



The Hidden Workforce

The role of health and social care
volunteers 2009

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Summary

In autumn 2009, NICVA sponsored by Skills for Health conducted a survey¹ that focused on health and social care volunteering in Northern Ireland. It sought to understand the contribution of volunteers and the main skills and employment issues for employers and relate these to previous economy wide research into volunteering in Northern Ireland² and a wider review of the literature on volunteering.

Contribution of volunteers

Volunteering is a significant area of activity within the Northern Ireland labour market. There are an estimated 912 voluntary and community organisations delivering health and social care services in Northern Ireland³. Together they employ an estimated 10,220 paid staff and involve 19,667 volunteers. They are involved in a wide range of activities and are by no means restricted to menial roles within the sector.

The contribution of volunteers is highly regarded amongst policy makers and employing organisations themselves. Nearly 70% of organisations in the *It's All About Time, Volunteering in Northern Ireland* report mentioned that volunteers can improve or increase services provided⁴. Similarly in the Hidden Workforce survey 72% of organisations reported that their health and social care volunteers are important to the improvement of their services.

The Hidden Workforce survey highlights that volunteers in health and social care have a distinctive role. Survey respondents highlighted that volunteers are able to provide a more personalised service. Surveys of volunteering in the whole economy simply do not highlight this as a benefit at all. Interviews with the five health and social care trusts in Northern Ireland also reported that volunteers can offer patients much more time whereas formal paid colleagues often lack the time or flexibility to do so.

Skills and employment issues

This report demonstrates that health and social care organisations that use volunteers face similar challenges to those who use volunteers in the whole economy. For instance a recent all sector survey of volunteering found that 55%

¹ A sample of 700 health and social care voluntary and community organisations was generated using the NICVA database. A total of 250 organisations responded to the survey which represented a 35.7% response rate. In addition 19 'depth' interviews were conducted with a range of voluntary and community organisations and volunteer managers in the five health and social care trusts in Northern Ireland.

² Recently there have been several large scale volunteering studies conducted in Northern Ireland, the most recent of which, by the Volunteer Development Agency (*It's All About Time, Volunteering in Northern Ireland 2007*), examined all aspects of volunteering throughout all Northern Ireland's economy.

³ *State of the Sector V* (2009), NICVA.

⁴ *It's All About Time, Volunteering in Northern Ireland*, the Volunteer Development Agency, 2007).

of employers had difficulty in recruitments, the hidden workforce survey found around 47% had problems in recruitment.

There are however a number of unique challenges confronting those who employ volunteers. Health and social care employers are more likely to have volunteer management incorporated in the roles of paid staff or lead volunteers. Supporting volunteers was often only one part of a managers role, and as a result supporting them is often a significant challenge.

Survey respondents indicated that finding relevant training for their health and social care volunteers is problematic, as is finding the funding to pay for training. The clear message here is that regardless of the roles that volunteers undertake, voluntary and community organisations face many challenges in supporting, recruiting and developing volunteers.

Impact of economic crises

In the past decade funding has become tighter and the demands being placed on organisations have become increasingly complex. Even before the economic crises of 2007/8 income received by the voluntary and community sectors decreased.

According to a recent monitoring survey, 70% of organisations felt there had already been a financial impact on their organisation. 66% of organisations perceived that there will be downturn in financial income from government and 56.9% perceived there to be a financial downturn in income from the general public⁵ In *State of the Sector V*⁶ it was reported that the health and wellbeing sector receive 66.5% of its funding from voluntary income therefore any reduction in voluntary donations could have a significant impact on these organisations.

Current policy developments

A volunteering strategy is currently being consulted on by the Department for Social Development in Northern Ireland. Whilst many of its elements will be relevant to health and social care organisations, our research suggests that tailored initiatives for the sector might be necessary.

⁵ Viewfinder 8 (December 2008) NICVA <http://www.nicva.org/publications/viewfinder-8>

⁶ State of the Sector V (2009) NICVA

Key Facts

Volunteer roles

- A total of 111 voluntary and community organisations, based on the results of this survey, involve a total of 9,291 health and social care volunteers.

Value of volunteer contribution

- Two thirds of voluntary and community organisations (67%) indicated that their health and social care volunteers make a significant contribution to the delivery of services.

Recruitment of volunteers

- 47% of voluntary and community organisations have found it difficult to recruit volunteers in relation to health and social care activities.

Retention of volunteers

- More than half of responding organisations believe that their health and social care volunteer numbers will remain static in the next 12 months.

Training

- 73% of voluntary and community organisations provide training to volunteers to assist them in carrying out their role.

Management of volunteers

- 57% of voluntary and community organisations have a volunteer or paid staff member whose responsibility includes the management of volunteers.

Recognition

- 10% of voluntary and community organisations with a volunteer budget spend a proportion of it on volunteer recognition/celebration events.

Contracted services and partnership working

- 47% of voluntary and community organisations have a contract or service level agreement with a statutory agency or government department for the delivery of health and social care services. 56.3% of these organisations involve volunteers in the delivery of these services.

Challenges

- The perceived challenges for voluntary and community organisations include funding/costs of volunteers and recruitment of volunteers.

1. Introduction

“Volunteers make a difference in a whole range of settings as diverse as hospitals, hospices, community centres, GP’s surgeries, residents’ associations, social clubs, individual’s homes and transport services.”
Volunteer England.

The quotation above perhaps best encapsulates how health and social care volunteers can donate their time and energy to assist in the delivery of a wide range of health and social care services, whether these take place in a voluntary and community setting, a hospital or day centre, or in the homes of those people who need their assistance.

This report describes the extent and scale of health and social care volunteering in the voluntary and community sector in Northern Ireland, as well as describing the roles of these volunteers and the benefits and challenges facing organisations that involve volunteers in the delivery of their health and social care services. The report also examines the roles of volunteers within the five health and social care trusts across Northern Ireland.

This research has been commissioned by Skills for Health (www.skillsforhealth.org) the Sector Skills Council for the United Kingdom’s health sector. Skills for Health assists the UK health sector develop a skilled, flexible and productive workforce.

The organisation’s main purpose is to help the sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare inclusive of NHS, independent and voluntary employers. A key objective for Skills for Health is the development of robust labour market intelligence. This research aims to provide profile information on the ‘hidden’ unpaid health and social care workforce within the voluntary and community sector in Northern Ireland.

1.1 Objectives

The objectives of this research carried out by NICVA for Skills for Health are:

- Quantify the number, nature and role of volunteers in health⁷ and social⁸ care organisations.

⁷ Health care refers to the preservation of mental and physical health by preventing or treating illness through services offered by the health profession. <http://www.thefreedictionary.com/healthcare>

⁸ Social care concerns working with people who, for all sorts of reasons, need support to carry out the day-to-day business of living. The key to the work is building relationships with people: winning their trust to help them take control of their lives. <http://www.socialcarecareers.co.uk/>

- Produce an economic value for the volunteer activities that occur amongst organisations in a health and social care setting.
- Examine management, support and development structures for volunteers in health and social care organisations.
- Examine the roles that volunteers fulfil within the statutory health and social care sector and what structures are in place to manage such volunteers.
- Quantify the number of health care professionals who contribute to the governance of voluntary and community organisations.
- Examine the barriers, opportunities and threats to involving volunteers in a health and social care setting.

1.2 Methodology

The survey of health and social care volunteering was based on a sample of 700 voluntary and community organisations. This sample was drawn from a list of organisations held on the NICVA database (4,700 organisations). The sample included organisations from a range of different sub-sectors including disability (275), health and well being (252), older people (128), young people and children (5), women (3) and community development (3). A postal survey was used to administer the survey and these were sent out to organisations during April 2009. Due to a relatively low initial response rate the survey was repeated in June 2009. A total of 250 organisations responded which represented a 36% response rate. An online survey was also used during the project however no responses were gathered using this method.

Interviews were also conducted with 10 organisations (five that are considered large organisations (£1 million plus) and five smaller organisations (£10,000 - £250,000) to gain a more in-depth view on health and social care volunteering. Information which was collated through these interviews is highlighted throughout the report to ensure that it is distinct from the information collated from the survey.

Nine interviews were also conducted with volunteer managers and co-ordinators from each of the five health and social care trusts. In relation to the various roles health and social care volunteers undertake, 110 different health and social care roles were identified by the British Red Cross⁹ and Volunteer England.¹⁰ However for the purpose of this research these roles were condensed into 10 main areas.

1.3 Structure of the report

This report has been divided into three sections. The first section examines the data collected in relation to general volunteering roles within voluntary and

⁹ <http://www.redcross.org.uk/TLC.asp?id=77819>

¹⁰ <http://www.volunteering.org.uk/WhatWeDo/Projects+and+initiatives/volunteeringinhealth/110+rolesforvolunteersinhealthsocialcare.htm>

community organisations. Section two looks more specifically at the data collected in relation to health and social care volunteering. The third section looks at broader themes of the involvement of volunteers in the context of the five health and social care trusts in Northern Ireland.

Sections two and three examine partnership working between voluntary and community organisations and the health and social care trusts in relation to volunteering. These sections also describe the challenges both sectors face and the advantages and the benefits of volunteer involvement in relation to the health and social services they deliver.

1.4 Background

In 2007 the Volunteer Development Agency published a report entitled *'It's All About Time'*. The report describes the extent and scale of volunteering in Northern Ireland in 2007 as well as describing the experiences of volunteers, the impact of volunteerism on organisations and why some individuals choose not to volunteer. It is based on the results from face to face interviews with 1,020 individuals across Northern Ireland and the responses from 745 (24.4% response rate) organisations that involve volunteers. As well as discussing trends and developments in volunteering since 1995, this research informed the development of a Volunteering Strategy for Northern Ireland being led by the Voluntary and Community Unit within the Department for Social Development.

In both Northern Ireland and England there are ongoing consultations to produce a volunteering strategy. In Northern Ireland this is an overarching strategy for all aspects of volunteering. The new volunteering strategy will aim to align activities across government, the voluntary sector and other stakeholders to re-energise and increase levels of volunteering. It is envisaged that the strategy will help create the conditions that will enable volunteering to flourish. At this early stage its aims may include:

- Promoting the value and benefits of volunteering.
- Enhancing accessibility and diversity within volunteering.
- Improving the volunteering experience.
- Supporting and strengthening the volunteering infrastructure and organisations that involve volunteers.

