

# FINDINGS FROM VOLUNTEERS PARTICIPATING IN THE NHS VOLUNTEER RESPONDER (NHSVR) PROGRAMME DURING COVID-19 – APRIL TO AUGUST 2020

WORKING PAPER TWO \ NOVEMBER 2020

*“This has been one of the most rewarding experiences of my adult life. I’ve met some lovely people and amazing characters and it’s something I’d consider doing in the future. It’s been a wonderful distraction in an uncertain time.”* (Manchester, aged 45-54)

## 1. HEADLINE SUMMARY

The aim of the volunteer survey was to understand the experience of participating in the programme and give insight into programme improvements. 12,048 NHSVRs completed the survey in July to August 2020, making this one of the largest UK surveys of volunteering. The survey asked respondents questions on their general experience, their satisfaction with the programme, likelihood of future involvement, and community connectedness and wellbeing. The main headline findings are:

### Context



**20%**

of NHSVR are volunteering for the first time



**93%**

felt NHSVR was ‘flexible around the time I give’



**Almost 70%**

stated they are likely to continue to volunteer with the NHSVR programme over the next 12 months



**1 in 3 NHSVRs were also volunteering for other groups** – such as local formally organised groups or informal neighbourhood groups



**62% stated they had completed a task and 38% had not;** reasons given for not completing a task were – not yet given notification of a task, unable to complete task at the time, or problems with the app.



Of those who undertook a task – **80%** of those individuals have **completed 2 or more** and almost **50%** have **completed 5 or more** tasks.

## Impact



### *Those undertaking a greater number of tasks appear to have higher wellbeing and feelings of community spirit*

- Those undertaking a greater number of tasks (10 plus) report higher scores on: 'improved mental health' (63%), 'improved physical health' (32%), and 'reduced loneliness' (43%).
- There also appears encouraging findings related to wellbeing – satisfaction with life and feeling your life is worthwhile; those having undertaken more tasks have higher wellbeing compared to a sample of the UK population (ONS 22-26 July survey)
- 82% of those undertaking a task(s) versus 73% of those not yet given a task feel that people are doing more to help others during COVID-19.

### *In addition, they are more satisfied with the NHSVR programme*

- 65% of those who have undertaken a task stated that they were satisfied with the programme versus 11% of those who have not been given a task yet.
- 84% of those who completed 10 or more tasks stated they were satisfied with the programme versus 31% who completed 1 task only.

### *A high percentage of all NHSVR surveyed stated they 'enjoyed it' and it gave them 'a sense of purpose'*

- 82% 'enjoyed it' and 77% felt it gave them 'purpose'; it is likely that the act of stepping forward and participating in this programme – such as switching the GoodSAM app 'on-duty' contributed to this feeling.

## Insight

Volunteers had varying experiences of the programme; some found it a rewarding and a life changing experience while others were frustrated with the lack of tasks and difficulties with the technology/app.

- ***"I've been a NHS responder since the scheme started and have done shopping trips for people isolating. Just an hour of my time makes a huge difference to someone who can't get out. It's great to see communities coming together to help the vulnerable and keep them safe."***  
(Midlands, aged 45 to 54)
- ***"I've enjoyed helping in my own small way."***  
(London, aged 45 to 54)
- ***"I couldn't fathom the app at all."***  
(East of England, aged 55 to 64)
- ***"Frustrated that I was never used!! Feel that my willingness and expertise was not valued at all. No explanation given as to why I was not used."***  
(South East, aged 65 to 74)

This survey and subsequent engagement with volunteers has led to some immediate and on-going improvements to the programme – such as - greater distribution of task notifications, changes to the website to make it more user-friendly, and on-going improvements to the GoodSAM app. We have also focused on reducing scenarios in which volunteers call patients who state 'no help is needed' or were 'unaware they have been referred'. The specific improvements are set out in section 5

## 2. NHS VR PROGRAMME

### What it is

The NHS Volunteer Responders (NHSVR) programme is commissioned by NHS England and NHS Improvement (NHSE/I) and was announced on the 24th March 2020 as part of government's COVID-19 response. The original aim of the programme was to support the 2.5 million individuals identified as 'clinically vulnerable to COVID-19' to stay safe at home for a minimum of 12 weeks. The programme went live on 7 April and is a partnership between NHSE/I, Royal Voluntary Service\* and GoodSAM\*\*. The programme has been commissioned to the end of March 2021 and NHSE/I with RVS/GoodSAM will continue to review and evolve the programme to ensure it continues to meet people's needs.

