Resourcing volunteering for community resilience in relation to health and social care

This paper is written on behalf of the Voluntary Sector Health, Social Care and Wellbeing Planning Group. It is informed by case studies submitted by members of this and other networks.

It builds upon the paper 'The values and value of volunteering : our hidden asset', which was published by the Bevan Commission in November 2022

A summary of responses is included in the Appendix.

1   Background and purpose of the paper

At a time when health and care services have never been so stretched, nor staffing shortages so great, the role of volunteers is talked about as a potential means of addressing needs and easing pressures on the statutory system. For example, a recent article in a civil service journal refers to a 'volunteer army' which could 'help reduce pressures on services and enable better outcomes in adult social care'.

It is an idea that has gained momentum in Wales. Being mindful of the role of volunteering in enabling society to function as it should, which in turn contributes significantly to community wellbeing and the prevention of ill health, the purpose of this paper is:

- To make some general points to help navigate this agenda
- To give some examples of what volunteering can look like within community based, voluntary sector and public sector settings
- To flag up the extent and nature of the resources and infrastructure that necessarily underpin volunteering

2   Navigating the agenda

Some fundamental points are set out below:

2.1   **The idea of maximising volunteer impact is not new**. Ten years ago the King's Fund suggested: *'As our approach to health and social care evolves, so we should actively re-imagine the role of the volunteer'*.

Moreover, in designing his blueprint for the welfare state in the UK, Beveridge 'had envisaged both a strong role for the state and for volunteer organisations and he was alarmed to see the state increasingly taking over' [1]

2.2   **The impact of volunteer activity on beneficiaries, communities, volunteers themselves and at a health and care system level is undisputed**. The case studies collected (and many other examples one could mention) demonstrate positive impact. However, proving this in terms which both capture the 'value' in a holistic

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[1] Cottam H (2018)in Radical Help p 26, Virago

manner and also speak the language of health economics is difficult. Long term impact, as well as short term health outcomes, are both hugely relevant. 'Making the case', therefore, is a challenge.

2.3 **Statutory services are interdependent with some volunteering activity.** For example emergency response by volunteers with RNLI, Air Ambulance, St John Cymru and Mountain Rescue teams; and volunteer led services with Blood Bikes and community transport organisations all work hand in hand with statutory provision.

2.4 **We need to be clear what kind of volunteering we are talking about.** 'Volunteering' covers a wide range of activity and context, including in community, primary and secondary care settings. It ranges from the highly skilled and formal, to more informal, neighbourly or mutual help. These are different and complementary, as illustrated in 'The spectrum of volunteer participation', published by the Eden Project. Outcome expectations, resources, the infrastructure required and development strategies for these all vary accordingly.

2.5. **There is no ready 'army' of volunteers**. Volunteer roles need to be sufficiently attractive to a potential volunteer and appropriately supported and resourced or they will fail. The pandemic was exceptional, with a strong national mood of pulling together. This level of voluntary activity is not sustainable under more normal conditions.

Feedback from WCVA networks suggests that a majority of organisations are experiencing negative impact on their volunteering programmes due to the cost of living crisis. Difficulties in recruiting volunteers were attributable to anxiety about personal circumstances, the need to increase paid work, transportation costs, stress or burnout due to their volunteering and to demotivation. User activity on the Volunteering Wales website increased during the pandemic but subsequently fell to less than 50% of pre-pandemic levels

2.6 **Volunteering is no 'quick fix' solution**. Developing a culture and infrastructure for volunteering takes time, relationship-building and long term investment. Volunteers are not a solution to current staff shortages.

3   Three examples explored

The selected examples below all involve volunteers in providing generic, low level community care and support, but within three different contexts: a) a local community b) a health board region, supported by a network of voluntary organisations and c) a local authority. In each case, the resources that underpin the project and the health and wellbeing benefits are summarise in the Appendix.

3.1 **Cardi Care**

Cardi Care was a pilot project to introduce the successful Solva Care model to a different but demographically similar community (Aberporth). The Solva Care toolkit provides comprehensive guidance and templates and mentors from Solva gave practical advice and support. Volunteers provide companionship and facilitate community engagement through social activities and events.