In England there is a strategy specifically dedicated to health and social care entitled *Towards a strategy to support volunteering in health and social care: consultation*. A six-month consultation was launched by the then Health Secretary Alan Johnson to improve support for volunteers in the NHS, social care and third sector, and to encourage more volunteering opportunities.

The consultation, *Towards a strategy to support volunteering in health and social care* is intended to lead to a national volunteering strategy. The aim of the consultation and subsequent strategy is to:

- raise the esteem and profile of volunteering
- help improve management and support for volunteers
- support more robust evaluation of the outcomes and benefits of volunteering, and
- allow more coherent investment to support their involvement.

Alan Johnson, Secretary of State for Health said:

“Volunteers do an amazing job. They are vital to the lifeblood of the NHS and social care services.”

The consultation was launched during *National Volunteering Week* and sought to engage organisations across the public and third sectors in health and social care to debate the potential for volunteering to contribute to improved health and well-being for patients, carers and service users through a deliberation and consultation process.

2. Volunteering in the voluntary and community sector

It's All About Time (Volunteer Development Agency, 2007) reported that an estimated 31.1% of all formal volunteers (87,723 individuals) are involved with a voluntary or community organisation.

The activities of the organisations where most individuals volunteered were examined. The most popular activities were in sports/exercise (14.6%), children's education/schools (12.3%) and youth/children's activities (outside of school) (12.3%). Religion (11.4%), health and social welfare (7.1%) and older people (6.1%) also featured prominently in terms of the activity undertaken by the organisations that the volunteers are involved with.

As well as describing the activity of the organisations that individuals volunteer with, the research also examined the nature of organisations. In terms of voluntary and community organisations, formal volunteers are most likely to be involved with groups that focus on health and social welfare issues (12.1%), children's education/schools (12.1%), local community, neighbourhood or citizens' groups (7.6%). For public sector organisations formal volunteers are most likely to be engaged with children's education/schools (36.4%), disability (18.2%) and health and social welfare (18.2%).

The *It's All About Time* report also examined the different roles carried out by volunteers across a wide range of organisations. There are numerous roles that volunteers carry out in organisations ranging from helping with events to visiting people. These include health and social care roles such as providing transport/driving (31.3%), first aid (12.6%) and health and social care activities (12.6%). Fundraising and visiting people were also roles which were identified in this research; however it is important to note that the roles described above were not examined in the context of health and social care volunteering however they do fall within this remit.

This section of the report provides a picture of general volunteering roles within health and social care organisations before examining specific health and social care roles. The gender profile of volunteers that carry out general roles is also examined, as is the value that organisations place on the contribution of their volunteers. 89.2% of organisations surveyed stated that they involve volunteers in their general activities including the management committee members or trustees. Within this report 232 voluntary and community organisations reported the involvement of 10,441 general volunteers.

2.1 General volunteering profile

This section examines the general volunteer roles that exist within voluntary and community organisations. A number of different roles were highlighted ranging from helping with events to visiting people. Table 2.1 indicates the most common roles that volunteers undertake.

Table 2.1- General volunteer roles

	Count	%
Raising or handling money	2,273	22 ¹¹
Organising or helping to run an activity or event	2,192	21
Befriending or mentoring people	1,245	12
Governance	1,227	12
Giving advice/information/counselling	1,169	11
Working with young people	1,161	11
Visiting people	459	4
Helping in church or religious organisation	386	3
Coaching	268	3
Other	61	1
Total	10,441	100

Base: 232

The most common roles undertaken by volunteers are raising or handling money (22%) and helping to organise or run an activity or event (21%). Similar results were found in *It's All About Time*, where 32% of organisations reported that the most common types of formal voluntary activity undertaken by volunteers were raising or handling money. The second most common activity was helping to organise or run an activity or event (26.0%).

One of the main roles in which an individual can volunteer within the voluntary and community sector is that of governance. 143 organisations involved in this research stated that they involved 2,227 volunteers in the governance of their organisations. More than half of governance volunteers are female (58%).

The number of males and females who carry out general volunteering roles was also examined. Organisations reported that the majority of these volunteers are female (78%). This is similar to findings in *It's All About Time* report which stated that as a proportion of all formal volunteers, six out of every ten are females (61%).

Organisations were asked if they calculated the number of hours all their volunteers contribute in a typical week. Less than a quarter of organisations (24%) stated that they did calculate the number of hours. These organisations reported that volunteers contribute a total of 2,769 hours per week, the minimum

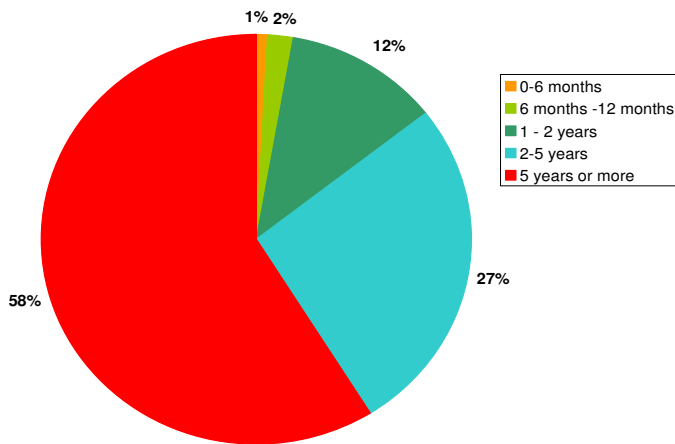
¹¹ For the purpose of this research percentages shown have been rounded up to the near decimal point and therefore not all tables will add up to 100%.

contribution being one and a half hours and the maximum contribution being 720 hours. Volunteers are involved on average 44 hours a week with the organisations that responded to this research.

In addition to calculating the number of hours volunteers contribute, the value of a volunteer's hourly contribution was also measured. 10% of organisations stated that they have developed a cash measure of the contribution of their volunteers. These organisations reported that the minimum value of an hourly contribution from a volunteer was £2 while the maximum hourly contribution could be around £48. On this basis the average hour's contribution from a volunteer is worth £15.86.

Organisations were asked to specify the length of time that volunteers have stayed with their organisation.

Figure 2.1: Length of time volunteers



Base: 223 (9 missing)

Nearly three fifths of organisations (58%) reported that volunteers stay involved in their organisations for a period of five or more years. 27% stated that their volunteers remain on average between two and five years. Only 2% of organisations stated that their volunteers remain on average for 12 months or less. In addition 41% of organisations stated that their volunteer numbers have remained static, not varied, over the past 12 months. A further 49% of organisations stated that their numbers have either slightly or significantly increased over the past 12 months.

It is clear from this section that there are many general volunteering opportunities available in organisations that delivery health and social care services. Organisations that responded to the survey indicated that there is a total of 10,441 volunteers carrying out general roles ranging from raising or handling

money to helping in church or religious organisations and coaching. Although this report focuses specifically on health and social care volunteers and their value and contribution to the delivery of health and social care services, it is clear that organisations rely on the contribution of a large number of loyal and committed volunteers to conduct a wide range of activities. As often reported, without this invaluable contribution, regardless of its nature or purpose, many organisations would not be able to function.

3. Health and social care volunteers

Key Facts

- A total of 111 voluntary and community organisations, based on the results of this survey, involve a total of 9,291 health and social care volunteers.
- The most prominent health and social care volunteer roles in voluntary and community organisations are transport services (19%), first aid (17%) and fundraising (16%).
- 67% of voluntary and community organisations indicated that their health and social care volunteers make a significant contribution to the delivery of services.
- Voluntary and community organisations reported that the main advantages of volunteer contributions included the provision of a personal service and the improvement of services.
- 47% of voluntary and community organisations have found it difficult to recruit volunteers in relation to health and social care activities.
- The most common methods of recruitment employed by organisations are the use of personal contacts and through advertising in local papers.
- 10% of organisations believe that their health and social care volunteer numbers will increase significantly in the next 12 months.
- 73% of voluntary and community organisations provide training to volunteers to assist them in carrying out their role. 46% of these organisations provide in house training for volunteers.
- 57% of voluntary and community organisations have a volunteer or paid staff member whose responsibility includes the management of volunteers.
- 10% of voluntary and community organisations with a volunteer budget spend a proportion of it on volunteer recognition/celebration events.
- The main methods used to recognise volunteer contribution include volunteer recognition events and the presentation of certificates.

One main objective of this research is to quantify the number, nature and roles of volunteers in health and social care organisations. An examination of volunteer management, support and development structures was also undertaken. An attempt has also been made to analyse the economic value for the volunteer activities.

This section also explores the barriers, opportunities and threats to involving volunteers in a health and social care setting. Half of the responding organisations stated that they involve volunteers in the delivery of their health and social care services. Table 3.1 below examines the different health and social care volunteering roles organisations offer and also highlights the number of volunteers that fill these roles.

In the '*It's All About Time*' report it is estimated that 21,227 volunteers were involved in the disability, older people and health and social welfare subsectors within the voluntary and community sector. In this research 9,291 health and social care volunteers are accounted for by 111 organisations. When the average number of volunteers is calculated and multiplied by the number of health and social care, disability and older people organisations in the sector, it is estimated that there is a total 25,518 health and social care volunteers.

It is necessary to highlight at this stage that the '*It's All About Time*' research was carried out three years ago (2007) which could partly explain the increased number of volunteers estimated by this research. Secondly, different methodologies were used in both projects. The results from '*It's All About Time*' were derived from the individuals who reported that they volunteered with organisations in the three subsectors mentioned above. As already mentioned the statistics reported in this research are based on the responses from organisations as opposed to individual measures of the public.

Organisations were asked to identify the roles in which their health and social care volunteers are involved in. Table 3.1 illustrates the results.

