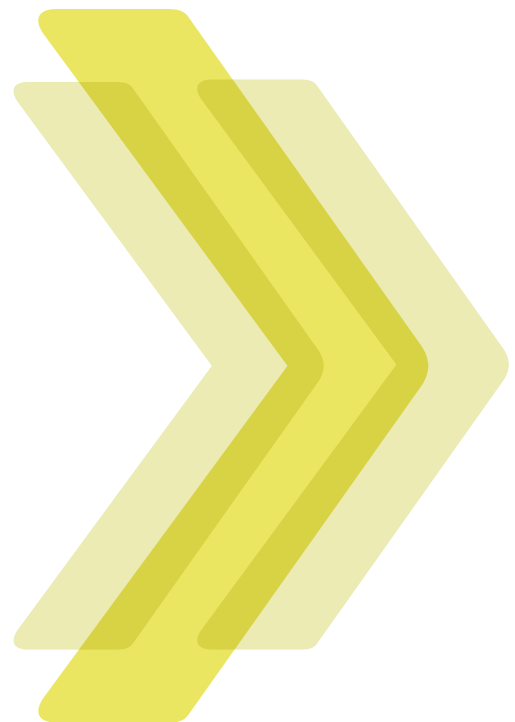


How can a strategic approach to volunteering in NHS trusts add value?

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Key messages

- Volunteering can have a positive impact: for organisations and their staff, for patients and carers, and for volunteers themselves. However, trusts are missing out on valuable opportunities to enhance and capitalise on the contribution of volunteers and there is much more that can be done to share practice and learning between trusts.
- We found evidence of support for volunteering in all acute and ambulance trusts, and in the majority of specialist, mental health, and community trusts. Irrespective of the individual scale of provision, there has been a significant expansion in capacity and capability of volunteering in recent years.
- The recovery of NHS services after the Covid-19 pandemic presents a vital opportunity to review and consider the role and contribution of volunteers as an integral part of delivering health care. Trust boards need to engage with volunteering as a strategic activity.
- Volunteering in the NHS is currently unlikely to be open to all and trusts may be contributing to ongoing inequalities in volunteering. Current approaches may unduly restrict recruiting volunteers who are representative of their local communities, meaning trusts miss out on benefiting from the resources and skills that exist within those communities.
- We provide a framework for senior leaders to use to understand their trust's current approach to volunteering, which offers a practical way of identifying how to move from volunteering as an 'added extra' to it making an integral contribution to the delivery of health care.
- National bodies and funders can play a vital role in facilitating trusts to review and develop the contribution of volunteering. Key actions include: developing specifications around volunteering workforce roles; sharing guidance and tools to maximise the quality of volunteering; support for voluntary services managers; and developing ways in which the contribution of volunteers is captured and understood.
- National bodies should also consider the relationship between volunteering in NHS organisations, including trusts, and place-based systems of care. This includes thinking about how NHS volunteer services fits within in a wider system of community support, and the interface between organisations facilitating and supporting local volunteering.

Introduction

In 2013 The King's Fund undertook a landmark survey to understand the scale and scope of volunteering in NHS acute hospitals ([Galea et al 2013](#)). That research highlighted the value and potential of volunteering, as well as the vast variation in the support for volunteering within trusts.

In 2020, NHS England and NHS Improvement and the Pears Foundation commissioned The King's Fund to explore the current picture of volunteering in NHS trusts and opportunities for supporting the future strategic development of volunteering.

The Covid-19 pandemic has further highlighted the power of volunteering – whether it was volunteers making gowns for NHS staff, transporting equipment and donations between hospital sites, manning vaccination sites, or delivering food and prescriptions to those unable to leave their homes.

The value of volunteering is clear, but our latest research demonstrates that much of that value remains untapped. Senior leaders should be asking – what are we currently doing, and what are we missing out on?

