



REIMAGINING SOCIAL CARE

THE ROLE OF ACTIVE CITIZENSHIP

KICKSTARTING A NEW VOLUNTEER REVOLUTION

CONTENTS

Foreword	4
Executive summary	6
1. The Context: Where we are now	7
2. The Setting: What we know about volunteering in social care	10
3. Supply: Perspectives from the public	13
4. Demand: Perspectives from care home staff	15
5. The Vision: Where do we want to go	17
6. The Solution: The role of volunteering – next steps	18
References	20

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FOREWORD



Catherine Johnstone, CBE,
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We owe those working in social care and those living in care more support. This report sets out the contribution of volunteering to social care – with a focus on care homes – and our recommendations for delivering on this. The pandemic – and now the cost-of-living crisis – have and continue to have a disproportionately large impact on this sector. We want to see the benefits that volunteering has afforded the NHS at this difficult time – in terms of extra staff and patient support – extended to social care.

We know from a recent survey that 6% of UK adults are currently volunteering in a care home, but 40% would consider volunteering. Interestingly, younger people were found to have a greater interest in volunteering in care – with 52% of those 18-34 years stating that they would consider volunteering in a care home. The public also see significant value in volunteering in care, with 82% of people agreeing that volunteers ‘can play a vital role in supporting social care in the same way they support the NHS’. This begs the question, ‘why are we not doing more to encourage volunteering in this sector?’

We believe that volunteering can drive a more enriching model of care, one that puts those working and living in care at the heart of voluntary activity with a focus on their needs and on improving outcomes.

We want:

to work with local communities – and at national level (given the scale of the challenge) – to mobilise voluntary action at scale in this sector.

to grow a diverse range of volunteering opportunities in care, in the same way we helped pioneer different options for volunteering in the NHS.

We hope that this report and its findings inspire you to volunteer or work in partnership with us to deliver a more enriching model of care.



Sarah Jones,
CEO Anchor

Social care is highly skilled and specialised and can provide enormous job satisfaction for those working in the sector.

More people work in social care than in the NHS, yet the sector has a lower profile and a career in the health service continues to be held in higher esteem. Effective volunteering schemes, such as the one we have been running at Anchor for more than 10 years, can make a significant contribution to changing this, while also providing a route into a lifelong career.

In addition to the service our colleagues provide, volunteers in our care homes play an important role in helping older people live fulfilling lives. Individual volunteers have befriended residents to share interests, hobbies or just spend time chatting.

Groups of volunteers have organised a wide variety of activities and events for residents. Crucially, for a sector facing workforce challenges, we have a number of colleagues who began their careers with us as volunteers.

As this research shows, volunteers are highly valued, with 98% of colleagues currently working with volunteers state that they ‘enjoy working with volunteers’.

There is more to be done to encourage volunteers, with 79% stating there is a need for ‘greater knowledge amongst the public on volunteer opportunities in care homes’.

This report makes an important contribution to addressing this issue. I very much hope it helps encourage more volunteering in the care sector to enhance the lives of the people we serve.



EXECUTIVE SUMMARY

Volunteering in social care has not received the same policy and practice focus as volunteering within the NHS. However, in this report we argue that volunteering has a critical and vital role to play in improving both the working and living environment for staff and residents.

Previous research literature has found benefits to staff in terms of morale and job satisfaction, while residents benefit in terms of increased wellbeing. Residents' families also benefit in terms of greater satisfaction with the quality of care that their loved ones receive, and volunteers benefit in terms of skills development, confidence-building and employability.

This report presents two new pieces of research: one with a nationally representative sample of UK Adults (n=2000) and the second with care home staff (n=100). Both survey findings are insightful and highly encouraging with respect to the public appetite to volunteer and staff enthusiasm for volunteers.