Table 3.1- The roles of health and social care volunteers

Health	%	Social Care	%
Medical	* ¹²	Advice	1
Occupational therapy	*	Benefits advice	2
First aider ¹³	17	Medical/GP advice	*
Medical equipment	*	Helpline	2
Delivery/collection of equipment	*	Care in the home	1
Checking/cleaning equipment	1	Keeping someone company	1
Skin camouflage	*	Helping with practical tasks	1
Applying specialist creams	-	Promoting independence /confidence	6
Skin care techniques	-	Befriending	6
General	%	Support workers	2
Medical records	*	Therapeutic care	*
Admin/clerical helper	1	Massage	*
Campaigning/raising awareness	8	Reflexology	*
Fundraising	16	Complementary services	*
Events helpers	7	Aromatherapy	*
Pastoral/religious	*	Hairdressing	-
Chapel service helpers	*		
Transport services	19		
Escorting on public transport	*		
Door-to-door	6		
Other (please specify)	1		

Base: 111 organisations (multiple responses)

This research found that the most prominent health and social care volunteer roles are transport services (19%), first aid (17%), fundraising (16%) and campaigning and raising awareness (8%). In relation to roles such as applying specialist creams and skin care techniques, none of the responding organisations had volunteers that carried out these activities. There were also a limited number of volunteers that were involved in skin camouflage, therapeutic care and pastoral/religious activities. It is difficult to ascertain if the low responses to these volunteer roles are due to a non response from organisations or the simple fact that these roles are not performed by organisations.

3.1 Age profile of health and social care volunteers

There are a greater number of younger volunteers in these areas compared to the age profile of the general volunteering population¹⁴. Just over one third of volunteers (34%) are 24 years old or under. This result is higher than the results in the *Its All About Time* report where 24% of volunteers were aged between 16 and 24. However the data above is specific to health and social care volunteers rather the volunteering generally, which could be an explanation for the variance.

¹² Results under 1%

¹³ A high percentage of the first aid and transport roles are from St. John's Ambulance

¹⁴ See Table 1 - Appendix One

In the *It's All About Time* report, it was reported that 17% of volunteers were aged 65 and over. A similar result was found in this research as 19% of health and social care volunteers fell within this age bracket.

The age dynamics of volunteers in interviewed organisations

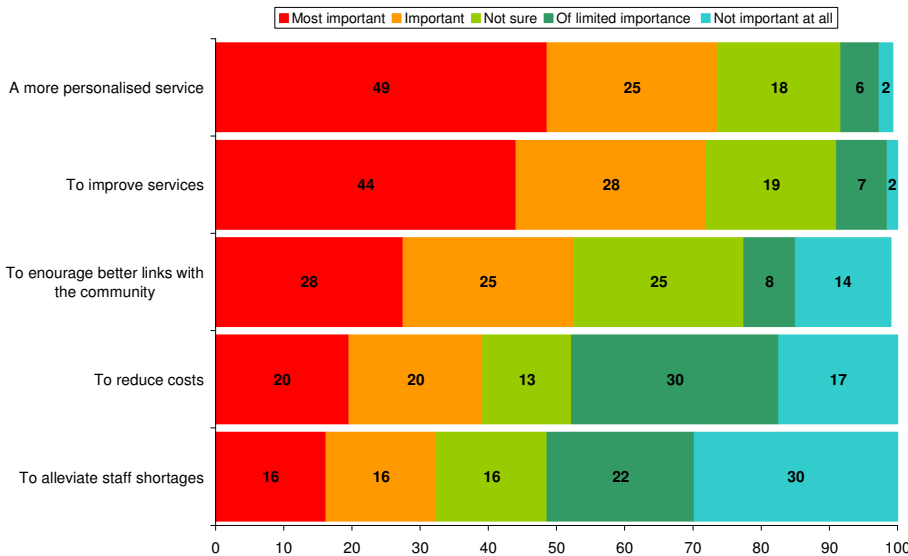
During the interview process a number of organisations reported that many of their volunteers are young people including school pupils and university students. Typically these organisations have found that volunteers within this age group usually stay with the organisation for a short period of time. Another organisation mentioned that they find it difficult to retain volunteers between the ages of 30 and 45 however these volunteers tend to return later in life to donate their time again.

“We get young people up to 25-30 who then stop. They have families but return when they are older.” (St John’s Ambulance)

3.2 Reason for involving volunteers in the delivery of health and social care services

Organisations reported a range of important reasons as to why they involve volunteers in the provision of their health and social care services.

Figure 3.1 - Main reasons why organisations involve volunteers in the provisions of their health and social care services



Base: 111 (multiple answers)

As Figure 3.1 illustrates, 49% of organisations indicated that the most important reason for involving volunteers in the delivery of their health and social care services is to provide a more personalised service. The improvement of services was also mentioned by 44% of organisations. The third most important reason reported is to create better links with the community (28%). Reasons that are seen as less important include reducing the cost of service delivery (20%) and the alleviation of staff shortages (16%).

In addition to the reasons highlighted in Figure 3.1 organisations raised a number of other reasons as to why they involve volunteers in the provision of their health and social care services. Some of the comments include:

“To help improve the quality of life for young people with disabilities.”

“To respond to the needs of older people to fill a gap in public services.”

The most important reasons as to why interviewed organisations involve volunteers in the provision of their health and social care services

During the interview process a number of organisations reported that many of their volunteers are young people including school pupils and university students. Typically these organisations have found that volunteers within this age group usually stay with the organisation for a short period of time. Another organisation mentioned that they find it difficult to retain volunteers between the ages of 30 and 45 however these volunteers tend to return later in life to donate their time again.

“We get young people up to 25-30 who then stop. They have families but return when they are older.” (St John’s Ambulance)

The feedback from organisations which were interviewed for this project regarding the main reasons they involved volunteers in the delivery of health and social care services are very similar to surveyed organisations. This includes the provision of a personal service, the improvement of services and in some cases to reduce the cost of running services. For a number of the smaller organisations there was a clear message that without their health and social care volunteers the organisations would not be sustainable.

In some cases the numbers of volunteers match the number of staff, which shows the extent to which the organisation relies on the contribution of volunteers. There are also examples of organisations which are totally run by volunteers and therefore without the investment of time from these individuals these organisations would cease to exist.

“Our organisation does not have paid staff. It totally relies on the contribution of volunteers and wouldn’t exist without them.”
(Rainbow Club)

“Our volunteers are critical to our organisation and the services we provide.” (HURT)

“The contribution of our volunteers is incalculable. They are essential to our service and are an integral part of the staff team.” (Eating Disorder Association NI)

Larger organisations also mentioned that without the contribution of their health and social care volunteers their services would be affected.

“We currently have 1,500 volunteers. We could not fulfil our contract services without them”. (St John’s Ambulance)

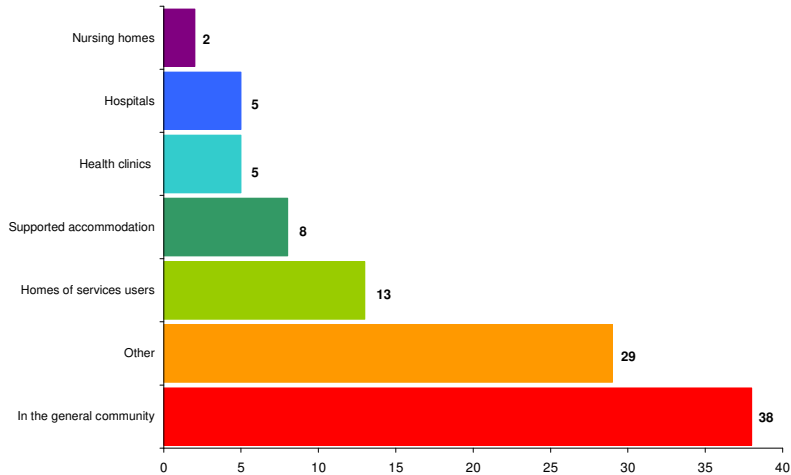
As part of the survey and interviews, organisations were asked if they measure the value of one hour of volunteering within their services. Most organisations have not conducted an economic evaluation of the value of their health and social care volunteers however one organisation has worked out an estimated value in relation to the contracted services it provides to district councils. Another organisation has examined the model it has in place for the delivery of its family support services to the health and social care trusts and has estimated that the economic hourly value of its volunteers contribution is approximately £6. The organisation stated that this was carried out several years ago and that the economic value would be much higher now.

“We haven’t properly costed it out but we work out rough figures for the council contracts.” (St John’s Ambulance)

3.3 Location of the delivery of health and care volunteering

Responding organisations identified a number of locations where they involve volunteers in the delivery of health and social care activities.

Figure 3.2 - Location of volunteer health and social care activities



Base: 150 (multiple answers)

Over one third of volunteers (38%) are involved in the delivery of health and social care services within a general community setting. 13% are involved in the provision of services in the homes of service users while 8% are involved in service delivery in supported accommodation. In addition to the specified locations organisations also highlighted other locations where their volunteers are involved in the delivery of services. These locations include youth centres, charity shops, hospices and in other voluntary and community organisations.

3.4 Contribution of volunteers

Organisations were asked a range of questions which were designed to examine the contribution made by volunteers and the likelihood of volunteers progressing to paid employment as a result of the experience and skills they gain by being involved in the delivery of health and social care services. In relation to the overall contribution volunteers make to health and social care services, two thirds of organisations (67%) indicated that their volunteers make a significant contribution to the delivery of their services. A further 21% reported that their volunteers make some contribution to the delivery of these services. In total 8% of responding organisations believe that their health and social care volunteers make a limited contribution or no contribution at all to the delivery of their health and social care services.

The contribution of volunteers in interviewed organisations

The feedback from interviewed organisations with regard to the contribution of their health and social care volunteers was also positive with organisations reporting that their volunteers enhance their services and provide a more personal service for service users.