This report pulls out key findings from that research, and frames some of the questions that boards should be asking of their volunteer services. Importantly it identifies what trusts need in place to create a volunteering programme that goes beyond being a 'nice to have' to making a significant contribution to the operational and strategic aims of the trust.

The report makes recommendations for national bodies and organisations supporting volunteering in the NHS on actions that could facilitate trusts in this process.

Our approach to the research

This work has comprised a series of three complementary pieces of work:

- a review of the literature on what we know about volunteering, as activity and within health care
- a descriptive analysis of published material on volunteering from NHS trust websites
- interviews with voluntary services managers and leads in 12 NHS trusts (including providers of acute, community, mental health, specialist, and ambulance services).

The full details of the research and findings are shared in *Adding value through volunteering in NHS trusts: a resource for voluntary services managers and policy leads* (Gilburt and Beech 2022), which is a resource for voluntary services managers and for policy-makers to support the development of volunteering.

The picture of volunteering in NHS trusts

Our research found support for volunteering in all acute and ambulance trusts, as well as in most specialist, mental health, and community trusts. Regardless of the individual scale of provision, this represents a significant expansion in capacity and capability in recent years.

Trusts have largely set their own direction of travel, and as a result a huge diversity of volunteering roles has developed delivering a range of functions, from operational support to involvement and improvement. However, there is significant variation between trusts in the scale and scope of volunteering and in the design and infrastructure for managing volunteers. In most trusts, volunteering provides a number of benefits, but these are not fully recognised or realised. Boards may be aware of volunteers without having a clear sense of the core purpose of volunteering.

Our research shows that volunteering in NHS trusts is unlikely to be open to all. The approaches and processes that have evolved to support recruiting, selecting and supporting volunteers tend to preference adults who have a strong commitment to volunteering, the skills to volunteer within a health setting, and who are able to make a substantial commitment through regular weekly attendance for

six months or more. Current approaches may unduly restrict recruiting volunteers who are representative of their local communities, meaning trusts miss out on benefiting from the resources and skills that exist within those communities, and are contributing to existing inequalities in volunteering.

Many trusts are missing out on valuable opportunities to enhance and capitalise on the contribution of volunteers and there is much more that can be done to share practice and learning across trusts to enable them to maximise commonalities of purpose and value.

Changes during Covid-19

Covid-19 has changed the picture of volunteering immeasurably. Volunteering played a key role in the initial response to the pandemic ([Department for Digital, Culture, Media and Sport and Office for Civil Society 2021](#)) and the NHS Volunteer Responders programme saw a record number of people register to volunteer to support the communities the NHS serves ([NHS England and NHS Improvement 2020](#)). However, in all but a minority of NHS trusts volunteering was suspended, decimating volunteering capacity ([Lever 2020](#)).

Two years on from the initial lockdown, many trusts are faced with decisions on how to bring back volunteers. Many volunteers face restrictions to returning because of clinical vulnerabilities and some may wish to return to roles that are no longer feasible or desirable. Trusts that continued to support volunteers through the pandemic, and in some cases recruited new cohorts of volunteers, also face questions about which adaptations to volunteering made during Covid-19 benefited the delivery of care and should be continued, which require further revision, and which should be abandoned in favour of previous practice.

There is now an opportunity for trusts not just to restart volunteering as it was pre-COVID, but to capitalise on local support, aligning the function and roles of volunteers with the aims of the trust so that volunteering becomes a sustainable and integral way of delivering health care, as well as a vital point of connection with the communities that trusts serve.

Maximising impact

Our research highlights how volunteer services often develop in an ad hoc way, influenced by what is possible, feasible and desirable for volunteers to do, as defined by staff or volunteers themselves. While many volunteer roles serve common functions – such as improving patient experience – this can be an incidental outcome because of who is in the role or how that role is put into practice, rather than something which is achieved by design.

