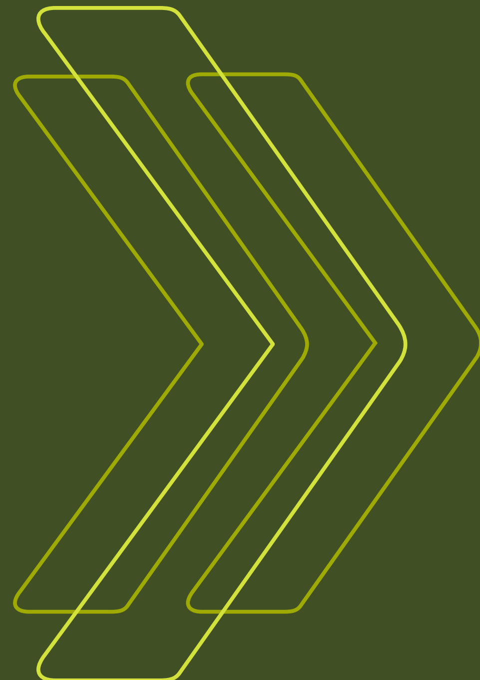
The King's Fund Ideas that change health and care

Adding value through volunteering in NHS trusts

A resource for volunteer services managers and policy leads



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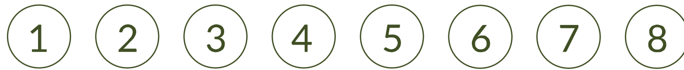

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1 Introduction

It is nine years since The King's Fund undertook a survey and accompanying research on volunteering in acute hospitals (Galea *et al* 2013). That work explored the role of volunteers in health and care, and the scale and impact of volunteering – providing the first estimate of the number of volunteers in NHS acute trusts in England.

Since then, a number of studies have explored how volunteering has developed in NHS settings, the contribution made by volunteers, and their impact on patients and staff. This work has contributed significantly to the understanding of different facets of volunteering in the NHS and the potential for future development.

Alongside has been an expansion in the support available for volunteering. National bodies, organisations such as the National Council for Voluntary Organisations (NCVO) and the National Association of Voluntary Services Managers (NAVSM) and, more recently, Helpforce (a charity working with health and care organisations to accelerate the growth and impact of volunteering) have provided practical support, resources and networking to support volunteer services managers and organisations to develop their volunteering capacity.

All this has raised the profile of volunteering in the NHS and supported its expansion leading to commitments to volunteering in the NHS Long Term Plan (NHS England 2019) and in the most recent NHS workforce plan (NHS England and NHS Improvement 2020b). Both policies signal a move from seeing volunteering as a 'nice to have' to seeing it as serving a strategic purpose. Now, therefore, is a good time to take stock of the purpose of volunteering in the NHS, how it has developed, and opportunities for developing a strategic approach in the future.

Volunteering and Covid-19

One of the striking features of the Covid-19 response has been the role of volunteers. Informal volunteering (ie, that is not co-ordinated by an organisation or institution) played a key role in the initial response to the pandemic (**Department for Digital, Culture, Media and Sport and Office for Civil Society 2021**). Similarly, the NHS Volunteer Responders programme saw a record number of people register to volunteer (**NHS England and NHS Improvement 2020a**).

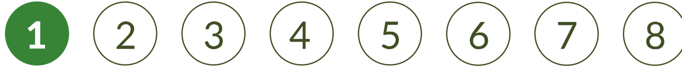
The impact of Covid-19 on volunteering in the NHS was equally profound. The demographics of NHS trust volunteers meant that many of them met the criteria for being extremely clinically vulnerable to Covid-19. In seeking to manage the risks posed by Covid-19 and focusing on the delivery of clinical care, most trusts suspended their volunteer services, decimating their volunteering capacity (**Lever 2020**).

> *Up until the pandemic, Great Ormond Street Hospital for Children NHS Foundation Trust had around 1,200 volunteers. Ninety-eight per cent worked in some way in a ward directly with patients. Covid-19 has led to a dramatic reduction in volunteers – with only about 6 per cent coming in a year later.*
>
> Great Ormond Street Hospital for Children NHS Foundation Trust

Since then, many trusts have developed opportunities for volunteers to contribute remotely. Some have capitalised on youth volunteers who were less likely to be subject to restrictions on who could volunteer, and others have recruited a new wave of volunteers, with so much interest that several organisations had to pause new recruitment to process the large number of applications received.

> *The generosity [of the community] was overwhelming at times. We could have pallets or delivery vans of goods arriving every day… [this] became a logistical challenge. This was where our group of young health champions really got stuck in, helping out with everything from separating goods out for different teams and wards to delivering items around the hospital sites.*
>
> Hull University Teaching Hospitals NHS Trust

> *We are humbled by our existing volunteers and the volunteer response to Covid-19. We have recruited over 200 members of the public during the crisis.*
>
> University Hospitals Coventry and Warwickshire NHS Trust



Two years on from the initial lockdown, the picture of volunteering has not only changed immeasurably compared to pre-Covid-19, but it is also vastly different across trusts. There is a focus on how to bring back volunteers, how to sustain the contributions of new volunteers, and opportunities to address diversity and inclusion, as well as collaboration between organisations to support local volunteering (Stuart *et al* 2021).

This process of recovery, and the different ways that volunteering developed within NHS trusts during Covid-19, provides further opportunities to review how current and future volunteering meets the needs of each trust, its staff and patients, and volunteers themselves.

Project aims

In March 2020, just at the onset of the Covid-19 pandemic, The King's Fund was commissioned by NHS England and NHS Improvement and the Pears Foundation to undertake work to explore the current picture of volunteering in NHS trusts and opportunities for supporting the future strategic development of volunteering.

The immediate impact of the Covid-19 pandemic provided an additional opportunity to explore how this had changed the picture of volunteering in NHS trusts and to consider what it means for future strategic development.

The work aims to:

- establish a strategic overview of volunteering in NHS trusts
- understand the changes that have occurred during Covid-19, including areas of significant development or which present paradigm shifts in approaches
- explore the factors that have supported the strategic development of volunteering and what is needed to sustain and enable future development.

Methods

The research comprised three complementary pieces of work:

- a literature review
- a descriptive analysis of volunteering content captured from trust websites
- interviews with NHS volunteer services managers in trusts, and organisations supporting NHS volunteer services managers.

Below is an outline of each method, with additional information, including limitations, provided in the Appendix.

The literature review aimed to understand what is known about volunteering, its value and limitations, rather than conducting an exhaustive review of the current evidence base. Our searches focused on papers that reviewed the literature on volunteering and primary research papers that had been formally peer reviewed. This made the task manageable, and allowed us to capitalise on the role of review authors in their assessing the quality of the evidence and their analytical insights. Finally, we restricted the searches to papers published since 2013 (the year The King's Fund's previous review on volunteering in health and care was published).

To create a picture of volunteering in NHS hospitals, we conducted a descriptive analysis of published material from NHS trust websites. We collated information between 22 March and 19 April 2021 and extracted it to a template document with standardised data categories. The aim was to provide insights into common requirements and unique approaches, and how NHS hospitals frame and enable volunteering, the roles volunteers play in hospitals, and the contributions they make. This data capture occurred during Covid-19. Although many trusts suspended their volunteering, information on volunteering remained available on trust websites. Information relevant to developments in volunteering during Covid-19 was also collected to identify and describe changes during this period.

We interviewed volunteer services managers and heads of volunteer services in 12 NHS trusts. We selected sites based on the content of the published online material and the extent to which trusts had adopted approaches that optimised the impact and value of volunteering. We also selected sites with a view to addressing some of the key issues identified in the literature review and descriptive analysis. We selected organisations whose development of volunteering would enable us to capture not just

current practice, but a history of practice to identify some of the factors and processes that have enabled the development of volunteering. Finally, we aimed to include a range of trusts representative of the breadth of provision within the NHS, including acute, specialist, mental health, community and ambulance services. Throughout the report, the interviews provide illustrative examples of what can be achieved, and how, when developing a strategic approach to volunteering in NHS trusts.

About this report

This work was commissioned and funded by NHS England and NHS Improvement and the Pears Foundation. This report is editorially independent and all views are the authors' own.

The report provides a comprehensive overview of our research findings and outlines the case for a strategic approach to volunteering, what it comprises, and what support is needed to deliver such an approach. It is supported by examples drawn from the experiences of trust volunteer services, which share practice, highlight opportunities for development, and describe how others have adopted and implemented a strategic approach to volunteering. The report ends by reflecting on some of the challenges, as well as considering the role of NHS trust volunteering within the wider community and integrated care systems (ICSs).

We hope the report is a useful resource for volunteer services managers and those tasked with developing volunteering in the NHS to support them in developing and implementing their own strategic approach.

Influencing trust boards and senior managers

This report is accompanied by a shorter report, *How can a strategic approach to volunteering in NHS trusts add value?* (Gilburt and Beech 2022), which is aimed at boards and senior managers. Drawing on our key findings, it includes a proposal on how to develop a strategic approach to volunteering in NHS trusts. It explains how board members and senior managers can assess progress towards such an approach, and the support they need from policy-makers to do so.

Used in tandem, the two reports identify opportunities for maximising the impact of volunteering in trusts and the resources needed to support the development of volunteer services.

2 What do we know about volunteering?

In this section we present key evidence from our literature review. We examine what this evidence says about the profile and pattern of volunteering in general, motivations behind choices to volunteer, and barriers to doing so. This provides important contextual insights into volunteering in NHS trusts and how it relates to volunteering more generally.

Who volunteers?

Data suggests that the vast majority of people in Britain have volunteered at least once and most of them do so repeatedly (Davis-Smith *et al* 2019) (*see also* box). People volunteer in many different ways, including formal volunteering (giving unpaid help to organisations, groups or clubs) and informal volunteering (giving unpaid help to individuals who are not relatives) (McGarvey *et al* 2020).

Who is most likely to regularly formally volunteer?

- Aged 65–75 years
- Retired or economically inactive
- Living in rural areas
- Living in less deprived areas

Who is least likely to regularly formally volunteer?

- Aged 25–34 years
- Unemployed

Sources: McGarvey *et al* 2020; Rutherford *et al* 2019; Wallace and Thurman 2018; Buckingham 2012

When surveyed, people are most likely to say that they have been involved in volunteering occasionally, and that they have been 'lightly' involved rather than 'heavily' involved when they give time (**McGarvey *et al* 2020**). Participation varies over time and according to life-course events, such as starting a family or retirement in older age (**Rutherford *et al* 2019**). Changes, such as becoming a parent, may also have an impact on the frequency of volunteering (Lancee and Radl 2014). Previous experiences of volunteering are also important when people are deciding to take up and continue volunteering in later life (Niebuur *et al* 2018; Erlinghagen 2010).

There is a wide range of factors that influences who volunteers. They include parenthood, marital status, sexuality, religious identity, education level, ethnicity, health status, and socio-economic status (**Southby and South 2016**). These factors influence socialisation and motivation to volunteer, availability to volunteer, as well as opportunities for and access to volunteering.

Social factors also appear to play a significant role in who volunteers. Evidence suggests that volunteers are recruited by people from their social networks; levels of social capital are linked to getting involved, although this is both a cause and consequence of volunteering (Stukas *et al* 2016). Social capital, however, can also act as a double-edged sword – supporting volunteering and routes into volunteering but also discriminating against and excluding some people. The way that volunteers are recruited sometimes requires considerable social capital to become involved in the first place (**NCVO 2018**). Without efforts to bridge the divide created by social capital (or lack of it), the benefits of volunteering are perpetuated within established social networks, and it can be difficult for those outside the networks to join or access opportunities to volunteer (**Rutherford *et al* 2019**).

Volunteering reflects broader exclusionary forces in society. As well as barriers at the individual level, there are cross-cutting issues that affect groups of people between and across generations (**Southby and South 2016**). Key issues relating to inequalities in volunteering include wealth inequality, poverty, gender, and social capital (**Rutherford *et al* 2019**). People from more disadvantaged areas are less likely to volunteer (**Southby and South 2016**).

Although most research demonstrates that people from black and minority ethnic groups are under-represented as volunteers, when broken down into constituent ethnicities, levels of volunteering are broadly in line with the representation of groups in the national population. The exception is British Asians, who are under-represented, and are less likely to volunteer than members of the general population (Hylton *et al* 2019).

Volunteering in the public sector

Of the people who take part in formal volunteering, most give time to more than one organisation. The main organisation they volunteer for is usually a civil society organisation (including charities, voluntary organisations and groups) and, less commonly, a public sector organisation such as the NHS (McGarvey *et al* 2020).

The Time Well Spent survey of more than 10,000 members of the public highlights key differences between public sector volunteering and civil volunteering (McGarvey *et al* 2020). It shows that public sector volunteering makes up a smaller proportion of volunteering overall (17 per cent) compared with civil society (67 per cent). Public sector volunteers have a younger age profile overall, although the largest group of volunteers are in the over 65 age group. Public sector volunteers are also more likely to come from a higher socio-economic group (64 per cent). Diversity is an issue in public sector volunteering just as it is for the overall volunteer population. Frequent volunteering was more common among public sector volunteers than less frequent volunteering. This may be linked to the type of role, with more formalised roles requiring set levels of commitment.

What motivates people to volunteer?

In the Time Well Spent survey, the most common reasons people gave for volunteering included wanting to make a difference; wanting to give time to a cause of personal importance; having some spare time; and wanting to meet people and make friends (McGarvey *et al* 2019) (*see also* box on page 12). Often, people have more than one reason for volunteering, and typically there were altruistic reasons paired with more practical ones or motivations of personal benefit (McGarvey *et al* 2020; Davis-Smith *et al* 2019).

What motivates people to volunteer?

- Values – having altruistic or humanitarian concerns
- Understanding – seeking a new learning experience, practising skills or knowledge
- Social – interaction with others
- Career – contributing to career development
- Enhancement – doing something positive and strengthening the ego
- Protective – eliminating negative feelings to protect the ego
- Leisure – serving as a form of recreation, or relaxation
- Egotistic – contributing to self-actualisation or self-esteem
- Purposive – to make a contribution to a specific event or community
- External influence – family, friends or significant others

Source: Rutherford *et al* 2019

The strongest evidence is associated with altruistic and values-based motivations (Rutherford *et al* 2019). Intrinsic or values-based motivations, such as self-transcendence, universalism and benevolence, are most associated with volunteer behaviours (Stukas *et al* 2016). These values focus on enhancing the welfare of a personal network, or the welfare of all people and of nature.

People typically want to volunteer locally to address a local need, and want to be close to home or work for convenience (McGarvey *et al* 2020). Volunteering is also supported by a strong sense of community (which may be location-based), or a result of a shared sense of identity or a community focused on an important issue (Parkinson *et al* 2018; Stukas *et al* 2016).

People may seek different forms of personal development through volunteering (Rutherford *et al* 2019). This may include testing their suitability for a role or exploring career options; acquiring new learning, insights and skills; seeking to continue in a role but without the responsibility conferred by employment; and maintaining their health and wellbeing, or to stay active (Cameron *et al* 2020; Toner *et al* 2018). However, not all volunteering is goal-oriented; it can relate to self-identity, or provide an opportunity to do something different and challenging while having fun, offering a change from study or work (Rutherford *et al* 2019).