SUPPLY Perspectives from the public	DEMAND Perspectives from care home staff
<p>6% stated they were <i>currently</i> volunteering in a care home, while 13% of those between the ages of 18–34 were currently volunteering versus 1% of those who are 55 years old and over</p>	<p>98% of staff currently working with volunteers state they ‘enjoy working with volunteers’</p>
<p>38% stated they would <i>consider</i> volunteering, while 52% of those between the ages of 18–34 would consider volunteering versus 28% of those who are 55 years old and over</p>	<p>90% of staff not currently working with volunteers would like to see more volunteers in care homes</p> <ul style="list-style-type: none"> • They would like to see the following roles: companionship (100%), mealtime support by encouraging residents to eat and drink (91%) and lead on social activities for residents (88%).
<p>12% stated they would volunteer because they are considering a career in care</p>	<p>94% of staff felt volunteers add ‘a lot of value’ for residents</p>
<p>33% stated that they would volunteer because they have ‘talents and skills that could be of use’</p>	<p>85% of staff felt volunteers add ‘a lot of value’ for staff</p>
<p>40% know ‘care home staff were under pressure and wanted to support them’</p>	<p>Staff thought that the top three contributions made by volunteers are:</p> <ul style="list-style-type: none"> • 67% ‘Providing essential reassurance and company to residents’ • 50% ‘Reducing pressure on colleagues’ • 49% ‘Freeing up colleagues’ time to spend on care tasks’
<p>Those currently volunteering or interested in volunteering are most interested in the following types of activities:</p> <ul style="list-style-type: none"> • 59% in providing social and emotional support to residents one to one, • 47% in helping at mealtimes, and • 42% in running group activities. 	<p>Staff were asked what would strengthen the impact of volunteering in care homes:</p> <ul style="list-style-type: none"> • 82% ‘Better knowledge amongst colleagues about the role of volunteers’ • 75% ‘Greater knowledge amongst the public on volunteer opportunities in care homes’ • 69% ‘More or better training for volunteers’

The pandemic – and, most recently, the cost-of-living crisis – has helped raise awareness around the issues facing the care sector. There is an urgent need for us to do things differently, to be bold and to put those working and living in care at the centre of a more humanistic model. Both Cottam (2021ⁱ) and Dixon (2021–22ⁱⁱ) call for a reimagining of social care that supports people to *flourish* rather than just exist.

We believe that greater civic participation – via volunteering – can support a new care model that puts the wellbeing of staff and residents at its centre. Based on the evidence, we set out four recommendations for improving the wellbeing of residents and staff in care homes:

1

Nurturing supply

The evidence tells us that there is public appetite to volunteer in care homes, with 6% already volunteering and 43% *planning or considering* volunteering. In addition, the survey data also found that 1 in 3 people are motivated to volunteer in a care home because they have ‘talents and skills’ which could be used.

- However, the data also suggests that there is more we can do to grow public awareness and reduce barriers to volunteering in this sector. More diverse and flexible volunteering roles and activities e.g. more micro-volunteering than formal/traditional volunteering, better training and volunteer management could help to increase voluntary action in this sector.

2

Building demand

The evidence tells us that care staff want to work with volunteers – of those staff currently working with volunteers, 98% stated that they ‘enjoy working with volunteers’ and 90% of staff not currently working with volunteers would like to see more volunteers in care. This demonstrates a clear desire to work with volunteers.

- However, the data also tells us there is some room for development and improvement. Staff want more knowledge on the role of volunteers within their workplace, involvement in shaping volunteer activities and input into the training.

3

Maximising outcomes

The evidence tells us that well-designed volunteer roles can have significant benefits for residents, their family and staff. For residents, the evidence highlights improved mood, cognitive function and perceived improvements in the quality of care, as well as greater family satisfaction with care; for staff, there is an increase in job satisfaction and reduced levels of work stress (see Figure 1).

- However, the benefits gained differ by volunteer role. Unsurprisingly, more ‘relational’ volunteer roles (e.g. 1-to-1 support, structured & consistent group based activities, etc.) appear critical for maximising resident outcomes, but for staff more ‘transactional’ volunteer roles (e.g. support at mealtime, supporting a resident to get dressed, etc.) might be more helpful in reducing work stress and pressure.

4

Developing Careers

The evidence tells us that volunteering can be a gateway into a career/job in health and social care (PPP 2022ⁱⁱⁱ). Well-designed volunteer programmes could also do more to support careers/jobs in social care. Those stepping forward to volunteer in health and care already have an interest in this area. We know from the literature review (see Hill, 2016^{iv}) and the survey data that those stepping forward to volunteer in care homes tend to be younger.

- However, we currently do little to nurture and support this group. This gives us an opportunity to do much more in this space – perhaps working in partnership with educators such as Skills for Care.