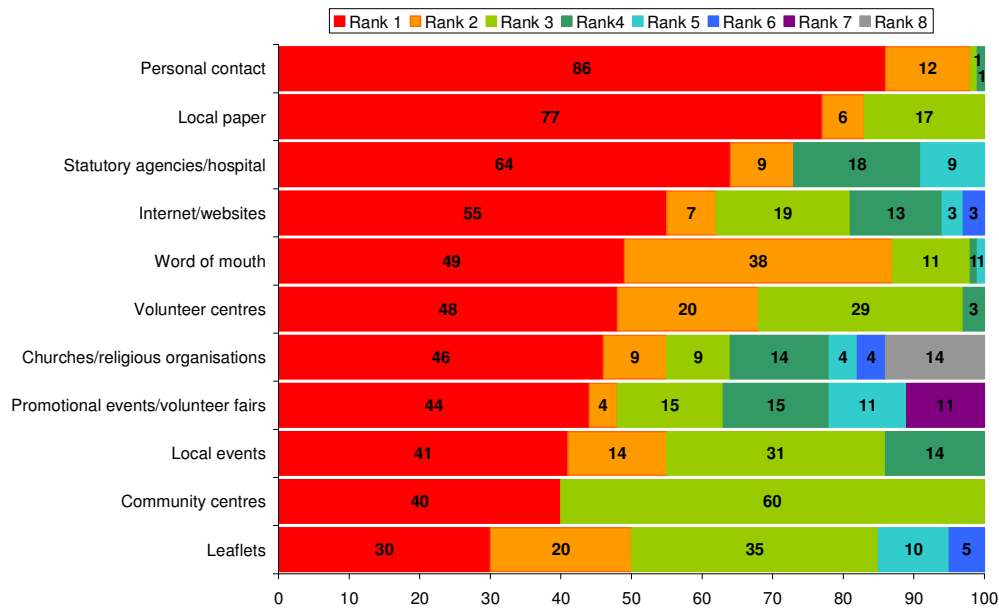
Organisations were asked if they felt that their health and social care volunteers are likely to progress into paid employment. Nearly one third of organisations (32%) believe that their volunteers are likely to progress into paid employment while 21% are unsure. 47% of organisations however feel that it is either unlikely or very unlikely that this would happen.

Although the survey did not directly ask if there was a link between the age of volunteers and the impact this may have on their retention or possible progression into paid employment a possible suggestion for the high percentage of organisations that feel their volunteers will not progress into paid employment could be the age dynamics. One fifth of the health and social care volunteers (20%) reported in this research are over the age 65 and are less likely to enter the labour market.

3.5 Recruitment of health and social care volunteers

The recruitment of health and social care volunteers was also examined as part of this research. Firstly organisations were asked if they expect their numbers of health and social care volunteers to vary over the next 12 months. 10% of organisations believe that their volunteer numbers will increase significantly and a further 31% believe numbers will increase slightly over the next year. The majority of organisations (56%) believe that their volunteer numbers will remain the same. Few organisations (4%) predict that their health and social care volunteers will decrease. Organisations were then asked what methods they use to recruit health and social care volunteers.

Figure 3.3 - Methods of recruitment



Base: 111 organisations

Personal contact was ranked as the highest method organisations use to recruit health and social care volunteers (86%). Advertising volunteering opportunities in local papers is also one of the main recruitment methods as is recruiting through statutory agencies or hospitals. Generally organisations felt that recruiting through leaflets, community centers or through local events were not as effective as personal contact. Other methods of recruitment highlighted by organisations include:

- Agencies (1%)
- Education institutions (1%)
- Local schools (1%)
- Other organisational links with hospitals (1%)

Methods used by interviewed organisations to recruit health and social care volunteers

The main methods employed by the 10 interviewed organisations to recruit volunteers varied. As with surveyed organisations the most popular method is through personal contact. Word of mouth was also a common recruitment method and for those organisations that have their own websites, they advertise their opportunities through this method also. Six out of the ten organisations interviewed also stated that they have a good relationship with local volunteer centres and would advertise volunteering opportunities through these organisations.

One method of recruitment that was mentioned by two organisations interviewed, which has not been undertaken by most of the organisations surveyed, is the establishment of volunteering links with the main universities and colleges in Northern Ireland. The organisations mentioned that they are keen to recruit young people and one in particular targets specific departments which are relevant to their services. The other organisation has re-established a link group (a group of current volunteers) as a method of recruiting young volunteers. This has been very successful in the past and one that the organisation hopes will increase the numbers of young people interested in volunteering. It also hopes to develop this link with the University of Ulster in the near future. Similar methods have been mentioned by a small number of surveyed organisations, not just with the main universities in Northern Ireland but also with schools. The main reason these organisations target universities and schools specifically is due to the close geographical proximity to their services.

This method is used not only by voluntary and community organisations but has also been used by a number of the health and social care trusts¹.

“We have established a link group between our organisation and Queen’s University to target students. We would like to develop such a link with the University of Ulster as it has been very successful in the past.” (St John’s Ambulance)

The recruitment of health and social care volunteers is an issue for many surveyed organisations. 47% stated that they found it difficult or very difficult to recruit volunteers with 58% reporting that this is a result of individuals having insufficient time to volunteer. 29% stated that they had found it very easy or easy to recruit.

Challenges faced by interviewed organisations in recruiting volunteers

For most of the organisations interviewed the recruitment of health and social care volunteers has not been a challenge to date. In fact many reported that they have had no difficulty in attracting volunteers. What is surprising in terms of the surveyed organisations is that 40% stated that they expect to increase their volunteer numbers over the next 12 months even though they face various challenges with regard to recruitment.

3.6 Recruitment process for health and social care volunteers

The most popular recruitment process undertaken by organisations is conducting an interview/informal chat with potential volunteers (89%)¹⁵. Two thirds of organisations (66%) asked potential volunteers to complete an application form and 64% to provide references. The most common induction procedures include providing volunteers with a named person who provides them with support/supervision (83%) and providing them with an induction with regards to the organisation (82%). Less than half of organisations provide volunteers with a written volunteer agreement (49%) and 61% of organisations require new health and social care volunteers to undergo a trial period. 73% of organisations provide new volunteers with training to assist them in carrying out their role. These organisations were asked how difficult it is to provide relevant training for their volunteers. 33% stated that they found it either difficult or very difficult to source relevant training however nearly half of organisations (49%) stated that they had no difficulty in providing relevant training.

Recruitment processes in place in interviewed organisations

Most of the organisations interviewed for this research have a recruitment process in place for potential volunteers. For most organisations this includes inviting potential volunteers for a formal interview, an application process (some of the smaller organisations have a very basic form), carrying out two referees checks and Access NI checks. In some organisations volunteers receive a volunteer handbook which outlines relevant policies and procedures and specifies their roles and responsibilities. There appears to be a level of variance however across the 10 organisations, in terms of their recruitment process. In some of the smaller organisations, especially those that have a small number of volunteers, the procedures in place are less formal. Some do not have an application form and they do not carry out formal interviews but rather have an informal conversation with potential volunteers to assess if they are suitable for the organisation and the roles that are available.

Organisations were asked if they expect the number of individuals contacting them in relation to volunteering opportunities to increase as a result of the current economic downturn and increased unemployment. The general view is that this will have an impact on the future recruitment of volunteers. Some organisations felt that this would result in a wide range of professional skills being made available due to the different areas of the workforce being affected by the economic downturn. Other organisations believe that although it is likely that more individuals will seek volunteering opportunities it will not have an impact on their volunteer numbers as they do not have the need, capacity or the finances to support additional volunteers.

¹⁵ See Table 2 - Appendix One

3.7 Training for health and social care volunteers

The importance of training for health and social care volunteers is recognised by the majority of organisations surveyed (73%).

Volunteer training in interviewed organisations

Training for health and social care volunteers was also viewed as vital by the 10 voluntary and community organisations interviewed. For most of these organisations mandatory training is provided as part of the induction process. This includes health and safety, working with vulnerable adults or children, fire safety, manual handling and where necessary infection control. Role specific training is also provided for volunteers. Organisations were asked to specify where they source relevant training for volunteers.

In relation to sourcing training more organisations source relevant training from within their own organisation than any other source¹⁶. 46% provide relevant training in house while 28% source training from other voluntary and community organisations. These organisations include Mencap, RNID, and the Law Centre. 14% source relevant training through the health and social care trusts while a number of organisations indicated that they source relevant training from other sources. These include:

- Sperrin Lakeland Consortium
- FASA training courses
- Private training consultants
- Southern Regional College
- Universities
- Royal Society for the Prevention of Accidents

The provision of training for health and social care volunteers provided by interviewed organisations

Similar results were found in relation to the interviewed organisations. Many of these organisations provide training in house or accessed through local volunteer centers, other voluntary and community organisations and on occasion outside agencies such as the health and social care trusts.

During the interview process organisations were asked about the challenges they face in relation to training for health and social care volunteers. Organisations reported that funding and accessing training for volunteers can be problematic for organisations, especially those that do not have a training budget or have access to funding which can support this.

¹⁶ See Table 3 - Appendix One

However challenges with regard to training are faced by all organisations regardless of size, income or numbers of volunteers.

Several organisations mentioned that it has been difficult for them to access training and very difficult for them to generate the funding required to provide training for their volunteers. These organisations therefore have to source free training where possible which can be very difficult, or provide training in house and or by shadowing staff.

“We have no money for volunteer training. What they do get they get in house. Use to offer training but hard to access.” (Glenshane Care Association)

Many of the larger organisations are in a better position to provide the majority of their training in house. St John’s Ambulance is the perfect example of this. The volunteers within this organisation are trained in first aid, the use of medical equipment and patient transfer to name a few. In addition this organisation has a significant budget across the UK for its volunteers. Several of the organisations surveyed and interviewed link training for volunteers in with staff training events.

Although training is necessary for most of the roles carried out by health and social care volunteers, organisations feel that training is not essential for all their volunteering roles, however there is recognition that these individuals require advice and guidance. Such roles include clerical/administrative helpers, befriending, keeping someone company and chapel service helpers.

3.8 Retention of volunteers

Over half of surveyed organisations (56%) believe that their volunteer numbers will remain static over the next 12 months while 4% predict that their health and social care volunteers will decrease. This indicates that the majority of organisations believe that they will be able to retain their volunteers for at least the next 12 months.