### How it works

The programme accepts referrals from a wide range of sources – health care professionals, local authorities, other voluntary groups, and self-referrals. Once approved, volunteers need to download the GoodSAM App and manually switch to 'on-duty' or 'off-duty'. The GoodSAM app - in real-time - matches local volunteers to individuals or hospitals/ pharmacies that need 'tasks completed' such as shopping, delivery of prescriptions, patient or equipment transport, and/or a friendly 'check in and chat'. ]

**The programme works best when there is more volunteers' on-duty than tasks coming in to enable tasks to be matched quickly.**

Volunteers have control over the time they give by switching their app to 'on' or 'off' duty depending on their commitments (e.g. work, childcare, etc). Royal Voluntary Service manages the recruitment and provides support to volunteers and patients/clients. This includes supporting patient safeguarding and wellbeing (e.g. food poverty, diminished mental and physical wellbeing and suicide concerns) and volunteer safety and wellbeing.

### Innovation in volunteering

There were many innovative aspects to this programme. Firstly, the speed and pace at which a programme of this size was set up – from concept to delivery it took a few weeks (end of March to beginning of April). Secondly, it was the first time that this type of technology app was used to recruit and approve an army of volunteers – in **a matter of days to support the healthcare system**. Thirdly, it aimed to match supply (local volunteers) with real-time needs of patients. And, finally, it provided individuals – with impactful micro-volunteering opportunities – while allowing them control and flexibility over the time they gave by switching *on* and *off* duty around their other commitments.

### Scale of programme

The programme originally asked for 250,000 people to step forward to volunteer their time to support the NHS. In 6 days 750,000 came forward before recruitment was paused. To date the programme has supported over 110,000 unique patients and has just passed 1 million tasks completed by volunteers. Of the 750,000 volunteers who came forward, 590,633 were approved to volunteer, 491,813 have downloaded and logged onto the GoodSAM app, and **384,896 have at some point put themselves 'on duty'** (to end of September 2020).

## 3. SURVEY METHODOLOGY

### Aim of the survey

The survey had two questions to answer: a) What was the experience like for individuals volunteering as part of NHSVR, and b) What can we learn about what worked and what improvements need to be made. This survey is one of three surveys undertaken (Patient and referrer survey - July to Oct), and will be complemented by further data collection – e.g. focus groups & interviews (Oct-Dec).

### Data collection

An online link to a survey was sent out in a fortnightly newsletter to all approved volunteers, this will include volunteers who are active and inactive (e.g. those who never downloaded the app, have downloaded the app but never logged on-duty or have stopped logging on-duty). The survey link was initially sent on 4th July and a reminder to complete the survey was sent in newsletter of 18th July. The survey closed on 14th August (12,019 completed by 31st July):

- Total emails sent out: 582,893 (4th July) and 581,392 (18th July);
- 'Opens' of newsletter: 343,859 (59%) and 305,133 (52 %) (respectively)
- Unique clicks to survey: 5,931 and 9,033 (respectively)
- Total surveys completed – 12,048

### Survey respondent characteristics

- Just over 1 in 3 (36%) are under 55 years of age, and 41% are aged 55 to 64.
- The majority are female (63%), have no long-term health condition (74%) and 7% state they are in the shielding/self-isolating category.
- The majority are British white or other white, and 6% identify as coming from Black, Asian or Minority Ethnic groups (BAME). 36% identify as having no religion, 55% are Christian, 6% are Muslim, Jewish, Buddhist, Hindu, Sikh and 3% would prefer not to say.
- The majority are either employed (41%, FT/PT) or retired 34%; only a small percentage identify as furloughed (8%).
- The majority signed up for Community Response role (62%) and Check In and Chat role (52%).