1. THE CONTEXT: WHERE WE ARE NOW

The pandemic highlighted – and reinforced – the critical role played by volunteers. On the 24th of March 2020, then Secretary of State for Health, Matt Hancock, called for an “army of volunteers to step forward to support the NHS”^v; 250,000 were sought, but 750,000 answered the call before recruitment was put on hold. The public appetite to support the NHS was truly heart-warming.

But what about social care? The agenda for integrated health and social care strives to create parity of esteem not least in terms of the recognised value and inclusion of volunteers. The pandemic has undoubtedly helped to drive a greater recognition of volunteers in the NHS, given the numbers of those stepping forward and the visibility of their roles on the frontline – e.g. vaccination centres. In January 2022, NHS England set up an NHS Volunteer Taskforce with No 10 to look at the future of post-pandemic volunteering in health and care. The work from this taskforce will feed into work with Integrated Care Systems (ICSs) and the NHS workforce plan.

Conversely, the social care white paper (Dec, 2021^{vi}) – which sets out a 10-year vision – makes no reference to volunteers and very limited reference to the contribution of the wider voluntary sector. So, while the benefits of volunteering are being reinforced at a strategic level – and, hopefully, operationally – in the NHS, this agenda appears to be lagging behind in social care; however, the benefits volunteers could bring to social care – particularly residents and staff – could, along with other reforms (e.g. workforce – see PPP 2022 report^{vii}), be transformational for this sector.

The impact of the pandemic on the care sector should provide us with the impetus to be bold, innovative and challenge ourselves to think differently about how we can better support those working in care and those that need support.

The current policy discourse on social care is principally focussed on funding and the workforce – of course, both are critically important – but what about the type and quality of care that staff aspire to deliver and those in receipt of care want? Dr Anna Dixon, chair of the Archbishops’ Commission on Reimagining Care, states:

“There is a risk that if we keep our heads down, we will miss the opportunity to take a different path. There has been a huge surge in collaboration, innovation and grassroots support in communities during the pandemic. Maybe now is a good time to lift up our gaze to look to the future and reimagine what a better system of care and support would look like^{viii}.”

How can a more integrated approach to volunteering enhance the delivery of quality care, support unpaid carers/families, improve staff morale and retention, and act as a pipeline for the future workforce? This report sets out what we currently know about volunteering in social care, specifically the impact and barriers to participation, the public and workforce appetite to engage, as well as proposed solutions for change.