To maximise the impact of volunteers trusts need to shift thinking from ‘what can volunteers do’ to being clear about the purpose of volunteering and where volunteers can add value, thereby setting a strategic direction for developing and supporting volunteer roles that can have greater impact.

Our research identifies three key areas in which volunteering can add value: for organisations and staff; for patients and carers; and for volunteers themselves. If trusts understand how volunteering can add value in each of these areas (and the factors that limit that), they can identify opportunities to maximise impact. In addition, by considering these areas together there is an opportunity to optimise roles and practices to deliver value for multiple stakeholders.

Figure 1 The three pillars of added value



Pillar one: value for organisations and staff

The value of volunteers is often framed in terms of organisational support – such as freeing up staff time to care or supporting the flow of patients through the hospital. Some roles, such as meet and greet volunteers or buggy drivers focus on supporting patients, but by doing so, also benefit the organisation in getting people to where they need to be in a timely manner. Other roles, such as support for administration directly benefit the organisation.

Examples of approaches to maximise the value volunteers add for organisations and staff

- improving day-to-day operational functions, eg, wayfinding and escorts around the hospital, supporting clinic check-ins, optimising activities such as the transfer of equipment and prescriptions to and from wards and clinics
- capturing patient feedback – providing additional capacity, time to engage and listen, and independence from the care team involved
- supporting involvement and service or quality improvement activities.

Pillar two: value for patients and carers

Often activities volunteers undertake have a direct impact on outcomes. For example, supporting older people to eat and drink directly affects their ability to recover and leave hospital (Babudu *et al* 2016). Volunteers can also enable activities or provide a level of care/activity, which would be more limited or unlikely to happen without their input.

One area that receives less attention is the unique value of the volunteer themselves and the unique nature of the relationship and communication between volunteers and patients: they can build informal relationships of trust and equality that can lead to change, for example, by supporting people to articulate their needs or modelling and providing encouragement. Volunteers also provide distinctive value in being able to speak up and 'go beyond' the necessities, undertaking tasks that might not otherwise be done by anyone else, including advocating for patients and families. This can lead to volunteers playing more than one role such as friend, advocate and go-between, and has been conceived as providing a unique culture of care by fusing formal and informal care (Morris *et al* 2013). Volunteers can also bridge the

gap between patients and the clinical team, and their involvement in supporting one-to-one working and building staff capabilities through mutual learning can also strengthen the capacity for services to provide person-centred care.

Examples of approaches to maximise the value volunteers add for patients and carers

- prioritising the development of volunteer roles that specifically benefit patients and carers, for example, roles to support patient experience and patient journeys, and enhancing the experience offered by staff delivering activities or delivering activities clinical staff cannot
- using the lived experience of volunteers – developing peer support roles in key areas of care, and at specific points in care pathways or patient journeys.

Pillar three: value for volunteers

To date, value in volunteering has largely focused on value for patients and organisations. This isn't to say that volunteer services do not support and recognise their volunteers, but rather that the benefits for volunteers and the opportunity to realise these has not been given the same level of attention.

Volunteering can contribute to reduced mortality risk, improved mental wellbeing, and self-rated health through promoting a healthy lifestyle, increasing physical activity and improved daily living skills. As a social activity, volunteering can improve companionship, tackle social inclusion, increase social capital, and provide opportunities to form new relationships, and improve existing ones. Volunteering activities and the support volunteers receive can increase an individual's sense of social connectedness, increase self-worth and improve confidence. Volunteering can also provide opportunities to develop a sense of purpose, and enhance skills and resources.

Examples of approaches to maximise the value for volunteers

- paying attention to the design of roles – using and promoting volunteers' own skills, matching volunteers to roles aligned with their interests, balancing roles and tasks that staff need with activities that are interesting and satisfying, enabling volunteers to change roles rather than leave
- supporting career and employment aims – providing accredited learning and development opportunities, creating pathways into employment
- providing holistic support for volunteers – prioritising providing relational support and access to wider organisational support, and developing approaches to peer support
- focusing on the quality of volunteering – using national or local accreditation programmes to review and improve volunteering.

