Comisiwn Bevan Commission

The values and value of volunteering – our hidden asset

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Executive summary

Volunteers have always made a vital contribution to health and care in Wales but the experience of the Covid 19 pandemic has made the power and potential of volunteering more visible. Pressures on our health and care system and its paid workforce demand that we look more seriously at how we can maximise the potential of all our resources, including volunteering.

Volunteers are active in communities and within health and care settings, contributing to the prevention agenda, supporting or implementing frontline care and enabling recovery in many ways. We need to understand the diverse nature of volunteering, encompassing as it does, a whole range of activity from the informal to more formally structured and specialised roles. Whilst informal activity is characterised by its autonomy and independence from the state, formal volunteering opportunities can be co-produced, resourced and developed to address national health outcome priorities. This will be most effective in conjunction with statutory and professional activity as part of an integrated regional system.

There is a growing body of evidence to support the positive impacts of volunteering on the health and wellbeing of patients, carers and service users, on staff, on health systems and on volunteers themselves. It can help to alleviate some of the pressing issues facing our health and care system today, through for example, the giving of time for patient focussed conversation, practical support or information, by enabling a broader reach of services closer to home and by averting demands on acute services.

A framework for volunteering in health and social care has been developed to provide a common basis for the development of volunteering at a regional level which is integrated, resourced and sustainable.

We need to develop and to share more widely what is working well to bring about a culture change within statutory and multisector bodies which will enable space for volunteering to flourish and have maximum impact. Prudent health care demands no less.

Introduction

The resilience and sustainability of the health and care system is inextricably linked to the workforce and its skills, capacity and resources. Covid 19 has further challenged this, with increasing demand for services outstripping the capacity of health and care professionals, and with volunteers and communities becoming a more visible and valuable asset.

We are seeing a workforce crisis in health and care and need to think differently about how to resolve this in the short and the longer term. More radical thinking is needed to develop prudent approaches, making the most effective use of all skills and resources available to us. There are significant numbers of people in our communities who want to use their time and skills to help others – our volunteer 'workforce'. Why would we **not** want to recognise and support them to play a full part in building a healthier Wales?

The changing context

The Covid 19 pandemic has raised the profile of volunteers. The impressive scale and reach of the local response in communities throughout Wales would have been a different story without them.

Community groups organised themselves to meet the needs of the most vulnerable for food, prescriptions, dog walking or for social contact; Blood Bikes volunteers provided a courier service for transporting blood, plasma, and vital equipment between NHS sites; British Red Cross and St John Ambulance volunteers played a prominent role in the successful running of the mass vaccination programme, alongside new volunteers who signed up directly with their local health board, stewarding in carparks and providing a 'meet and greet' service for people coming for their vaccinations.

Many more volunteers came forward than the NHS or voluntary organisations had the capacity to involve safely. If we had a way to channel this untapped resource of skills, time and goodwill that was offered, imagine what could have been done!

Nevertheless, there were many examples of creative adaptation and development: volunteer services for those with mental health needs or chronic conditions, for example, went online but continued to provide vital information and tailored support for vulnerable groups through difficult times.

New partnerships emerged out of necessity, particularly between statutory and voluntary sector partners [1]. Some are becoming embedded as 'business as usual',

with volunteers more centrally integrated into models of service delivery. These are significant developments which deserve more attention - and scrutiny.

Research carried out by Wales Centre for Public Policy and WCVA [2], based on analysis of case studies of volunteering during the pandemic, found that volunteering had a positive effect on wellbeing for volunteers and of those they helped, which stemmed from the social interactions that took place 'on the doorstep' during delivery of food or medicine supplies. It concluded that volunteering should be an important part of Wales's wellbeing-led recovery.

It is timely, therefore, for us to look more closely at the nature, value and the potential of volunteering - this hidden asset within the 'wider workforce' [3].

Who makes up the 'volunteering workforce'?

Volunteers are those who freely give their time, without financial reward, for the benefit of others.