2. THE SETTING: WHAT WE KNOW ABOUT VOLUNTEERING IN SOCIAL CARE

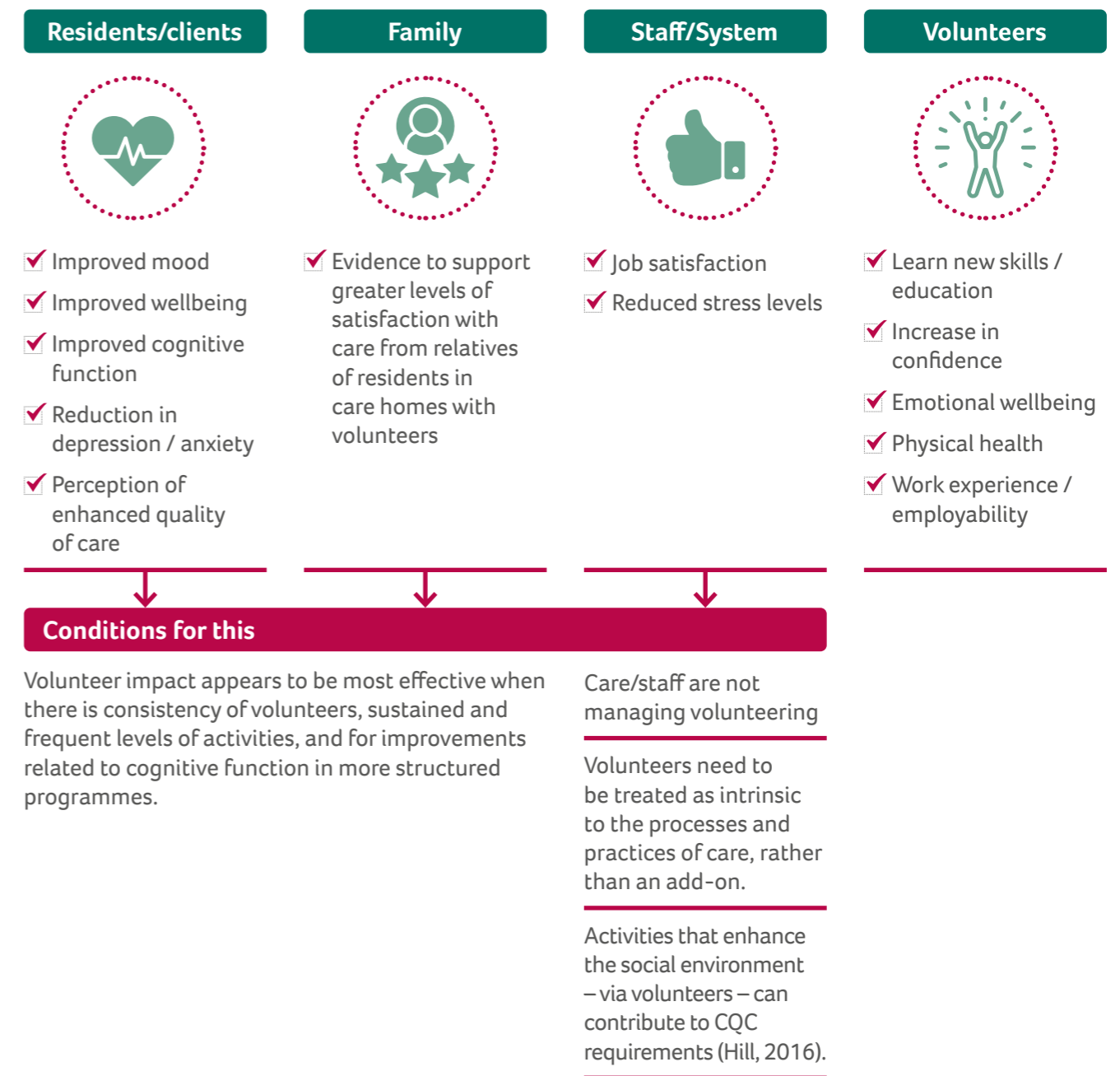
Volunteering in the social care sector is not new; of those volunteering in care, most takes place in the community, with an estimated **20%** working in residential care or day care settings and **11%** in domiciliary or home care^{ix, x}.

However, we have limited data on the scale of volunteering in care. The only routinely cited data on this is Hussein's (2011) analysis of the National Minimal Data Set in Social Care, which found that those formally volunteering made up just 1% of the total care workforce in the UK; however, this is thought to be an underestimate. Some of the difficulty with understanding the quantity and scale of volunteering in social care is likely down to measurement (e.g. lack of data sets) and the lack of a clear definition of what activities define care (e.g. Home from Hospital programmes). In our most recent research (July 2022) – to be discussed in detail in Section 3 – 6% of those surveyed stated that they were currently volunteering in care homes.

There are some good, but more limited research studies on the impact of volunteering in social care compared to NHS/health volunteering (Helpforce, Volunteer Innovators Programme 2020^{xi}). The literature review that accompanies this report (see MacInnes, 2022^{xii}) finds encouraging research on the positive impact of volunteers in care home settings on residents. In this report, we have decided to focus on care within care homes but recognise that social care extends beyond this and the boundaries between what constitutes social care activities and NHS/health activities is often not clear-cut.



Figure 1: Benefits – evidence from care homes





Several barriers to volunteering in care homes have been identified. The CQC apply stringent requirements in the recruitment of staff – this process does not appear to differentiate between paid workers and volunteers. The lengthy and intrusive recruitment process can be a barrier to volunteers; there is a need for proportionality in the recruitment of volunteers and it should be based on the types of roles and activities that volunteers undertake.

Another barrier is the recruitment, training and management of volunteers. It appears that, for some care homes, the recruitment process is more ‘ad hoc’ than a formalised process. In Hill’s (2016^{xiii}) study of care homes, volunteer management was seen as the biggest challenge to implementation.

Staff time required to recruit, induct, train, provide on-going support and the day-to-day coordination of volunteers, as well as their limited experience in this area, often prevent the effective use and retention of volunteers. Cost-effective volunteer programmes require an element of economies of scale for which smaller- to medium-sized care homes might be disadvantaged.

Such barriers are certainly not insurmountable. The civil society and care sector can work with CQC to make the recruitment process easier for volunteers. The care sector could also collaborate more effectively with others who work in the volunteering space, such as the Royal Voluntary Service or Anchor, who run volunteering programmes at some of their care homes.

