
and social exclusion



An initiative of

In association with

this project was
funded by





Executive summary

- 15.3% of undergraduates reported volunteering with a charity in their first year of studies during the 2006-7 academic year.
- Volunteering rates were highest among students studying medicine/dentistry and social sciences. They were lowest for those in the broad subject grouping of physical sciences (including maths, computing and engineering), architecture and planning and some arts programmes.
- Students at higher ranking universities (ranked by entry tariff points) reported higher volunteering rates than those at other universities. Students at middle ranking universities reported lowest volunteering rates.
- Volunteering rates were higher among some minority groups: ethnic minority students, students with a disability, and those with caring responsibilities.

By Clare Holdsworth

Student Volunteers:
A National Profile

So, what are the stories telling us?

Volunteering in health and social care can benefit patients, volunteers, communities and organisations.

Volunteering in health and social care is not free and if undertaken badly has the potential to do serious harm to patients, volunteers, communities and organisations.

Knowing about volunteering can help us at UEA.

Based on those numbers some policy makers have suggested that there are more people that could and should volunteer in health and social care.



Based on those stories some practitioners have suggested that we need to move forward cautiously, only based on full and best available knowledge.



In summary

In television programmes, newspaper campaigns and in much public discourse, the benefits of volunteering in health and social care are taken for granted and widely promoted. This is welcome as there is strong evidence to support certain benefits of volunteering.

However, this is also concerning as we do not even know the current full extent, nature and contribution of volunteering in health and social care in England.

Further concerns arise as this discourse is often ill-informed, ignores key relevant knowledge and does not sufficiently clarify the purpose and context of the proposed contribution.

Where do we go from here?

At the UEA Institute for Volunteering Research, we seek to build on the extensive body of often co-produced knowledge on the benefits of volunteering and the difference it can make....

.... but we categorically reject the ‘quackery’ of ill informed calls for simply “more volunteers and volunteering” without a good and evidence based understanding the purpose and context of the contribution.

THANK YOU

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