It is difficult to confirm how representative this survey sample is of the wider NHSVR group as we collect limited personal information. However, we know this survey sample is slightly older however, the volunteer roles undertaken were similar across the survey respondents and wider NHSVR.

## 4. FINDINGS FROM NHSVRS WHO COMPLETED THE VOLUNTEER SURVEY

The volunteer experience and hence responses to the survey questions appear to be driven by two factors - i) those who completed a task(s) and ii) those not given a task/undertaken a task. In general, those who had completed a task or several tasks had very different responses to questions on: experience of the programme, satisfaction with the programme, physical and mental wellbeing, and sense of community connectedness. Where relevant this data will be presented to give a full picture of the impact of this programme.

This paper will set out four areas of analysis:

### a. General volunteering

### c. Volunteer satisfaction and future involvement

### b. Volunteer experience

### d. Community connectedness, health and wellbeing

### a. General volunteering

#### Volunteering for the first time?

- 1 in 5 NHSVR are volunteering for the first time
- First volunteers differed slightly from those who had previously volunteered; they tended to be younger (**42%** vs 34% under 55 years), male (**44%** vs 34%), in slightly better health (**77%** vs 74% no long-term health conditions) and employed (**47%** vs 39%, Full/Part-time)

	%
I have volunteered before	79%
I have not volunteered before	20%
Don't know / can't recall	1%

#### Involvement in other voluntary groups?

- **One in three** respondents were volunteering for other groups

	%
No, I am just helping out with NHS VR	<b>66%</b>
Yes, I am helping out with <i>one</i> other group	21%
Yes, I am helping out with <i>more than one</i> other group	13%

## Of those volunteering for other voluntary groups ...

- Almost half (46%) are through local organised community groups and just over 30% are informal groups organised by neighbours.

	%
Organised local/community groups	<b>46%</b>
A local informal neighbourhood group(s) which was/are organised by neighbours	<b>31%</b>
National charities such as Marie Curie, Macmillan, Alzheimer's Society	18%
Faith group	13%
Public sector (e.g. other NHS voluntary activities, police, fire)	11%
Sports group	6%
Other	17%

## Motivations for participation

- Of those who responded to the survey - they were **motivated to participate because of the 'national crisis'**
- Other important factors were – to help their local community, support the NHS, to make a difference and help people.

	%
<b>I was responding to a national crisis</b>	<b>88%</b>
<b>I wanted to help my local community</b>	<b>72%</b>
<b>I wanted to support the NHS</b>	<b>64%</b>
<b>I wanted to make a difference</b>	<b>62%</b>
<b>I enjoy helping other people</b>	<b>61%</b>
I wanted to gain or use skills and experience	12%
I was furloughed so I had some time	10%
I thought it was expected of me	6%
I enjoy telling my friends/family about my volunteer work	5%
I wanted to meet people/make friends	3%
I have an interest in pursuing a career in healthcare/NHS	3%
It was connected with the needs of my family/friends	2%
Someone asked me to give help	1%
Other	4%

## **b. Volunteer experience**

### **Given a task and undertaking a task**

	<b>%</b>
Volunteer has been given a task	62%
Volunteer has not been given a task yet	38%

- Respondents (38%) were asked for reasons 'why' they had not completed a task.

	<b>%</b>
I haven't yet been given a task to do despite switching the app 'on-duty'	76%
I was given a task but unable to accept (e.g. was busy at the time, task was outside my area)	11%
I haven't yet been given a task to do because I forgot to switch my app 'on-duty'	1%
Other (e.g. problems with app, lost interest, etc)	12%

- Of those who have undertaken a task – 80% of those individuals have completed 2 or more and almost 50% have completed 5 or more tasks.