The retention of volunteers in interview organisations

Interviewed organisations indicated that the retention of health and social care volunteers can be an issue for them regardless of their size or volunteer numbers however many of the larger organisations indicated that the retention of volunteers is not a challenge.

“We don’t face a great challenge in retaining our volunteers. This is a result of how much they receive in terms of training and continual support. We like to retain our volunteers and it’s all about support and training.” (St John’s Ambulance)

More specifically those organisations that deliver services to individuals who are sick or who have specific medical conditions or disabilities stated that they have no problem in retaining volunteers. They believe that the main reason for this is that their volunteers have either had a family member or a friend that has used these services or that they are individuals who are considering moving in to a profession relevant to the service provided.

“Volunteers come because they know someone who volunteers in here; word of mouth, or if touched by cancer or use our services”.(Marie Curie)

3.9 Managing volunteers

Organisations were asked a number of questions in relation to the management of volunteers. This included asking organisations how confident they are in the policies, procedures and practices they have in place to effectively manage their volunteers. Four fifths of organisations (80%) are confident or very confident in the policies, procedures and practices they have in place, however 9% have limited confidence or no confidence at all in their policies, procedures and practices. 57% of organisations have a volunteer or paid staff member whose responsibilities include the management of volunteers. In some of the larger organisations interviewed for this project, a volunteer manager or coordinator has been appointed. However in other organisations the management of volunteers falls within the remit of a staff member within a human resource department or within the projects that involve volunteers. In organisations that are run solely by volunteers the management of volunteers is usually the responsibility of a designated volunteer leader.

Organisations reported that the role of a designated volunteer manager or coordinator encompasses a wide range of activities. One quarter of organisations stated that this individual is responsible for the recruitment and

selection of volunteers and another 25% for volunteer support and mentoring¹⁷. An individual whose responsibilities includes volunteer supervision and management has been employed by 26% of organisations and 24% have an individual that is responsible for the development and training of health and social care volunteers.

The management of volunteers in interviewed organisations

Interviewed organisations reported that the paid staff and volunteers who are responsible for volunteers have indicated that they find the process of managing volunteers relatively simple and use supervision and volunteer team meetings to assess the roles of volunteers, training and development and any issues or concerns. At times, especially in relation to young volunteers, organisations have reported that more time is spent ensuring that the volunteers are going to carry out their volunteer duties at the times agreed during induction. Some volunteer managers find this very time consuming but have indicated that this does not frequently happen.

3.10 Resources for volunteers

38% of organisations indicated that they have a volunteer budget, the majority of which however have a relatively small budget for volunteer activities. 69% of organisations have a budget of less than £5,000, of which 13% have a volunteer budget of £500 or less. However this research found that larger organisations with volunteer numbers of over 1,000 have greater resources to invest in their volunteers and have a higher volunteer budget which ranges between £90,000 and £160,000¹⁸.

Organisations which have a volunteer budget identified a range of areas in which they invest the budget.

Table 3.2- Main areas which volunteer budget covers

	Count	%
Expenses	47	42
Training	25	22
Volunteer events/celebrations	11	10
Administration	7	6
Staffing/salaries	3	3
Equipment	3	3
Recruitment	2	2

Base: Multiple answers (percentages based on 111 organisations)

As can be seen in Table 3.2, paying expenses to volunteers is common practice for 42% of organisations. Most organisations reported that reimbursing volunteer

¹⁷ See Table 4 – Appendix One

¹⁸ These organisations include St John's Ambulance and NI Hospice Head Office

expenses is a good way to demonstrate that their organisation values the contribution of their health and social care volunteers and therefore doesn't want them to be out of pocket for their contribution.

Training was the second most common volunteer expenditure with 22% of organisations spending a proportion of their volunteer budget in accessing and sourcing training. What is also evident is that organisations realize the importance of recognising the contribution of their health and social care volunteers. 10% of organisations invest a proportion of their volunteer budget on volunteer events and celebrations.

Volunteer budgets in interviewed organisations

For those organisations interviewed that have a volunteer budget the majority spend their budget on volunteer expenses. This supports the data that was collated through the survey. Unsurprisingly organisations reported that volunteer training is the second most common expenditure. This too supports the data from Table 3.2. There is a clear recognition that volunteer training is essential to help volunteers work effectively and all 10 organisations understand the importance of relevant training.

“We have £1,100 of a volunteer budget which we get from our local volunteer bureau. This is mostly spent on training and volunteer expenses.” (Rainbow Club)

There is a strong feeling among the 10 organisations that their volunteers are invaluable and their contribution to the delivery of health and social care services should be recognised. This is the third most common budget expenditure.

“We have some volunteers that have been with us for more than 20 years. We hold celebration events for our volunteers. For anyone over five years, silver award for ten years and then platinum for 20 plus.” (Marie Curie)

A small number of organisations stated that they have built into their funding a small budget for volunteer recognition. This has included facilitating volunteer recognition/celebration events, social events and the presentation of certificates. Generally it is the larger organisations that have a volunteer budget however some of these organisations can also find it difficult to access the resources necessary to provide recognition events for their volunteers. In relation to smaller organisations, those with a small number of volunteers, they also feel it is essential to recognise the contribution of their volunteers, however due to challenges with funding or a limited volunteer budget (or no budget at all), the recognition of volunteer contribution is usually minimal or informal.

“The volunteers themselves don’t like the idea of recognition by means of certificates or events as this draws money away from the service.” (Rainbow Club)

For several of the organisations that have a volunteer budget the general view is that the budget does not cover the full costs of supporting volunteers whether this is through providing training or reimbursing volunteer expenses. For some a volunteer budget is built into the contracts they have with statutory bodies or other core funders but for others the funding for their volunteer budgets comes from voluntary income.

Currently the majority of organisations are reporting that only a small number of their volunteers claim expenses. However some believe that this will change in the next year with more volunteers claiming expenses to cover the higher costs of fuel prices or as a result of the current economic downturn. Some organisations, especially those who have concerns over funding, do not believe that they will be able to fully meet future costs to support volunteers and predict that they will have to reduce the expenses that they currently reimburse their volunteers.

“Our volunteers are entitled to mileage however we are reviewing this as we may not have the future funding to cover this. We don’t think we can afford it, we may have to make a difference between the mileage staff receive and the mileage expenses we will pay to volunteers.” (Autism NI)

During the course of the interviews with the 10 voluntary and community organisations the general view is that the downturn in the economy has led to an increase in the numbers of individuals seeking volunteering opportunities. These organisations predict that if the current economic climate continues there will be a boom in volunteerism. Although most of the voluntary and community organisations would welcome new volunteers there is a sense that most will not have the capacity or resources to support them due to being under sourced and understaffed.

3.11 Access NI disclosures¹⁹

The majority of organisations have conducted an Access NI check for their health and social care volunteers²⁰. Two thirds of organisations (66%) have conducted Access NI checks for between 81% and 100% of their volunteers. 21% of

¹⁹ An Access NI check examines the criminal history information about anyone seeking paid or unpaid work in defined areas, such as working with children or vulnerable adults

²⁰ See Table 6 – Appendix One

organisations have completed a criminal history check under Access NI for up to one fifth of their volunteers. For those organisations that have completed Access NI checks for their volunteers only 17% of them negotiate the full cost with the relevant statutory funders. A further 1% indicated that they are sometimes successful in negotiating this cost. The majority of organisations do not negotiate the cost of Access NI disclosures with their funders. The main reason reported by organisations include the costs being already covered by their budget or reserves (32%) or that they are not been charged for Access NI disclosures (22%).

Organisations that involve health and social care volunteers in the delivery of their services were asked if they are currently experiencing any delay in getting Access NI disclosures for volunteers. 6% stated that they are experiencing significant delays in getting Access NI disclosures while 36% are currently facing slight delays. 41% of organisations stated that they are facing no delays at all in relation to Access NI disclosures for their health and social care volunteers.

3.12 Quality awards

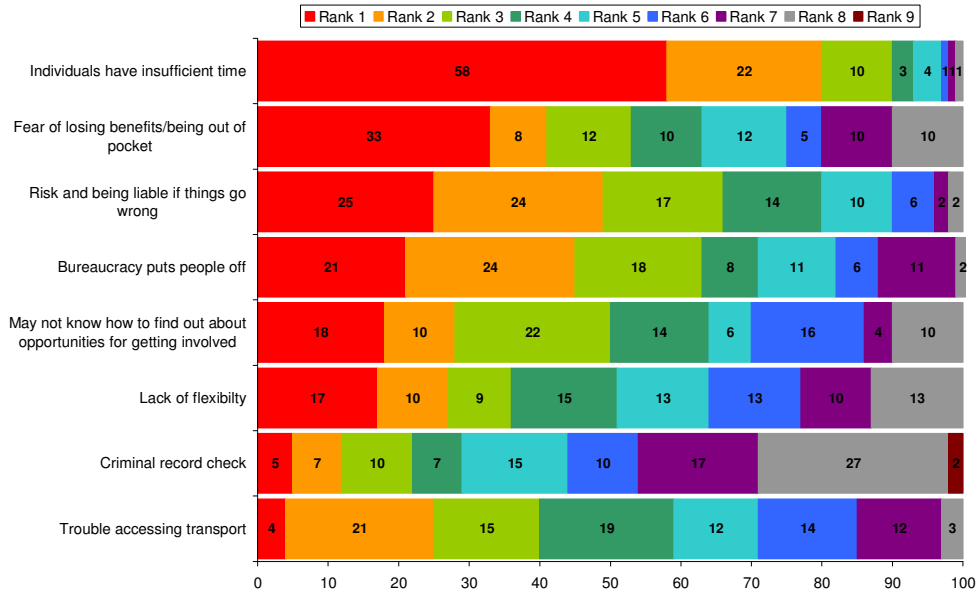
Organisations which took part in the interview phase of this research were asked if they have been successful in achieving a quality award or if they are working towards a quality award or standard which includes the involvement of volunteers in their work. One organisation indicated that they have achieved the Charter Mark which included the involvement of their volunteers¹. Another organisation indicated that while its organisation has been awarded the Investors in Volunteers award in England it has not yet been applied for in Northern Ireland as the organisation has only established a volunteer programme in the past 18 months. It hopes that once its volunteering programme is more established it will work towards achieving this award. Of the remaining organisations, five indicated that they would be interested in achieving a quality standard which would include the involvement of their health and social care volunteers in the delivery of their services, however for some this is not of immediate strategic importance. Two have not considered working towards a quality award or standard which involves their volunteers however they feel that this is not necessarily something that is relevant to them. One organisation in particular is run only by volunteers and reported that it does not have an individual that would have the time to work through the process.

