

# Exploring the role of volunteers in care settings for older people (ERVIC)

## RESEARCH FINDINGS

The contribution volunteers make to adult social care services can be classified in three ways: augmenting existing care services; providing a discrete free-standing service; or substituting for care workers by filling gaps in provision.

In settings where volunteers provided a discrete service or augmented provision the volunteer role had clear boundaries. In contrast, where volunteers were filling gaps there was less clarity between the role of volunteers and that of paid care workers.

Organisations that employed a volunteer co-ordinator/manager were more likely to have an established 'volunteer package'. In others there appeared to be more confusion over what the volunteer role was and how it should be carried out.

These findings contest the idea that there is an 'army' of volunteers that can be drawn upon to aid the delivery of social care. This is due to factors such as increased intergenerational care, rising female employment, later retirement and rurality.



# BACKGROUND

Faced with a rising demand for services, cuts to health and adult social care funding and recruitment difficulties, social care services for older people have become more reliant on the contributions of volunteers. Although previous studies have considered the use of volunteers in adult social care, the sector has been subject to a great deal of change over the past decade. Increasing proliferation in how, where and by whom social care is delivered has transformed the manner in which volunteers contribute to the provision of social care services for older people.

The contribution of volunteers to the provision of social care for older adults is frequently valorised by government ministers. The aim of this study was to explore the role of volunteers in the provision of adult social care settings by exploring:

- The roles do volunteers play in social care settings
- The motivations of managers and/or coordinators in seeking the contributions of volunteers and what are the challenges and opportunities related to their involvement
- How volunteering perceived and experienced by volunteers and paid members of staff
- How older people perceive and experience volunteer involvement in social care
- What can social care services learn from current practice with volunteers in older people's services.



## Methods

This study used an in-depth qualitative case study design to explore the role of volunteers. It recruited seven organisations from the South West region that engaged volunteers to contribute to the provision of social care for older people. These included: one retirement village (befriending service), one care home (befriending service); two day-care centres (one provided care to older people from a Black and Minority Ethnic community); one Time Bank (lunch club); one home from hospital support project and one physical activities programme provided in residential care homes.

At each of the seven participating settings, interviews were held with volunteers, co-ordinators/ managers of volunteers, care workers and older people receiving care. 94 interviews took place with: 39 volunteers; 14 care staff, 24 older people and 17 managers (including 4 regional managers). Of the 39 volunteers interviewed, 27 were female and 12 were male. At least three quarters of the volunteers were aged over 60 and most described themselves as formally retired (n = 26) or not currently in paid employment (n = 10). Just three volunteers said that they were aged under 30 and three volunteers said that they were in paid employment.



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## MODELS OF INVOLVEMENT

One way in which the seven case study organisations differed was in relation to the contribution that volunteers made at each setting: whether the work the volunteers did augmented existing care services, provided a discrete free-standing service or filled gaps in provision.

In settings where volunteers provided a discrete service (home from hospital, lunch club) or augmented provision (befriending service, exercise programme), the volunteer role had clear boundaries which were different from the boundaries of paid care worker roles.

In contrast, at sites where it appeared that volunteers were filling gaps (day care services, care home), there was much less clarity around the distinctions between the role of volunteers and that of paid care workers.

This lack of clarity was also clear when some of the older people in these settings were interviewed, who were unaware of who was a paid care or support worker and who was a volunteer. In contrast, in those settings where volunteers augmented provision or provided a discrete service older people were clearer how volunteers were making a distinct contribution from that made by paid care workers.

## 'WHERE VOLUNTEERING SITS'

For three of our organisations the involvement of volunteers was their *raison d'être*/ core mission (national charity running a home from hospital programme, a national volunteer charity running an exercise programme and a lunch club run by a Time Bank). Volunteers were the mainstay of all of the activities undertaken by these organisations. For three other organisations the involvement of volunteers was central to their mission but it was not the key concern (retirement village and two day centres, one run by a national charity and the other by a community based charity). For

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the final organisation the involvement of volunteers was not as clearly articulated (care home) and, although valued by the organisation, their involvement appeared to be peripheral.

## THE IMPORTANCE OF THE VOLUNTEER CONTRIBUTION

The study findings indicate that volunteers are making a substantial contribution to the provision of care and support services for older people and, moreover, that social care organisations recognise the value of this contribution, particularly in terms of alleviating loneliness and isolation amongst the older population.

Many older people really valued the connections they had made with volunteers and spoke about their interactions with volunteers as something which they looked forward to or, in some cases, as something which had transformed their quality of life. This was particularly the case where volunteers were in a role that was clearly separate to paid members of staff. In these cases, older people described their relationships with volunteers as fundamentally different to those which they had with care or support workers. For example, when talking about a befriending service, several older people commented that it was nice to have interactions which were not of a practical or medical nature.