	<b>%</b>
1 task only	20%
2 - 4 tasks	31%
5 - 10 tasks	<b>24%</b>
More than 10 tasks	<b>25%</b>

Volunteers had varying experiences of the programme; some found it a rewarding and a life change experience while others were frustrated with the lack of tasks and difficulties with the technology/app. (source: NHSVR survey and interviews)

### **Life change/rewarding**

*"Since losing my jobs I've been at a loose end of what to do, I want to help people out and make people smile. I've already been offering to help neighbours out with their shopping so this is the next step."* (London, aged 16 to 24)

*"I've been a NHS responder since the scheme started and have done shopping trips for people isolating. Just an hour of my time makes a huge difference to someone who can't get out. It's great to see communities coming together to help the vulnerable and keep them safe."* (Midlands, aged 45-54)

*"I'm really acutely aware of people who don't have anybody. And I think if I can add value or just be that person at the end of the phone, then I've done something good and worthwhile and that's really important to me."* (South East, aged 35-44)

*"The App makes it easy and efficient to help when available"* (South East, 45-54)

*"The positive feedback and the fact you know you have just made someone's day"* (North East, 45-54)

### **Problems/improvements**

*"I would like to be used more, I have had 1 alert in 1846 hours of volunteering"* (Midlands, aged 55-64)

*"I would like to be able to help - I'm disappointed that I have not been able to help so far"* (South East, 55-64)

*"I couldn't fathom the app at all"* (East of England, aged 55 to 64)

*".. process of application and required app much too complicated"* (South East, aged 45-54)

*"Frustrated that I was never used!! Feel that my willingness and expertise was not valued at all. No explanation given as to why I was not used."* (South East, aged 65 to 74)

*"I have time to help respond to other's need, unfortunately the need appears very thin on the ground where I am! I help informally to the needs of neighbours and friends – but the NHS requests are few and far between!"* (North East, aged 55-64)

**As part of the survey volunteers were asked – “To what extent do you agree or disagree with each of the following statements?”**

- 93% felt the programme was flexible around the time they give and 86% knew how to raise a concern about a patient/client (e.g. food poverty, mental wellbeing, etc)
- Also 3 in 4 volunteers stated they felt well supported
- However, more than half felt the programme could have been better organised; this might reflect a number of early issues with the programme (April/May) such as - lag in number of referrals coming in versus supply of volunteers. In addition, some clients were unaware they had been referred or had a lack of knowledge of the programme and did not require support. Both of which we have sought to rectify – see section 5.

	<b>% (agree)</b>
NHS VR is flexible around the time I give	<b>93%</b>
I know how to raise an issue (e.g. if I had a concern about the welfare of a client)	<b>86%</b>
I feel well supported by NHS VR	72%
Things could be much better organised	53%
NHS VR is too structured & formalised	17%
There is too much bureaucracy	16%

**c. Volunteer satisfaction and future involvement**

We asked about overall satisfaction with the programme and likely participation in NHSVR over the next 12 months (to June 2021). The answers to these questions were driven by two factors – 1) task completed versus no task completed, and 2) the number of tasks completed.

**Overall satisfaction**

- Tasks completed: 65% of those who have undertaken a task stated that they were ‘very or fairly satisfied’ versus 11% of those who have not been given a task yet.

<b>“Overall, how satisfied or dissatisfied are/were you with your experience of being involved with the NHS VR?”</b>	<b>Task given? % (n=)</b>	
	<b>Yes, Volunteer who had been given a task</b>	<b>No, Volunteer who had not been given a task yet</b>
Responses		
Very satisfied	<b>29% (2024)</b>	<b>4% (168)</b>
Fairly satisfied	<b>36% (2495)</b>	<b>7% (314)</b>
Neither satisfied or dissatisfied	14% (1001)	29% (1254)
Fairly dissatisfied	15% (1082)	32% (1406)
Very dissatisfied	6% (401)	28% (1225)
Total	100% (7003)	100% (4367)

- Number of tasks completed: Those who have completed *more tasks* have much greater satisfaction (very satisfied) with the programme - 46% versus 10%.