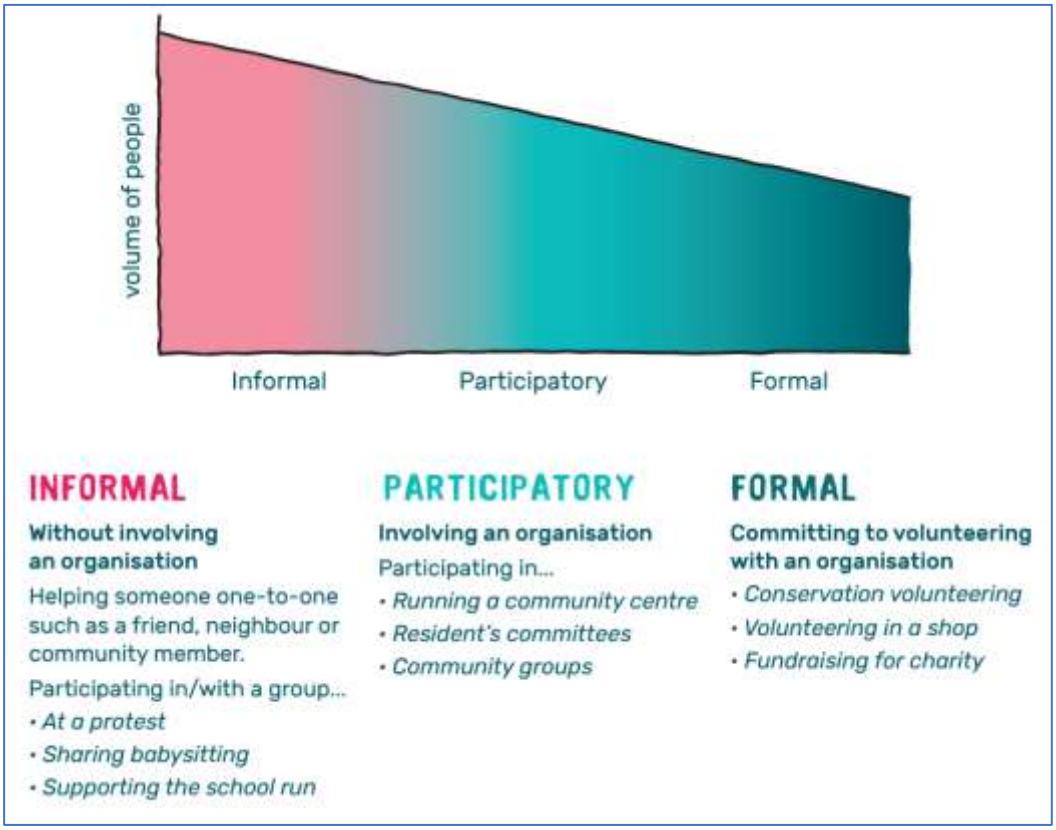

Figure 1. The spectrum of volunteering [4]

It is hard to quantify the contribution of volunteers to health and social care, for a number of reasons: volunteering covers such a range of activity and context. Volunteers may be active on an almost full-time basis at one extreme, or just occasionally at the other and involvement may be sustained or short term. They are

active in a variety of settings, in the community or in statutory health and care settings including hospitals, GP surgeries, care homes and hospices. Volunteering comprises a wide spectrum in terms of the formality of the context (see Figure 1), from the help given to neighbours and friends or 'mutual aid' through community groups to the defined and specific volunteer roles which more directly aim to complement, support or enhance statutory professional services.

Definitions and boundaries as to what constitutes 'volunteering' can be a matter of debate and perception. Not everyone, especially at the informal end of the spectrum would recognise themselves as volunteers and Welsh speakers are even less inclined to recognise themselves as 'gwirfoddolwyr', but rather see themselves as people who just 'help out'.

Solidarity and autonomy are the hallmarks of community-based movements, who have varied relationships to established organisations. They should be regarded as a complementary resource, not an appendage to existing services [5]. This contrasts with formal volunteering within voluntary or statutory organisations, where there is the potential to co-create roles and infrastructures and to 'grow' the volunteer workforce in ways which benefit volunteers and address strategic areas of need.

Volunteers across the whole spectrum of activity are of value as part of the 'wider workforce' for health and care within our communities. How to harness the energy and goodwill of informal and unconstituted community groups, providing support without interference, is a question that deserves further consideration. However, we shall focus in this paper on the formal end of the volunteering spectrum, which lends itself more readily to strategic and operational planning, investment and development in order to meet national policy goals, including those of A Healthier Wales, the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015.

It has been estimated (notwithstanding the challenges for research methodologies) that there are approximately 938 000 volunteers contributing 145 million hours of voluntary time each year, with a monetary value of £1.7billion [6]. Around 26.1% of adults in Wales volunteer for at least one day per year, with highest rates in rural areas and lowest rates in the most disadvantaged areas [7]. Volunteering is higher than the national average amongst younger people (27.3% for 16 – 25 year olds) and older people (30.1% for those aged 65 – 74 years). Men (26.4%) are a little more likely to volunteer then women (25.9%). We can conclude that volunteering is undertaken by adults of all ages – albeit with different kinds of activity and commitment appealing to people at different ages and stages of life.

Whilst most volunteers volunteer with a civil society organisation (67%), including charities, voluntary organisations and groups, 17% volunteer with a public sector organisation such as the NHS. Public sector volunteers are more likely to come from higher socioeconomic groups, have a younger overall age profile and volunteer more frequently. [8]

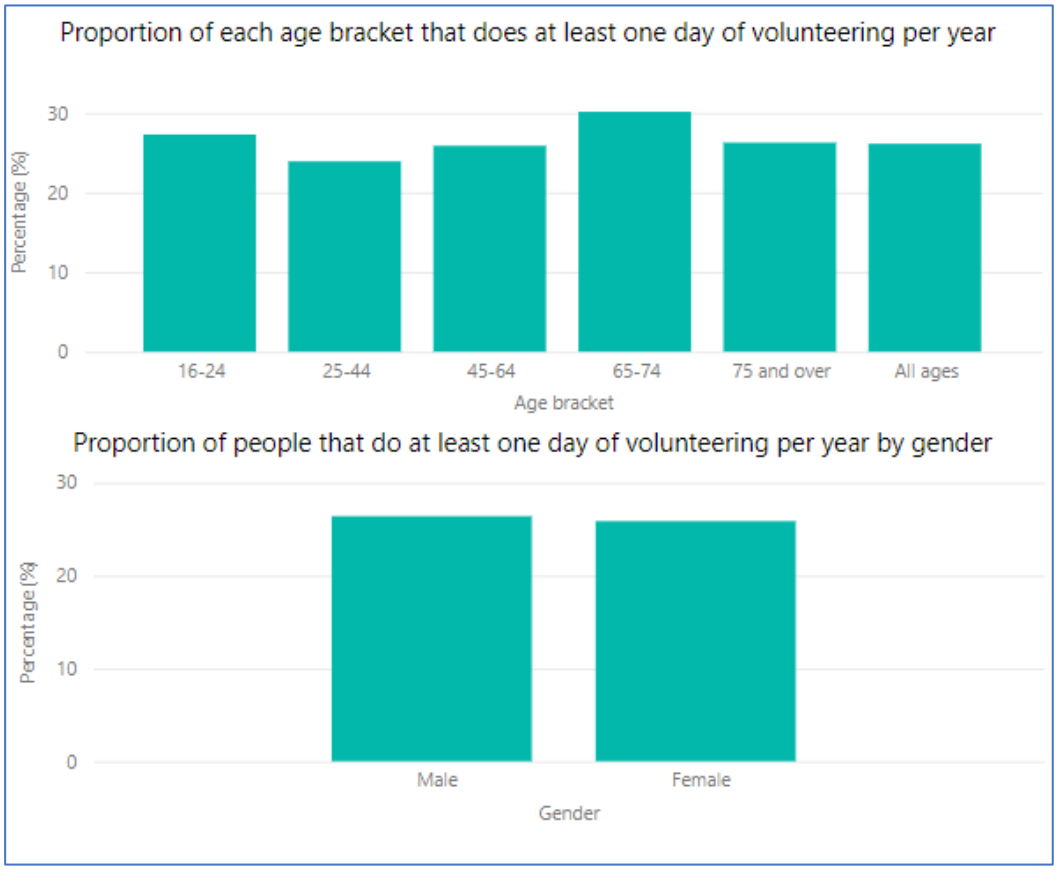

Figure 2 Age and gender profile of volunteers. National Survey of Wales [7]

The key question remains as to how we maximise the value inherent in this exceptional yet often invisible resource.