3.13 Reasons why individuals stop volunteering in a health and social care capacity

Organisations raised a number of reasons why they believe their health and social care volunteers cease volunteering. This question was asked to gain a

general view from organisations as to the specific reasons their health and social care volunteers stop donating their time and if these reasons differ from volunteers who carry out more general roles.

Figure 3.4 - Reasons why individuals stop getting involved as volunteers



Base: Multiple responses

Figure 3.4 shows that the majority of organisations ranked the main reason why individuals stop volunteering as insufficient time. For many volunteers it can be difficult to maintain the time commitments they agree with the organisation they are volunteering with. Volunteers often need flexibility and when work and family circumstances change it becomes harder for volunteers to continue their commitment to the organisation. 58% of organisations ranked this as the main reason while a further 22% ranked this as the second main reason why people no longer volunteer. One third of organisations ranked a fear of losing benefits or being out of pocket as the main reason why people no longer volunteer and 25% believe that it is the fear of being liable if something went wrong while volunteering. Few organisations felt that individuals stop volunteering due to a criminal record check (5%) or due to trouble accessing transport (4%).

3.14 The impact of contracts on health and social care volunteers

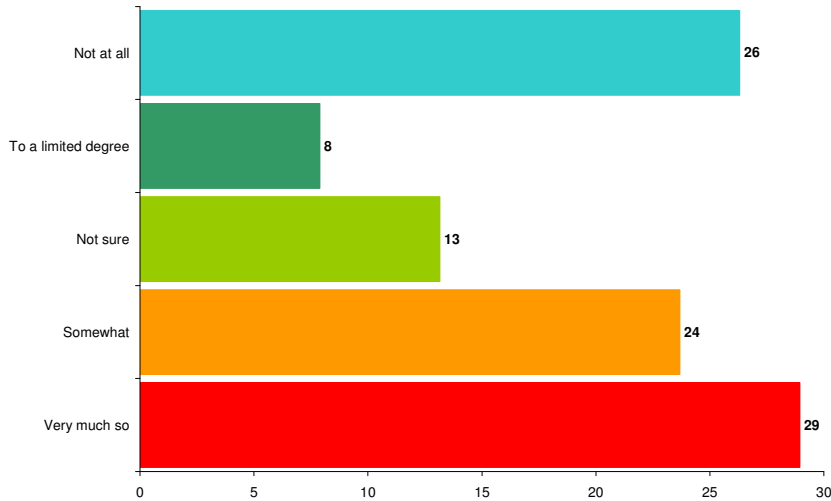
47% of organisations indicated that they have a contract or service level agreement with a statutory agency or government department for the delivery of health and social care services. 56% of organisations involve volunteers in the delivery of these contracted services or service level agreements. The majority

of those organisations however do not involve a high percentage of their volunteers in the delivery of these services. 47% of organisations involve less than 20% of volunteers. 18% of organisations have indicated however that between 81% and 100% of their volunteers are involved in the delivery of contracted services.

77% of organisations that have a contract or service level agreement with a statutory agency or government department indicated that they make the relevant agency or department aware of the involvement of volunteers when submitting a budget/tender of the involvement of volunteers in contracted services. 31% of organisations stated that the workload and responsibilities of their health and social care volunteers has increased as a result of being involved in the delivery of contracted services, 12% of which reported that this increase has been significant. 4% believe that there has been a significant decrease in the workload and responsibilities of their health and social care volunteers since they have been awarded contracts. A possible reason for this is that volunteers may not have the skills or experience to carry out health and social care activities and organisations may feel that such activities fall within the remit of paid staff.

In relation to the increased costs of recruiting, training and supporting health and social care volunteers, organisations were asked if these costs are being met by contract fees. 4% of organisations stated that full costs were being met while 32% indicated that some of these costs are being met by contract fees. The majority of organisations have indicated that limited costs (8%) or no costs at all (44%) are being met by contract fees; therefore organisations have to find the capital required for this support through other sources. Organisations were asked if they have implemented a strategy to recruit volunteers with professional skills as a result of their contractual relations with statutory providers. 27% of organisations with a contractual relationship indicated that they have implemented a strategy to recruit volunteers with specialised skills and experiences however two thirds of organisations (67%) reported that they had not put a strategy in place. Organisations that have a strategy in place were asked to specify what professional skills they target. Qualifications and skills specified include counselling (6%) and drivers (2%). Marketing, finance, budgeting complementary therapists and healthcare professionals were also specified by 4% of responding organisations.

As a result of involving volunteers in the delivery of health and social care services, 53% of organisations reported that volunteering has become more formalised and regulated however 26% stated that they do not believe that this has occurred and 8% believe that if it has, it has only happened to a limited degree.

Figure 3.5 - More formalised and regulated volunteering

Base: 38 (71 missing)

Several organisations specified the ways in which they felt that volunteering has become more formalised and regulated as a result of contracted service delivery. Below are some of the comments from organisations.

“Greater expectations of a volunteer managed service in terms of weekly policy requirements, levels of understanding and training needed.”

“In ways that are numerous, management, supervising, recording, insurance, reporting, training and CPD accreditation.”

As a result of involving volunteers in services delivered under contract, 29% of organisations believe that there has been a greater focus on specific skills for volunteers. 68% believe that the awarding of a contract by statutory bodies has not resulted in a greater focus on specific skills. Organisations that believe there has been were asked to comment on the specific skills they believe there has been a greater focus on. Below are some of the responses.

“Medical background for some of the patient transfer, first aid services.”

“Befriending information, giving listening skills, management skills, and employment awareness.”

3.15 Partnership agreements

The majority of surveyed organisations indicated that they do not have a partnership agreement with a health and social care trust or other statutory organisations that includes the involvement of volunteers. 15% of organisations however stated that they have partnership agreements in place. Organisations were asked to indicate the nature of their partnerships. Some examples include:

- Providing equipment to departments within the health and social care services.
- Providing transport for hospital patients.
- The provision of first aiders for public/council events.
- Service level agreements for service delivery with health and social care trusts.
- Delivery of training on attention-deficit/hyperactivity disorder (ADHD).
- Provide services within stoke respiratory services.

Partnership working between interviewed organisations and health and social care trusts

Interviewed organisations reported that on occasion they have contact with the health and social care trusts. A good example of partnership working between the trusts and the sector is the Macmillan Information and Support Centre based at Belfast City Hospital. This organisation recruits volunteers however it employs a member of staff from the Belfast Health and Social Care Trust to manage and support its volunteers. This partnership has worked very well and it is hoped by both Macmillan and the Belfast Health and Social Care Trust that this partnership will continue. In addition St John's Ambulance has a good relationship with the hospitals within the Belfast Health and Social Care Trust in respect of patient transfer and the provision of emergency ambulance cover. The organisation also links in with other voluntary organisations in relation to emergency planning. This includes the British Red Cross and the Knights of Malta.

Organisations highlighted a number of external factors which have had an impact on their ability to involve volunteers within health and social care services. The main factors reported, as highlighted, is funding/the costs of volunteers (19%) and Access NI checks (19%)²¹. Training was also mentioned by several organisations, stating that limited access to professional and specific training for their volunteers has had an impact. Time commitment (7%), bureaucracy (7%), competition with other organisations (7%) and a lack of community support (7%) are also common external factors mentioned by organisations

²¹ However during interviews with 10 voluntary and community organisations it was reported that these have improved over the past six months

3.16 Perceived challenges

Organisations highlighted a range of potential challenges that they believe may have an impact on health and social care volunteers in the next 12 months.

Table 3.3: Perceived challenges

	Count	%
Funding/cost of volunteers	12	20
Recruitment of volunteers	7	12
Management of volunteers	5	8
Access to professional specific training skills	4	7
None	4	7
Paying expenses	3	5
Time commitments	3	5
Workloads of volunteers	3	5
Requirement of volunteers with specific skills	3	5
Access NI checks	3	5
Retention of volunteers	3	5
Compliance of legislation and impending regulations	2	3
Cost of training	2	3
Generating interest in volunteering	2	3
View of job substitution	2	3
Recognition of volunteering by funders	1	2
Lack of community support	1	2
Total	60	100

Base: 60 (51 missing)

Once again funding was raised as a main issue for organisations, this time in relation to the perceived challenges they face in the future. As can be seen in Table 3.11 one fifth of organisations (20%) believe that a lack of funding will be challenging for them in relation to their health and social care volunteers in the next 12 months. The recruitment and management of volunteers was also raised. 12% of organisations believe that the recruitment of volunteers will be a challenge. 8% of surveyed organisations believe that management of volunteers will be challenge over the next 12 months.

“Recruitment, attracting volunteers, retention and providing what volunteers need.”

“Support training and supervision of volunteers requires a dedicated member of staff ie volunteer co-coordinator - we do not have one.”

Challenges facing interviewed organisations in relation to health and social care volunteering

All 10 voluntary and community organisations stated that they face challenges in relation to health and social care volunteering. As with the surveyed organisations these challenges generally ranged from recruitment and retention difficulties, to a lack of a volunteer budget or funding to support volunteers and to provide them with training. When specifically looking at these organisations the main challenges faced are mostly financial. Most of the smaller organisations do not have a volunteer budget and therefore have indicated that it is difficult to recruit volunteers and to support them whether that is through appointing a designated member of staff to provide specific support and guidance or through training or recognition events. For several of these organisations the biggest challenge is sourcing the funding for sustainability. Without this funding they fear their organisations will close and therefore their volunteers will lose an opportunity to contribute to their local community or to the organisations that they feel a specific allegiance to.