Responses (%)	Number of tasks			
	1 task only	2 - 4 tasks	5 - 10 tasks	More than 10 tasks
Very satisfied	<b>10%</b>	23%	35%	<b>46%</b>
Fairly satisfied	<b>21%</b>	40%	42%	<b>38%</b>
Neither satisfied or dissatisfied	23%	16%	11%	9%
Fairly dissatisfied	30%	17%	10%	5%
Very dissatisfied	15%	4%	2%	1%
Total	100%	100%	100%	100%

### Future participation?

- In total, 68% stated they are likely to continue to volunteer for NHSVR, 26% were unlikely and 6% 'don't know'.
- Unsurprisingly, those who have been given task(s) are more likely to continue:
  - 83% of those who have undertaken a task stated that they were 'very or fairly likely' versus 45% of those who have not been given a task yet.

Responses	Task given? % (n=)	
	Volunteered who had been given a task	Volunteered who had not been given a task yet
Very likely	<b>51%</b>	<b>21%</b>
Fairly likely	<b>32%</b>	<b>24%</b>
Fairly unlikely	8%	19%
Very unlikely	5%	27%
Don't know	4%	9%
Total	100%	100%



- And those who have completed more tasks are more likely to continue to volunteer for the NHSVR programme – 88% versus 68%

Responses (%)	Number of tasks			
	1 task only	2 - 4 tasks	5 - 10 tasks	More than 10 tasks
Very likely	<b>35%</b>	51%	56%	<b>58%</b>
Fairly likely	<b>33%</b>	32%	33%	<b>30%</b>
Fairly unlikely	14%	8%	6%	6%
Very unlikely	13%	5%	2%	2%
Don't know	5%	4%	3%	3%
Total	100%	100%	100%	100%

We asked volunteers **why** they are *likely* or *unlikely* to continue to volunteer for the NHSVR programme:

- **Of the 68%** who stated they are likely to volunteer – the main reasons given were:
  - The cause – committed to helping the NHS and
  - The people they give help to

Which <b>THREE</b> , if any, of the following are the main reasons you are likely to continue giving this help?	%
The cause – committed to helping the NHS	<b>71%</b>
The people I give help to	<b>69%</b>
The difference I'm making	43%
A sense of duty or obligation	29%
The way it fits with my everyday life	25%
The positive impact it has on my health and wellbeing	7%
The way the programme is organised	4%
The skills/ experience that I'm gaining	4%
The lack of people to take my place	3%
Don't know	1%
Other	3%

- **Of the 26%** who stated they are unlikely to volunteer – the main reasons given were:
  - they didn't feel they were making a difference
  - were unhappy with the way it was managed/organised
  - had less time because circumstances had changed
  - felt the crisis was over

<b>Which THREE of the following are the main reasons you are unlikely to continue giving this help?</b>	<b>%</b>
I don't feel like I am making a difference in the way I want to	<b>56%</b>
I am unhappy with the way it is managed / organised	<b>43%</b>
I have less time because my circumstances are changing (e.g. home, work, study, moving away)	<b>26%</b>
I feel I am no longer needed (e.g. crisis is over)	<b>26%</b>
I feel my efforts weren't always appreciated	7%
It was a one-off activity or event	6%
I don't feel like it matches my interests / skills / experience	3%
I want to have more time for other things (e.g. hobbies)	3%
It causes me too much stress	3%
The cause isn't relevant to me anymore (e.g. supporting the NHS)	2%
I feel I have done my bit (e.g. it's someone else's turn to get involved etc.)	2%
I feel I am not the right age	1%
My health problems make it difficult	1%
My family / partner doesn't want me to be involved anymore	0%
I don't get on with others in NHS Volunteer Responders	0%
Don't know / can't recall	1%
Other (e.g. felt no longer needed, app/tech issues, volunteering elsewhere, etc)	34%

### ***d. Community connectedness, health and wellbeing***

We asked volunteers several questions about belonging and connectedness to their neighbourhood, their health and wellbeing. Previous research has found that volunteering has a number of associated benefits – e.g. improved physical and emotional health (Nazroo, et al, 2013; NCV0, 2018). We wanted to understand any possible benefits – given the stress and uncertainty brought about by this national and global pandemic.