The Health and Social Care workforce strategy for Wales commits to better understanding the contribution of volunteers:

'*Commission a programme of work to understand the contribution of volunteers and carers to inform future workforce plans' in order to 'help us to understand the volume and shape of this workforce so that we can plan our workforce more effectively and support them in their roles. We will work with the Third Sector Support Wales and others to develop the potential of volunteering to support health and care in Wales'* (Action 32)

And the importance of volunteers in relation to recovery from the Covid 19 pandemic has also been noted:

'The Welsh Government should work with the voluntary sector to identify areas across its work where volunteering can support the post COVID-19 recovery, public services and wellbeing' [9]

Volunteers are involved in preventative activity, enhancement of care and in the direct delivery of care. Figure 2 gives a flavour of the range of volunteer activity and settings, as described in the evidence review commissioned by Helpforce in 2017 [10]. A fuller description of volunteering roles and practice within NHS trusts in England is available in a recent review published by the Kings Fund [11].

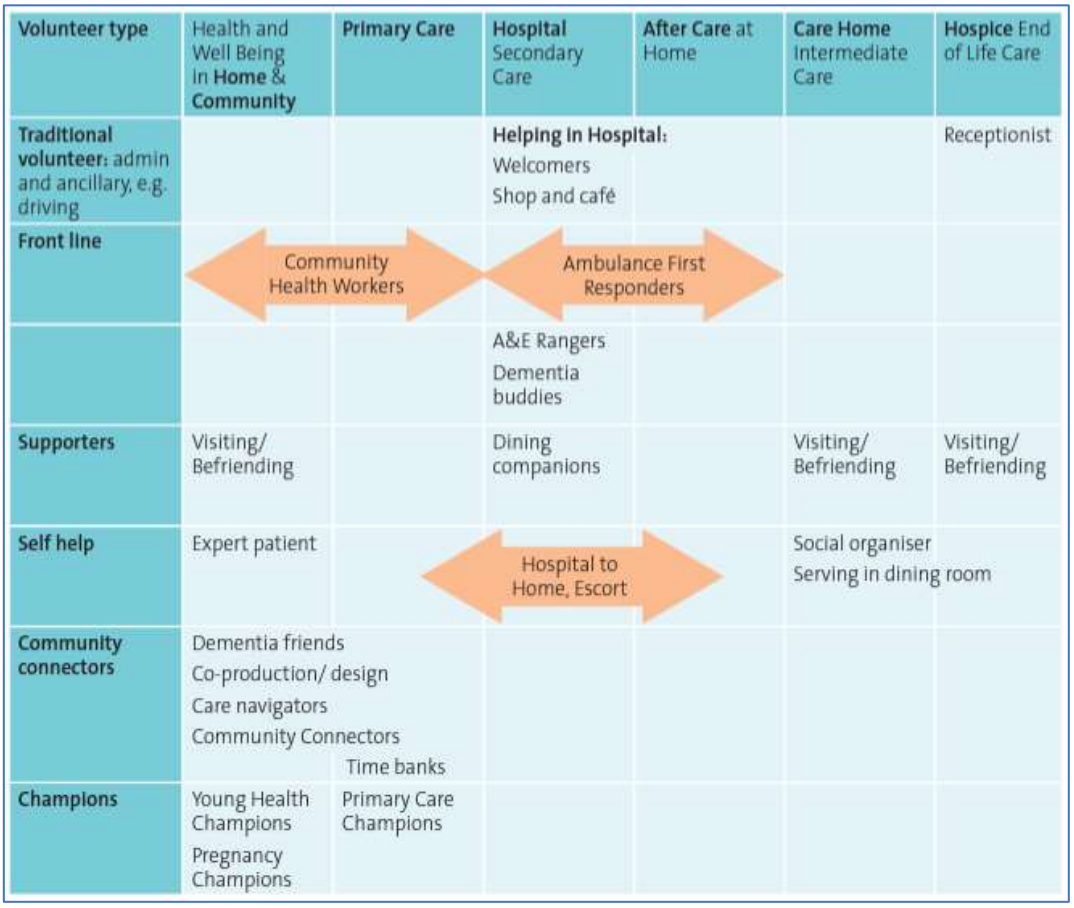

Figure 3 Examples of volunteer role in relation to type and setting (from Boyle et al 2017 [10])

Each health board in Wales has a well-established volunteering programme, managed by designated staff. Whilst their remit and the location of volunteering teams within health board organisational structure varies (some coming under 'patient experience' and others under 'workforce and organisational development', for example), volunteer managers are the fulcrum of volunteering within NHS Wales. Their role involves navigating the opportunities and challenges presented by a) the availability and interests of volunteers b) the vision and commitment of staff to involving volunteers and c) the governance that ensures safe practice and harmonious relationships.

The values and value of volunteering

Volunteering is based on mutual benefit – to beneficiaries and to the volunteer. (Sometimes the benefit is to an organisation, system or cause and the impact on beneficiaries is indirect – for example when volunteers support a health or social care charity with admin, publicity, governance or logistics). It is an expression of democracy, allowing individuals to contribute to the wider 'good' of society, including tackling poverty, injustice and inequality and promoting community cohesion and personal wellbeing.