3. SUPPLY: PERSPECTIVES FROM THE PUBLIC

What do we know about the public appetite to support social care?
This survey focused on volunteering in care homes. We surveyed just over 2,000 UK adults aged 18+ in July 2022 .

Appetite to volunteer

The survey asked about their current volunteering activity in care homes.

6%

stated they were *currently* volunteering in a care home

5%

stated they were *planning* to volunteer in a care home

38%

stated they would *consider* volunteering in a care home

6% of those aged between 18-34 years stated they were currently volunteering in a care home vs **6%** of those aged between 35-54 years and **1%** of those aged 55 years and over.

This is also the trend for ‘planning to volunteering’ and ‘consider volunteering’:

9% of those aged between 18-34 years stated they were planning to volunteer in a care home vs **6%** of those aged between 35-54 years and **1%** of those aged 55 years and over.

52% of those aged between 18-34 years stated they ‘would consider volunteering’ in a care home vs **39%** of those aged between 35-54 years and **28%** of those aged 55 years and over.

We also asked a follow up question ‘Are you aware of any volunteering opportunities in care homes locally?’ of those who would consider volunteer – 21% stated they were aware of local opportunities, but 79% stated they were unaware. This suggests there might be potential to unlock further volunteer capacity if people were more aware of opportunities to volunteer.

Interestingly, and consistent with published literature (Hill, 2016^{xiv}), there are significant age differences; a greater proportion of younger age cohorts are supporting or interested in volunteering in care homes compared to older age cohorts:

Just over half – 51% – stated they would not consider volunteering in care homes. We then asked for reasons why they would not consider volunteering:

- Around one in four stated that **‘It would be too challenging to work with people who are so frail or have dementia’** and **‘It’s not an appealing volunteering role’**.
- just over one in five stated **‘I would be scared to make mistakes and cause harm’**.

This suggests recruiting volunteers for care homes – and perhaps wider social care volunteer roles – might be more challenging; for this reason, we give greater thought to how we make volunteering in care homes more appealing to a greater number of people.



Motivations

Motivations for volunteering are wide ranging; we asked – ‘Which of the following would describe your motivation for considering volunteering in a care home?’:

- **Career:** Some volunteered because they were considering a career in care (**12%**) – this increased to **18%** for those aged between 18-34 years. This suggests that volunteering could be a pathway into a career in care.
- **Purpose:** Just over one in four stated they were motivated to volunteer because they had a loved one in a care home. And around 40% stated that they know ‘care home staff are under pressure and would like to support them’ and ‘feel they could make a difference and improve the quality of care provided’.
- **Skills:** And one in three stated they were motivated to volunteer because they had ‘talents/skills that could be of use’ – suggesting care homes could benefit from these additional skills that volunteers bring with them.

Activities

In general, those currently volunteering or wishing to volunteer are most interested in resident-facing activities: the majority (almost 60%) are interested in providing social and emotional support such as 1-to-1 visiting for a chat, playing cards or sharing music/books. 47% stated they would be happy to help at mealtimes and 42% would be interested in running group activities – such as gentle exercises, activity classes or music groups. 41% stated they would be happy to help with back-office tasks such as admin and clerical tasks, while 37% would be happy to help with improving outdoor green spaces, such as gardens. Again, these findings are consistent with published literature.

Impact

There appears to be consensus that volunteering can bring significant benefits to care homes. The survey asked people to respond to a series of statements, ranging from ‘agree’ to ‘disagree’.

- 86% agreed that volunteers can have a big impact on the wellbeing of residents in care homes
- 82% agreed that volunteers can have a big impact on the wellbeing of staff in care homes.

Similarly, the public can see that volunteering can play an important role.

- 82% agreed that volunteers can play a vital role in supporting social care in the same way they support the NHS.

4. DEMAND: PERSPECTIVES FROM CARE HOME STAFF

“Volunteers bring new faces, experience and age groups into care homes, providing residents – particularly those without family or regular visitors – with even more opportunities to interact and engage with other people.”
(Support staff)

We surveyed 100 (October 2022) Anchor care home staff on their experience and views on working with volunteers. The survey aimed to include a mix of job roles and, therefore, perspectives: 29% classified themselves as managers, 32% as frontline clinical staff and 35% as other support staff (e.g. wellness/lifestyle co-ordinator, trainer, admin support). The majority surveyed (67%) are currently working with volunteers, while 33% are not currently working with volunteers.