Ensuring volunteering is inclusive

The NHS Long Term Plan ([NHS England 2019](#)) outlines an ambition to increase diversity and inclusion in the NHS workforce, with each organisation setting its own target to increase representation, as well as an aim for NHS organisations to become anchor institutions, connecting to and with the communities they serve. Lack of diversity is an issue among public sector volunteers, as well as for the overall volunteer population, and NHS guidance ([NHS England 2017](#)) advocates developing inclusive approaches to attracting volunteers. The Covid-19 pandemic has focused further attention on issues of inequality in society.

Research shows that those who are marginalised in society benefit disproportionately from taking part in volunteering ([Linning and Jackson 2018](#)). For example, the improved social connectivity and social capital derived from volunteering is especially beneficial for people subject to exclusion and disadvantage, such as those who don't have a job or sense of purpose; who are marginalised in society, eg, asylum seekers and refugees; and those who have low wellbeing and mental ill health. However, those who potentially have the most to gain from volunteering are least likely to participate.

Our research found that current approaches to volunteering in NHS trusts may unduly restrict recruiting volunteers who are representative of their local communities. It is vital that a renewed focus on how volunteers can add value should not be achieved without additionally addressing issues of inclusivity. This ensures that the benefits derived from volunteering are available to all and

enhances and shares the value added. For example, a focus on inclusivity means that volunteers, patients and families benefit from a range of backgrounds and lived experiences in their support, and that an organisation is strengthened through diversity and different perspectives.

Examples of approaches to maximise diversity and inclusion in volunteering

- considering how pathways into volunteering and selection and management processes affect who volunteers, their retention and contribution
- providing support for youth volunteering – youth volunteering can set a pattern for lifelong volunteering and adaptations to support young people can benefit volunteers more widely
- supporting volunteers from more marginalised groups – understanding cultural factors, motivations to volunteer, and opportunities and addressing barriers to volunteering to increase recruitment of volunteers who are representative of the local communities.

Developing a strategic approach to volunteering

A strategic approach to volunteering seeks to achieve alignment and support of the organisational strategy. In trusts that have a strategic approach to volunteering, this process has been enabled by a focus on core aspects of the volunteering service and its function within the trust. This, in turn, has led to trusts being able to clarify the objectives of the service and identify ways in which the support and development of volunteers can be optimised to better support the trust's overarching strategic aims.

We identified six common components of volunteer services that facilitate a strategic approach to volunteering.

Dedicated volunteer management capacity and capability

The capacity and success of a volunteer service depends on having staff with sufficient skills and capabilities. Voluntary services managers are integral in:

- developing the service and a strategic approach
- working with trust staff to support volunteering
- managing the volunteer service and its staff.

Voluntary services managers need to be able to work at a senior level to secure appropriate support and buy-in to develop the service. Reviewing the role, skills and capacity needed is important in being able to maximise the value of volunteers and volunteer services. Currently many volunteer services don't have a head of volunteering or volunteering manager, and staff managing volunteer services range in banding from 3-8A.

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

Trust voluntary services manager

Organisational leadership to develop volunteering

Moving volunteering in the trust from supporting volunteers to developing a service capable of delivering added value requires support and visibility at board level as well as capacity and leadership on the ground. Key questions at a board level include the following.

- Do we have a dedicated voluntary services manager or head of volunteering able to develop the service?
- Is there a strategic plan for volunteering in the trust – or is it reflected in the trust's wider strategic planning? How do we know it is achieving its aims?
- Do we have a lead for volunteering at board level?