## SUPPORTING VOLUNTEERS – THE CO-ORDINATOR ROLE

A topic of much discussion across the different organisations was the importance of supporting volunteers and, also, the difficulty of supporting volunteers when there is not a dedicated member of staff to do this.

In organisations where there was a volunteer coordinator or manager, for example at the retirement village and at the charity providing exercise sessions in residential care settings,

several volunteers described this as something which had swayed their decision to volunteer at that organisation in particular.

Volunteers appeared to value having a clear and transparent route into the position; a clearly defined role; and an individual whom they could speak to if they encountered any problems or concerns. Organisations that employed a volunteer coordinator or manager were more likely to have an established 'volunteer package', for example, to have a recruitment and training process as well as being more likely to have some sort of on-going support for volunteers.

In instances where there was not a dedicated volunteer coordinator or manager at an organisation, for example at the care home, there appeared to be more confusion over what the volunteer role was and how it should be carried out. There was also a more obvious problem with recruiting and retaining volunteers in these settings.

There were different means by which co-ordinator roles were funded, these included: through charitable donations; by cross subsidisation through other activities or, as part of the commissioned service. Most managers suggested that commissioners of adult social care services rarely appreciated the need, and hence the cost, of having a volunteer co-ordinator.

## VALUING VOLUNTEERS IN DIFFERENT WAYS

All of the organisations participating in this study valued the involvement of volunteers in their work. However, the way in which this involvement was recognised varied. For several organisations, recognition involved holding an annual 'thank you' event while at both day centres volunteers were given travel expenses as well as a meal in recognition of their contribution. The majority of

volunteers said that they felt valued by the organisations where they volunteered and by the older people who they came into contact with. Many volunteers alluded to small tokens of appreciation, such as paid members of staff saying hello, inclusion in social events, and thank you cards. Most of the volunteers felt included in the organisations they volunteered for.

## LESSONS FOR ADULT SOCIAL CARE PRACTICE

While the study provides many lessons about the management and support of volunteers in general, there are specific lessons about the role of volunteers in adult social care practice.

Interviews with managers of services and/ or volunteer co-ordinators reported that the contribution of volunteers was most effective, both for the organisation and older people receiving services, when volunteers were able to commit to the service on a regular and consistent basis. Contributing on this basis was thought to be essential to building relationships with older people as well as developing knowledge of the organisation/service.

Having clear aims and objectives for their involvement was also regarded as important and having access to support in order to be able to raise questions/concerns about the needs of, and care of, older people.

In addition, several managers/ co-ordinators thought that volunteers' willingness to take part in training, proportionate to the role itself, was essential to volunteering in adult social care. This included safeguarding training.

### ■ Recruitment and retention

Based on interviews with managers and co-ordinators, the study findings contest the idea that there is an 'army' of volunteers that can be drawn upon



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to aid the delivery of adult social care. This is due to a number of factors such as increased intergenerational care, rising female employment, later retirement and rurality.

This impacts upon the delivery of services, particularly where those services already rely heavily on volunteers.

Difficulties recruiting and retaining volunteers at one organisation based in a semi-rural setting meant that they had made the difficult decision to employ a paid worker to carry out some of the activities that volunteers normally completed. At other settings the research team were told that the timing and content of training, particularly compulsory training on safeguarding, had a negative impact on the recruitment and retention.

At sites where there were fewer difficulties with recruitment and retention, such as at the retirement village, volunteers spoke about how the positive reputation of the organisation had drawn them to the role. Others told us that they volunteered at particular settings because a close family member had received care there or that they had a connection to someone working at the setting.

Longstanding volunteers across the different organisations most often described the close connections which they had made with older people and the appreciation they felt as reasons for remaining in the role.

## ■ The boundaries between volunteers and care workers

The findings indicate that working with volunteers in adult social care settings is most successful when there are clear boundaries between the volunteer role and that of paid care workers. Those organisations where the boundaries between paid care work and volunteer roles were more clearly defined tended to be larger and

had dedicated resources and paid members of staff to oversee the recruitment, training and management of volunteers, such as at the retirement village. In other settings, including both day care settings, the boundaries between paid care work and the volunteer role were poorly delineated and appeared at risk of becoming increasingly blurred. This blurring of boundaries between the role of paid care workers and that of volunteers raises questions concerning the quality of service provision, the professionalisation of care work, and the remuneration of, and regard for, caring work. Advancements to the care and support workforce, in terms of an increasing focus on training and preparation for practice, are potentially undermined by an increasing reliance on volunteers.

Concerns about boundaries were also raised by volunteers in the Home from Hospital service who reported that occasionally older people were, in their opinion, being discharged from hospital when they required more care and support than the volunteer service could provide. The volunteers raised these concerns with their managers at the voluntary agency.