Without a doubt many of the smaller organisations interviewed face more challenges than the organisations with larger incomes and volunteer numbers. The general view from most large organisations is that they face fewer challenges in relation to recruitment and retention however some mentioned that they too have limited funding or resources in place to support volunteers.

“In the next 12 months with people being out of work we see people becoming more interested but we are working at full capacity and it wouldn’t be safe to take more on.” (St John’s Ambulance)

3.17 Reasons for not involving volunteers in the delivery of health and social care services

Finally organisations that do not involve volunteers in the delivery of their health and social care service commented as to their reasons why they do not involve volunteers.

Table 3.4- Reasons not to involve health and social care volunteers

	Count	%
We involve volunteers but not for health and social care activities	20	22
We do not carry out health and social care activities	16	17
Staff carry out these duties	9	10
Do not have the staff/resources to recruit/support/train volunteers	8	9
No need for volunteers/not relevant	7	8
Roles are not appropriate for volunteers	6	7
Can not generate interest from volunteers	5	5
Only have volunteers involved in the area of governance	4	4
Issues around job substitution	4	4
For confidentiality reasons	4	4
Organisation operates outside of Northern Ireland and does not need health and social care volunteers	3	3
Due to current POCVA legislation	2	2
Contracts preclude it	2	2
Volunteers are too unreliable/costly	2	2
Total	92	100

Base: 92

One fifth of organisations (22%) indicated that although they do involve volunteers within their organisation, they do not recruit volunteers for the delivery of health and social care services. One reason for this is that 17% of organisations do not believe that they provide health and social care services and therefore feel that the volunteers they recruit are not health and social care volunteers. 9% of organisations mentioned that they do not involve volunteers in the delivery of health and social care services because they do not have the staff or other resources to recruit, support or train volunteers, however several added that they hope to have these resources in place in the near future. A number of other reasons include current health and social care roles not being appropriate for volunteers (7%), organisations not being able to generate interest in volunteering (5%) and issues around job substitution (4%). Below are a number of quotations from organisations as to why they do not involve volunteers in the delivery of their health and social care services.

“Because it undervalues the job and exploits volunteers and could end up displacing carers jobs.”

“Difficulties around having paid employees doing same work as volunteers.”

“Due to the complex nature of the disease and the potential harm of misinformation.”

Conclusion

It is very clear from this section that health and social care volunteers have a very positive impact on, and in some cases make a vital or significant contribution to, the delivery of health and social care services within the voluntary and community sector. This section clearly quantifies the number of volunteers and the nature of their roles however it has not been possible to quantify the economic value of volunteers due to the limited number of organisations that responded to that question. This section also examined the management support and development structures that organisations have in place for their health and social care volunteers and the challenges they face in recruiting and retaining volunteers.

4. Broader themes of health and social care volunteering in health and social care trusts

Key Facts

- In both the voluntary and community sector and the health and social care trusts there are as many as 110 health and social care roles undertaken by volunteers. It is estimated that 10,678 individuals volunteer in the public sector, including hospitals and nursing homes.
- Volunteer managers in health and social care trusts believe that the contribution of volunteers greatly enhances the services provided to patients and service users.
- The five health and social care trusts recruit volunteers mainly through word of mouth and personal contact.
- The general view held by the health and social care trusts is that the highest turnover of volunteers is amongst those aged between 16 and 24 years old.
- Training and recognition events are viewed by the health and social care trusts as important methods in retaining volunteers.
- Each of the five health and social care trusts have a formal induction programme. This programme includes an orientation day, an introduction to relevant staff, a tour of the areas/wards/day centres, a review of relevant policies and procedures and mandatory training sessions.
- Health and social care trust volunteers receive mandatory training during induction including health and safety, infection control and confidentiality.
- In all five health and social care trusts there is a volunteer manager in place to recruit and manage volunteers. The management of volunteers also takes place in the service department which volunteers are assigned to.
- There is no volunteer recognition policy across the five health and social care trusts however each trust has employed different methods to recognise the contribution of their volunteers.
- The main challenges for the health and social care trusts include a lack of a centralised volunteer budget, transportation and staff coverage.

“Volunteers add huge value and help to personalise the service the NHS offers”, says Sheila Hawkins, the Project Manager for Volunteering England. “I’m sure the NHS could run without volunteers but it makes for a richer service.”²²

Volunteering to work in health is not a new idea and pre-dates the NHS. Before 1948 if people could not pay for healthcare they relied on the kindness of volunteers. Many hospitals were founded through voluntary activity. Since 1948 the health care system has relied much less on volunteers but they still perform a valuable role in many hospitals and trusts.

This section of the report examines the broader themes of volunteering in the health and social care trusts. This assessment includes an examination of volunteer roles and the main opportunities and challenges facing the health and social care trusts in relation the recruitment, retention, management and training of volunteers. It also examines partnership working with voluntary and community organisations.

4.1 Value of volunteer contribution

There is a huge recognition across the five health and social care trusts of the value and benefits of health and social care volunteers. As will be seen in section 4.2 they carry out a wide range of roles and are generally viewed as invaluable. One of the main advantages of the involvement of health and social care volunteers is that they can dedicate time. Many of the staff within these services are often busy and do not always have the opportunity or flexibility to spend time with patients and service users and believe that volunteers fill this gap. Volunteer managers also believe that volunteers offer a more personalised service to patients and that they also help in the improvement of services. Although it is clear that health and social care services would survive without the involvement of volunteers, the general view is that they enhance the service being provided.

“Volunteers are indispensable. They have an immediate impact at a ward and centre level. They offer a more personal service.” (Southern Health and Social Care Trust)

“Volunteers are the icing on the cake. They have the time to sit at a bed side to talk, listen and provide all the niceties that staff want to provide but don’t always have the flexibility to do so. Volunteers enhance our services.” (Belfast Health and Social Care Trust)

²² <http://www.nhs.uk/Livewell/NHS60/Pages/Volunteering.aspx>

4.2 Health and social care volunteer roles

“There are more than 300,000 volunteers in the NHS and despite the stereotype; they don’t all push tea trolleys.”²³

Similar to the voluntary and community sector there are as many as 110 roles undertaken by volunteers from assisting with administration tasks and meeting and greeting, to more tailored roles such as complementary therapies, drivers or simply chatting to patients.

In the five health and social care trusts in Northern Ireland there are many opportunities for volunteers to donate their time for the benefit of patients and to assist staff in providing numerous activities. In the Volunteer Development Agency’s report *It’s All About Time* it is estimated that 10,678 individuals volunteer in the public sector including hospitals and nursing homes. Below are some examples of the main volunteer roles available in the five health and social care trusts.

Table 4.1 - Volunteer roles in the health and social care trusts

Assisting at the swimming pool	Hospital radio
Assisting with ward outings	Hospital shop/shop trolley
Befrienders	Hospital visitors
Book trolley	Information zone volunteers
Buddying at children’s ward	Joiners (elderly care)
Complementary therapy	Meeters and greeters
Data input volunteers	Outpatient clinic volunteers
Day centres/residential homes	Patient satisfaction surveys
Elderly care escort duties	Psychiatry group leader
Elderly care hospital guide	Reception volunteers
Elderly care outpatient clinic tea person	Sighted guides
Entertainers, eg musical, drama, arts and crafts	Sunday services, ie bringing patients to hospital church
ENT volunteer assistant	Reception volunteers
Escort volunteers	Volunteer advice workers
Flower arranging/gardening	Volunteer emergency receiving unit
Fundraising for patient comforts fund	Volunteer wig fitters
Hospital drivers	Ward volunteers/visitors/helpers

As Table 4.1 indicates many of the volunteer roles established in the health and social care trusts are very similar to those roles carried out by volunteers in voluntary and community organisations which deliver health and social care services. The list shows the wide range of different roles, and breaks the often stereotypical view that volunteers carry out menial tasks. The list of roles also

²³ <http://www.nhs.uk/Livewell/NHS60/Pages/Volunteering.aspx>

shows the diversity of skills and experience volunteers offer to patients and service users and highlights the reciprocal nature of volunteering in so far as the volunteer gets as much out of the experience as the service user. This includes getting training and experience in a range of health and social care areas.

4.3 Recruitment of volunteers

Many of the methods employed by volunteer managers in the health and social care trusts are similar to those used by voluntary and community organisations. However as with voluntary and community organisations recruitment methods vary across the five trusts. For example in the Belfast Health and Social Care Trust volunteer managers advertise volunteer opportunities on the trust website and on posters in hospitals. Similar approaches are undertaken by the four other health and social care trusts. Although these methods have proven effective, volunteer managers report that the most effective methods for recruitment generally are through word of mouth and personal contact. Some volunteer managers believe that an individual's exposure to volunteers at hospitals also makes them aware of opportunities.

“Our meeter and greeter service is a great promotional tool.” (South Eastern Health and Social Services Trust)

Volunteer managers are often contacted by individuals who have family members or friends in different trusts services. These individuals want to give something back to the hospital/health service because of the good care and support their family and/or friends have received.

“There has been several incidents over the years were family members of patients volunteer their time due to the care their family members have received and because of the impact volunteers have had on their loved ones.” (Belfast Health and Social Care Trust)

There is a variance across the five trust areas in terms of the ease of recruiting volunteers. Within the oncology services in the Belfast City Hospital there has been a high number of individuals applying for volunteering opportunities. This is also similar in the South Eastern Health and Social Care Trust where there has only been one recruitment campaign. The volunteer manager there reported that they receive a high number of requests from potential volunteers to work across the range of services within that trust area. For some trust areas however it can be challenging to attract new volunteers. Some volunteer managers believe that in rural areas there is a lack of transport infrastructure and that this can be a deterrent. Some trust areas also believe that there is a lack of interest in local communities in volunteering.

In terms of the gender and age profile of volunteers within the five health and social care trusts the majority of volunteers are female. In some trust areas as

many as 75% to 95% of volunteers are female. Many of the volunteer managers are keen to recruit male volunteers to undertake specific roles such as driving, maintenance and gardening. Some volunteer managers are doing this by linking in with schools and universities in an effort to reach out to potential male volunteers.