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

South London and Maudsley NHS Foundation Trust

A plan for developing the scope and scale of volunteering

Trusts have gone through a number of common processes to develop their volunteer service, its reach and value. These include:

- creating visibility of the volunteer service across the trust – for instance, by adopting a uniform and communicating with staff about volunteering roles
- building the relationship between the volunteer service and staff – including developing roles and processes in collaboration with staff
- considering the model of delivery and developing ways of working that optimise the value of volunteers within this. Models for delivery vary depending on the type of trust and scale of provision but need to consider provision of day-to-day support for both staff and volunteers.

A means for developing and embedding new projects as part of service delivery

Projects provide a targeted way of developing volunteer services and attracting additional investment and capacity. However, when they are run in addition to the rest of the volunteer service, they can stretch existing management capacity or be difficult to sustain beyond the timeframe and resourcing of the original project. Some trusts have managed this tension by structuring their service delivery around a series of projects each of which has dedicated support, while other trusts have sought to identify approaches to integrate new projects into business as usual within the context of their development and implementation.

Funding and resources that support delivery and development

Volunteering capacity in NHS trusts is primarily limited by the capacity of staff to support volunteers, and to invest in developing the service and new roles. Volunteer service co-ordinators and administrative support roles are key to providing appropriate support for day-to-day management of volunteers, while supporting and enabling voluntary services managers to engage in ongoing development of the service.

Our research found that investment in volunteer services primarily comes from the trust itself or indirectly from funds generated and managed by NHS charities. Investment in volunteering can be enabled by:

- being able to demonstrate organisational value – for example, having a set of clearly defined goals that are reported on at board level, as well as collecting and sharing examples of feedback on the impact of volunteering on patients and staff
- involvement in projects to support development of the service that come with dedicated funding. It is important to note that success in attracting additional funding, depends, in part, on having the capacity to bid for investment when available and sufficient support to deliver the service developments as required.

Building a relationship with the wider community

Trusts that have a strategic approach to volunteering have often considered the relationship between trust volunteers and volunteers supported by external organisations working within trust services. Actions taken include:

- developing oversight for all volunteers operating within trusts. This can support collaboration as well as ensuring a common direction among organisations supporting volunteers within the trust
- sharing processes and providing reciprocal support – for example, providing support with recruitment and HR across organisations, and using resources, such as hospital radio, to support visibility and communication more widely.

Voluntary services managers also highlighted opportunities for joining up volunteering in the trust with support and assets in the community and their role in enabling wider community development. Developments during Covid-19 and the development of integrated care systems also provide an opportunity to consider NHS trust volunteering within a wider context.

National support for volunteering

Until now, national bodies have set expectations around the growth of volunteering and provided a range of guidance to enable trusts to develop volunteering roles, in addition to small amounts of funding associated with specific projects.

Our research highlights the value of trusts having a strategic plan for volunteering which seeks to maximise the value that volunteering delivers and the development of volunteering capacity and capability to enable that. While some trusts have already embarked on this journey, there is much that can be done to facilitate this process.

A key component of this is ensuring that policy aims align with and support a shift from simply what volunteers can do to outlining a clear purpose for volunteering, reflecting the different ways in which volunteering can add value. Our research also highlights several specific areas where input from national bodies could significantly support trusts and enhance progress.

Developing standards and requirements for the voluntary services workforce

The head of volunteering or voluntary services manager role is one that melds a multitude of skills, responsibilities and capabilities. Investing in a strategic approach requires recognition of the development and strategic requirements of the role in addition to operational needs. Volunteer services also require other roles, including, for example, a volunteering co-ordinator and administrative support.

Unlike other roles in the NHS, currently there are no professional role standards and requirements for staff working in volunteer services. The staffing of volunteer services in trusts varies considerably, and staff doing similar jobs are often on different pay bands at different trusts. The skills, seniority and capacity of staff in voluntary services raises questions about what can be realistically achieved and some staff may be essentially placed in a caretaking role for volunteers rather than being in a position to develop the service. Being able to deliver a strategic approach

to volunteering therefore requires recognition of the workforce needed to achieve this, and provision of appropriate support and development for staff in this role.