#### ***Belonging to neighbourhood?***

- Almost 70% stated they had a sense of belonging to their immediate neighbourhood.

<b>How strongly do you feel you belong to your immediate neighbourhood? Please think of the area within a few minutes walking distance from your home</b>	<b>%</b>
Very strongly	<b>22%</b>
Fairly strongly	<b>47%</b>
Not very strongly	25%
Not at all strongly	6%

- Unlike previous questions, there were only small difference found – ‘belonging to neighbourhood’ – for those who undertook task(s) (71%) versus no task 66% and number of tasks completed (68% (1 task) and 73% (10+ tasks). This might suggest that the act of being ‘on-duty’ (but not given any tasks yet) still enables people to feel connected to their neighbourhood.

### Feeling more connected to neighbourhood and neighbours?

- Almost half feel *more connected* to their neighbourhood and neighbours since the COVID-19 outbreak.

<b>Do you feel more or less connected to your immediate neighbourhood and your neighbours since the Coronavirus (COVID-19) outbreak?</b>	<b>%</b>
<b>More connected</b>	<b>46%</b>
About the same	49%
Less connected	4%
Don't know	1%

- There were some differences found - *more connected* - for those who undertook a task(s) (49%) versus those not given a task yet (41%) and number of tasks completed (46% (1 task) versus 53% (10+ tasks).

### Doing more?

- Of those NHSVR surveyed almost 80% felt people were doing more to help others; the Community Life Survey (Recontact survey, July) and ONS survey (25-28th June) found differing results – 50% and 73% (respectively) felt people were doing more to help others.

<b>Do you think people are doing things to help others more, about the same, or less since the Coronavirus (COVID-19) outbreak?</b>	<b>%</b>
<b>More</b>	<b>78%</b>
About the same	16%
Less	4%
Don't know	3%
Sample size	NA

- There were differences found in those who undertook a task(s) (82%) versus those not given a task (71%).

## Better health and wellbeing?

Volunteers were asked 'To what extent do you **agree** or **disagree** with each of the following statements about NHSVR?'

Overview table (source: NCVO/Time Well Spent)	% who agree with statement
I enjoy it	82%
It gives me a sense of purpose	77%
I feel I am making a difference	74%
It brings me into contact with people from different backgrounds or cultures	66%
<b>It improves my mental health and wellbeing</b>	<b>52%</b>
It gives me new skills and experience	41%
It gives me more confidence	36%
<b>It helps me feel less isolated</b>	<b>32%</b>
<b>It improves my physical health</b>	<b>20%</b>
It improves my employment prospects	14%

- Overall, there were high percentage scores for 'I enjoy it' and 'It gives me a sense of purpose' – possibly indicating that the act of stepping forward and switching 'on-duty' contributed to this.
- Those volunteers who undertook more tasks were more likely to feel that it **improved their mental health and wellbeing - 38% vs 63%**

It improves my mental health & wellbeing	Number of tasks			
	1 task only	2 - 4 tasks	5 - 10 tasks	More than 10 tasks
Responses (%)				
Definitely agree	<b>5%</b>	10%	14%	<b>18%</b>
Tend to agree	<b>33%</b>	40%	44%	<b>45%</b>
Tend to disagree	18%	16%	14%	12%
Definitely disagree	18%	11%	8%	6%
Don't know / can't recall	4%	3%	3%	2%
Not applicable*	22%	19%	17%	17%
Total	100%	100%	100%	100%

(\*NA: doesn't need improving or do not want to answer)

- Those volunteers who undertook more tasks **felt less isolated – 22% vs 43%**

<b><i>It helps me feel less isolated</i></b>	<b><i>Number of tasks</i></b>			
<b>Responses (%)</b>	<b>1 task only</b>	<b>2 - 4 tasks</b>	<b>5 - 10 tasks</b>	<b>More than 10 tasks</b>
Definitely agree	<b>6%</b>	9%	12%	<b>18%</b>
Tend to agree	<b>16%</b>	20%	23%	<b>25%</b>
Tend to disagree	21%	21%	20%	18%
Definitely disagree	22%	16%	13%	12%
Don't know / can't recall	3%	2%	1%	1%
Not applicable	33%	32%	30%	27%
Total	100%	100%	100%	100%