Younger people, especially those in early adulthood, are more likely to cite career or employment-related motivations, understanding, protective motivations and the opportunity to make friends and meet people, while older age groups tend to have more altruistic motivations (McGarvey *et al* 2020; Rutherford *et al* 2019; Morris *et al* 2013). Studies of under-represented groups highlight that values-driven motivations become more important (Rutherford *et al* 2019).

Volunteering may be seen as serving different purposes in different communities. It is generally seen as a way of contributing and helping others. However, research with British Asian communities found that volunteering was seen as a route to skills and jobs, making it less relevant or aspirational in later life (Hylton *et al* 2019).

Motivation in turn affects choice of volunteering. Public sector volunteers tend to volunteer for a cause of personal importance rather than having a connection to an individual organisation (McGarvey *et al* 2019). Other factors that may influence choice include experience of an organisation (such as having received care) (Cameron *et al* 2020), its reputation, and people's perceptions about where they can make most difference (McGarvey *et al* 2020).

Barriers to volunteering

There are many reasons why people may choose not to volunteer, or that affect someone's ability to continue to volunteer (*see* box).

What prevents people from volunteering?

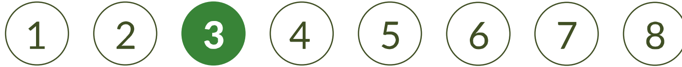
- Time commitment
- Lack of information and awareness of opportunities
- Lack of confidence to make the first step, not knowing what to expect
- Costs of travel
- Having a health problem
- Never having thought about it

Sources: Davis-Smith *et al* 2019; Rutherford *et al* 2019

Certain groups of people may face different barriers to volunteering. The following are some examples drawn from the literature.

- Young people may not be socialised into volunteering, and may also have negative perceptions of volunteering (Southby and South 2016).
- Older people's ability to volunteer may be limited by poor health and physical functioning, poverty, stigma, and a lack of desirable skills (Jopling *et al* 2018; Southby and South 2016).
- Disabled people may experience stigma, in terms of what they can offer and the support they need to enable them to volunteer (Southby and South 2016). Some disabled people also find it hard to find suitable opportunities to match their interests and abilities (Lindsay 2016).
- People from minority ethnic groups may have limited access to volunteering opportunities, feel alienated within volunteer organisations and environments, and have fewer desirable skills and resources (Southby and South 2016). Cultural factors may also act as a barrier, such as lack of confidence using English and difficulties travelling alone (Hylton *et al* 2019).
- Religion may form some boundaries around who can volunteer and what kinds of activities they can undertake (Southby and South 2016).

Whether it is time, skills or social networks, volunteering requires personal resources. This means that people with fewer personal or social resources are less likely to be able to volunteer (Southby and South 2016).



3 A picture of volunteering in NHS trusts

This section presents the findings of our analysis of publicly available volunteering information on NHS trust websites to provide a picture of volunteering across the breadth of NHS trusts prior to Covid-19. We outline our findings relating to the 'asks' of volunteer services from their volunteers, the recruitment processes, and the benefits and support offered in return. Throughout, we have drawn quotes from trust websites to illustrate key points.

Scale of volunteering

Our analysis included 218 NHS trusts and foundation trusts. This represents the number of separate trust and foundation trust websites currently live at the time this research was conducted. Of these, 211 trust websites had evidence of the trust maintaining at least some level of volunteering, such as a dedicated website, evidence of volunteer roles, policies and recruitment – or signposting to an organisation recruiting on behalf of the trust.

Of the remaining trusts, one currently had limited volunteering (tied explicitly to distributing personal protective equipment (PPE) during the Covid-19 pandemic) but otherwise had no standing volunteer service. Four trusts made no mention of volunteering on their website. This included two combined mental health and community services providers, a community service provider and a mental health provider. For a further two community service providers, the presence of a volunteer service could not be determined as there was conflicting information on the website.

Access to volunteering

A number of common criteria are used to screen or denote who could and should apply for volunteer roles in NHS trusts, principally age, time commitment, availability, location and qualities.

Age

Of the 146 trusts that reported age requirements, around 60 per cent stipulated that volunteers need to be aged 16 years or over, 11 per cent stipulated 17 years or over, and 30 per cent stipulated over 18 years of age. A couple of trusts offer opportunities from the age of 14 years, and a small number have a minimum age requirement of 21 years for specific roles.

Many trusts place restrictions on how and where younger people can volunteer. Common restrictions include limiting access for those under the age of 18 to roles in non-clinical areas, and to roles outside certain clinical areas such as mental health care, palliative or bereavement care, maternity, pharmacy, radiology and accident and emergency (A&E). In one trust, placements in the community are available to those aged over 17, while placements in the hospital are only available those aged over 18. Volunteers under 18 years may also be required to provide written permission from a parent or guardian on application. Some trusts provide access to volunteering for young people via a dedicated programme, with more general volunteer roles available to those aged over 18 years. Reasons given for restrictions include insurance (when it only covers volunteers over 18 years), and trusts being unable to provide sufficient supervision to support younger people.

Trusts often emphasise that volunteering is not limited by age at the upper end of the scale. However, some trusts do note that this is dependent on the person being in good health and being fit and well enough to carry out the tasks required of the role.

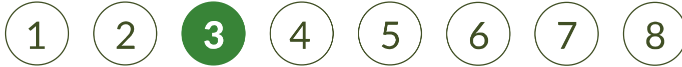
Time commitment

Generally, trusts require volunteers to commit to a few hours (at least two to four) on a regular basis (usually weekly), and over a six-month period. It was rare for trusts to not have a minimum requirement. Reasons given for requiring a consistent level of commitment from volunteers include:

- ensuring that experience of volunteering is valuable and rewarding to the volunteer, so that they get the most out of the experience
- ensuring that their commitment is proportionate to the recruitment and training processes, including cost-efficiency
- being able to create long-lasting and meaningful roles and relationships with staff and service users, including allowing time for staff to get to know the volunteer and for the volunteer to feel part of a team.

The requirement is often defined in terms of minimum number of hours (or shifts) and with a need for regular consistent attendance, which may also reflect the process by which volunteers are rostered in areas of care. Some trusts define their minimum commitment in terms of total number of hours (ranging from 50–100) but provide the opportunity for volunteers to do more shifts over a shorter period of time (although this may also require a longer period of commitment depending on the total number of hours required). A few trusts have more limited or extended commitment requirements, from two to four months, up to a year.

> *Our volunteering programme requires commitment, and it may not be for you if you cannot commit regularly.*
>
> *Our volunteer programme is not a way to get your work experience hours for school or university. Our programme requires a bigger commitment.*



There appears to be relatively limited flexibility in the commitment required by NHS trusts. Where explicit, flexibility tends to be linked to role types or ways of contributing. For instance, in some trusts, different roles require different levels of commitment; they are not subject to formal shifts or rostering, people can support with a specific time-limited project, or have the option of being part of a volunteer bank on hand to take up one-off opportunities when they arise. Roles within ambulance trusts are the notable outlier, as beyond a minimum commitment of hours, volunteers are free to choose the times and frequency with which they will respond.

> *If you are not able to offer this time don't worry, just give us a call and we can discuss other opportunities such as fundraising.*

Availability

Trusts generally ask about availability as part of the application process; some trusts are able to be flexible, while others are constrained by when timeslots for roles are scheduled, and the site at which the role may be available. A number of trusts provide limited or no opportunities in the evenings or at weekends. In one trust, volunteers are required to complete 10 hours of volunteering before they are able to volunteer in the evening – suggesting that the ability to provide supervision, or confidence in working independently, are key considerations.

Location

A small number of trusts have a defined catchment area for volunteers. Criteria for application include living within a defined distance of, or local to, the hospital or site. In some trusts, this is explicitly linked to transport, including the ability to travel to a site, and limits on the payment of expenses.

Qualities

Trusts often list a number of qualities they expect or prefer volunteers to have (*see* Table 1).

Table 1 Common qualities required of volunteers

Relational qualities	Sensitive, emotionally intelligent, able to listen to others, mature, ability to observe
	Non-judgemental; treat with dignity, respect, compassion
	Good or excellent communication skills
Personal qualities	Confidence and positive self-image
	Reliable, trustworthy, dependable
	Motivated; self-starter, shows initiative, attention to detail
	Ability to deal with difficult situations; able to remain calm under pressure
	Enthusiastic, caring, friendly
	Flexible, adaptable
	Able to be part of a team, able to work alone/unsupervised
	Able to accept guidance
	Able to speak up if something is wrong
Physical attributes and appearance	Fit and well
	Presentable and smart
Knowledge or requirements	Good understanding of English, written and spoken
	Awareness of needs around confidentiality
	Some knowledge of specific health conditions, eg, mental health, dementia, learning disabilities, substance misuse
	Has own transport
Lived experience	Lived experience of a condition, as a patient or carer; recent use of hospital services

The extent to which these qualities are clustered by trusts varies. Some trusts are explicit that they do not expect potential volunteers to have experience and skills in a hospital setting, just a genuine commitment; others emphasise qualities that may denote a preference for people with relevant skills and experience. A few trusts also welcome people who bring additional skills.

The value of lived experience of a health condition, caring for someone with a health condition, or having used hospital services was reflected in advertised roles

in around one-fifth of trusts, and indeed for some roles this is a requirement. In a few trusts (primarily mental health service providers), volunteering opportunities appear to be largely restricted to people who are using (or have recently used) their services. Conversely, in two trusts with a focus on cancer care, volunteering opportunities for people who are undergoing or recovering from treatment are limited until a defined period after it has been completed.

Although the vast majority of trusts are generally encouraging of volunteers, the commitment and expectations involved are commonly restated, and the importance of 'demonstrating your suitability to volunteer' is evident.

> *To be a successful volunteer you have to want to volunteer for the right reasons, not because someone has told you to do it, or because you would like to use it to enhance personal development and experience.*

Recruitment of volunteers

Different trusts use different application procedures for volunteering. For example, some ask volunteers to submit an expression of interest through an online form or email to the volunteer services manager, while others require volunteers to complete an application form, or attend an open day. Trusts may be open to applications on an ongoing basis, in response to advertised roles or opportunities or, in some cases, according to a specific time schedule (eg, the first week of every month).

Completing an application form was a common method used by most trusts. Applicants were often asked to submit generic information detailing why they want to volunteer, their previous experience, and the skills and experience they can bring, as well as when they are available. In some cases, applicants are also asked to identify the roles they are interested in, and may be asked to explain how they meet the requirements for a specific role. The framing of these questions varies, with some reflecting what might be expected of a job application, including education, qualifications and employment history. Although most trusts have tailored their application forms for volunteers, a few use the same forms for staff and volunteers.

Informal chats or interviews are a common part of the volunteer recruitment process, often after receipt of an application form, or after someone has attended an open day. These are often framed as an opportunity for the volunteer services

manager to understand an applicant's skills and experience, assess their suitability for a given role, or identify the most appropriate role or placement for that person. In many cases, it is also framed as an opportunity for applicants to find out a bit more about the roles available and what volunteering for the trust would involve. Many trusts use interviews as a means of assessing a potential volunteer's skills, knowledge, experience, qualities and interests, as well as their motivation, attitudes and commitment.

The format of interviews varies, from group interviews to an interview with an existing volunteer, and, in some cases, a member of staff from the department in which the volunteer would be located.

Matching/competition – shortlisting and selection

Volunteering in trusts appears to be largely constrained by availability of placements or roles (although this may also be a function of capacity and capability to support volunteers). Some trusts make it clear that due to the large number of applications they receive, their recruitment is selective, or a competitive process.

In a number of trusts, recruiting volunteers mirrors the process for recruiting staff: available roles are externally advertised, so people can submit an application form online (eg, using NHS Jobs, trac.jobs or MyImpact). This leads to a simple process of shortlisting, often according to a set of criteria. Criteria listed include the extent to which an individual can meet the role description, including qualifications, knowledge, experience and personal qualities. Some trusts go so far as to list both essential and desirable requirements, detailing examples such as previous experience in a hospital setting.

> *Due to demand, we are not able to accept everyone who applies but we will make every effort to match your experience, interests and availability to our current vacancies. This is done by using a scoring system and it is therefore important to provide as much detail about your experience and what you can offer to the volunteer role when completing the application form.*

In other trusts, the selection process is framed as part of a matching process, ensuring that volunteer placements are mutually beneficial, and that the right person is matched to the right opportunity. Meeting the balance of needs between

the organisation and individual appears to vary – in some cases, applicants are asked or required to identify roles of interest, and this is considered as part of the matching process; in others, the volunteer service appears to identify a placement or role based on information supplied in the application, current vacancies and needs of the hospital, individual availability and perceived suitability. Furthermore, some trusts make this a joint decision – considering the volunteer's interests, skills and experience alongside the roles available to agree a placement.

> *During the recruitment process we may decide that your skills, abilities and experiences are better suited to a role other than the one you have applied for, so we may offer the opportunity to volunteer in a different role or at a different hospital site.*

A small number of trusts offer volunteering opportunities that are not defined by specific roles. Volunteers may contribute to more general roles, or roles that are defined by carrying out a range of tasks as required. Or they may be added to a volunteer 'pool' to be called on for more ad hoc or one-off activities that require volunteer support.

Given the limited number of placements, not everyone who applies is able to volunteer. A few trusts note that 'deselection can occur at any stage of the recruitment process'. In some cases, when this happens, volunteer services offer to identify alternative opportunities, signpost to other local organisations, or hold the application on a database until a suitable placement comes up. In other trusts, only applicants that are shortlisted for interview are notified, and there appears to be limited consideration of unsuccessful applicants in terms of, for example, informing them of decisions or supporting them to identify alternative options.

Employment checks

The following checks appear to be almost ubiquitous: a Disclosure and Barring Service (DBS) check, occupational health clearance, references, verification of identity, and right to work.

In some trusts, all volunteers are required to undergo a DBS check, whereas others operate a differential application and level of clearance depending on the role. For instance, DBS clearance may only be required for roles with patient contact or

for roles of a sensitive nature. Use of the NHS Employers scenarios and eligibility checker is noted as a means of determining eligibility for DBS checks and the level at which they should be done. A small number of trusts highlight that criminal convictions do not automatically exclude people from volunteering, but applications will be considered on a case-by-case basis and depend on the nature of the offence and the role the person is applying for.

Similar to the DBS, expectations of occupational health clearance vary across trusts. Some appear to employ a simple declaration of health and whether the person might require any additional support in their volunteer role; others ask applicants to complete a health questionnaire, and a few require evidence of vaccination history. Some trusts may also require applicants to attend a meeting with the occupational health team and meet vaccine requirements.

Requirements in terms of references also vary. One trust requires a reference from someone who has known the applicant for 12 months, while another requires two professional references from people who have known the applicant for three years. Some trusts note that references are part of ascertaining employment/volunteering history, while others emphasise obtaining references from people who know the applicant. Many trusts require applicants to obtain references from professionals, but a small number accept references from friends, colleagues or neighbours.