Initially volunteers were recruited, DBS checked and trained through the health board, but dropout rate was high and the mandatory requirements were felt by many to be onerous for the role. Volunteers have subsequently been successfully recruited and supported under the banner of the community hall. A grant funded, part-time co-ordinator manages volunteers and matches them to roles/tasks, organises events, maintains records and acts as a point of contact for all stakeholders.

Being recognised as a volunteer legitimises their role and gives a sense of safety for participants.

This is an example which is placed-based and draws upon existing local community assets.

3.2 Befriending support in Cwm Taf

A Regional Integration Fund (RIF) grant, managed by VAMT (Voluntary Action Merthyr Tydfil) enables six voluntary organisations to manage befriending schemes across the Cwm Taf area, between them involving around 550 volunteers to support 1525 beneficiaries in a six month period.

Volunteers offer face to face or telephone befriending and social engagement for those over 50 who are lonely or isolated – and also to their family and carers. They take a structured, goal-focussed approach to assist a personal journey of change, with the aim of reconnecting people to their community. Services are tailored to and co-produced with recipients and include therapeutic activity, social interaction and learning opportunities.

The grant supports staff in each organisation who recruit, train and manage volunteers, support client beneficiaries, deliver peer support groups, manage referral pathways and monitor outcomes.

This is an example in which organisations working together deliver a service which is both locally tailored and consistent in quality.

3.3 Denbighshire Adult Social Care service

'In response to the pandemic and a need to support people in their own homes, Denbighshire Adult Social Care Services set up a volunteering service to ease pressure on traditional providers, by harnessing the energy and talents of local people and providing innovative and effective social care and support that increases individual and community resilience. Given the success of the project it has now been mainstreamed and named the 'Edge of Care Team'. By keeping the Edge of Care service within Adult Social Care Services, we can ensure the principles, values and attitudes of our organisation are maintained.

Coordinating the matching of volunteers to citizens and the lone worker system has helped us remain connected to our volunteers and keeps Adult Social Care practitioners updated. Practitioners from the Community Resources Teams have reported how regular feedback relating to more complex cases has enabled them to build a better picture of citizens and how best to support them.

Volunteers have a flexible and open-minded approach to care and support, the difference in pace and opportunities for improved conversation delivers richer outcomes informed by creativity and innovative solutions. Improved outcomes are based on 'what matters' to citizens and carers, rather than time and task; one happy citizen commented 'We had a real belly laugh together today, 'I don't know where I went, but I know I had a bloody good time!'

David Soley (interim Head of Adult Social Care Services) commented 'having seen our citizens and carers benefit hugely from the support of volunteers during COVID-19, it made complete sense for the Edge of Care Team to become an integral component of Adult Social Care services in Denbighshire"

In this example volunteering is closely connected with the community navigator service, offering additional capacity and one to one support to individuals and valuable feedback for service development.

4   Other approaches

The examples summarised in the Appendix reflect other approaches worth noting.

4.1 **Peer support** networks enable mutual care, confidence and self-advocacy for people who share common experience – such as being carers, people with specific health conditions or disabled women. Such groups can be enhanced by trained volunteers (who may share similar lived experience) and by a voluntary sector infrastructure that offers access to training, advice and referral pathways.

Trained volunteers, who have themselves experienced cancer, provide peer support on a one to one basis to cancer patients via Tenovus' Tele-friends service. The model is effectively a combination of 'peer support' and 'befriending'.

4.2 **Direct NHS support.** Volunteers recruited, trained and DBS checked by PAVO (Powys Association of Voluntary Organisations) improve patient experience by spending time with patients on the ward, reading, playing games or taking a walk around the hospital. This enables a measure of agency for patients and provides reassurance for family members who may be unable to visit.

NHS based volunteering of this kind lends itself to development of volunteer to career pathways (see also 4.3).

4.3 **Growing the future workforce.** Volunteering can address the twin aim of supporting health and social care and also stimulating interest in future careers. Age Cymru, for example, has developed a methodology to facilitate meaningful conversation with care home residents which informs development and delivery of themed programmes of activity. Volunteers are involved both in holding such conversations and in supporting activity delivery.