- Those volunteers who undertook more tasks felt it **improved their physical health – 11% vs 32%**

<b><i>Improves physical health</i></b>	<b><i>Number of tasks</i></b>			
<b>Responses (%)</b>	<b>1 task only</b>	<b>2 - 4 tasks</b>	<b>5 - 10 tasks</b>	<b>More than 10 tasks</b>
Definitely agree	2%	4%	5%	<b>11%</b>
Tend to agree	9%	12%	16%	<b>21%</b>
Tend to disagree	26%	26%	27%	25%
Definitely disagree	27%	22%	17%	14%
Don't know / can't recall	4%	3%	4%	3%
Not applicable	32%	34%	32%	27%
Total	100%	100%	100%	100%

Volunteers were asked if they were *satisfied with their life* and if they felt their life was worthwhile. *These questions are drawn from the Office of National Statistics (ONS) personal wellbeing questions.*

- The findings suggest that those who have been given a task have *slightly higher* wellbeing compared to those who have not been given a task.

<b><i>Average score by task versus no task</i></b>	<b><i>Satisfaction</i></b>	<b><i>Worthwhile</i></b>
Volunteered who had been given a task	<b>7.3</b>	<b>7.6</b>
Volunteered who had not been given a task yet	7.1	7.4

(Overall, how satisfied are you with your life nowadays? And, Overall, to what extent do you feel the things you do in your life are worthwhile? scores: 0 (not at all) to 10 (completely))

- Also, there is a linear improvement in wellbeing scores based on the number of tasks done.

<b>Average score by number of tasks done</b>	<b>Satisfaction</b>	<b>Worthwhile</b>
1 task only	7.1	7.4
2 - 4 tasks	7.3	7.6
5 - 10 tasks	7.4	7.7
More than 10 tasks	<b>7.4</b>	<b>7.8</b>

### **But how might this compare?**

ONS undertook a series of surveys during COVID-19 (April to October) to look at the social impacts in a sample of the UK population. Those undertaking more tasks report higher wellbeing compared - to a) those not given a task and b) a random sample of the UK population - for the same time period - July 2020.

<b>July surveys – ONS and NHSVR</b>	<b>NHSVR – given 10 or more tasks</b>	<b>NHSVR – not given a task yet</b>	<b>ONS 22-26 July</b>
Life satisfaction	<b>7.4</b>	7.1	7.0
Worthwhile	<b>7.8</b>	7.4	7.4

(Source: Coronavirus and the social impacts on Great Britain - 22-26 July survey; but is also similar for survey 2-5th July)

The wellbeing scores of those volunteers who were shielding is also encouraging; when comparing the NHSVRs to a similar group – those with underlying health conditions at a similar period in time (ONS, July) - this group has higher wellbeing – particularly ‘I feel the things I do in my life are worthwhile’.

	<b>Life satisfaction</b>	<b>Worthwhile</b>
NHSVR – no task given	7.1	7.4
NHSVR – given a task	7.3	7.6
<b>NHSVR volunteers who are shielding (7% /n=740; Check In &amp; Chat role)</b>	<b>6.8</b>	<b>7.4</b>
ONS 22-26th July – All – sample of UK population	7.0	7.4
<b>ONS 22-26th July – those with underlying health conditions</b>	<b>6.5</b>	<b>6.8</b>

These findings might suggest that volunteering is a protective factor - mitigating declines and/or improving overall wellbeing.

## 5. PROGRAMME LEARNING – IMPROVING VOLUNTEER EXPERIENCE AND ACCESS

The findings from this survey helped confirm and quantify developments and changes to the programme – some of which we have already started and others are up-coming. Based on some of the comments (e.g. section b) we have made the following changes and improvements.