> *Employment history (references) for the past three years. (If you are not able to provide referees and/or evidence to confirm a three-year employment and/or education history then you will need to provide details of someone who can provide a character reference for you. This needs to be someone of good standing – the same as if you were applying for a passport.)*

Sequencing of processes

Although many of the components of the volunteer recruitment process are common, their sequencing is subject to huge variation. For instance, some trusts operate a staged process, from an expression of interest to an informal conversation or application and subsequently an offer conditional on the successful completion of NHS checks. In other trusts, many of these processes are frontloaded – requiring applicants to submit relevant information at the application stage even before they are shortlisted or invited for interview, and before a relevant placement has

been identified. While some trusts require applicants to use only one method – an open day, an expression of interest or an informal conversation – others require applicants to attend more than one of these – for instance, where submission of an application is dependent on submission of an expression of interest and attendance at a recruitment event.

Timeframe

The time it takes to recruit volunteers varies considerably. A number of trusts report the process taking four to six weeks, while a considerable number report it to be around three months. Requirements around NHS checks (particularly references and DBS) are key factors in this regard; occupational health may also create delays, although this depends on whether trust processes are limited to a statement of health or require a full occupational health screening.

Support for applicants

A small number of trusts were explicit about the additional support available during the volunteer recruitment process. However, this may be implicit in some recruitment processes such as expression of interest and informal chats, where the volunteer service may be able to establish the need for and provide appropriate support. Explicit forms of support identified include support for those who are not computer literate (ie, who may be unable to complete an online application process) and those with communications difficulties (who may need alternative application methods and easy-read information). A number of trusts also provide a step-by-step guide to the recruitment process. One trust also offers different methods for interviewing, including a group interview and informal chat. For unsuccessful applicants, a couple of trusts offer to provide feedback on the application and interview process.

Training and induction

Most trusts provide information about the training and induction requirements to become a volunteer. Although these were largely available after being offered a placement, in a few cases open days or recruitment events appeared to also serve as corporate inductions and training, with attendance and performance considered as part of the assessment process.

A combination of mandatory training or corporate induction with a local service-specific induction is common. Corporate inductions frequently require attendance at a training event often held during weekdays and work hours, although some trusts do provide access to online training or e-learning reducing or removing the requirements of in-person attendance. In some trusts volunteers appear to receive training and induction alongside new staff, while in others, there are sessions just for new volunteers. Where stated, the time commitment ranged from half a day to two days. It was often not clear how frequently induction and training opportunities took place. However, in some trusts, they are conducted intermittently, from once a month to a few times a year. Although most volunteer roles require successful completion of training, a couple of trusts appeared to have no formal induction or required volunteers to complete mandatory training within the first six months of placement.

We identified a number of common areas that form the basis of mandatory training, alongside some that were specific to certain types of roles (*see* Table 2). In some trusts, mandatory training is provided as part of a wider framework of training, such as the NHS Core Skills Training Framework.

Table 2 Types of training requirements for volunteers

	Mandatory training	Role-specific training
Common	Health and safety Information governance Safeguarding Equality and diversity Fire safety Infection control	Moving and handling – including use of wheelchairs Mealtime assistance – feeding Food hygiene First aid Dementia and sensory awareness Communication skills
Less common	Basic life support Conflict resolution Prevent duty safeguarding Fraud awareness Suicide prevention	Patient handling Bed repositioning How to engage and play with children, how to engage with families

In addition to corporate inductions, many trusts also have a local induction. In some cases, this is simply an opportunity to visit the location where the placement will be and meet the staff and supervisor(s). In other cases, the induction may include local or role-specific training and may serve as an opportunity to again test the match between the individual, the service and the role.

A few trusts offer initial support for new volunteers through a buddy scheme or by shadowing an experienced volunteer until such time as the new volunteer feels confident to work on their own. Several trusts also have an on-the-job induction or probation period, typically six weeks but in some cases three months. This is framed as an opportunity for individuals to settle in and see if they like the role. A couple of trusts also provide feedback and report on performance.

Support and benefits for volunteers

Supervision

Supervision is one of the most commonly reported forms of support. Most trusts allocate volunteers a named supervisor or dedicated member of staff in the area they are going to be volunteering. In some trusts, supervision of volunteers is a joint undertaking, split between a local supervisor and a member of the volunteer service.

Some trusts are explicit about providing reviews as part of their support. This is most commonly at the start of a placement, but others conduct reviews on a monthly or annual basis. Trusts note that for a few volunteer roles, regular or clinical supervision may be required.

Resources for volunteers

Most trusts reimburse volunteers for expenses incurred, including travel, refreshments or subsistence and, in some cases, a uniform. Some trusts set a limit on expenses payments, or a distance within which they will reimburse volunteers for travel. Some trusts provide free parking but in others, volunteers are not eligible for parking permits or the trust may not meet parking costs. Similarly, trusts that provide volunteers with a voucher or subsidy for on-site canteens typically stipulate a minimum length of shift – usually four to five hours. One trust states that it does not reimburse expenses – except for its young volunteers. A number of trusts provide volunteers with a uniform, for which a deposit may be required, or have a dress code.

Volunteer handbook and role descriptions

A number of trusts provide volunteers with a handbook or guide. Volunteer handbooks provide an overview of volunteering for potential applicants, and a source of information for volunteers, setting out the different roles and their requirements. They also reinforce information provided as part of an induction process. Similarly, role descriptions may directly support recruitment processes, but can also provide volunteers with a clear list of duties they may be expected to undertake, as well as role boundaries and lines of accountability.

Communications and celebrations

Most commonly, trusts have an annual ‘thank you’ party or celebration to recognise the contribution of volunteers and long service (5–25 years) through dedicated awards. A few trusts have shorter milestones that are recognised with certificates, badges or pins. The NCVO Volunteers’ Week (in June) is commonly recognised and supported by many trusts. Other examples of celebrating the role of volunteers include ‘Back to Floor’ sessions, where managers and board members put themselves in the shoes of volunteers.

Many trusts report ongoing communication with volunteers through email updates and newsletters. Social events and volunteer coffee mornings also enable volunteers to connect with each other and with staff from the volunteer service or trust champions.

Access to training, qualifications and employment

Aside from induction training, some trusts provide access to training opportunities that may be relevant to particular roles as part of the general volunteering offer – such as communication skills or dementia awareness – and to training available more widely to staff in the trust. A small number of trusts support externally recognised training certificates, including the ASDAN Short Course in Volunteering and the NHS Volunteer Certificate. We also identified a small number of trusts that are adopting the NHS Volunteering Learning Passport. Other examples include places for The Prince’s Trust’s ‘Get into’ programme and trusts that are approved activity providers for the Duke of Edinburgh’s Award.

Although some trusts highlight the value of volunteering as a route to work, few present a pathway into work. Additional support for employment includes:

- the ability to apply for jobs that are advertised internally
- careers advice for people who want to apply for work in the trust
- career development support and coaching
- an interview with the trust 'bank' team after six months of volunteering.

In one trust, peer support roles for people with lived experience are open to both volunteers and paid staff – but with differential time commitments and responsibilities. This may present a direct pathway into employment for some volunteers, and there were examples from some trusts of people who had volunteered in different roles and then gone on to gain paid support worker roles.

References

Of those trusts that state they will provide a reference for volunteers and a certificate of attendance, most will only do so once the volunteer has fulfilled the minimum commitment for the role (usually six months). Many trusts only offer a standard reference rather than a character reference. In one trust, volunteers must complete a minimum of one year in a role for a reference to support a UCAS (Universities and Colleges Admissions Service) application.

Wider benefits

A number of trusts provide volunteers with access to the wider benefits available to NHS staff. This can include NHS staff discounts, access to sports and leisure facilities, health care benefits such as vaccinations, mindfulness sessions, and support with personal and work-related difficulties, including access to counselling.

Management of volunteers

The majority of trust volunteer services appear to be managed by the trusts themselves. However, in a small number of trusts, responsibility for management and development of volunteering lies with the hospital charity or the Friends group. Trust volunteering websites frequently signposted NHS hospital charities and

Friends groups, as part of a wider range of opportunities for prospective volunteers. These organisations commonly support volunteers by running events, fundraising and raising awareness, with some also supporting wider services within the hospital, such as running retail and catering facilities or doing patient-facing roles such as meet and greet, hospital trolley services, and befriending.

Conclusions

The picture of volunteering compiled from NHS trust websites illustrates both the sheer diversity of volunteer services in many areas of their operation but also striking similarities in others. This raises questions about the strengths and weaknesses of these approaches, the opportunities to share learning, and the potential for standardisation across organisations.

Across trusts, there is a strong sense that volunteer services are often highly selective when it comes to volunteers. Many have clear 'asks' around duration and extent of commitment, personal qualities and age, even if the exact requirements in each case can vary significantly between trusts. Application processes are rigorous, often involving a number of different stages and checks, including occupational health, DBS and personal references. The extent of these requirements for volunteering gives the impression that many trusts may be disproportionately excluding some people from the local communities they serve from volunteer opportunities.

While many trust websites highlight how volunteering can benefit both the individual and the organisation, the language and tone used by others make it clear that volunteering is primarily to the trust's benefit. While the day-to-day focus of volunteer services is wholly on the volunteer and their experience, the extent to which the potential benefits for volunteers is reflected in the policies and processes they employ is more limited. This raises further questions around exclusion and whether trusts are realising the full benefits of volunteering. It also highlights inconsistent understandings of the purpose of volunteering in the NHS.

4 What roles do volunteers play?

From our examination of NHS trust websites, we identified a vast array of volunteer roles that trusts have developed. These include roles that support the running of the trust and its services, and the provision of care.

In general, there is a great deal of diversity in how NHS trusts utilise and conceptualise volunteers for different tasks and roles. Some roles are defined by specific functions or requirements of a trust while others are being used to contribute to the strategic aims and ongoing development of the organisation. Similarly, some roles are highly consistent in their tasks across a number of trusts, while others are reimagining the boundaries and purpose of these same roles.

This section outlines the different ways in which volunteer roles can be understood and the functions they perform in NHS trusts. The framings we have used are ones that have emerged through the process of classifying and describing the data and were meaningful within that context, rather than ones that exist and are actively utilised within trusts. However, the classifications offered may be useful to trusts as a tool when thinking about the different possible aims of their volunteer service, the volunteering roles and associated support needed to fulfil those aims, and the different ways to create added value. As well as showing what is being done across NHS trusts with their volunteering roles, this section offers trusts a structured way of thinking through the gaps and opportunities around roles in their own volunteer service.

Functions fulfilled by volunteers

Across NHS trusts, it is clear that different volunteer roles are fulfilling different needs within the organisation. Some trusts may lean towards one or more high-level functions for their volunteers (*see* Table 3), but often, trusts have volunteer roles that reflect a range of these.

Table 3 High-level functions fulfilled by volunteer roles in NHS trusts

High-level function	Description	Examples
Enhancing patient experience	Tasks geared towards improving the experience of patients/visitors/relatives/carers and creating a better interface with the hospital and the clinical care it provides	Meet and greet, befriending, and musicians dedicated to playing for patients
Operational support	Volunteers undertaking tasks to enable the organisation to work more efficiently or effectively	Runners taking notes and medication to and from wards and pharmacy, patient transport, administration and clerical tasks, and supporting with hospital stock and logistics
Service delivery	Volunteers either supporting professionals in therapeutic interventions or leading it themselves (where appropriate)	Peer support, assisting with physiotherapy/occupational therapy (OT)/exercise/rehabilitation work, and supporting art therapy
Involvement and improvement	Volunteers using their lived experience, skills or time to help improve services, patient experience, or inclusion and diversity at the trust	Patient-led assessments of the care environment, service user feedback panels, reader panels (to review the trust's written materials for accessibility) and research opportunities

Within these high-level descriptors are a large variety of individual volunteer roles. Many trusts appear to have one or more common roles (eg, meet and greeters, feedback collection) independent of the services they offer. However, alongside these common roles, trusts have developed a diverse range of roles to meet their different needs (eg, interpreters, volunteer drivers).

Even within the most common roles, the actual tasks and focus of the role can vary – for example, in the case of ward helpers, some trusts clearly focus volunteer activities around enhancing patient experience, while others focus on operational

support activities such as bed-making, answering the phone, collecting medications and support to staff.

Table 4 provides a breakdown of broad categories showing the different types of volunteer role accompanied by an indication of how widespread they appear to be across the range of NHS trusts. This is based on the number of trusts listing on its website at least one volunteer position that has responsibilities that fall under that category. Generally, the more specialised or complex the role, the less widespread it appears to be across the full range of NHS trusts.

Table 4 Types of volunteer role and their relative commonality in NHS trusts

Relative frequency	Types of volunteer role/activity
Most common	Meeting and greeting
	Admin or clerical support
	Ward volunteer or ward support
	Meal-time volunteer
	Befriender, visitor or companion for patients
	Chaplaincy
	Patient experience, surveys or feedback collection
	Wayfinding, guiding and navigation
	Entertainment: activities, exercise and live entertainment
	Gardening
	Providing information, advice and signposting
	Staffing hospital shops, cafes or attractions
	Supporting therapeutic interventions and clinical service delivery
Less common	Providing refreshment or library trolley services
	Providing pets or animals as therapy
	Providing additional support to people with dementia
	Patient transport and other driving for the trust
	Peer support and roles utilising lived experience
	Hospital radio

continued on next page

Table 4 Types of volunteer role and their relative commonality in NHS trusts *continued*

Relative frequency	Types of volunteer role/activity
Least common	Supporting carers and relatives
	End-of-life support roles
	Portering and custodial work
	Internal patient transport (eg, buggy drivers)
	Supporting the discharge process
	Providing complementary therapies
	Providing hairdressing, beauty and massage
	Supporting the trust or patients with technology
	Support for other volunteers or the volunteer service
	Dedicated errands or messenger service
	Promoting or conducting research
	Dedicated support for individuals or groups with additional needs during their stay
	Conducting publicity and outreach activity for the trust
	Providing help at home to patients
	Acting as an auditor or evaluator for the trust
	Providing support for patients attending appointments
	Providing roving support as and when throughout the trust
	Providing teaching or teaching support
	Delivering appointment reminders
	Providing technical expertise (eg, fixing hearing aids or other aids and adaptations)
	Working with babies and playing with children
	Supply and manufacture for the trust (eg, of gowns, masks or clothing)
	Providing interpreting services
	Staffing helplines
	Supporting care planning
	Procurement support to the trust

Location versus responsibilities/title

Trusts or particular services within them define volunteer roles either by their location within the trust or their primary responsibilities/role description.

- Defined by location: These roles are defined by where they are placed – for example, in an outpatient clinic, in a pharmacy or in A&E. Volunteers have a mix of duties and tasks but those are largely defined by where they are and what needs doing within that location or service.
- Defined by responsibilities/title: These roles tend be more specific in function and centre around one or more key functions or tasks – for example, wayfinding, meet and greet, chaplaincy, or activities such as art or music. Volunteers are generally assigned a role rather than a location (although they may exclusively work within one or more set locations in practice).

These distinctions may be somewhat fluid, but appear to represent different broad framings by which volunteer services think of voluntary roles. It is also worth noting that a number of duties (eg, chatting to patients, collecting patient feedback, directions and guiding), while not the specific focus of roles, are commonly reflected as additional expectations.

Complexity and skills

Volunteering roles can also be broadly split into specialist or more generalist roles, which reflect additional training or qualifications needed (*see* Table 5).