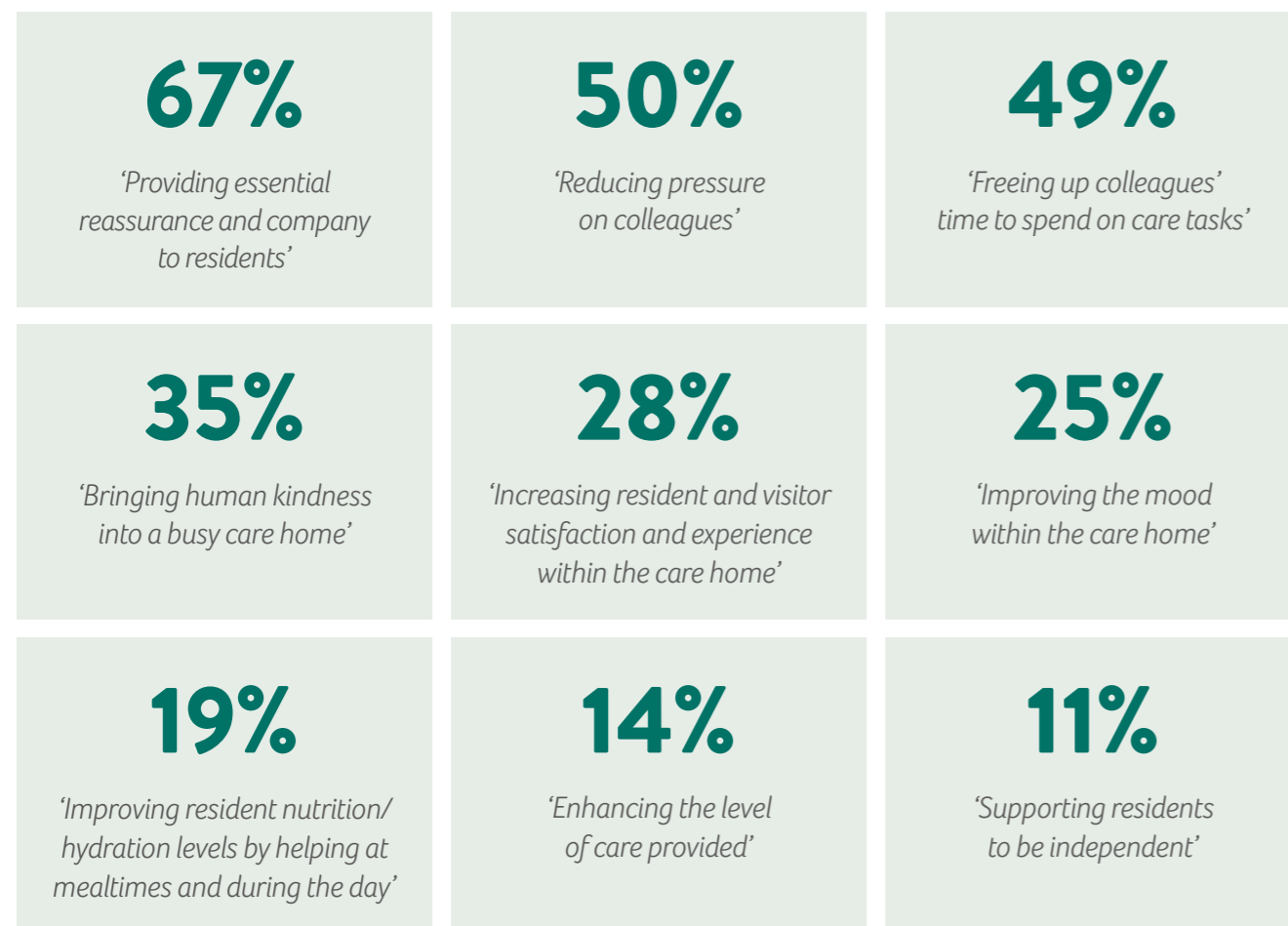
Of those who are not currently working with volunteers (33%), 90% would like to see more volunteers in care and they would like volunteers to help with tasks such as: companionship

(100%), mealtime support by encouraging residents to eat and drink (91%) and lead on social activities for residents (88%).