The values associated with volunteering align quite naturally with the wellbeing goals and principles expressed in the Wellbeing of Future Generations Act.

Volunteering characteristically results in value that is neither easily defined in monetary terms nor easily measurable; value such as social cohesion, inclusion, personal and skill development and the embodiment of a person-centred ethos.

Good quality volunteering achieves a clear 'win-win', with volunteers supported and empowered to exert their own influence for positive change, whilst extending their own experience and learning in the process. In his theory of social development, Vygotsky describes the concept of social scaffolding – tailored assistance to enable individuals to reach new concepts, skills or understandings with increasing transference of responsibility and fading of support over time. With this in mind, volunteering can be viewed as a rich and practical learning environment which builds up individual capability and social capital.

Those who work with volunteers know all too well the difference volunteering involvement can make to beneficiaries and to volunteers themselves and the social return that comes from investment in the recruitment, support and training of volunteers. Volunteering has been described by Guild et al [12] as a 'new alchemy'-the researchers were struck by the transformational power of volunteering, transforming both the giver and receiver and transforming, too, an organisation's ability to deliver to beneficiaries cost-effectively. In short, bringing out the very best in people.

The economist Andy Haldane, speaking in Volunteers Week in 2021 [13] highlights the vital but largely hidden contribution of volunteers to social value. Our inability to measure the true value of charitable activity, he asserts, explains its relative neglect in public discourse and public policy.

The challenge remains to evidence and communicate the unique value of volunteering in terms that carry weight with those responsible for planning, developing and funding our health and social care services and this can be done in a variety of ways:

Approaches based on a theory of change, or logic model, involve identifying expected outcomes and gathering quantitative and qualitative evidence to test the extent to which a volunteering activity or programme achieves these.

More participative approaches involve dialogue with stakeholders to identify perceived value and project outcomes. Social Return on Investment methodology attempts to ascribe economic value onto a project or activity, by engaging stakeholders in identifying and prioritising its perceived benefits. Story based approaches such as Most Significant Change invites dialogue with stakeholders to determine what are the significant changes that have taken place. The approach recognises that 'what matters' to people may or may not be the explicit outcomes of a programme.

Whatever method or combination of methods is used - the evidence needs to 'speak' to those who influence planning decisions and resources if the contribution of volunteering to our systems of health and care are to be truly valued. A combination of 'hard data' and stories of change is likely to be the most persuasive.

Appraisal of the economic and social value of volunteering needs to be counterbalanced by consideration of the inherent costs, since volunteering does not come as a free resource. Costs associated with involving volunteers are discussed in a Third Sector Support Wales information sheet: The economic value of volunteers. They include costs associated with administration, communication, training, expenses and equipment. Actual costs will vary enormously, depending on the volunteer role and context; they may include, for example, salary costs for a dedicated volunteering manager or coordinator, costs for formal training and accreditation of volunteers or costs associated with meeting individual volunteers' specific needs.

Let us turn our attention to consider how might investment in volunteering help to address some of the major challenges that beset our health and social care system today.

Reducing pressures on the system

Voluntary sector organisations within the community are often a first line of response in addressing low level needs which would otherwise present to more acute, statutory services. The development of social prescribing in Wales aims to signpost people through appropriate referral mechanisms toward community provision that will meet their needs. Every such referral potentially reduces pressure on statutory services. The success of social prescribing depends upon volunteers who are active in operational and in governance roles and on sustainable voluntary sector infrastructure. (This infrastructure underpins much activity which enhances health and wellbeing generally and contributes to the prevention agenda).

Waiting lists is a good example of where volunteers might be part of the solution. The length of waiting lists for hospital appointments and treatment causes distress to individuals and pressures on the system through, for example, patients' condition deteriorating as they wait, or their need for information or reassurance adding to staff workload. Practical ways in which volunteers might alleviate the situation are being explored by Helpforce, which is working with partner organisations to develop volunteering projects that aim to tackle the issue.

Helpforce works with NHS organisations, integrated health and care systems and voluntary and community sector partners to increase volunteering opportunities and to accelerate their impact. It has been co-creating innovative solutions to health service pressures since 2018, enabling organisations to maximise the potential of volunteering to improve outcomes for people and for services. By partnering with organisations it has been able to develop and measure the impact of defined volunteering roles and to share findings and learned insights more widely in order to spread effective practice.

Evidence reports are available [14] including, for example, the role of meet and greet volunteers in Salford which has reduced the level of non-attendance (DNAs) at outpatient appointments. Patients and carers can book a 'meet and greet' volunteer in advance and the service supports people with a wide range of needs. It has been estimated that the service contributes to saving the NHS approximately £16k.

Barts Health Trust developed an active responder system of 'floating volunteers' who could be called (bleeped) to where they were most needed, most frequently to pick up To Take Away (TTA) prescriptions prior to patient discharge. From staff surveys it is estimated that volunteers reduce delays to patient discharge by on average 44 minutes per patient.

Patients in Sandwell and West Birmingham were helped to walk or exercise by trained Activity Support and Mobility volunteers, which decreased the number of subsequent requests to the therapy team. Findings suggest that patients were able to maintain their usual level of mobility in some part due to the support provided by mobility volunteers on the ward.

All of the above demonstrate ways in which volunteering can be integrated into our health and care planning in order to reduce pressures on the system and benefit patients and service users as well as providing opportunities for volunteers to make a valued contribution to our health service.

Closer to home

The aspiration of A Healthier Wales and of the Social Services and Wellbeing Act is for more local and citizen centred services.

Volunteering can enable local service delivery in community venues which are more accessible and user friendly for sectors of the community. Where volunteers work hand in hand with professional services, they can enable a viable service, with clinical experts having a wider reach.

One example is the Hear to Help service run by RNID (formerly Action on Hearing Loss) in Powys. Volunteers, trained by NHS audiologists, run local clinics in community venues where people can get help with changing hearing aid batteries or with minor repairs. This can save people a round trip of several hours to the nearest NHS audiology department and provides opportunity for a friendly chat. A case study and video describe the impact of the service more fully.