Table 5 Types of roles by trust training requirements

Type of role	Description	Examples of roles
Generalist	These roles do not require significant additional training although some may be offered to enhance the quality of service provided or provide safety	Meet and greet volunteers or ward volunteers
Generalist (upskilled)	These roles require some additional skills or training beyond what are typically provided as standard	Meal-time assistance with training in feeding, wayfinding with training in wheelchair management. (NB: some trusts may offer additional training or skills development as standard for all roles – for example, dementia training)
Specialist	These are more advanced or specific roles that may require qualifications, a certain lived experience, professional training, or other accreditation	Pets as Therapy, musicians (either for patient entertainment or assisting therapy), patient transport, complementary therapy, or breastfeeding peer support

Differences between sectors and trust types

Acute, mental health and community trusts appear to offer many of the more common volunteering roles – for example, administrative volunteers, wayfinders, gardeners, befriending, feedback collection, and running cafes and shops. Where there are differences in the roles offered, they tend to be in the following areas (which often cut across trust types).

- Service specificity: Many volunteer roles are developed to match the services of the trust. For example, taking on volunteers to help with ongoing physical rehabilitation classes in community trusts or volunteers offering support and liaison to relatives of a person undergoing surgery at an acute trust.
- Trust features: Volunteer roles are also tailored to other needs of the trust depending on features like size and location. For example, large hospital sites may have volunteer buggy drivers for internal patient transport or trusts serving diverse populations may have interpreter roles.

- History and ethos of services/conditions: Certain services have a history or ethos that means trusts have well-developed volunteering in one or more areas. For example, specialist children's trusts often have well-developed roles supporting children's activities, while trusts with substantial cancer services have well-developed information and advice roles about living with cancer, often provided in partnership with Macmillan Cancer Support.

More generally, community and mental health trusts appear to have a greater focus on utilising lived experience, either through peer support or involvement activities. They also tend to offer volunteering in roles relating to activities, hobbies, teaching life skills and longer-term befriending. Conversely, acute trusts tend to have more roles relating to the operations and smooth running of the trust (eg, supporting clinics to run, administration) as well as supporting patients on the wards. However, these represent general trends and there are exceptions on both sides.

Ambulance trusts are a notable outlier in having a set of well-defined volunteer roles that are consistent across the sector, including community first responders, emergency service volunteers/co-responders, and volunteer drivers as part of non-emergency patient transport services. In some trusts, the remit of community first responders in particular has been expanded to support other areas of care, such as responding to people who have fallen in their home. Some ambulance trusts also have other volunteer roles, including community outreach support and involvement activities to inform trust operations.

Covid-19 roles

Volunteer services at NHS trusts have had to change in response to the Covid-19 pandemic. Our research highlights a number of changes that services have made to meet changing needs.

In the initial stages of the pandemic, many trusts suspended patient-facing roles such as meet and greet and ward helpers, while maintaining and expanding logistical roles such as drivers. Restrictions and demands on care during this period have also required considerable adaptation of care, with the emergence of new volunteer tasks to support this. For instance, in response to restrictions on visitors, many hospitals deployed a range of different methods to help patients connect

with family and friends. Some trusts adapted existing roles to fulfil these new tasks, while others developed new roles redeploying existing volunteers or recruiting new ones to meet emerging need.

Adaptation of existing roles and volunteer activities

Table 6 highlights important new activities being undertaken by volunteers during the pandemic, which reflect an expansion or adaptation of a common underlying volunteer role in place before the pandemic.

Table 6 Changes made to volunteer roles during Covid-19

Role	Changes or new activity due to the Covid-19 pandemic
Meet and greet	Ensuring people have a mask and are wearing it before entering trust sites
	Providing hand gel and encouraging hand hygiene
	Telling people about changes to the trust site due to Covid-19 (eg, one-way systems, social distancing arrangements)
	Discussing visiting requirements and restrictions with visitors
	Ensuring sign-ins on Track and Trace app
Volunteer drivers	Transporting donations and staff meals to sites
	Delivering and collecting personal protective equipment (PPE), treatment equipment and other materials
	Delivering testing kits to isolating staff
	Delivering medications, groceries or other essentials to shielding/isolating patients at home
Befrienders and patient companions	Acting as dedicated visitors for specific patients whose friends and relatives are unable to visit them in hospital during the pandemic
Therapy support	Assisting occupational therapists and physiotherapists to deliver services in a Covid-19 safe way (eg, exercise classes outdoors)

New or greatly expanded roles and activities

The response to the pandemic has seen trusts develop and experiment with new roles to help with their response. Some of these roles may have existed in one form or another before the pandemic (such as information technology (IT) support to patients). However, the pandemic has led to more widespread adoption of many of

these roles and has added new impetus for their implementation. Table 7 highlights some of these roles and the types of activity they are undertaking.

Table 7 Volunteer roles and responsibilities developed during Covid-19

Roles and responsibilities	Activity and function
Response volunteers	Undertaking a range of traditional volunteering activities (eg, helping on the wards, chatting to and supporting patients) but being flexible and adaptive to help meet the changing needs of the trust and patients during the pandemic
Stewarding and managing the flow of people through the hospital	Making patients aware of changes to arrival, waiting areas and check-in systems Acting as guides for new patient flow routes. Collecting and escorting patients from centralised waiting areas to clinics and other areas of the hospital
Wellbeing support to staff	Running cafes or other spaces where staff can have a break and unwind Supporting NHS staff emotionally and practically, providing comfort and a listening ear as they face pressure in the pandemic
Technology support to patients and carers	Providing technology support to patients and carers, facilitating video calls and virtual visits for friends and family
Vaccine centre volunteers	Stewarding and marshalling people attending a Covid-19 vaccination centre Wiping down and disinfecting surfaces General help and support to staff and patients Providing administrative support to the vaccination programme
Welfare callers	Undertaking welfare and wellbeing phone calls to isolated or shielding patients
Donation management	Sorting, managing and delivering the many donations made by the public to NHS staff and trusts
Liaison	Acting as a liaison between relatives/friends and the patient, delivering cards and messages Conveying thanks and gratitude from patients and relatives to NHS staff for their work during the pandemic
Making masks and gowns	Manufacturing PPE for staff and patients

Conclusions

The range of roles and functions that volunteers perform is not surprising given the diversity of trusts and different types of care they provide. Acute trusts typically provide a large proportion of their services from a small number of hospital buildings and more often within a defined local geography. This means they can centralise volunteer services and support, and standardise volunteer roles across common functions of the hospital, including wayfinding, ward-based help and support for clinics. In contrast, community and mental health service providers tend to cover far larger geographical areas and provide a greater diversity of services often located within individual communities. This makes it more difficult to centralise volunteer resources, and services carrying out very different functions may have different requirements of volunteers.

Even so, our research found that even among trusts performing similar functions, such as cancer care, there is limited systematic deployment of volunteers to support those functions, or consistent use of volunteers for the same purposes, such as providing peer support. This raises the question of whether trusts are missing out on valuable opportunities to enhance and capitalise on volunteer support in those areas. This observation also extends to different types of trusts where roles have often developed to support particular areas of care or as part of specific approaches, such as utilising lived experience or enhancing the experience of individual groups of patients. These may present opportunities more widely to utilise volunteers and enhance the support provided. In both cases, it suggests that much more can be done to share practice and learning across trusts to enable them to capitalise on commonalities in the function, purpose and value of volunteers.

5 Maximising impact: adding value through volunteers

Our research highlights three key ways in which volunteering can add value – for organisations and their staff, for patients and carers, and for volunteers themselves.

Figure 1 The three pillars of added value

This section draws on the wider literature on volunteering to outline the key knowledge and evidence related to each area or 'pillar' of value. This is supported by examples from our interviews with volunteer services managers and leads, which illustrate the different ways that these services in NHS trusts are already taking

action to support, develop and capitalise on the value added by volunteering in these three domains. This demonstrates not only what is possible, but how some trusts are already on a journey to realising the different types of value offered by volunteering.

Adding value for volunteers

Volunteering can have a range of benefits for individuals (*see* box).

Examples of the benefits of volunteering for volunteers

- Reduced mortality risk (**Detollenaere *et al* 2017**; Ayalon 2008)
- Mental wellbeing, including depression, quality of life and life satisfaction (**Linning and Jackson 2018**; **Tabassum *et al* 2016**; Jenkinson *et al* 2013; **Nazroo and Matthews 2012**)
- Improved self-rated health through promotion of a healthy lifestyle, increased level of physical activity and improved daily living (**Rutherford *et al* 2019**)
- Instrumental benefits such as developing new skills, gaining knowledge, developing attitudes and contributing to areas of personal growth (**Rutherford *et al* 2019**; Toner *et al* 2018; Gruenewald *et al* 2016; **Birdwell and Miller 2013**; Morris *et al* 2013; Fegan and Cook 2012; Hallett *et al* 2012)

The evidence points to a number of factors that contribute to these benefits, including an individual's increased sense of social connectedness, development of a sense of purpose, enhanced skills and resources, increased self-worth and improved confidence. As a social activity, volunteering can improve companionship, tackle social inclusion, increase social capital, form new relationships, and improve existing relationships (**Rutherford *et al* 2019**; **Linning and Jackson 2018**; **NCVO 2018**).

The wellbeing benefits of volunteering are more likely to come from regular rather than occasional or episodic volunteering, over a sustained period (**NCVO 2018**). The impact of different activities on social, physical and cognitive activity may also play a role in improved functioning (Anderson *et al* 2014). Furthermore, benefits such as in areas of personal development may accrue if the activities volunteers are involved in support them (Stukas *et al* 2016).

Volunteer satisfaction is a common measure of impact in NHS organisations (*see* box). Compared with people who don't volunteer, volunteers who report feeling appreciated experience improved wellbeing over time while those who do not feel appreciated do not experience these benefits (**Linning and Jackson 2018**; **NCVO 2018**). Whatever the motivations, satisfaction depends on the volunteer experience fulfilling an individual's particular goals (Morris *et al* 2013).

Commonly perceived positive impacts of volunteering on satisfaction

- Feeling that your contribution is making a difference
- Enjoyment of the role
- Receiving recognition, including being valued and appreciated
- Acquiring knowledge, skills and experience
- Relationships with others, including meeting new people

Source: Adapted from McGarvey *et al* 2020

However, volunteering is not always a positive experience. Evidence suggests that feeling forced into volunteering, feeling tied up, investing too much effort and feeling lack of recognition can all have an adverse impact on volunteers (**McGarvey *et al* 2020**; **Rutherford et al 2019**). The wellbeing benefits of volunteering can be compromised if the level of commitment is unduly burdensome, or if volunteers are in roles with high degrees of responsibility or emotionally demanding service provision, making volunteers prone to exhaustion or being emotionally overwhelmed (**Boelman 2021**; **Linning and Jackson 2018**; Hallett *et al* 2012).

Maximising value for volunteers

A review of volunteering, health and wellbeing suggests a number of key actions that volunteer services managers can take to maximise the benefits of volunteering (Linning and Jackson 2018) (*see* box).

Actions to maximise the health and wellbeing benefits of volunteering

- Structure volunteer roles to facilitate generation of health and wellbeing benefits
- Take into account motivations and target excluded groups when recruiting volunteers
- Consider the different health and wellbeing impacts across groups
- Consider the importance of dose–response effect: regular is good, but not too much
- Recognise volunteer contributions
- Resource volunteers' expenses, particularly those experiencing financial hardship

Thinking about roles

Evidence suggests that paying attention to the design of volunteer roles can have a positive impact on a number of outcomes, including retention, productivity, commitment and satisfaction. Factors to take into account include:

- having clearly defined roles with low ambiguity around task requirements (Studer and von Schnurbein 2013)
- identifying tasks that have significance and provide a sense of autonomy (Studer and von Schnurbein 2013)
- having roles that are structured to include a variety of skills (Studer and von Schnurbein 2013)
- having role flexibility so that people are able to use their skills or have the opportunity to try to learn new things (Jopling *et al* 2018; Hong and Morrow-Howell 2013)
- having the flexibility or freedom to contribute as a whole person in line with the individual's motives, or to do 'what is needed' as opposed to just fitting tasks undertaken to volunteer skills and interests (Burbeck *et al* 2014).

Our interviews provide some examples of how volunteer services managers are thinking about designing and delivering roles that take into consideration the needs of the volunteer.

> *People's expectations of volunteer roles are changing… Roles have grown from flower arranging and tea- and coffee-making to working alongside paid members of staff. Volunteers are unpaid but not unskilled and can do something more meaningful. The volunteer skill base can be enhanced but also not to the level where they are substituting a job – they add something different. Volunteers' own skills can be utilised and promoted. Generally, it's about being more trusting and more adaptable. Covid-19 has shown what volunteers can do.*
> Norfolk and Norwich University Hospitals NHS Foundation Trust

> *The volunteer managers work with those services and look at what is appropriate, and services take guidance from the volunteer managers around what would be deemed a satisfactory role. It works both ways. Sometimes you get a proposal that is uninteresting for the volunteer, such as archiving a service's records, and the volunteer manager takes into consideration whether a volunteer is going to enjoy that. At the other extreme, we might receive proposals in which the volunteer role holds too much responsibility.*
> Sussex Community NHS Foundation Trust

> *We have a policy that if you start one role and you don't like it, you can move to another role rather than leaving. Our volunteers are very committed, and we probably wouldn't be where we are today if it wasn't for that commitment.*
> Northumbria Healthcare NHS Foundation Trust

> *Over time, GOSH [Great Ormond Street Hospital] has developed a more limited number of discrete roles… It has made it easier for volunteers to pick roles that match their skills and interests.*
> Great Ormond Street Hospital for Children NHS Foundation Trust

Supporting career and employment aims

Younger people, especially those in early adulthood, are more likely to cite career or employment-related motivations to volunteer (McGarvey *et al* 2020; Rutherford *et al* 2019). Support for employment and career aims can be improved if volunteers are offered accredited training (Parkinson *et al* 2018).

Our interviewees highlighted examples of how volunteering can provide experience to support volunteers' career and employment aims.

> *The volunteering team wanted the youth volunteering programme to have an accredited learning and development element. They signed up to deliver the ASDAN Short Course in Volunteering as part of the programme. Volunteers who complete the programme receive the ASDAN certificate and a reference as standard. The workforce/career benefits are implicit but it's there as part of the offer.*
> Imperial Health Charity on behalf of Imperial College Healthcare NHS Trust

> *The most popular volunteering role is the ward activity role, which is about volunteers sharing skills they have with patients… People like to be part of a team and they like to be in the ward environment, getting first-hand experience. For these roles, it tends to be people who want to go on to be professionals. The trust gets a lot of people wanting to be therapists, nurses, OTs [occupational therapists], and medics applying to be ward volunteers. This might intersect with the activities – for example, if a volunteer wants to be an art therapist, they go in and facilitate an art group.*
> South London and Maudsley NHS Foundation Trust

Supporting volunteers

Many of the support needs outlined in the literature relate to practical issues and good volunteer management. Examples include receiving help with access, expenses and training (as required), and to feel supported (such as knowing who can answer any questions) (Jopling *et al* 2018). There also needs to be attention to the adaptability of training and support to ensure person-centred care, particularly in roles that might work across different wards or types of care, such as end-of-life support volunteers (Bloomer and Walshe 2020).