Of those who are currently working with volunteers (67%), 98% stated they ‘enjoy working with volunteers’. Staff stated that the type of support volunteers provide are predominately centred/focused around companionship roles (86%) and social activities (68%) rather than mealtime support (35%) or helping with mobility (13%) (e.g. getting dressed/moving around the care home). Overwhelmingly, care home staff felt that volunteers add ‘a lot of value’ for residents (94%) and staff (85%).



The survey also asked staff what they thought ‘volunteers contributed to’:



Interestingly, staff not only see the benefits of volunteers for residents (e.g. reassurance and company), but for their ability to better perform their job.

The survey also asked staff what they saw as some of the challenges of volunteering in care homes. Of those who responded, 49% (n=35) stated that ‘there is a lack of clarity about volunteer roles’ and 32% (n=23) stated that ‘there is too much variation in how volunteers do things’. These challenges might be overcome via additional training for both volunteers and staff. This is supported by the findings below.

When asked ‘what would strengthen the impact of volunteering in care homes’, the top three answers were:



5. THE VISION: WHERE DO WE WANT TO GO?

The act of care is fundamental to our wellbeing and is both an activity that we receive and give over the course of our lives. Recent thought leaders, such as Hilary Cottam (2021^{xv}) have set out a ‘radical new vision for social care’ which seeks a more ‘relational’ care model (e.g. networks/ webs of support) rather than an industrial system of care which is more ‘transactional’ and driven by unit costs. Cottam seeks “a new story in which care is not seen as a cost but as an investment in social flourishing”.

Similarly, Dr Anna Dixon, chair of the Archbishops’ Reimagining Care Commission (2021–22^{xvi}), seeks to refocus care away from just meeting physical needs of eating, drinking and personal care, to care which helps people to ‘flourish’ and enjoy life. Both Cottam and Dixon remind us that care is more than just meeting basic needs, funding or ensuring social care is integrated with the health system – it is about people, our communities and social relationships.

There have been previous attempts to reimagine care. Under Cameron’s Big Society agenda, for example, Care Bank (2011) – piloted by the Cabinet Office, Nesta, Royal Voluntary Service and the Borough of Windsor and Maidenhead – aimed to use the concept of a timebank to encourage greater community participation in social care. The pilot produced some encouraging findings; the programme attracted younger volunteers, and the social benefits (e.g. social care and GP resourcing saved, improved client wellbeing, etc.) exceeded the cost of the programme – see Frontier Economics evaluation (2012^{xvii}). This concept speaks to some of the ideas raised by Cottam and Dixon.

Could the pandemic present us with a reset moment in social care? The nation bore witness to the major challenges to the social care system during the pandemic and, no doubt, this has helped to raise greater awareness around wider issues affecting this sector; it could also be argued that the care sector was disproportionately impacted by the pandemic because the informal and formal social

and community networks that supported staff and residents/clients was stopped in order to comply with infection control procedures. While this was critically important to prevent the spread of COVID-19, staff and residents were essentially left to manage on their own for the better part of two years and this has been detrimental.

- A recent report by Public Policy Projects on the social care workforce (July 2022) found that ‘social care professionals regularly experience high levels of stress at work and have a low sense of self-worth’ (pg8). This is supported by other research (see University of Exeter 2022 research^{xviii}). The adult social care workforce is estimated to be 1.54 million^{xix} (Oct 2021, England) or 5% of the national workforce. Given the size and significant structural issues, such as high vacancy rates and staff turnover, staff wellbeing should be central to policy discussions.
- We know from a recent study by Grimm et al. (2021^{xx}) that during the first wave of COVID-19 care home residents had limited access to healthcare – potentially resulting in substantial unmet health needs. For nursing home residents, they found emergency admissions for acute coronary issues fell by 29%, while for strokes it fell by 25%, with elective admission rates declining by 61%.

We want to focus on how we can support – via volunteering – a better system that prioritises the wellbeing of residents/clients and their families, as well as staff working in the care sector.

6. THE SOLUTION: THE ROLE OF VOLUNTEERING – NEXT STEPS

There is an interesting parallel between where Royal Voluntary Service are now and where it was at the end of World War II.