This opportunity is proving attractive to young people and others who are looking to extend their experience, test a vocation or develop skills for a future career. Fruitful partnerships have developed with local educational establishments. It also brings fresh faces, skills, personalities and energy into the care home environment.

4.4 **Micro volunteering.** The article cited earlier refers to the NHS Volunteer Responder model in England, which is based on individuals signing up to specific community tasks rather than committing to longer-term volunteer roles.

Whilst the same system was not adopted in Wales during the pandemic, there could be opportunity to develop and manage micro volunteering on the new Volunteering Wales website. It would require investment in additional web development (i.e. over and above that currently under way) and details would need to be thought through. However, there is no reason why we could not, in future, have volunteers registered on the platform who have 'opted in' to receive alerts with requests for one-off help, which would be posted and managed by organisations registered on the platform.

5   Questions for discussion

- **Where do we want to see an increase in the activity and impact of volunteers?** For example, in general and 'low level' community support schemes, peer support networks or in defined roles that dovetail with statutory provision more intentionally?
- **How can this be managed and resourced?**

Additional Information

The costs and value associated with volunteers is summarised in a TSSW information sheet: [The economic value of volunteers](#).

Fiona Liddell,
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Appendix – Summary of case studies

The three examples highlighted in green are described in the narrative of this paper

Background and context	How does this support health, care and wellbeing in the community?	Underpinning resources	Consequences of stopping this volunteering
Community care and support			
Cardi Cares Volunteers in a community environment (Aberporth), supporting vulnerable people; providing companionship and facilitating community engagement through social activities and events.	• People enabled to live longer in their own homes • Reduces loneliness • Improved social interaction • Referrals from health and social care sector for support they could not provide • Evaluation demonstrated improved wellbeing and happiness factors and a better feeling of belonging	• P/t Coordinator (grant funded) to manage volunteers, organise events, maintain records, match volunteers to roles/tasks and as point of contact • DBS checks and training • Hall hire, refreshments, cost of activities • Volunteer travel expenses when giving lifts to residents e.g. for appointments/events	• Poorer wellbeing • Greater isolation • Increased burden on other services • Loss of purpose of volunteers
Cwm Taf – network of voluntary organisations Volunteers offer befriending, (face to face or by telephone) and social engagement to those over 50 who are lonely and isolated– and to their family/carers	• Structured, goal focused relationships assisting personal journey of positive change • Reconnecting people to their community • Services tailored to and co-produced with recipient • Therapeutic activity, social interaction and learning opportunities • Volunteers benefit through developing social support network, a sense of wellbeing and life satisfaction through helping others; greater confidence, purpose, skills; being more active and combatting depression.	• Six voluntary organisations, grant funded through RIF and administered by VAMT, supporting 550 volunteers and 1525 beneficiaries in six month period • Grant supports staff in each organisation to recruit, train and manage volunteers, support beneficiaries, deliver peer support groups, manage referral pathways and monitor outcomes. It also provides small contribution to core/basic costs but is not on full cost recovery basis	• Increased impact on GP and mental health services • Increased reliance on medication • Worsening mental and physical health, self-esteem, confidence, resilience and independence • Return of loneliness from which people have escaped • "catastrophic" for those receiving support