Being person-centred means addressing diversity of language and culture and the involvement of a range of volunteers can enable services to meet a diversity of cultural need.

At CCAWS (Community Care and Wellbeing Service), volunteers provide mental health services (counselling, befriending, advocacy and wellbeing support), specialising in culturally sensitive support for people from black, Asian and minority ethnic communities in Cardiff. Volunteers offer, between them, services in 13 different languages and support is individually tailored and delivered at low cost (see CCAWS case study).

In many circumstances, volunteers can bring their particular lived experience to the benefit of other people. Whether that be experience of mental health or hearing challenges, chronic health conditions, loss and bereavement, experience as parents or carers or as users of a particular service, volunteers can provide reassurance, support, information and an all-important listening ear. At the interface between the patient's world and a sometimes-bewildering health service, they can give people confidence to navigate systems, express their needs and to access professional help if needed.

The Peer Mentoring project led by Paul Popham Renal Support is a great example that illustrates the role of volunteers with lived experience. Volunteers who themselves have kidney failure provide social and emotional support for other people with kidney failure, including assistance with daily management. They can bridge the gap between patients and health professionals and encourage individuals to seek out clinical or community resources when appropriate.

A prudent model of healthcare is one which engages people through co-production, addresses those with greatest need first and ensures that all skills and resources are used to best effect. It is about much more than meeting clinical needs but includes the social and emotional dimension of people's lives, needs and wants. In other words, a prudent social model that empowers and engages people in relation to their own healthcare should replace the more traditional medical model [15].

Volunteers can be the eyes, ears or the voice of those who need support in accessing the information or help that they need and who are not visible to those services who can provide what is needed. In this way they can, with appropriate training and support, and in some cases with also relevant lived experience, contribute significantly to social and emotional aspects of care, close to where people live. A volunteer may be more readily trusted and confided in due to their status as being neither as a paid professional nor a close relative. They may, therefore, be able to provide valuable feedback, insight and information to professional care givers, enabling more effective care to be delivered.

The intermediary support role that volunteers can play between individuals and service providers of care will be most particularly important where individuals do not have support available from friends or family. They can help to mitigate the inequity of care that is often experienced by those for whom social capital is limited including, for example, those whose first language is not English or Welsh.

Volunteers represent a massive, invaluable but underused resource to health and social care services in their ability to spend time with individuals and to really listen to them.

An integrated and motivated workforce

Volunteers are, we have argued, a part of the wider workforce of health and social care. They can impact on the paid workforce in a couple of different ways.

The first has been alluded to already in the examples cited; volunteers can address low level needs which frees staff to focus on activity which requires their particular skill and expertise. This may be as part of a team, in hospital or community health and care settings, or it may be through a voluntary sector service which averts the need for individuals to seek statutory services altogether. Talking to patients, giving reassurance, helping in simple practical ways are all important in supporting speedy recovery or promoting independent self-care, for example.

Research commissioned by Royal Voluntary Service [16] found that frontline NHS staff recognised that activities carried out by volunteers allowed staff to free up time to

prioritise clinical care and that volunteers could be an 'extra pair of hands or eyes'. Most staff enjoyed working with volunteers, with the positive attitudes of volunteers helping to improve staff morale. Challenges sometimes arose due to lack of clarity around the roles of volunteers and staff. Staff felt that volunteer impact would be improved through better training and greater joined up working between staff and volunteers.

Data from projects in multiple NHS Trusts found that 71% of nurses feel less stressed with volunteer support and a similar proportion feel that volunteer support is helpful in allowing them to deliver good care to patients. Staff working with volunteers were more likely to recommend their organisation as a place to work (Helpforce evidence reports, cited above [13]).

The second way in which volunteers impact on the paid workforce is that volunteers may become the paid workforce of the future.

A cohort of Helpforce 'Volunteer to Career' pilot projects around the UK [17] including one in Wales, aims to create opportunities for intentional conversations with volunteers about their career aspirations and pathways to allow them to explore these further. Interim results found that 94% of the 65 volunteers with 5 NHS trusts reported increased confidence in their career ambitions, with many having already applied for jobs or training opportunities. The projects also monitor systemic change at an organisational level towards creating better volunteer to career pathways.

Not all volunteers aspire to a career in health and care, but a significant proportion do – and this is particularly so for those who apply to volunteer within the NHS. Some are clear of their career intentions from the outset; others discover their vocation through their volunteering experience.

The experience gained in voluntary roles and the opportunity to observe health and care systems from a patient perspective stands volunteers in very good stead as future care workers, doctors, hospital managers, or even politicians.

Valuing the volunteer

We have demonstrated how volunteers can be agents of positive change in relation to health and social care provision. We have also emphasised the two way nature of the volunteer relationship and so we need to consider what it means to truly 'value' the volunteer.