Regular skilled supervision is also important in helping volunteers to develop their skills and confidence, as well as to maintain quality, monitor safeguarding issues and enable reflective practice (**McLeish *et al* 2016**; Simpson *et al* 2014). This appears to be particularly relevant when volunteers may be providing emotional as well as practical support, or working more autonomously (Singh *et al* 2016). Supervision can help address issues that might demotivate someone, as well as support learning through reflection (**Darley 2018**), particularly when the focus of reflection is on what the person is aiming to achieve (van Goethem *et al* 2014).

Understanding stress and coping among volunteers is also important for providing the right training and support. Managers and organisations can support volunteers by providing a welcoming and inclusive environment that fosters a sense of value, as well as providing support, training and appreciation. Contact and talking with other volunteers is helpful in managing stress and also for learning, as well as ongoing contact with the co-ordinator (Morris *et al* 2013).

Our interviewees highlighted the importance of relational support and the ways in which trusts have developed approaches to support this.

> *My belief is the role by itself for lots of volunteers isn't enough to keep them volunteering. The glue is the relationships. We did a survey in 2020 asking volunteers what they get out of volunteering… The role itself was not high on that list, it was feeling part of a team, feeling part of a community, feeling supported, valued, and a lot of that came through the volunteer services team.*
>
> *We have a volunteering hub at each site… This is where volunteers come for their briefing… at the start of the shift and when they finish their shift. They can come here for a bite to eat, they can come and ask questions, they can check in with us. It is a much more hands-on style of volunteering management, but I strongly believe that is how we kept our volunteering programme on the road during Covid-19… Our average hours per volunteer during Covid-19 went through the roof, and that was because they were well looked after. All of that 'relationships management' we brought in-house to the volunteer management team and we've mostly kept it in-house.*
>
> Chelsea and Westminster Hospital NHS Foundation Trust

The volunteer service's job is to make sure all the volunteers get the different levels of support on offer to help deal with the emotional burden of supporting patients and parents and other issues. On each ward, volunteers will have a supervisor who makes sure they have tasks to do, that they know who to go to, what to do and what not to do. The volunteers also have access to volunteer co-ordinators (via Zoom now), they do a debrief at the end of the day, volunteers pop into the office as they sign in and out, and the managers ask how their day was and are available to talk. Volunteers also have access to the bereavement team and get free counselling if they need it… Volunteers also have support groups with each other to talk through challenges.

Great Ormond Street Hospital for Children NHS Foundation Trust

Quality in volunteering

One area that was identified from our interviews as an important measure of investment in volunteers was ensuring the quality of volunteering services.

I would highly recommend taking part in the Investing in Volunteers programme, not to be threatened by it and to embrace it. The work was very detailed, including completely breaking down every process we had and relooking at everything we were doing. It took time and it was really tough, but it was amazing to have got the award because it gave us such a huge sense of achievement that we were delivering a quality service. It's been a huge asset – it's hugely beneficial for the volunteer to know that they are volunteering for a service that will support them; it has been beneficial for the reputation of the trust; and as a service, we know that what we're doing was right and the whole volunteer journey was the best it could be.

Sussex Community NHS Foundation Trust

In Kent, there is a local accreditation/quality mark for volunteering called Revamp. Gaining this means your policy and processes are in place and that they are a good volunteer service to work for. There's a huge difference between having volunteers and having volunteers who are thanked and supported – having this mark can help prove that.

Kent Community Health NHS Foundation Trust

> *Taking part in the Investing in Volunteers programme led us to recognise that across the two departments that support the two main volunteering roles in ambulance services, the quality standards were different. Since then, there has been far more collaboration in how we work together. The infrastructure for these services had developed separately, but through the process, we were able to identify good practice in both and start to replicate that. For example, our trainers that deliver training to the community first responders now deliver training to the voluntary car responders as we have realised that there are real synergies there that we can learn from.*
> Yorkshire Ambulance Service NHS Trust

Adding value for patients and carers

A review of the evidence on the effectiveness, deployment and impact of volunteers in the NHS in relation to the second pillar, patients and carers, found that volunteering can have an impact on the physical, emotional and mental health of patients (**Boyle *et al* 2017**).

There is an ever-expanding literature on interventions being delivered by volunteers or involving volunteers in their implementation. However, often it is the activities that volunteers are doing that are likely to have a direct impact on outcomes. For instance, ensuring that older people get adequate nutrition in hospital is directly linked to their ability to recover and be discharged (**Babudu *et al* 2016**). In other cases, volunteers may also be involved in enabling activities or providing a level of care/activity, which without them would be unlikely to happen or would be more limited.

A neglected area of impact is the unique value of the volunteer themselves rather than the activity they are doing. Much of the evidence in this respect highlights the unique nature of the relationship and communication between volunteers and patients. Volunteers were found to be able to build relationships of trust and equality, helping to create conditions that can lead to change (**McLeish *et al* 2016**). Furthermore, volunteers provide distinctive value in being able to speak up and 'go beyond the necessities', doing tasks that might otherwise not be done, including advocating for patients and families (**McGarvey *et al* 2020**; **Burbeck *et al* 2014**; Morris *et al* 2013).

Volunteers often perform overlapping roles, such as friend, advocate and go-between. In hospices, this has been conceived as providing a unique third culture of care that

fuses formal and informal care (Morris *et al* 2013). Volunteers may also bridge the gap between patients and the clinical team, by providing respite from caring and advocacy with the clinical team, de-medicalising the care environment, and enhancing the skills of patients and carers (Scott *et al* 2018).

Within services such as hospital cancer care, volunteers have a positive influence in providing information and making facilities and services available to patients. Furthermore, their involvement in supporting one-to-one working and building staff capabilities through mutual learning also strengthens the capacity of those services to provide person-centred care. Volunteering can support a model of giving patients greater control over their health care while delivering care that is more personalised, better co-ordinated and respectful (**Ling *et al* 2016**).

Maximising value for patients

In several trusts, volunteering is strategically focused on supporting the patient experience.

> *Even though it needs to be welcoming, we don't think about adults being scared and worried even though it is a scary time for anybody. GOSH has to make it attractive to children and young people and for it to be not so clinical. It is therefore important that it doesn't feel like a hospital and volunteer services go hand-in-hand with this. Volunteers are not clinical, they aren't staff. They are here because they are passionate about it. They want to help in some way, they have a link, they want to learn stuff. That's what they bring – a warmth.*
>
> *GOSH focuses on the unit around the patient as well – parents, wider family, and guardians are integral to the care of that patient. Volunteering can provide the additional things so that patients and their families have everything they need – entertainment, shopping – for parents that are here on their own.*
>
> Great Ormond Street Hospital for Children NHS Foundation Trust

> *The volunteering team believes in the power of the people aspect of volunteering, in how volunteers interface with patients and the wider patient community as people. The roles that allow that take priority.*
>
> Imperial Health Charity on behalf of Imperial College Healthcare NHS Trust

One way that trusts are seeking to enhance volunteers' contribution to the patient experience is by looking across the patient journey.

> *The volunteers are here to assist patients along their patient journey. We do look at improving patient experience as a result of that. As a specialist hospital, Moorfields provides services to people with visual impairment and the volunteers were trained so they can support patients in the best possible way. In addition to mandatory training modules, they receive specialised training modules provided by RNIB [Royal National Institute of Blind People] so volunteers understand the challenges of living with visual impairment.*
> Moorfields Eye Hospital NHS Foundation Trust

> *The volunteer service is looking to be more aware of patient needs earlier on in their journey through the trust and designing a volunteer service around people's needs. One of the roles being looked at… is a ward communicator who will target patients on their day of admittance and ask holistically what could volunteers do to help their stay (eg, do you need any help at meal times, would you like a bedside companion if you are not expecting visitors, would you like a chaplain, would you like someone to help you have a walk around, play games, PAT [Pets as Therapy] dog). These ward communicators will also get a feel for what's going to happen when the patient does go home (eg, do they have transport and is there someone waiting for them at home). This also allows the patient to be put on the radar of the settle-in service as early as possible.*
> Norfolk and Norwich University Hospitals NHS Foundation Trust

Many trusts talked about seeing volunteers as additional to staff and offering an additional pair of hands. This may come from enhancing the experience offered by staff or offering something that clinical staff cannot.

> *There's an old-fashioned idea that patients will have relatives coming to visit every day. This is not the case as relatives live all over the world now. Volunteers aren't aiming to replace patient relatives and loved ones, but they can speak to and be with the patient when relatives can't.*
> Kent Community Health NHS Foundation Trust

> *Volunteer services at Norfolk and Norwich is first and foremost about delivering a more holistic quality experience to patients and their families. It is about delivering*

enhancements to services… For example, having a volunteer who can sit for hours, hold a hand, read a book and support families…
Norfolk and Norwich University Hospitals NHS Foundation Trust

Having a volunteer on the ward can take a bit of the pressure off staff, because they don't have the time to sit with patients. But a volunteer can take a couple of hours to sit with a patient and this can make a huge difference to some patients.
Northumbria Healthcare NHS Foundation Trust

In their community hospitals, volunteers help physios do exercise classes. They haven't got hundreds of physiotherapists so volunteers can give one-to-one encouragement. Volunteers are there to support and enhance the service and enhance patient experience.
Kent Community Health NHS Foundation Trust

Volunteers tend to offer activities to help patients who are bed-bound, or ward-bound, either in the short term or more long-term wards (eg, neuro rehab). They also now have these companion/activity roles in their renal dialysis centres. Dialysis is boring for patients… so having people to chat with is good.
Imperial Health Charity on behalf of Imperial College Healthcare NHS Trust

The value of lived experience

Lived experience is not a core requirement of most volunteering roles. However, there are clear cases where trusts might ask for lived experience for certain roles where this may help patients. Volunteers may act as mentors, buddies, role models or friends for people going through experiences similar to their own, or they can provide support and humanise what may be a difficult treatment process.

Our picture of volunteering found that these roles are more common in mental health trusts, although others (usually community trusts) do list peer support roles relating to physical health conditions and treatments (such as renal conditions or cardiac and pulmonary rehabilitation). Volunteers may also bring other types of lived experience – for example, offering support to carers or advice and companionship around living with cancer. One notable type of role concerns peer support to mothers around breastfeeding and taking care of a newborn.

A volunteer's lived experience can also be factored into some roles as an 'added bonus'. For example, volunteers with a lived experience of cancer are particularly encouraged to apply for some befriender or ward helper roles in cancer services due to the perspective and empathy they bring. Similarly, previous patients are welcomed as volunteers in some rehabilitation classes; these roles usually have the lived experience as a secondary but important part of the role description, alongside other tasks.

> *Currently under development is an HIV peer support volunteer role. The pilot is using the model of Kent Community's other previous peer rehabilitation support workers. The idea is that it is all very well clinicians giving directions, but the volunteers can bring true empathy and understanding. It's highlighting the importance of the volunteer able to say 'been there' where a clinician cannot.*
> Kent Community Health NHS Foundation Trust

> *We have a buddy programme for ocular prosthesis – when a patient is going through a traumatic procedure of eye removal, we have a group of volunteers who can support them practically. They can be matched by the level of gender or similarly of experiences, an accident or cancer. We are recruiting volunteers who can provide this support from home in their own time – some are in full-time employment so don't need to be available in the same way. They can make a phone call to say how it was for them. It's practical, they are not trained to provide psychological support. They also receive debriefing from the volunteer manager who is then able to identify if the patient needs additional support. They are just supporting by sharing their experience, information and reassurance.*
> Moorfields Eye Hospital NHS Foundation Trust

Adding value for organisations and staff

Arguments for volunteering in the NHS frequently frame the value of volunteers in terms of the third pillar, organisational support – such as freeing up staff time to care or supporting the flow of patients through the hospital. Some of these aims are achieved through patient-facing roles, such as the meet and greet volunteers or buggy drivers, while roles such as administrative support directly serve the organisation and its functions. Alongside this is the impact that volunteers have on staff themselves. For instance, a survey of NHS staff views of volunteers found that many staff enjoyed working with volunteers due to their positive attitudes,

which could have knock-on effects on staff morale, and the feeling that staff were providing a better service to patients as a consequence of the volunteers' contributions (Ross *et al* 2018). The contribution of volunteers to staff experience has been particularly notable during Covid-19, with trusts utilising volunteers to support the distribution of donations to staff, supporting staff wellbeing hubs, and providing emotional support to staff.

Maximising value for organisations

Our interviews with volunteer services managers highlighted a range of ways in which volunteers are being utilised to the benefit of the organisation and its day-to-day functions.

Improving day-to-day operational functions

Wayfinding roles are a great example of how volunteers can contribute to improving the efficiency of the organisation and the patient experience.

> *One of Imperial's larger sites has some 40-plus entrances and exits with a road down the middle. Having volunteers who can support with flow of patients at the site is immensely valuable. Receptionists, by virtue of their role, are bound to a desk whereas volunteers can be out and about taking people where they need to go.*
> Imperial Health Charity on behalf of Imperial College Healthcare NHS Trust

Some of the changes that have been made during Covid-19 have also highlighted the added benefit of volunteers to existing processes.

> *Pre-Covid-19, volunteers assisted with self-check-in kiosks. These had to be removed during Covid-19 but what we put in place with volunteers checking people in worked just as well, because volunteers are more available. This is an improvement.*
> Moorfields Eye Hospital NHS Foundation Trust

> *Because of Covid-19 and the need for social distancing, individual clinics at trust sites implemented a system where volunteers are collecting patients from a waiting area rather than having immediate access to more of the site and arriving straight to the clinic room. Getting the patients from the waiting area to the room took a lot of clinician time, three or four minutes to come and get the patient. This eats into*

the consultation time and adds up. Volunteers have now been doing the escorting of patients to the clinic when needed to save this time. The trust is likely to retain this system going forward.

Kent Community Health NHS Foundation Trust

During Covid-19 we set up a phone support group – this was developed to reduce the DNA [did not attend] rates for patients... The hospital was experiencing 40 per cent to 60 per cent DNA rates for some clinics… because patients were anxious about attending. We made around 3,000 phone calls a month and over the three months that we were running it, we dropped DNA rates by around 10 per cent, and this is continuing.

Moorfields Eye Hospital NHS Foundation Trust

Capturing patient feedback

Many trusts are utilising volunteers not just to add value to the patient experience, but also to capture it. Volunteers provide added capacity, have time available to engage with patients, and are often valued as being independent of the staff team involved in a person's care. For instance, the example of training volunteers to offer patients on mental health wards the opportunity to debrief when they had been restrained explicitly recognises that patients may find it easier to engage with volunteers due to high emotions after incidents.

The completion of patient feedback and patient surveys has gone up 100 per cent largely due to volunteers collecting this information for the trust. Practically every service now says we need this volunteer-driven feedback collection.

Kent Community Health NHS Foundation Trust

Patient experience volunteers go on to the ward and speak independently with the patient to get their feedback about the service. The perception is that they get more feedback, and more honest feedback, when the volunteers do this.

Nottinghamshire Healthcare NHS Foundation Trust

Involvement and improvement

Although the focus on developing volunteering in the NHS tends to be on roles that support service delivery and patient care, many of the corporate functions of NHS trusts rely on the time, skills and goodwill of volunteers. Most notable of these are the roles of governors and non-executive directors, but activities include involvement

in service design and improvement, as well as wider engagement activities with the local community (such as fundraising and health promotion).