We should acknowledge that civil society organisations have been at the heart of designing and delivering community care since the formation of the welfare state; in fact, the Women's Voluntary Service (WVS) in 1945 – aka the Royal Voluntary Service – worked with the Beveridge Committee to test a new model of home help, supporting those unable to leave their house because of complications due to pregnancy, illness or disability. The scheme was marketed as a 'New Career for women' and designated as 'work of national importance' by the Ministry of Labour^{xxi}. This programme aimed to provide women with guaranteed employment with the local authority and they were encouraged to undertake training and gain qualifications such as the Diploma of the National Institute of Houseworkers^{xxii}.

As in the 1940s, it feels as if the nation is at a crossroads; health and social care systems face both significant challenges and are undergoing substantial policy reforms, not least in terms of the integration of health and care systems and infrastructure. The status quo is recognised as no longer fit for purpose, but it has proved challenging to arrive at firm policy solutions in this area.

So, what might be the contribution of active citizenship or volunteering to the reimagining of care? The recommendations below set out actions for care homes; however, the Royal Voluntary Service also have interest in supporting those receiving care at home and are keen to work with local authorities, care providers and communities/families to design and develop a community offer.

Recommendations for improving the wellbeing of residents and staff in care homes – and perhaps the wider care sector:

1 Nurturing supply

The evidence tells us that there is public appetite to volunteer in care homes – with 6% already volunteering and 43% *planning or considering* volunteering. In addition, the survey data also found that 1 in 3 people are motivated to volunteer in a care home because they have 'talents and skills' that could be used.

- However, the data also tells us there is more we can do to grow public awareness and reduce barriers to volunteering in this sector. The data revealed that only 21% stated they know about local opportunities to volunteer in care. And, just over half (51%) stated that they are not interested in volunteering in care homes; although some of the reasons given might be overcome with training, better volunteer support and management, and perhaps a rethink about volunteering roles and activities in this sector (e.g. more micro-volunteering than formal/traditional volunteering).

2 Building demand

The evidence tells us that care staff want to work with volunteers; of those staff *currently working* with volunteers, 98% stated that they 'enjoy working with volunteers' and of staff *not currently working* with volunteers 90% would like to see more volunteers in care. This demonstrates a clear *desire* to work with volunteers.

- However, the data also tells us there is some room for development and improvement. When asked what would strengthen the impact of volunteering, 82% of staff stated 'better knowledge amongst colleagues about the role of volunteers' and 69% stated 'more or better training for volunteers'; this suggests that we need greater engagement and awareness-raising with staff on the role of volunteers within their workplace and, perhaps, greater input from staff on training and volunteer roles/activities.

3 Maximising outcomes

The evidence tells us that a well-designed and well-run volunteer programme can have significant benefits for residents, their family and staff. For residents, the evidence highlights improved mood, cognitive function perceived improvements in the quality of care and greater family satisfaction with care, while for staff there is improved job satisfaction and reduced levels of work stress (see Figure 1).

- However, volunteer impact – particularly for residents – appears most effective when there is consistency of volunteers, sustained and frequent levels of activities, as well as improvements related to cognitive function (and likely physical function) and more structured programmes. These more 'relational' volunteer roles appear critical for resident outcomes, but for staff more 'transactional' volunteer roles (e.g. support with mealtime, helping residents to get dressed, etc.) might be critical for reducing work stress. Perhaps a balance of volunteers' roles and activities needs to be considered to maximise the benefits for residents, their families and staff.

4 Developing Careers

The evidence tells us that volunteering can be a gateway into a career/job in health and social care (PPP 2022^{xxiii}). Well-designed volunteer programmes could also do more to support careers/jobs in social care. Those stepping forward to volunteer in health and care already have an interest in this area. We know from the literature review (see Hill, 2016) and the survey data that those stepping forward to volunteer in care homes tend to be younger – 13% of those aged between 18-34 years stated they were currently volunteering in a care home compared to 6% of those aged between 35-54 years and 1% of those aged 55 years and over. Also, 18% of those aged between 18-34 years who are stepping forward stated that they were motivated to do so because they were considering a career in social care.

- However, we currently do little to nurture and support this group. This gives us an opportunity to do much more in this space – perhaps working in partnership with educators such as Skills for Care.

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OUR VOLUNTEERS PROVIDE PRACTICAL SUPPORT AND VITAL COMPANIONSHIP TO HELP PEOPLE GET THE BEST OUT OF LIFE.

Catherine Johnstone CBE | Chief Executive



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