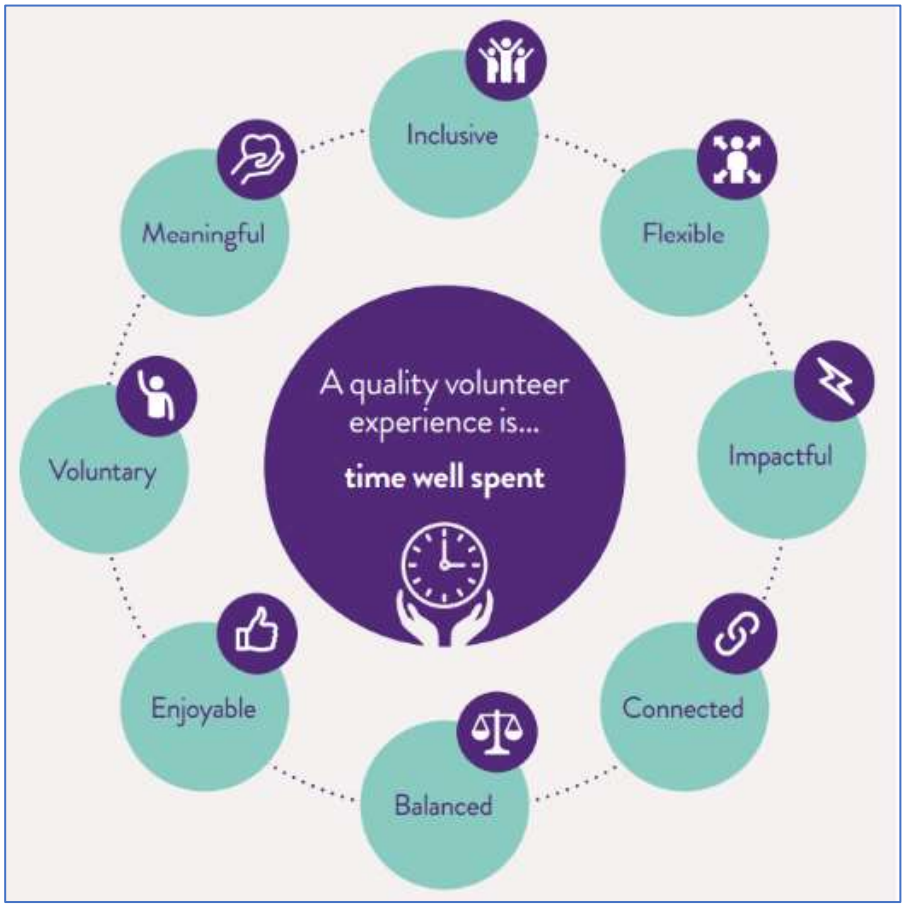

Figure 4 What makes a quality experience for volunteers.. NCVO [16]

A national survey of volunteer experience [18] affirms that for most volunteers, volunteering is a positive experience. Quality of experience was associated with common factors such as being flexible and inclusive, aligning with personal passions and interests, having sufficient structure and clarity in place, without being unnecessarily bureaucratic, and knowing that they are making a positive difference.

Appendix 1 includes guidance for organisations to put these principles into practice.

Building a supportive infrastructure for volunteering involves establishing appropriate practice around recruitment, training and ongoing support for volunteers. It will involve careful consideration and getting agreement about the scope and boundaries of volunteer roles and how issues of concern are dealt with. It will include mechanisms for recognition, review and mutual feedback so that volunteers are visible and active contributors to organisational mission and development.

Resources and information to support development of volunteer policies and programmes are available on the Third Sector Support Wales Knowledge Hub and from local County Voluntary Councils.

Taking stock – where are we now?

The fuller potential of volunteering within our health and social care services is within our grasp but is yet to be realised.

We know so much about 'what works' in volunteering and how it can be a 'win win' all round with positive impact on patient/service users, on systems of health care delivery as well as being beneficial to the mental and physical wellbeing of volunteers themselves.

We know much about why and how people volunteer and what makes for mutually rewarding volunteering experience [18] and we have a UK quality standard for benchmarking good practice in volunteer management [19]. We know that misconceptions about the purpose of volunteering and lack of clarity about the role of volunteers vis a vis paid staff can be a barrier in some quarters. So we now have guiding principles, agreed with trade unions in Wales, in the form of a charter which aims to mitigate such problems, instead promoting mutual understanding and positive relationships in a mixed workforce [20].

There is growing evidence, qualitative and quantitative, of how volunteers are making a difference to patients, service users, staff and communities - and how volunteers themselves benefit from the experience (see, for example [8], [11], [14]). We need to continue to add to and share this evidence base.

The experience of the pandemic has demonstrated more publicly, and brought to the attention of policy makers, what volunteers are able to do in the arena of health and social care, particularly when organisations commit to working more closely together, sharing information, resources and common processes to find solutions to pressing problems.

Examples of good and innovative practice exist. We need to promote these more widely, supported perhaps by the Bevan Commission exemplar scheme and by national encouragement to adopt and spread what works well.

A recent review of volunteering in NHS Trusts, published by the Kings Fund [20] sets out where volunteers add value and argues that NHS trusts now need to engage with volunteering as a strategic opportunity [21].

We have developed a common framework (Framework for volunteering in health and social care) to help Regional Partnership Boards, Health Boards, Local Authorities, voluntary sector organisations and others to maximise the potential of volunteering within local and regional health and social care systems.

The Framework, developed during the pandemic by Helpforce Cymru, Bevan Commission, Social Care Wales and Richard Newton Consulting, sought to capitalise on the gains made during the experience of Covid 19, to stimulate further integration of volunteering into the planning, resourcing and delivery of health and care and to signpost to resources to support local developments

It offers a vision in which volunteering is well resourced, well understood, sustainable and integrated within our planning and monitoring cycles; where volunteers add a citizen focussed, human dimension to health and social care services, enabling statutory bodies to more truly work **with** the communities they serve, to co-produce effective care. It also offers tools for benchmarking and maturing organisational practice (see Appendix 2).

A whole system approach is advocated in which there is a shared vision for volunteering, with different partners working together to create and manage an infrastructure for effective and mutually rewarding volunteer involvement.

Moving forward - so how do we get there?

There are real challenges to our health and social care systems, in meeting the growing demands for care and, crucially, in addressing the backlog. This is further compounded by workforce capacity issues. More innovative solutions are needed. The development of volunteering offers one of the solutions for more sustainable and effective care for the future.

As a fundamental and prerequisite step for priority action, it is recommended that senior strategic leads for volunteering be appointed in health and care settings, who understand the nature and true value of volunteering and who have the authority to engage with internal and external partners in order to fully realise volunteering potential across a geographical region.