Our picture of volunteering in NHS trusts shows that often, these functions and activities are managed separately from the activities that volunteer services oversee. However, some trusts have brought these under the same umbrella, and created opportunities for volunteers to apply for and contribute to time-limited pieces of work within the organisation, to ongoing involvement in organisational activities such as quality improvement, as well as to individual volunteering roles.

> *Volunteering is part of a joined volunteering and involvement team. At the moment involvement activities and 'traditional volunteering' roles all come under the same banner of volunteering and they are all recruited and supported in the same way. Opportunities to get involved in informing service changes, as well as traditional volunteer roles, are all advertised in the same place. Some people might volunteer as part of an involvement activity relevant to their own lived experiences, and then go down the route of more traditional volunteering. Many people are involved in both.*
> Nottinghamshire Healthcare NHS Foundation Trust

Optimising value across the three pillars

It is important to recognise that the three pillars – volunteers, patients and carers, and organisations and staff – do not sit in isolation. For instance, many of the ways in which volunteers add value for patients have a direct benefit for the organisation and its staff too. Similarly, roles that enable volunteers to utilise their own skills for the benefit of patients can also provide support that goes beyond the organisation's traditional offer (such as the provision of music, activities and arts activities on hospital wards). As such, the interfaces of the pillars present a unique opportunity to add value across more than one, if not all three. For some roles this is already self-evident, but for others, there is a challenge for trusts to consider how roles and support for volunteering could be further optimised to add value. One notable example of this is where trusts have developed pathways from volunteering into paid roles, creating a pipeline to address local workforce pressures.

6 Making volunteering inclusive

Research shows that those who are marginalised in society benefit disproportionately from volunteering (Linning and Jackson 2018). For instance, the improved social connectivity and social capital derived from volunteering is especially beneficial for those who are subject to exclusion and disadvantage, such as those who are unemployed, lack a sense of purpose or are often marginalised in society (such as asylum seekers and refugees), and those who have low wellbeing and mental ill health. However, the people who potentially have the most to gain from volunteering are least likely to participate (Southby and South 2016).

Covid-19 has brought further attention to issues of social inequalities. The impact on volunteer diversity and inclusion remains to be seen, but there are concerns that it has created or increased barriers to volunteering, such as fear and lack of confidence and the digital divide. Covid-19 has also raised, challenges in supporting those with underlying health problems and additional support needs to volunteer (Stuart *et al* 2021).

A review of the evidence on volunteering and inequalities found that while different demographic groups experience specific barriers to volunteering, there are areas of commonality (Southby *et al* 2019). The authors suggest that this is best addressed through developing pathways to participation, in conjunction with addressing broader equity issues. A life-course approach to dealing with different barriers and facilitators, starting with support for young people to become involved in volunteering, through to ensuring that those in old age can continue to contribute, may be beneficial in realising the long-term benefits of volunteering.

Steps to maximising diversity

Many NHS trusts receive far more applications than they are able to support. Improving inclusion and diversity of volunteering requires trusts to consider pathways into volunteering (ie, how does the pool of applicants contribute to diversity) as well as the selection and management process – which define who volunteers, their retention and contributions.

Changes to recruitment processes

As we highlighted earlier, many NHS trusts employ a set of requirements and processes for recruiting volunteers that are commensurate with those for staff. These requirements in turn affect who can and does apply to volunteer. The challenges brought by Covid-19, however, have led many trusts to review and streamline these processes. Although it is unclear what impact these changes are having on the diversity of volunteers, it demonstrates the potential to adapt and tailor processes proportionate to the contribution of volunteers.

> *At the start of Covid-19 we lost 90 per cent of our volunteering population overnight, and with the national call for volunteers we were inundated with offers to help. In order to get them in, we had to make some changes. We moved a lot of the process online out of necessity. We moved from face-to-face interviews to phone or Zoom. We went from needing two references to only one. We have used a system which required every volunteer to provide evidence of immunisations, which involved GPs and a lot of paperwork. We worked with our Occupational Health team to streamline that and make a simple self-declaration form… DBS really stepped up so that they didn't need to see physical forms, just the digital ones, and as a result they were turned around very quickly.*
>
> *A lot of what made the process so drawn out was often the administrative processes of obtaining documents upfront and arranging inductions. Instead, because we have the volunteering hubs, we can say, come in and we will cover everything in the volunteering hub. So instead, it is an hour induction in the hub, when we can do the remaining forms and paperwork, sign the volunteering agreement, sort out their ID, answer any queries… The average is currently 35 days to recruit people, down from over 90 days before the pandemic.*
>
> Chelsea and Westminster Hospital NHS Foundation Trust

We moved all our application processes online and embedded weblinks… so it's as simple and as quick as possible. All our interviews are now done using Zoom. We also had to bring in the Covid-19 checklist and risk assessment. All that huge advantage is staying within the team. In turn we will take advantage of then going out to meet our volunteers once in placement and building up that rapport there, because we recognise that that is still really important, and we don't want to lose that.

Sussex Community NHS Foundation Trust

Some of the changes made during Covid-19 are also supporting trusts to provide more flexible options for volunteering.

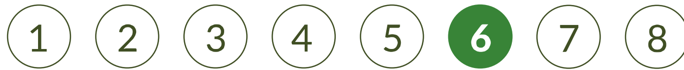
In the past, four hours a week for six months was the minimum ask of volunteers. However, now roles have changed and so some of the flexibility around hours has changed. The service has had to go with it – they have learnt to adapt and recognised that before the pandemic, they were just stuck in their ways around what commitment was needed. Going forward, they will implement far more flexibility around roles and requirements to help attract a whole new cohort of people.

Norfolk and Norwich University Hospitals NHS Foundation Trust

A final area of note is the actions that volunteer services managers can take to directly address the issues that have most impact on inclusivity.

Thirteen per cent of volunteers in the trust don't have IT access or email. This includes people who just don't want emails, people who have learning disabilities, people who can't use emails. We make sure the volunteer service can reach these people – for example, by working with the engagement team to link in with different communities, such as people with learning disabilities, organisations of people who are deaf. The volunteer service also has interpreting available, and a lot of their documentation (volunteering and otherwise) is in easy-read formats. Information and adverts for volunteers are also made available in a number of places. The website is one route but there is also a quarterly community trust magazine which goes out to the public, clinics and community sites. It has a section with a phone number saying call if you are interested in volunteering.

Kent Community Health NHS Foundation Trust



Support for youth volunteering

Youth volunteering is one area in which trusts have made significant progress in recent years. Our picture of volunteering found that many trusts with youth volunteering programmes were part of the Pears #iwill Fund supported programme, while others have their own initiatives. Programmes are often oriented towards young people in further education, with several run as partnerships with local schools and colleges. Requirements vary; some programmes state that the volunteer must be in full-time education, while others are more flexible. As with adults, young volunteers are often required to commit on a regular basis over an extended period, while maintaining their school or college commitments.

In many trusts, youth volunteering represents a small project within a portfolio of volunteering. Others have developed programmes such as that run by Cambridge University Hospitals NHS Foundation Trust, which are able to support consecutive cohorts of young people. These programmes provide young people with an experience of volunteering in different parts of the trust or in particular roles alongside additional support and mentorship. A further approach has been the development of youth programmes that provide an enhanced recruitment pathway, providing additional initial support after which the youth volunteers are integrated into the trust's core volunteering programme.

> *The way it works is that if someone is 16–21 and in education then they are part of the youth volunteering pathway. The interview is the same, the recruitment process is the same, the only thing that differs is that for their first eight shifts, they are going to be writing a reflective log at the end of each shift, they complete some additional modules on the e-learning for Healthcare platform – so slightly more online learning than we would mandate for regular volunteers. And then at the end of their eight shifts they have a review meeting with someone from the volunteer management team, either a manager or one of the senior volunteers.*
>
> *It's making the process more reflective and helping them to think more about how the role is developing them and developing their skills, but also… we know they often have an eye on employability and portfolio development and then they get a certificate once they've done all of those things. It allows us to check in a bit more regularly with them, a bit more formally than we would with volunteers who are of any age. In reality, after those eight shifts, they just become like any other volunteer… They just have slightly more of a structure around the start…*

Our instinct was that young volunteers are going to need tonnes more support, a lot more hand-holding, and that has proven not to be the case. Some of our most mature, capable and autonomous volunteers are 17 years old. What we are finding is the attrition rates for youth volunteers aren't really higher than for our other volunteers, they are sticking with us and they are progressing into a regular volunteering role… Increasingly those young volunteers are helping to bring on new young volunteers as well, so that the young volunteers shadow more experienced volunteers.
Chelsea and Westminster Hospital NHS Foundation Trust

Young volunteers have to do a number of qualifying hours in the wayfinder role first before they go on to other roles. This builds their confidence, demonstrates loyalty and they get to know the hospital. The volunteering team will then look to place them in a ward or department if they want.
Manchester University NHS Foundation Trust

The youth volunteering programme at Imperial is oversubscribed. Applicants need to meet a skill threshold but generally the programme looks for those who are going to benefit most from the experience. In the past they have rejected applicants who already have extensive clinical and medical work experience as they want to offer opportunity to people who haven't had that. Youth volunteers also have to live within a set radius of the hospital to support the community aims and improve retention.
Imperial Health Charity on behalf of Imperial College Healthcare NHS Trust

Supporting volunteers from marginalised groups

NHS organisations typically report challenges in recruiting volunteers who are representative of the local communities they serve. Studies highlight the importance of understanding cultural factors, including motivations to volunteer, provision of opportunities, as well as addressing barriers to volunteering. For instance, people from minority ethnic groups are more likely to volunteer in response to identified needs in their community, and more frequently cite religion as a motivation to volunteer (**Hylton *et al* 2019**).

Msaada is about supporting service users and patients from Black, Asian and minority ethnic (BAME) backgrounds and is supported by a full-time BAME

volunteer co-ordinator. Volunteers are drawn from the same cultural background as them as they feel they have a better understanding of what their needs are. Volunteers are matched with service users or patients who would like an individual to support them and befriend them on the ward or community. The project recruits people using an advert on the trust website, and the volunteer co-ordinator attends events in the local area and does outreach work, going out to barbers and to faith groups promoting Msaada.

South London and Maudsley NHS Foundation Trust

One way of supporting greater diversity, particularly in relation to people with health conditions and their carers, is providing those who receive services with the opportunity to volunteer. For instance, a study of volunteering among young people with disabilities suggested that incorporating volunteering into vocational rehabilitation programmes and supporting them to engage in social and extracurricular activities could help build skills and networks where they can access volunteering opportunities (Lindsay 2016). Within our picture of volunteering in NHS trusts, we found that mental health trusts in particular offer wider opportunities for people with lived experience and their carers to volunteer. This includes roles that specifically require lived experience, providing pathways into volunteering and the associated support, and by considering the breadth of opportunities to participate – such as involvement activities alongside volunteering.

About 48 per cent of people who volunteer with SLAM [South London and Maudsley] have lived experience but only the peer support befriending role requires lived experience. Volunteers are asked in their application form if they have lived experience they'd like to share and if they'd like support.

South London and Maudsley NHS Foundation Trust

Over half of our volunteers are current or ex-service users or carers. They join us at different stages of their recovery. With our traditional volunteers, it is not a requirement to have lived experience, but to take up some of the involvement opportunities, we like to make sure it involves people with lived experience relevant to the opportunity.

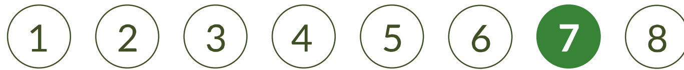
We provide a range of support, whether that is literacy or numeracy so they understand and can contribute to the meetings… It's an approach which is supported more widely in the trust because we have a lot of staff who use mental

health services as well, and we have peer support workers within the trust as well. We believe that by having someone who has been through it, can offer that empathy to people.

It's not a case of putting in place specific support for people with experience of mental health problems or carers, and some people might have lived experience but don't want to disclose that. It's about treating everyone as a human being and not being scared. It is about being clear from the outset about what support we will give. But also, if people do have a crisis, whether that is in their mental or physical health, we encourage people to come and talk to us about it, we will sit down with people as you would do any of your colleagues... We always ask in interviews what support people would like regardless of lived experience.

Normally we do a review with our volunteers every three months, sit down with them, chat about things that have happened and how they are feeling. One of the reasons for this is that the volunteer manager is not on the wards, or in the environments, so it gives the volunteer service a chance to understand how things are working.

Nottinghamshire Healthcare NHS Foundation Trust



7 Developing a strategic approach to volunteering

A core component of this work has been to understand the development of volunteering in NHS trusts and share elements that could form part of a strategic approach to volunteering. This section explores those elements, supported by learning from research and our interviews with volunteer services managers and leads on what can support successful volunteering in NHS trusts.

Organisational leadership

A common element among the NHS trusts we spoke to was the trust board deciding to take a more strategic or concerted approach to developing volunteering. This included recruiting a dedicated volunteer services manager or head of volunteering to develop the service.

> *There have always been types of informal volunteering in the trust. Initially it was far more focused on fundraising and events. The change came when the trust management decided it wanted to recruit volunteers (as they do with staff) to support the service. They brought in a head of volunteering and a co-ordinator.*
> Nottinghamshire Healthcare NHS Foundation Trust

Interviewees who had led this process talked about 'professionalising' the service – reviewing policies, roles and governance and developing a systematic approach. This included taking account of volunteering supported directly by the trust (or on behalf of the trust by a charity) as well as volunteering supported by external organisations working within the trust services.

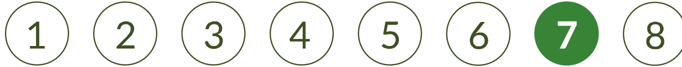
Volunteer services managers highlighted the importance of a strategic plan as part of developing the service. However, being able to articulate the aims of the organisation and how volunteers contribute to these also influences volunteer

behaviour, including contribution and length of service (Studer and von Schnurbein 2013). As such, it is important for organisations to have a clear understanding and narrative about why they want to involve volunteers, and how their involvement fits with the organisation's purpose, values and wider culture (McGarvey *et al* 2020). This is because whether a volunteer is welcomed and inspired to provide a service of high quality depends on the practices of the organisation, but also on the attitudes, implicit assumptions and expectations of volunteers working within that organisation (Studer and von Schnurbein 2013).