		• Volunteer training to ensure quality service, safety and governance compliance • Volunteer expenses; venue hire and activity resources • VAMT management of the grant scheme and cost of living increases are not covered by the grant	
Denbighshire Adult Social Care Service (Edge of Care) Volunteers provide social care support to people in their own homes e.g. support to undertake online speech and language classes, going for picnic, helping to manage the allotment, attending a medical appointment, dusting ornaments and sharing stories	• Strengthened individual and community resilience • Better outcomes due to the different pace and creativity of volunteers – based on feelings and doing (rather than task and time) • Opportunities for improved conversations • Eases pressure on traditional services • Improved community services resulting from feedback	• Dedicated team manager (33% f/t), two volunteer co-ordinators, community navigators and community navigator coordinator (33% f/t), admin support, • Strong links and shared intelligence with Community Development Teams and Commissioning Services • Senior management backing to develop the service in this way. • Edge of Care team is resourced through LA core funding supplemented by grant funding	• Carers' stress • Decreased mental and physical wellbeing due to isolation and loneliness • Missed medical appointments • Decreased confidence and hope for the future • Earlier admission to hospital or care home • Missed recruitment opportunities (from volunteers who then seek paid roles)
Age Connects Torfaen Digital champion volunteers support older people in one to one and weekly group sessions, in an environment which is accessible, relaxed and learner-led	• Keeps older people active and engaged • Enables connection with family and friends, and access to online information	• Range of digital equipment • Expertise and training from Cwmpas • Volunteer recruitment and support for volunteers	• People unable to access online services through lack of digital skills • More loneliness and isolation
Age Connects NE Wales Weekly telephone befriending service for people over 50	• Social interaction and friendship for mental wellbeing • Connection to wider community • Access to additional services and support (e.g. benefits checks, medical care)	• One staff member to recruit, train, and support volunteers, contact referrals, complete assessments and review the service • Phone, IT resources for recording	• Clients 'cut off' from their community and services • Health decline due to lack of stimulation and social interaction

	• Early identification of issues reducing impact on health and social care		
Age Connects, Morgannwg A range of volunteer led support including Reaching Out, Keeping in touch and Companions programmes	• Building up confidence through mentoring support e.g. with shopping, accompanying to visit friends	• Volunteer manager 21 h pw for befriending • Induction for volunteers • Meeting clients and placing volunteers (10 h per volunteer) • Ongoing volunteer support 2 h p/m • Volunteer expenses to escort clients out and about (£10 p/m per client)	• Decline in health and wellbeing • Full care package may be needed • Clients remain housebound, lonely and isolated
Seiriol Good Turn Scheme Transport for clients to GP/appointments, exercise classes, events etc; befriending home visits; help with shopping; gardening; dog walking/pet care; changing library books; supports digital skills. Activities eg coffee morning and dementia café, in partnership with others Minibus outings twice a month Good Turn scheme is run by Cynghrair Seiriol Alliance – a registered charity with CIO structure – entirely volunteer led	• Helping individuals to stay part of their community (about 80 clients at any one time) • Skills gained • Positive impact on people's health and wellbeing • As part of a National Trust pilot, free entry to NT properties	• Vehicles for transportation • 35 volunteers – of whom 15 are minibus and EV wheelchair trained drivers • MIDAS training every 4 years • Cloud based phone system (free to charities) operated by 8 volunteer call handlers • Community transport software to record journeys • Square app for card payments • Considering Microsoft 365 for sharing documents etc • There is a charge for 'good turns' that involve transport – currently 45p / mile • Support from local authority Social services and Medrwn Mon CVC • Costs covered by small grants initially and by donations	• Decline in health and wellbeing • Increase in loneliness and isolation • Lack of transport/ appointments missed
Peer Support			

Carers groups/Carers Trust Carers peer support networks, supported by volunteers	• Shared information, advice and support from those with lived experience • Help to navigate the system • Access to other support/services e.g. professional worker/Carers Needs Assessment • Enables self-advocacy and seeking own solutions • Personal development, confidence and transferable skills for volunteers eg as a step into employment • Organics growth of peer networks and supportive relationships	• Support from infrastructure of local carers services e.g. Credu/Swansea Carers Centre • Volunteer training e.g. in collaborative communication skills/mentoring • Volunteer supervision and support	• Reduced capacity to reach and work with a range of carers • More difficulties in accessing statutory services • Lower individual and community resilience
Fair Treatment for the Women of Wales Peer support and advocacy for women and people assigned female at birth who are disabled or living with long term/recurrent health issues. Online information; activities, events and focus groups on specific topics; interactive space to share health related experience and journeys.	• 24h access to online information and peer support about local health services • Support and advice from peers • Empowerment to seek appropriate healthcare services • Reduced isolation • More resilient patient community – especially during long waiting times • Opportunity to become formal advocates or champions for the charity based on their health experience e.g. in patient led research, policy forums, media – enabling further skill development and self esteem	• Volunteer led organisation until recently – now 2 p/t staff; looking to recruit also a p/t volunteer co-ordinator to help formalise the offer to volunteers – including training and impact reporting • Technology and range of social media and communication platforms • Translation to provide bilingual material • Reimbursement of expenses (travel and, where appropriate, payment for Patient and Public Involvement activity)	• Loss of a 'lifeline' to members and volunteers • For healthcare providers - reduced interface with the patient community to co-produce services that are effective and efficient • Loss of a unique and vital resources that cannot easily be replaced
White Rose Dementia Coffee morning Alzheimer's support group for people living with dementia and carers, facilitated by volunteers.	• Safe space for members to meet each week • Stimulation and satisfaction from craft activity, games and other activities • Friendship and informal support	• The group ceased due to lack of funding on several occasions (first as Alzheimer's Peer Support group	• Lack of peer support, social interaction • Increased anxiety and loneliness • Declining mental condition