This will enable the necessary changes to take place, so that we will achieve:

i. Models of planning and delivering services that are co-produced between equal partners and which recognise the social value achieved by involving volunteers. Dialogue as to how volunteers can be part of the solution in relation to specific priority health issues and how to make this happen.
ii. A culture change and new ways of working. Development of relevant knowledge, skills and understanding within staff teams for working with volunteers, through induction and other training. This will include awareness of volunteering, its values, its role within an organisation and the wider sector

and how volunteering differs from a contracted, paid workforce. Only with 'buy in' at all levels will we achieve the necessary culture change.

iii. Recruitment, management systems, governance and evaluation tailored to meet the needs of volunteering and proportionate to the context and risks.

iv. Partnership working maximised to fully benefit from existing skills, expertise and volunteering infrastructure. County Voluntary Councils can support the development of volunteering programmes, policies and processes.

v. A growing evidence base; innovative practice and successful models of working developed, adopted and shared more widely.

vi. Volunteering aligned to the needs of patients, professionals and strategic priorities.

vii. Shared systems of recruitment and training, enabling volunteers in health and care to move more easily between organisations, creating pathways for gaining experience, more agile response to changing needs and capacities and avoiding duplication of effort.

viii. The insights and views of a diversity of volunteers will be heard. Volunteers' voice is itself an asset that will help to shape services to better meet the needs of communities.

Whilst we forge our own path in Wales, we need to continue to learn from the experience and growing evidence available from elsewhere in the UK and beyond, and to share our own good practice and our journey.

Valuing the volunteer workforce and developing its full potential in this way could transform our delivery of more prudent health and care services, as well as furthering opportunities for a wide diversity of people to contribute to their communities in purposeful ways - and to benefit their own health in the process.

There is much to gain from more strategic recognition of the hidden volunteer asset in our communities: the wellbeing of patients, service users, staff, our ailing health and care systems and of volunteers themselves all stand to benefit.

Notes

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[18] McGarvey A, Jochum V, Davies J, Dobbs J, Hornung L (2019) Time well spent: a national survey on the volunteering experience. NCVO

[19] Investing in Volunteers. The UK quality standard for good practice in volunteer management

[20] WCVA and Wales TUC (2020) Charter for volunteering and workplace relationships: clarifying and strengthening relationships between paid workers and volunteers.

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Appendix 1. Putting it into practice -

Enabling positive volunteer experience

Source: NCVO Time Well Spent: A national survey on the volunteering experience 2019. Summary report.

	Volunteer involving organisations could consider	Impact on volunteer experience
Inclusive 	Offering inclusive volunteering opportunities and experience • Making it easy to get involved (eg taster session) • Reaching out to different people using a range of recruitment methods (eg supporting beneficiaries to volunteer, peer recruitment, working with community and faith organisations) • Creating a culture that actively encourages equality, diversity and inclusion • Talking about volunteering and volunteers in a way that people can engage with • Encouraging volunteers to bring their lived experience to their role • Ensuring online and offline volunteering opportunities are accessible and well-supported	Potential volunteers feel they can give volunteering a go to see if it's for them, have a range of accessible opportunities open to them and feel welcomed whoever they are
Flexible 	Creating volunteer journeys that can adapt to the variety of volunteers and their life circumstances • Listening to what existing and potential volunteers are looking for and want to offer, not just thinking about what the organisation needs • Recognising the common values volunteers share as well as their differences • Managing volunteers' expectations, signposting volunteers to other organisations so that their willingness to give time is not wasted • Giving volunteers the opportunities to shape their journeys with flexibility to change or leave their role • Providing a 'good exit' for any volunteers who leave, and keeping the door open for them to come back again	Volunteers feel that they are listened to and that the organisation is trying to fit their needs and offering different options. If they stop, they are left feeling they have had a good experience and could come back.
Impactful 	Maximising the impact volunteering has on volunteers and on those they help • Valuing and recognising volunteers in a variety of ways, and communicating this to volunteers and others • Assessing the impact of volunteers' contributions, with something concrete to demonstrate this • Contributing to changing the culture around the value of volunteering • Investing in supporting volunteers to do the best they can in their role • Valuing the role of volunteer coordinators or managers (where applicable) in supporting volunteers	Volunteers feel they are making a difference, and the organisation supports them in this.
Connected	Strengthening the connections that are at the heart of volunteering • Facilitating opportunities for volunteers to meet and socialise with others	Volunteers feel connected and a part of the organisation

	• Creating structures that are designed to enable volunteers' voices to be heard, and volunteers be part of the organisation • Thinking about different ways to connect people to the organisation, to others and to the activities they participate in • Thinking about how to help connect those who might otherwise feel excluded	with opportunities to meet people and have a voice.
Balanced 	Ensuring an appropriate level of formalisation • Thinking about how to be proportionate in what the organisation does and how it's done • Explaining why any processes are in place (where necessary) • Promoting ways of making volunteering roles rewarding • Distinguishing volunteering roles from paid roles and focusing on what makes volunteering different	Volunteers feel valued and not overburdened by the demands of the organisation – and understand why processes are in place.
Enjoyable 	Trying to make the experience enjoyable for volunteers • Promoting volunteer opportunities in a way that means potential volunteers will look forward to being part of the organisation • Taking an interest in volunteers and what they wat to get from volunteering • Supporting volunteers and ensuring they known how to raise an issue if needed	Volunteers enjoy taking part and feel supported in their contributions
Voluntary 	Ensuring volunteering feels truly voluntary at all times • Checking in on volunteers, especially the most involved, to avoid burnout • Not putting pressure on volunteers and ensuring they feel free to leave • Regularly discussing volunteers' roles with them to see if their expectations are being met	Volunteers feel they give time on their own terms and can choose to change or stop giving their time
Meaningful 	Supporting volunteers to give time in ways that are meaningful to them • Trying to engage with volunteers to understand what is important to them • Supporting them to find a way to give time in a fulfilling way • Matching roles with what people want to give and their offer of time • Being transparent about volunteer roles • Giving feedback on how people make a difference • Managing people's expectations to avoid disappointment	Volunteers feel their volunteering is fulfilling and resonates with what matters to them, and the organisation supports them in this.