In some settings and, in particular, in one day centre setting providing care to older people from a Black and Minority Ethnic community, there were also blurred boundaries between the role of older people using the service and volunteers. This mirrors previous research by Tilki et al. (2015) who noted that voluntary organisations for black and minority ethnic communities often developed unconventional and innovative ways of working in response to the wider needs of the whole community.

## ■ The motivations and experiences of volunteers in adult social care

The findings support existing research which outline a range of motivations for volunteering (Hustinx et al. 2010).

These include: wanting to acquire 'volunteering' experience as a means to gain employment or change careers; wanting to 'give something back' either to a setting where a relative or partner had been cared for or, to a sector they recognised as important but had never worked in; wanting to continue to be involved in adult social care but without the responsibility conferred by employment; maintaining/ improving general health and wellbeing, and finally, taking up an opportunity to be 'active' in retirement. The volunteer participants in the study were positive about the personal value of volunteering.

## ■ The role of training

Most volunteers were positive about their experiences of volunteering. However, in contrast to previous research (Darley 2016), some volunteers reported that they found any additional training they were expected to undertake beyond their initial training to be onerous. These views were supported by volunteer co-ordinators at several sites who said that they had lost volunteers when their organisation had insisted on volunteers attending refresher courses, for example at the home from hospital service.

In addition, managers and co-ordinators mentioned that delays between recruitment and initial training could put potential volunteers off and that travelling long distances to training events was also a deterrent to recruiting and retaining volunteers.

At other sites, in recognition of the burden that training placed on volunteers, training had been paired down to an initial induction session that covered what was considered to be essential. At three sites there was minimal or no training provided to volunteers.

# CONCLUSIONS & RECOMMENDATIONS

- The study suggests that the contribution of volunteers to social care with older people is most effective, both for organisation and the older people themselves, when particular features are present. They are when:
  - volunteers are able to commit to the service on a regular and consistent basis;
  - the aims and objectives of their involvement are clear and widely understood by older people, paid care and support workers and volunteers;
  - training is provided in an accessible and proportionate manner.
- Volunteering, and volunteers themselves, need ongoing support and therefore commissioners should recognise, through the contracting process, that the use of voluntary roles in adult social care settings does not constitute a 'free' service. The involvement of volunteers needs adequate resourcing.
- While there is a discourse encouraging volunteering in social care for older people it is unclear that there is the army of volunteers willing to take up this opportunity that has been claimed to exist.
- Much like paid workers, if the contribution of volunteers is to be sustained the following are required:
  - clear recruitment structures;
  - clear management structures;
  - guidelines for best practice; and
  - recognition and/or 'rewards'.

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## REFERENCES

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- Tilki M, Thompson R, Robinson L, Bruce J, Chan E, Lewis O, Chingwundoh F, Nelson H (2015) The BME third sector: marginalised and exploited, *Voluntary Sector Review*, 6, 1, 93–101.

## COMMENT

"Care Home Volunteers recruits, trains and supports volunteers to one-to-one befriend the most lonely and socially-isolated older people living in care homes. In this report we were particularly interested to see confirmed many of the issues we have confronted in running our organisation.

As a discrete, free-standing and external service operating within third-party locations (care homes), we agree that clear boundaries between the roles of paid staff and volunteers should not only be well-defined, but are for purposes that would not normally be within the province of care homes to provide. This is particularly important for us since many care homes are run on a for-profit basis.

We were pleased to see emphasised the importance of the volunteer coordinator role in the recruitment, training and retention, and in the on-going support and valuing of volunteers, as our volunteer role is essentially a 'lonely' one, with otherwise little contact with other volunteers."

(Care Home Volunteers, Advisory Group Member)

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"The findings are informative and relevant to social care practice in a number of different ways. First, they may be helpful and informative for practitioners engaged in support planning with older people by providing insights about the roles that volunteers might play in helping to meet their social care needs.

Second, they provide important insights for social care commissioners, particularly in relation to factors that influence the quality of the contribution that volunteers can make. Some of these quality factors e.g. the value of a volunteer coordinator and of a discrete 'volunteer package' can readily be incorporated into service specifications.

Finally, at a time when the expansion of volunteering is so frequently regarded as an appropriate response to shrinking resources and rising demand, they provide a timely reminder that volunteers are themselves a limited and precious resource that must receive proper investment."

(Senior Social Work Practitioner, Advisory Group Member)

The School for Social Care Research was set up by the National Institute for Health Research (NIHR) to develop and improve the evidence base for adult social care practice in England in 2009. It conducts and commissions high-quality research.

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More information about the project is available at  
[www.bristol.ac.uk/sps/research/projects/current/the-role-of-volunteers](http://www.bristol.ac.uk/sps/research/projects/current/the-role-of-volunteers)

The study represents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (NIHR SSCR). The views expressed are those of the authors and not necessarily those of the NIHR SSCR, NIHR or Department of Health and Social Care