		then as New Tredegar Dementia Support group) • Grant funding for room hire, activities and equipment • Advice from Caerphilly Cares Team and GAVO to write a constitution and create a new organisation: • Members pay £1 per week	
All Wales Forum of Parents and Carers Family carers provide peer support and take collective action for their mutual benefit (e.g. sharing info on accessibility of hospitality/leisure venues, or pooling direct payments to run a day centre	• Co-designed solutions to problems experienced • Increased agency for carers	• Support and flexible practice from local authorities • Technical advice and information from charity sector – including All Wales Forum	
Tenovus Tele-friends Volunteers, who themselves have experienced cancer, providing a weekly phone call to someone with cancer Volunteers work with staff within supportive teams; many also contribute to fundraising events	• Boosted confidence and self-esteem following diagnosis • Tackling feelings of loneliness and isolation • Shared insight and cancer experience via the all Wales cancer community gives people a voice and aids research • A sense of belonging – for volunteers and for patients	• Dedicated Volunteer Development Officer and Volunteering Assistant • Induction, advice and support to volunteers and monitoring their experience • Admin support from central admin team	• Increased emotional needs of people with cancer (approx 10% of cancer patients in Wales use Tenovus services) • Reduced income for the charity
Direct NHS support			
Powys THB Volunteers in Powys are recruited by PAVO to support NHS in a variety of ways e.g. Mass Vaccination Centres and non - clinical roles within hospitals	• Visitors to Mass Vaccination Centres feel safe and guided • Flow of patients is managed, leaving staff to focus on immunisation • Volunteers enjoyed solidarity and interactions, especially during Covid	• Health Volunteering Officer within PAVO oversees recruitment, training, inductions, DBS and introduction of volunteers to staff team • Ongoing support and monthly supervision of 70 current volunteers	• Mass Vaccination Centres would not run efficiently • Lack of the 'human touch' brought to patients by volunteers • Reduced independence and possibly longer hospital stays

	• Hospital patients enjoy one to one interaction and activity, for which staff do not have the time • Reassurance for family and friends when they are unable to visit • Small but important tasks done by volunteers gives patients greater agency	• Additional training as necessary	• Volunteers' satisfaction in helping NHS/helping at a time of need and sense of belonging
Growing future workforce			
Age Cymru Volunteers in care homes, engaging residents in structured conversations and supporting delivery of themed activity programmes. A pilot project involving eight care homes initially – now extending to four additional regions across Wales	• Intergenerational contact and social connections for residents • Stimulation from projects including art, digital, history, etc • A diversity of volunteers benefit in a variety of ways including skills and experience, entrée to career paths; connection with their community	• Age Cymru Team manager (p/t), project officer (p/t) and two artist practitioners (p/t) to engage with care homes, educational establishments, community partners and volunteers. This input from a third sector organisations minimises demands on care homes • DBS checks, volunteer training in safeguarding, dementia awareness and 'Tell me more' conversational training; care home inductions • Activity resources provided by care homes • Local third sector support e.g. marketing volunteer roles, digital expertise • Tell Me More conversational Toolkit – a set of cards developed to facilitate discussion with residents	• Reduced stimulation and social interaction of residents, including with young people • Care homes -reduced link with local community or access to specialist skills e.g. digital. • Difficulties in securing practical experience for young people • Young people unaware of relevant career opportunities within health and care sector