> *There were many things that needed to be put in place which didn't already exist. This included training, onboarding process, uniforms, changing the reward and recognition programme, changing how the volunteer service communicated. The key was having the time and space to make tweaks to the existing ways of working… We devised a three-year plan for the volunteering programme informed by the initial six months of reflecting, engaging and getting to grips with the existing programme and its challenges.*
>
> Imperial Health Charity on behalf of Imperial College Healthcare NHS Trust

> *The strategy provided clarity on our objectives. We sit in the nursing division, which helps enormously. The volunteer manager's manager is the deputy chief nurse, who has a real handle on what is going on out there and what is needed. We also keep popping up in various other strategies… our trust clinical care strategy, patient and carer experience strategy, workforce, dementia, quality improvement and end-of-life strategies. We are very much embedded into service delivery.*
>
> Sussex Community NHS Foundation Trust

> *Following a series of mergers, the trust is in the process of writing a new strategy. The volunteer service team have done a SWOT [strengths, weaknesses, opportunities, threats] analysis, stakeholder analysis, and have decided priorities… The team are planning a stakeholder event with nursing colleagues, senior trust staff, trust volunteers and charity volunteers to further refine and develop the strategy. A large part of the strategy will be about bringing together projects they've got running across the sites and ensuring that everything they do underpins and helps support the values of the trust. The strategy will acknowledge the fact that volunteering is an informal social service and will remain so, but that it can*



do more. Having the strategy will then allow the trust to inform the structures (eg, staffing) that need to go underneath to deliver it.
Manchester University NHS Foundation Trust

Alongside adopting a strategy to develop volunteering, securing buy-in at senior level was another common element. This was described as important in maintaining visibility of the volunteer service at board level, as well as having active support at directorate level for development of the service.

Senior NED [non-executive director] staff championing the volunteers also helped, and it is really important to have the executive team acknowledge the volunteer service. Sir Norman Lamb is on the board now at SLAM and is a great advocate, as is the nursing director. It is really important to have the executive team acknowledge the volunteer service.
South London and Maudsley NHS Foundation Trust

The trust has a volunteer governor who goes out and captures the insight and perspectives of volunteers across the trust to bring to the board. The role is very useful – they are inclusive of a lot of things that are going on, they represent the voice of volunteers on the board, and attend the public part of the board meetings.
Manchester University NHS Foundation Trust

Each month, the volunteer service has to give a presentation to the patient experience and engagement sub-board. We present figures, numbers, patient and volunteer stories. Very rarely does a month go by where a board member does not suggest they think a volunteer could do x or y.
Norfolk and Norwich University Hospitals NHS Foundation Trust

Developing the volunteer service

Although the shift to developing a strategic approach to volunteering could feel like a significant one, the ongoing process was more often described as a gradual evolution.

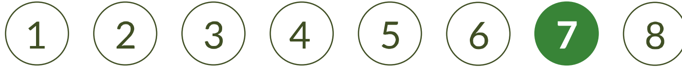
> *The service has really just evolved and built up over the years. We have increased the number of our volunteers. We get most of our volunteers by word of mouth rather than needing to do big recruitment drives. We have also developed a range of different roles, initially we started with 2 or 3, and now we have 36.*
> Northumbria Healthcare NHS Foundation Trust

A number of elements stood out as part of that development process. The first is around creating visibility, both of volunteers and the volunteer service itself.

> *Wearing the uniform is important – if you don't make the volunteers visible, nobody will know. People don't pay attention because they are busy, patients are worried and anxious… So you need to be straightforward with your communication – 'How can I help?'*
>
> *The most important thing is the integration of the service with the rest of the hospital, making it really well known, the familiarity, to be able to provide the volunteers – every single action that we provide for the hospital speaks for itself and brings future engagement. The most important thing is continuing to build up, being able to participate in initiatives where the volunteer is visible, when it can be counted on.*
> Moorfields Eye Hospital NHS Foundation Trust

> *The vision for volunteering at Imperial is to achieve an instantly recognisable community of people who are visibly making a difference to patients, staff and visitors within its hospitals.*
> Imperial Health Charity on behalf of Imperial College Healthcare NHS Trust

The second element is the relationship that the volunteer service has with paid staff. Many of our interviewees noted initial challenges in getting staff on board with volunteers. Common concerns included job substitution, the skills and



capabilities of volunteers, and a general lack of understanding of what volunteers could do.

> *One of the biggest challenges was ensuring that staff were committed. For a successful volunteer service, both sides are needed – namely good volunteers and willing staff who can offer them meaningful opportunities. Staff need to be confident, savvy, and be able to look after the volunteers and look for engaging things for volunteers to do. In the past, volunteers had less meaningful roles. There wasn't the trust and understanding about what they could do.*
> South London and Maudsley NHS Foundation Trust

> *Initially there was a fair amount of resistance on a local ward level. They were suspicious of volunteers – there were concerns about not knowing who these people were, that they are untrained, that they aren't nurses. This required a hard sell by making it clear that volunteers are not nurses, they are non-clinical, they are there to assist in any way they can. Clear role descriptions saying what volunteers can and can't do helped. It was all about getting the senior nursing staff on board – the ward sister, matron, heads of nursing. In the early days, we did a lot of little presentations to groups of nurses, or the heads of nursing or the matrons about what volunteering is, how it can help, what it isn't.*
> Great Ormond Street Hospital for Children NHS Foundation Trust

Volunteer services managers told us that part of the solution is going out to engage with staff.

> *… The volunteer services manager spent a long time at the beginning going to ward meetings and community meetings and advocating for the service. Influencing also involved praising the volunteers publicly, having volunteer champions who would push for volunteering, being able to show the difference volunteers made, and having patients and service users talking about how volunteers had made an impact. Having staff champions also made a difference as these could say how volunteers have made this change in their service happen or how, because of volunteers, they'd been able to do something.*
> South London and Maudsley NHS Foundation Trust

One way of ensuring that volunteer roles and placements are supported by staff has been to develop roles and processes in collaboration with them.

> *The volunteer managers work with those services and look at what is appropriate, and services take guidance from the volunteer managers around what would be deemed a satisfactory role. We work with them and give them ideas. They then bring their proposed roles to a group meeting and we talk them through, paying close attention to risks, covering areas such as safeguarding issues, information governance, lone working. We have a sign-off at that meeting around risk assessment, which is really comprehensive, and each of those risks has to have an associated mitigation. The risks are then transferred onto a key points document, which is shared with the volunteer, so they are aware of the risks and mitigation around them. The role then goes on to our list of approved roles.*
> Sussex Community Trust NHS Foundation Trust

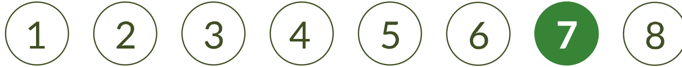
> *Usually, the trust service team receiving the volunteers would take part in the recruitment process. The volunteering team would run selection events and do most of the activities and tasks (eg, teamworking, values, capabilities, communication, etc). The prospective volunteer supervisors from the trust service team would also do 10-minute informal interview to assess fit. At the end of the three-hour selection event, volunteering team and trust service team would sit together and go through the applicants. If the trust team had red flags about a person, they could make that veto decision. This made sure that they felt comfortable with who was coming in to volunteer with them.*
> Imperial Health Charity on behalf of Imperial College Healthcare NHS Trust

Volunteer services managers shared the different ways in which they perceived the expansion of their service, which capitalised on visibility, impact and staff buy-in. One approach was to work with services that actively wanted and were willing to support volunteers in ways that were meaningful to them. Another was to focus on supporting a smaller number of roles but ensuring maximum quality and impact, such that the visibility and value of volunteering in the trust would support uptake more widely.

The final area of note on development of volunteer services is around the model of delivery. Our picture of volunteering in NHS trusts shows that volunteer services frequently differ in their operational remit. Core functions include developing policies and approaches to volunteer management, recruitment and training, support for staff and services, and day-to-day management of volunteers.

We identified some trusts in which the volunteer service largely provides the structure for volunteering and supports recruitment but plays a relatively limited role in managing volunteers. In some cases, components such as recruitment and training are further supported or delegated to other functions of the trust, in particular human resources (HR). This was more commonly seen in community and mental health trusts than other types of trusts. In other cases, we found volunteer services that arguably played a more comprehensive role across the core functions outlined, where management of volunteers was largely co-ordinated from a centralised base. The other model we saw was commonly described as 'hub and spoke', which was often similar in its comprehensive approach but with delivery supported by volunteer co-ordinators in key locations such as hospital sites.

> *Before Covid-19 we were more of an in-house recruitment agency for volunteers. It's oversimplified, but we'd bring them in, process them and then push them out on to wards. Then the wards or the department would manage and supervise them day-to-day. My experience is that it doesn't always dovetail well with the working culture of a lot of the wards and the departments. Some wards do it really well, but others don't necessarily know how to handle those relationships with volunteers. What we decided during Covid-19 was that if we were going to hold on to those volunteers and, crucially, keep them safe, we needed a volunteering hub at each site.*
>
> Chelsea and Westminster Hospital NHS Foundation Trust



Volunteer management

Volunteering does not happen without capable and effective volunteer management. Skilled volunteer co-ordinators can attract, engage, train, support and retain volunteers (McLeish *et al* 2016). Volunteer co-ordinators are also key in capacity building, including development of volunteer management policies, and establishing and developing networking across and within different organisations (South *et al* 2013).

Our interviews with volunteer services managers highlighted the considerable and diverse scope of the role and the extensive range of skills it requires (*see* box).

Some of the areas that volunteer services managers are responsible for

- Data collection and management
- Recruitment, referencing and training
- Support and supervision
- Retention
- Exit interviewing
- Safeguarding
- General Data Protection Regulation (GDPR)
- Risk assessments
- Developing relationships between staff and volunteers
- Developing new opportunities and roles
- Liaison with unions re job development and avoiding job substitution
- Communication and advertising
- Community development

One volunteer services manager described volunteer management as 'wearing many hats':

> *You deal with a range of issues which require specific skills. Whereas in a department such as HR there may be individual advisers who are responsible for different functions such as recruitment and workforce development. In volunteer management, you are responsible for all of it.*

Volunteer services managers also highlighted the importance of being able to operate at a senior level, to secure appropriate support and buy-in to develop the service.

One of the key components of strategic volunteer management was the ability to develop the service, often requiring volunteer managers to write and present a business case or apply for external funding to support new roles enabling extension and change of the service.

Projects versus business as usual

The development of projects was noted to be of value in being able to expand and test new ways of supporting volunteers. For the most part, these projects appear to run alongside the wider or general volunteering roles. One of the challenges of projects is that additional capacity to set up and develop the approach is often time-limited, or achieved by stretching existing resources. In some volunteer services, the tension between testing something new and 'business as usual' has been addressed by ensuring that the parameters of the project allow for it to be embedded or align with the wider volunteering offer.

> *When the Pears #iwill funding came to an end, we realised that if we wanted to continue doing youth volunteering it couldn't be siloed away from the rest of our programme, it had to be part of our day-to-day business, because it would have to be managed as part of the wider portfolio by each of the volunteering managers who aren't specialist youth volunteering managers… So… we decided to reframe it as an 'on-ramp' to a regular volunteering role. So that's why we have called it a pathway. It's not a project or a programme, it's a pathway towards becoming a regular volunteer…*
>
> Chelsea and Westminster Hospital NHS Foundation Trust

Alternatively, some volunteer services have structured their management of volunteers around individual projects or programmes, with co-ordinators allocated to running each one (*see* box). Individual co-ordinators can allow volunteer services to bring staff with particular expertise or skill sets (such as management of youth volunteering), provide support for volunteers who may deliver care across multiple departments (such as end-of-life care), or provide focused input in areas of care that may benefit from volunteers but where staff may be less able to provide the requisite support (such as emergency departments).

Volunteer co-ordinators at Norfolk and Norwich University Hospitals NHS Foundation Trust

In Norfolk and Norwich University Hospitals NHS Foundation Trust, each volunteer co-ordinator post has a specific remit:

- General volunteer co-ordinator: responsible for managing the 'mainstream' volunteers at the trust. The post works with all departments across all specialties.
- End-of-life co-ordinator: runs a volunteer team that supports patients and families at end of life.
- Older people co-ordinator: responsible for a team of volunteers that support elderly patients with meal times, dementia resources and the prevention of deconditioning.
- Settle-in service co-ordinator: co-ordinates a team of community-based volunteers with support for patients when they are discharged.
- Driving scheme co-ordinator: responsible for volunteers who take people home on their day of discharge.
- Emergency department co-ordinator: supporting volunteers in the emergency department to support staff and patients.

Funding and resources

Developing a strategic approach to volunteering is dependent on having adequate resource. The capacity of volunteering in NHS trusts is primarily limited by the capacity of staff to support volunteers, and to invest in development of the service and new roles.

Volunteer services appear to be either funded directly, by the trust itself, or indirectly, through funds generated by NHS charities. In the latter case, the NHS charity may deliver the volunteer service itself, or it may provide a grant to the hospital (or another charity) to do so.

Our interviewees noted that being able to demonstrate the value of volunteering at board level was important in supporting strategic investment in the service. Reporting on progress, supported by defined goals for the service outlined in a strategic plan, was noted as valuable, as were softer approaches such as sharing examples of feedback on the impact that volunteers are having on patients and staff. In one trust, achieving the Investing in Volunteers quality standard was also noted as providing evidence and a tipping point for strategic investment.

Projects were noted as being particularly beneficial in being able to support expansion of the service. Funding provided an opportunity to bring in a co-ordinator, and delivery of the project served as a means of demonstrating what could be achieved with an additional member of staff as well as resourcing. Projects were generally instigated with external funding, or presentation of a business case supporting development. However, one trust shared that they are exploring how volunteering can be reflected as part of business planning for services more generally, reflecting its strategic role in delivering these services.

> *Over time, the volunteer services team gradually expanded with an administrator added after the first co-ordinator, then a second co-ordinator. This four-person team was the status quo for a while. As time went on, the service became engaged with NAVSM, Helpforce and NHS England, and began to bid for and secure additional pots of money. This was usually for a specific project… Once the volunteering team could provide evidence and impact of the project, the trust then picked it up.*
>
> Norfolk and Norwich University Hospitals NHS Foundation Trust

What we've got to build on is getting services to include volunteering in their business plan, so that there is a costing associated with that, because we don't have an ad infinitum of resource. For instance, we had a new intermediate care unit set up, in which they have costed for staff and other things – so where is the cost for your volunteers? The trust has over 300 teams and there is huge potential, but the resource constrains capacity to expand.

Sussex Community NHS Foundation Trust

Wider community

NHS volunteer services typically operate alongside a number of internal and external organisations who also support volunteering within the trust (*see* box). Partnerships with condition-specific organisations, such as Macmillan Cancer Support, mean that the benefits of volunteer support are available to some people receiving care, but not across the breadth of those with long-term conditions.

Examples of organisations supporting volunteers within NHS trusts

- League of Friends
- Hospital charities
- Hospital radio
- Royal Voluntary Service (RVS)
- Condition-specific charities (eg, Macmillan Cancer Support, British Heart Foundation)
- Pets as Therapy
- Local health charities and hospices

These organisations may operate completely independently or, in some cases, they fall under an umbrella of volunteer service provision within the trust. In some trusts, roles across all of these organisations are presented and advertised as part of a range of opportunities, while in others the NHS trust volunteer service may signpost to these organisations, or they may be completely separate.