The person who ends up looking after volunteers in the NHS tends to be the person who is a 'trustworthy pair of hands' rather than a dedicated volunteering manager. You just fall into it, and there's no career path really at the moment.

Volunteer services manager

Understanding and developing specifications for effective voluntary services

Our picture of volunteering demonstrates vast differences in how volunteering is structured and delivered. It is important to recognise that the support and management of volunteering comprises a set of functions that can legitimately be conceived as a service (for volunteers, patients and staff) – rather than simply specifications of an individual job description. Interviewees spoke about the value of quality standards such as Investing in Volunteers, and the potential for developing an NHS volunteer standard. Such standards may also start to determine some parameters for volunteer services – for example, the number of volunteers a volunteer co-ordinator can safely and effectively support and what they need to do this. Standardisation of some aspects of volunteering may also support transfer of knowledge, roles and even volunteers between trusts.

Considering the role of reporting and accountability in monitoring volunteering

Our research highlights the importance of reporting and accountability at board level in supporting the development of volunteering within trusts. Currently there is no national data on the number of people who volunteer for NHS trusts, the roles they play and their contribution in time or value. A recent review of social sector data concluded that this lack of data can make it difficult to develop long-term strategies to maximise potential, and to allocate resources where they are most needed.

Continuing support for voluntary services managers

Throughout our research voluntary services managers highlighted the value of being able to connect and network with other voluntary services managers and the role that organisations including Helpforce, National Association of Voluntary Services Managers and National Council for Voluntary Organisations play in

supporting this. Interviewees also noted that resources from these bodies and others, including NHS England, were also valuable in supporting day-to-day practice. This is particularly important in the context of adding value and addressing inequalities, given the differential development of volunteering between trusts and sectors around these issues.

The peer support you get is important. It's not like being a nurse or an occupational therapist where you have a big group of people that you work with. I am lucky in that I work in a team with support officers and administrators so that if you are having a moment, there are other people around to support, but there are a lot of volunteer services managers and co-ordinators on their own doing this role. It's important to know that you are not alone. There is bound to be someone out there that has done that role, had that problem before and how have they dealt with [it]. It's really valuable to be able to share operational intel and support each other.

Volunteer services manager

Understanding the true cost of delivering volunteering services

Much of the focus on value of volunteering has been on the value derived from volunteers, but without due recognition of the resourcing required to achieve this. Further attention to the costs of delivering a volunteer service may provide a means of better reflecting what can be achieved in relation to the scale of investment. Funders may also consider how and where they can best support strategic development of volunteering. For instance, our picture of volunteering showed that volunteering in some mental health and community trusts appears to be less well developed than in many acute trusts. This may reflect the differential focus and investment that has been given to developing volunteering in the latter.

Successful volunteer services only come from organisations that recognise their worth. This comes down to investment – some services are trapped in a Catch 22 where they bid for money to provide a service but they don't receive the funding as they lack a robust enough service to deliver the project requirements. As such, they can't prove what they can do without the funding. Volunteering across the NHS could be amazing everywhere if everyone had the same level of investment.

Volunteer services manager

Considering the role of NHS volunteering within the context of place-based systems of care

Volunteering in NHS trusts appears to be quite siloed from the wider local 'ecosystem' of volunteering. The mobilisation of volunteers in response to Covid-19 and development of integrated care systems offers an opportunity to consider how volunteering in NHS trusts relates and contributes to volunteering at a place-based level. This is important in ensuring that individuals who unsuccessfully apply to volunteer in NHS trusts are not unduly lost to the local 'ecosystem' of volunteers. In addition, it would help to avoid duplication of support provision and identify gaps where the support of volunteers could be beneficial. Finally, through developing an understanding of volunteering at place level, trusts can further develop their relationships with communities, and increase the net contribution of volunteers to the health of the communities they serve.

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