Appendix 2 Developing volunteering within regional health and care systems

A self assessment check list. Source WCVA (2021) A Framework for volunteering in health and social care

a) commissioners and service planners

Score	Question 1 How do we involve volunteering within our service delivery?	Question 2 How do we plan for volunteering?	Question 3 Who should we work with to deliver volunteering within service delivery?	Question 4 How do we manage and develop volunteering?	Question 5 How do we measure the impact made by volunteering?	Question 6 How do we talk about volunteering?
5	We promote volunteering as distinct service.	As a distinct service, volunteering is planned, fully funded and evaluated.	We work strategically and operationally with delivery (including community groups) and infrastructure organisations to maximise the benefits of volunteering.	We promote volunteering at a collective level supporting shared resources and volunteer mobility. Volunteering is represented at key bodies such as Regional Partnership Boards.	We use a blend of quantitative and qualitative data to measure impact. Measures are long-term in approach and proportionate to the investment made in delivery organisations.	We deliver a developed narrative in respect of volunteering that clearly highlights its purpose, benefits and alignment to wider strategies.
4	Many of our services are enhanced by volunteering.	Whilst planned for as part of wider services, we ensure that volunteering can develop and is delivered effectively.	Operationally we work with both delivery and infrastructure organisations to link volunteering into service delivery.	We recognise (and wish to sustain) volunteering when developing services. We understand the impact delivered to service users and volunteers themselves.	We are developing a collective and consistent long-term approach which will enable us to measure the impact made by volunteering.	We talk about volunteering, and the activities that volunteers deliver, and are clear on our definition of volunteering.
3	We proactively support volunteering as part of wider service delivery.	Our plans recognise that volunteering happens but as part of wider service provision.	We work with a range of delivery organisations who support volunteering as part of their work.	We encourage the development of volunteering as part of wider service development.	Our delivery partners do collect impact data in respect of volunteering but as a service planner we do not/are unable to look at this collectively.	When talking about wider service delivery, we mention volunteering but have no developed narrative.
2	Where volunteering occurs, it not explicitly planned for and is at the initiative of the delivery organisation.	We do not plan for volunteering. Where volunteering occurs, it is as part of wider planned service provision.	Where we work with other organisations, this is related to wider service delivery rather than explicitly in respect of volunteering.	Development of volunteering only occurs where it is linked to the development of wider service delivery.	We do not explicitly measure the impact made by volunteering.	We do not explicitly talk about volunteering focusing instead on wider service delivery.
1	We do not involve volunteers in health and social care service delivery.	We do not plan for volunteering.	We do not involve volunteers in our delivery and as such have no need to work with other organisations to support volunteering.	We have no volunteering to manage/develop.	We have no volunteering and therefore no impact to measure.	We have no volunteering to talk about.

Appendix 2 Developing volunteering within regional health and care systems

b) delivery organisations

Score	Question 1 How do we involve volunteering within our service delivery?	Question 2 How do we plan for volunteering?	Question 3 Who should we work with to deliver volunteering within service delivery?	Question 4 How do we manage and develop volunteering?	Question 5 How do we measure the impact made by volunteering?	Question 6 How do we talk about volunteering?
5	Volunteering is a distinct service understood across our organisation. It is planned for, delivered in line with best practice principles and fully resourced and evaluated.	We treat volunteering as a distinct quality assured service. We understand the full costs of volunteering and resource it appropriately.	We work strategically and operationally with service planners and infrastructure organisations to maximise the benefits of volunteering within our organisation.	We work with other delivery organisations as well as infrastructure bodies to develop and engage in shared process and ensure volunteering is fully represented in service planning.	We have a clear impact measurement framework. This measures impacts to both the volunteer and health and social care delivery. This data is available for service planners to inform decision making.	We participate in a collective narrative that reinforces the benefits delivered by volunteers, aligning these to key policy priorities. We use our own evidence to inform statements about impact.
4	Whilst not a distinct service the impact made by volunteers engaged in wider service provision is understood, measured and managed.	Whilst not a distinct service we have clear measures to plan, review and develop volunteering which are embedded into wider service provision.	Operationally we work with both service planners and infrastructure organisations to support volunteering.	Whilst volunteering is embedded into wider service delivery, it has its own development and performance targets and plans. Volunteers are consulted in the setting of these.	We have a developed impact measurement approach (including feedback from volunteers) that we use to manage and improve volunteering delivery within our own organisation.	Our narrative in respect of volunteering includes evidence-based impact statements and a clear definition of volunteers and their roles within our organisation.
3	We proactively support volunteering as part of wider service delivery.	Our plans recognise that volunteering happens but as part of wider service provision. We understand and implement best practice principles in respect of volunteering.	We work with other organisations to support volunteering in our organisation. This could be public, private or voluntary organisations and maybe delivery or infrastructure organisations.	We encourage the development of volunteering as part of wider service development. Volunteering is delivered in line with best practice principles.	We measure volunteer outputs such as number of hours delivered and/or collect case studies but do not measure impact in terms of health and social care provision.	We talk about volunteering in the context of our wider service delivery.
2	Where volunteering occurs, it is as part of wider service provision. This provision is not dependent on these volunteers.	As volunteers are not a core part of our service provision it is not distinctly planned for.	Where we work with other organisations, this is related to wider service delivery rather than explicitly in respect of volunteering.	We have a quality assurance process, which develops wider service delivery. There are no distinct development /improvement plans for volunteering.	We measure the impact of our wider programmes but are unable to report on impacts or outputs solely related to volunteering.	We do not explicitly talk about volunteering focusing instead on wider service delivery.
1	We do not involve volunteers in health and social care service delivery.	We do not plan for volunteering.	We do not involve volunteers in our delivery and as such have no need to work with other organisations to support volunteering.	We have no volunteering to manage/develop.	We have no volunteering and therefore no impact to measure.	We have no volunteering to talk about.