### **Distribution of tasks**

The GoodSam app was originally designed for volunteers to respond to cardiac incidents; therefore the geographically closest person was optimal. For the NHSVR programme this meant that some volunteers were getting numerous notifications while others none. To address this we changed the matching rules on roles which did not require geographical proximity – such as the Check In and Chat. These were matched nationally rather than within a defined proximity to the patient, resulting in tasks being more evenly distributed. This might help with volunteer overall satisfaction with the programme.

### **GoodSAM app**

Some found the app difficult to use; we have continued to work with GoodSAM to improve the user experience of the app based on volunteer and referrer feedback.

Changes made so far include:

- Increasing the length of time that an alert/notification stays with a volunteer – ensuring that there is a minimum of 48 hours in which to complete a task once accepted.
- Providing patient phone numbers with an automatic pre-fix which withholds the volunteer's number – improving safeguarding and reducing the demands placed on volunteers.
- Adding the priority status of referrals to task notifications – alerting volunteers to 'urgent' notifications.

### **No help needed**

A consistent issue arising from the survey, webinars and social media were patients who were unaware they had been referred into the programme and/or were not in need of help. To address this, RVS regularly writes to all patients in receipt of support, explaining the programme, and reminding them how to cancel their referrals or amend their frequency should they no longer require support.

RVS also require those making a referral on a patient's behalf to tick a box stating that the person is aware of the referral. We hope this reduces the incidents of volunteers calling patients who require no help and we will continue to monitor this. These changes may reduce some volunteers' perception that that programme 'could be better organised' (53%).

### **Regular volunteer feedback**

Through the survey and social media posts volunteers told us that they wanted more ways to share their experience and contribute to the development of the programme.

In response to this we:

- Established interactive volunteer **webinars** – providing the opportunity for volunteers to meet the NHSVR team and discuss their experiences and any areas for improvement.
- Completed several '**mini-polls**' of volunteers via telephone to find out more about what motivates them to volunteer, and how we can continue to ensure that they are having a positive experience.

### **Website**

In response to suggestions from Volunteer Responders that our web presence (initially confined to a section of the RVS website) needed to be more user friendly, we invested in a new, standalone site ensuring information is presented in a clear, accessible format. A search function has also been added to enable swifter navigation of the site.

### **Enhanced volunteer support**

At present, we are working on improving the overall volunteer experience of the programme through: a) enhanced staff support for volunteers, b) improved & wider training offers for volunteers, and c) working with GoodSAM to explore improvements to the app in relation to language translation, instant feedback capability, and volunteer recognition. We also want to reach out and encourage more individuals – who are clinically vulnerable and are perhaps limiting their physical interaction with others – to step forward to volunteer for the Check In and Chat role given the enormous well-being benefits.

## 6. CONCLUSION

This survey aimed to understand the experience of volunteering in the NHSVR programme during the global pandemic. This survey is one of the largest datasets on volunteering in the UK providing a rich picture of people's experience of the programme and gives us further insight into the role volunteering might play in health, wellbeing and community connectedness. Findings from this survey appeared driven by two factors: a) those who undertook a task versus those who have not yet undertaken a task, and b) the number of tasks undertaken. The 'dose' or frequency of activity and involvement appears important – specifically – in overall experience of the programme, satisfaction with the programme, future commitment to volunteering for NHSVR (next 12 months), community connectedness, and in health and wellbeing.

We wish to thank all those volunteers who stepped forward to become NHS Volunteer Responders and for those who contributed to the insights in this survey – Thank You. If you haven't yet read the findings from the patient survey (Working Paper One) – we encourage you to do so!

For comments, feedback or questions: please contact Dr Allison Smith, Royal Voluntary Service – [allison.smith@royalvoluntaryservice.org.uk](mailto:allison.smith@royalvoluntaryservice.org.uk)

*Thank you to Rahel Spath, Independent data analyst at SocStats.*

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5. **Micro-volunteering** is typically defined as volunteering that can be done in small bursts or periods of time