Other organisations which support volunteers within the hospital also come under the umbrella of the NHS charity and the volunteer services manager maintains

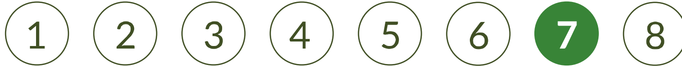
close contact with them. This includes organisations such as League of Friends, Macmillan Cancer Support, and peer support groups such as breastfeeding volunteers. These groups are self-sustaining, but they are registered with the charity and the service makes sure that volunteers have had appropriate checks… There is also collaboration – for instance, the volunteer service supports the hospital radio charities with recruitment and sits on their interview panels. At the same time, the hospital radio provides a great opportunity for the volunteer service to communicate about their activities more widely.
Northumbria Healthcare NHS Foundation Trust

The volunteer groups that operate within the Manchester hospitals have their own uniforms and lanyards, but the governance for volunteers largely sits with the trust. The trust volunteering team supports them with recruitment and HR – they vet their own volunteers for suitability, but the trust does the checks, referencing, and manages the volunteering database, sign-in and recording of volunteering hours. Leads from each of the organisations meet every six to eight weeks. Part of the trust's role is making sure that everyone is pulling in the same direction.
Manchester University NHS Foundation Trust

Our conversations with volunteer services managers suggest that some trusts are keen to explore how volunteering joins up with support and assets in the community, and how they can work to enable wider community development. The aim now is to be even more reflective of the communities the trust and charity support. The volunteering team are also… looking to improve their offer and develop roles to better link with things that happen in the community. They are also looking at how to work more closely with other colleagues in the North West London ICS [integrated care system]. This may involve signposting more (volunteering as a development route or an employment route).
Imperial Health Charity on behalf of Imperial College Healthcare NHS Trust

Developments during Covid-19 have seen NHS trust volunteer services contributing to co-ordinated efforts such as mass vaccination, and in some areas the development of ICSs is providing an opportunity for organisations supporting volunteers to collaborate.

One of the successes of linking with other third sector organisations is that we had a group of volunteers who were not able to support the trust due to shielding or not



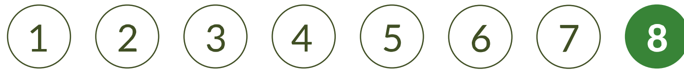
wanting to volunteer in person. The group expressed concerns on how not being able to volunteer impacted on their wellbeing. We collaborated with Age UK – they have had a spike in demand in their tele-befriending services because of Covid-19 – and we have provided some of our volunteers to this service as a bit of a pilot project.

Yorkshire Ambulance Service NHS Trust

Volunteering has been reflected within the local ICS workforce programme. The lead for this work has convened volunteer service leads from community, acute and mental health trusts along with Voluntary Norfolk, Community Action… and some of the larger organisations (St John Ambulance and RVS). They are working through some strategic plans around volunteering for the Norfolk and Waveney area and highlighting where they can work in partnership.

They are making sure they are influencing possible change and that everyone is working together rather than duplicating (which was happening before). People can now work on what they are good at and pull it together at the end for the benefit of all.

Norfolk and Norwich University Hospitals NHS Foundation Trust



8 Future direction and challenges

Looking across the evidence for volunteering and experiences of volunteering in NHS trusts, and speaking to volunteer services managers in NHS trusts has generated some unanswered questions and areas for future consideration. Each poses a question about the potential direction and boundaries of volunteering in NHS trusts, which are subject to debate.

Balancing the different ways in which volunteering adds value

To date, efforts to articulate the value of volunteering have largely focused on value for the patient and the organisation. This is not to say that volunteer services do not value and recognise their volunteers' contributions; rather, that the benefits that accrue for volunteers and the opportunity to realise these benefits has not been given the same level of attention. The picture of volunteering gained from our research shows considerable differences in the support, flexibility and wider opportunities available to volunteers. Although resourcing is a component of this, it is also a function of how volunteers are perceived within an organisation, such as whether they are considered as part of the workforce, with access to the same support and benefits available to staff. It is also a function of how the volunteer service relates to other parts of the trust. For instance, many trusts present volunteering as a means of gaining experience in a health setting, but only a minority have developed pathways into the workforce for volunteers.

A second and related area concerns the types of tasks volunteers should do. The majority of trust websites or policies have a statement outlining the remit of volunteers, which includes not taking the jobs of paid staff. Yet in practice, some roles, and the allocation of tasks within roles, demonstrate that the boundaries between paid and unpaid staff are debatable. For instance, the role specification for ward volunteers can include making beds, answering phones, and management of supplies. In some hospitals, reception for outpatients is largely manned by volunteers. While some trusts maintain that volunteers are an added extra, others

recognise that they could not run without volunteers. The distinction around not doing the work of staff was often clearer around clinical tasks than non-clinical ones. The role of volunteers in doing administrative tasks, for instance, could free up clinical time; but arguably, when they are supporting or providing back-office functions, they are in effect doing a task that a member of staff would otherwise be required for.

The positions of three different trusts on the use of volunteers

The trust takes the position that they value volunteers, but they don't rely on volunteers. For instance, if the tea bar isn't open, people will still be able to get refreshments from somewhere else. The volunteers are there to enhance the service and staff, they are not there to replace them.

Our mantra is that as long as there is a staff member already doing a role and adding a volunteer on to that will just speed up the process, then that is ok. But we would never replace a paid staff role with a volunteer.

The staff's first priority is the patients and that having volunteers do tasks like putting away the laundry and making beds can free up staff time to care. Volunteers can both directly support the patient experience themselves and do background work to free up staff time for them to enhance the patient experience. Other examples include photocopying and making sure that all the drugs needed are ready for the patient on discharge.

Underlying this is a conversation about what care trusts should be expected to provide, and what is added value within the NHS. Meal-time volunteers are a good example. Adequate food and hydration are fundamental needs and has a direct impact on patient outcomes, yet some people in hospital need additional support with this task. The approach to meal-time volunteers is one of realism, recognising that there is insufficient resource and staff capacity to provide one-to-one support for patients, while at the same time capitalising on the unique contribution of volunteers to provide a personalised response.

Ambulance services have long been at the 'coalface' of this debate. The speed of response to someone who has experienced a stroke or cardiac arrest is the difference between life and death. Ambulance services are dependent on community

first responders who serve their local communities and can be on scene within minutes, providing vital intervention before an ambulance arrives. While this has long been accepted as part of the clinical pathway, the pressures on ambulance services are also leading them to debate the role of community volunteers in other tasks, such as responding to people who may have fallen at home.

> *Within the ambulance service there is debate about whether we should be responding to non-injury and low acuity falls with volunteer responders. There is a view that this is plugging a gap with goodwill. But if you take a pragmatic stance, working with volunteers in this way will have a positive impact and improve patient care. We are driving forward work in this area through funding developments in this volunteer response model with charitable income. A key part of this project is to evaluate performance and outcomes for patients. Then we can present the evidence and return to the debate as to how this work could be sustained.*
> Yorkshire Ambulance Service NHS Trust

Questions around the boundaries of the tasks that volunteers should do should perhaps be more guided around what the added value of the volunteer may be, and what may be lost from a paid member of staff delivering this service. A review of volunteering in the NHS found that the positive impacts of community and NHS volunteering on demand in services are lessened when volunteers are simply replacing staff in providing conventional NHS tasks but not being paid for them. It recommended that to create better health care through volunteering would require the NHS to value the broader contribution of volunteers to improving health outcomes, rather than tying them into the increasing emphasis on NHS problems and 'pinch points' (**Boyle *et al* 2017**).

Understanding risk

The minimum requirements for volunteering in NHS trusts, alongside recruitment processes that frequently mirror those for paid staff, raise important questions about whether the expectations placed on volunteers are proportionate to the roles they play and the benefits they derive. Our interviews with volunteer services managers highlighted that these expectations are often formulated within a context of risk management. Many of the current volunteer management requirements derive from recommendations instituted in response to the Lampard

Review (Lampard and Marsden 2015). As such, organisations are acutely aware of the reputational risk if something goes wrong. At the same time, volunteer managers also see attention to risk as beneficial to volunteers themselves, for example, by ensuring that they are prepared for the environment in which they are required to operate. However, research shows that institutional attitudes to risk in the NHS can be a limiting factor, particularly in relation to frontline roles (Boyle *et al* 2017).

In the NHS, the success of volunteering is frequently dependent on the relationships between staff and volunteers, both in support for roles and day-to-day management. Many of the requirements and expectations of volunteers reflect that relationship – that staff can be confident that the volunteers they work alongside are held to the same standards, and that their capabilities and commitment will create benefit without undue burden on paid staff.

However, our picture of volunteers in NHS trusts also demonstrates differing attitudes to risk across organisations and – importantly – how management of risk can enable rather than constrain the contribution of volunteers.

> *Our experience is that initially, concerns were raised about risks such as people having keys on to the unit. It was realised that volunteers would need to be escorted by paid staff, which deducted from the staffing number. We have now been able to mitigate that risk and we now have five support volunteers within a low secure mental health unit.*
>
> Nottinghamshire Healthcare NHS Foundation Trust

The impact of Covid-19 has also seen a polarised response to risk, such that while many hospitals suspended their volunteer programmes, others have depended on volunteers, and in doing so have reimagined the expectations and processes associated with their management. Together, these suggest that the notion of risk is flexible, and that it is possible to balance staff needs and concerns with opportunities to innovate.

Inclusivity

Many of the processes and requirements that trusts have for volunteering in the NHS preclude inclusivity. Many trusts are lucky enough to receive far more applications than they can support, and as a result have adopted competitive processes to secure those who are most capable and committed. For the most part, this serves NHS trusts well and is often seen as an efficient approach to volunteer management. However, if the NHS is committed to inclusivity across its workforce – including its volunteers – and reflecting the diversity of the communities it serves, then trusts will need to do something different to change this.

Our picture of volunteering in the NHS and interviews with volunteer services managers demonstrated a number of ways in which trusts are achieving greater inclusivity through dedicated programmes, and by engaging directly with communities. Programmes such as support for youth volunteering have not only demonstrated the potential benefits of inclusivity but have also challenged myths around the type and amount of support that is needed to achieve this.

Changing the longstanding lack of diversity in volunteering will require concerted action to create pathways into volunteering for people from under-represented groups. Volunteer services will need to create inclusive processes and address barriers, as well as monitor inclusion and adjust volunteer management processes to ensure positive impact.

NHS volunteering and the wider community

Volunteering in NHS trusts has the appearance of being quite siloed. As one volunteer manager noted, for the most part, the NHS focuses on recruiting volunteers to serve its purposes. However, this presents many limitations to realising the benefits of volunteering.

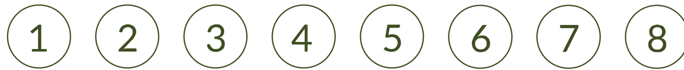
First, the NHS is a powerful brand and receives far more expressions of interest from potential volunteers than it can support. For many trusts, this appears a largely unintended consequence of its recruitment processes. Unsuccessful volunteers may be motivated to try elsewhere, or they may be lost to the local ecosystem of volunteers.

Second, there is a risk of duplication. Covid-19 saw the rapid development of volunteering projects at the national and local levels. Responding to the immediate needs of their patients, many NHS trusts set up services such as befriending projects delivered by volunteers. But stepping back, many of these projects duplicate local efforts and similar projects delivered by organisations embedded in those communities.

Finally, we come back to the central questions: what are volunteers for and where do they add unique benefit? Noting the evidence of volunteers as enablers of health within their communities (**Public Health England 2018**), a review into the impact of volunteering on health notes that the biggest potential for growth in volunteering is in taking up supportive and enabling roles in the community alongside institutions, not employed by institutions (**Boyle *et al* 2017**). This represents a substantial shift for NHS trusts to consider their relationships with communities and organisations supporting volunteering more widely, and the net contribution of volunteers to the health of the communities they serve.

> *We have a reach into every community in Yorkshire through our volunteers. What we'd like to look at is in communities we serve where other third sector organisations are doing really well, that we learn from what they are doing and help organisations in other areas develop the same services, so extending the reach of support into new communities not currently served.*
> Yorkshire Ambulance Service NHS Trust

Like recent efforts by NHS organisations to build their capacity as anchor institutions, all of these require trusts to consider their role within a local community and as part of a wider ecosystem of organisations that support and manage volunteers. Doing so provides the potential for identifying opportunities for reciprocity, such as: signposting volunteers to other organisations with vacancies; understanding and using existing capacity in the community; and developing opportunities for volunteering that complement what is already available. A greater focus on inclusivity further enhances the ability of trusts to get closer to their communities – bringing the skills and knowledge of the community they serve into the organisation and sharing the benefits with the community. At a macro level, the development of integrated care systems (ICSs) provides a further opportunity to take a holistic view of volunteering and create the conditions for a collaborative approach across places.



Appendix

Methods: data extraction and limitations

We initially sought to identify key information on volunteering on each trust's website. Any links to associated documents were followed, both on the website and to external websites, including identifying relevant content via the trust's own search engine. Relevant information was extracted to a template document with standardised data categories. Across each of these categories, the data provides insights into common requirements and unique approaches, as well as how volunteering, the roles volunteers play and their contributions are framed and enabled within NHS hospitals.

There are some limitations of this methodology. As a public-facing activity – that is, trusts are seeking to recruit members of the public – websites are often a good source of information about volunteering in a trust (we tested this methodology before embarking on it at scale). However, the quality of information available is not consistent across the websites.

It is also important to bear in mind that we conducted this research during a pandemic, at a time when there had been considerable changes to volunteering within trusts. Many trusts had suspended their volunteering activities altogether, while others had significantly reconfigured roles and processes. As a result, we sought to identify any materials relevant to volunteering from cached trust webpages and from wider Google searches.

The data we are therefore working from is a snapshot in time. In some cases, that snapshot is of data frozen in time from the start of Covid-19 or before; in others it is a current picture, but one that omits what volunteering may have looked like were it not for the pandemic. In many cases, the snapshot covers both. The data provides a picture of volunteering – common approaches, roles and practices, traditional approaches pre-Covid-19 and some of the changes that have occurred during Covid-19. We have used the systematic scale of the work to build a picture of volunteering across trusts, while at the same time identifying differences in approaches and practices within trusts. We can capture what is there, although an

absence of information does not mean that it is not there (just that it might not be documented), or that what is presented has not changed.

The final caveat is that the data extracted in no way allows us to identify what is and is not good practice. For that, we need to look to evidence and guidance more widely.

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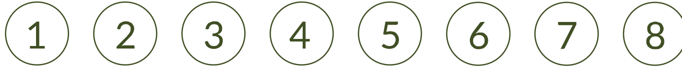

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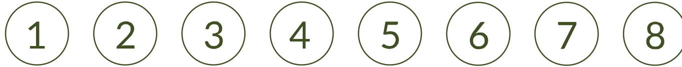

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The profile of volunteering in the NHS has increased in recent years with commitments to volunteering in the NHS Long Term Plan and in the most recent NHS workforce plan. Both policies signal a move from seeing volunteering as a 'nice to have' to seeing it as serving a strategic purpose.

Adding value through volunteering in NHS trusts: a resource for volunteer services managers and policy leads explores the current picture of volunteering in NHS trusts, its purpose, how it has developed and opportunities for adopting a strategic approach in the future.

The authors:

- provide a comprehensive overview of their research findings
- outline the case for adopting a strategic approach to volunteering, and discuss the support needed to deliver such an approach
- share examples drawn from the experiences of trust volunteer services, that highlight opportunities for development, and describe how others have adopted and implemented a strategic approach
- reflect on some of the challenges, as well as considering the role of NHS trust volunteering within the wider community and integrated care systems.

The report is intended as a useful resource for volunteer services managers and those tasked with developing volunteering in the NHS to support them in developing and implementing their own strategic approach.

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