“We don’t have many males especially as it is oncology, men would shy away. Currently only 5% of my volunteers are male.” (Belfast Health and Social Care Trust)

With regards to the age profile of volunteers the majority of volunteer managers stated that they have a high number of young volunteers keen to gain experience in the area of health and social care. An incentive for young people is gaining experience to help them in their future careers and for those applying to university. This is not necessarily the case in all services. For those trusts with oncology services there is a policy which precludes 16 to 18 year olds from volunteering, as the general view is that they are too young to be faced with life threatening illnesses. In some areas there is a high number of retired individuals who also volunteer. Some of these individuals have come from a health care background and are keen to continue offering support after they have retired.

The recruitment process across each of the five trust areas varies however each trust has comprehensive recruitment procedures. This includes meeting with potential volunteers, the completion of an application form, two referee checks, an Access NI check, a risk assessment and a health check. In most of the trust areas the health check consists of an occupational health assessment which is carried out by the trust however one volunteer manager requests an immunisation history from GP’s as opposed to occupational health checks. On average the recruitment process can take up to several weeks before a potential volunteer is accepted and then inducted into the health service.

“The recruitment process is quite long; there are nine stages although some of those pass quite quickly.” (Southern Health and Social Care Trust)

4.4 Induction

In each of the five health and social care trusts a formal induction programme has been established however it has not been standardised across the trusts. Once the recruitment procedures have been completed an induction is carried out whereby volunteers have an orientation day and are introduced to relevant staff. They are then given a tour of the areas/wards/day centres where they will be volunteering. The next stage involves volunteers reviewing relevant policies and procedures and then completing mandatory training days for fire safety, communication, health and safety, confidentiality, infection control and moving and handling. During the induction the volunteer managers discuss the

responsibilities and duties with the new volunteers and outline the importance of not carrying out activities that are outside their remit. The induction also examines what the trust's responsibilities are to the volunteer. The induction process is more intensive for volunteers within the oncology services.

"I do a four week induction with a wide range of activities, policies procedures, tour of hospital, responsibilities, it's very comprehensive."
(Belfast Health and Social Care Trust)

Inductions within the hospitals and care services are dual purpose. The first stage of the induction is carried out by the volunteer manager and usually covers very general areas. Once this has been completed the volunteer undertakes a second induction with the manager in the service they are allocated to. This induction is specific to the service and what the manager expects of volunteers in terms of their role and responsibilities. At this stage a key worker is usually identified for the volunteer. It is the responsibility of this individual to answer any queries the volunteer may have and give them guidance when required. In some services there is a probation period for volunteers to ensure they are suitable for their role. This gives the volunteer and the service manager the opportunity to terminate the agreement or to re-evaluate the role of the volunteer.

4.5 Retention of volunteers

In relation to volunteer retention the general view from volunteer managers is that the more support volunteers receive, the longer they stay. Volunteer managers ensure that volunteers are happy with the role they have been allocated and that there is good communication between the volunteer, their key worker and other members of staff. The managers also believe that training and recognition are important methods in retaining staff. Training and social/recognition events are usually very much appreciated by volunteers and often make them feel valued. Volunteer managers have indicated that they are often surprised by the loyalty of their volunteers.

"I am gobsmacked by their loyalty even the younger ones, only one in 20 would have little commitment, and they do stay for a long period of time."
(Western Health and Social Care Trust)

In relation to volunteers that tend not to commit long term in the health trusts, volunteer managers believe that it is usually young volunteers that leave after a short period of time. Although this is the generally held view there are many examples of young people volunteering for a number of years. For those young people that stop volunteering the reasons given usually relate to time commitments such as studying and working. In relation to school pupils, many volunteer to get an idea of working within a specific service before making a decision about their future career paths. Some leave upon realising that it is not the career they want to pursue. Another common reason for pupils who stop

volunteering is that they move away to university and therefore can no longer commit time to the service.

4.6 Management of volunteers

There is recognition across the five health and social care trusts that there are inconsistencies not only in the induction process for volunteers but also in how they are managed. This is partly attributed to the wide range of services that volunteers are involved in. For example for volunteers working in day centres or out in the community it can be more difficult to arrange supervision meetings. The volunteer managers who have volunteers who work in wards reported that they have easy access to their volunteers especially as they are also based at the hospitals. Another reason for these inconsistencies is that there is no one policy in place across the trusts in relation to volunteer management. These are developed on an area basis, however volunteer managers see the benefit of one uniform policy across the trusts.

Some volunteer managers reported that managing different age groups can be a challenge.

“Sometimes it can be difficult. Younger ones nearly need policed at times especially when we try to ensure that they attend training.” (Belfast Health and Social Care Trust)

Each trust area has a supervision policy in place which includes a supervision meeting every two to three months, depending on the frequency of volunteering. These supervision meetings are conducted by the service manager, key worker or the volunteer manager and are used as an opportunity to provide feedback, to assess training and support needs and to evaluate if the volunteer can develop further into their current roles or into new roles. Although supervision meetings occur on a two to three months basis, volunteers are given day to day support from the staff within the area.

4.7 Volunteer training

Often volunteers view training as one of the main advantages of volunteering. Their view is that it is a way of being valued and a way of developing their own skills and qualifications. As already mentioned volunteers receive mandatory training during their induction which covers a range of areas including health and safety, infection control and confidentiality to name a few. Volunteers are usually very keen to take up training opportunities and volunteer managers are keen to ensure that volunteers are provided with training opportunities.

“Training is a huge benefit for volunteers. Their wish is our command. We will support them in the role they want if they are deemed suitable. We

would give them the same training as an employee if they want it.”
(Southern Health and Social Care Trust)

Training needs are discussed with volunteers during supervision. Some of the volunteer roles within the different service areas are very specialised. Volunteers who undertake these roles are provided with the relevant training prior to taking up their post.

Other examples of training provided:

- Mapa – management of potential aggressive behaviour
- Day care facilities – hygiene awareness
- Disability services– disability awareness
- Visual and hearing impaired services – specific training for those volunteers
- Mental health training

In relation to the Macmillan Information and Support Centre volunteers have been given the opportunity to undertake the OCN Macmillan cancer support course. The course lasts 12 months and volunteers receive 15 credits. Volunteers who want to specialise in areas such as complementary therapies have also been provided training in this area.

Much of the training provided to volunteers is provided in house, however at times volunteer managers have had to look to other providers for training such as local colleges, voluntary and community organisations and consultants. This at times can be a challenge as there is no one central pot of funding for volunteering across the five health and social care trusts and often training courses have to be paid by the services where individuals volunteer. This money is not always available and there is the ongoing debate that the money used for this training is being taken away from the direct care being provided to patients.

4.8 Relationship between paid staff and volunteers - job substitution

Volunteer managers have reported that for the most part there are strong positive relationships between staff and volunteers and that staff fully embrace the contribution volunteers make. This is not always the case as there have been incidents when fragmentation of relationships have occurred between volunteers and staff, especially when staff are too busy to get involved with the volunteer resulting in volunteers not feeling valued.

At times concerns have been raised by staff in relation to the involvement of volunteers and the impact such involvement can have on staff levels. For example some fear that volunteers are being used as job substitutes. Volunteer managers and service managers have taken a strong approach in reassuring staff that the involvement of volunteers does not constitute job substitutions. Discussions have also taken place with staff unions.

"We ensure staff know that it is not a job substitute but someone to compliment their work." (Belfast Health and Social Care Trust)

When asked about the efficiency drives currently taking place within the health and social care trusts and if this would have an impact on the involvement of volunteers, or lead staff to believe that volunteers are being used as job substitutes, the volunteer managers clearly stated that even if volunteer numbers increased hospital staff would not let volunteers carry out activities that are not within their role description or that could be considered as job substitution.

"Our volunteers should never be considered as job substitutes." (Belfast Health and Social Care Trust)

"If there is a reduction of staff, volunteers will not be recruited to replace them." (South Eastern Health and Social Care Trust)

4.9 Volunteer budget

One of the main challenges mentioned by volunteer managers is the lack of a central volunteer budget. Previously in the legacy trusts there was one pot attached to the community development unit that was accessed by volunteer managers to cover the cost of volunteering. However since the five new health and social care trust were formed a decision was taken that the different service departments that involve volunteers would cover all their volunteer costs. The result of this is that these departments had to source the funding to cover volunteer training, support and expenses costs within their own budgets which has been an added stress. There is a general fear that service departments will not involve volunteers in the future due to them having to directly fund volunteer costs. The volunteer managers are very keen to see a budget put in place and in the past they have been told that a volunteer budget is going to be created however this has not yet occurred. Some of the service departments are relying on outside agencies and organisations to cover some of their volunteer costs.

In relation to volunteer costs the trusts have all indicated that very few volunteers claim expenses. The exception to this is in respect of those volunteers who live in rural areas and have to travel some distance to the location where they volunteer. Some of the volunteer managers however predict that more volunteers will claim expenses because of the current economic climate and that this will be an additional burden for the service departments who are currently covering volunteer expenses.

4.10 Volunteering strategy

The general view is that there is a need for a volunteering strategy, not only an overarching strategy for all of the health trusts in Northern Ireland but also for each health and social care trust. At present there is a volunteer strategy being

formulated in the Belfast Health and Social Care Trust and representatives from the volunteer and service management teams will be on the steering group. The general view is that there should be consistent recruitment and management practices for volunteers across the five trust areas. Volunteer managers do get the opportunity through the volunteer health forum to discuss best practice but they believe that it is essential that a strategy is there to support them and inform them of best practice²⁴.

“A strategy needs to be put into place. [name] is hoping to start our strategy document soon for the Belfast Trust and we are starting up a steering group to develop that.” (Belfast Health and Social Care Trust)

Volunteer managers also feel that it is essential to get the views and opinion of volunteers as they are the individuals who experience the current policies and procedures first hand.

4.11 Recognition

Similar to voluntary and community organisations there is a strong feeling amongst volunteer managers that their volunteers are invaluable and their contribution to the delivery of health and social care services is significant. Currently there is no volunteer recognition policy across the five trusts however each has employed different methods to ensure that their volunteers have recognition whether this is through volunteer recognition events or during one to one supervision.

Holding recognition events is one of the most popular methods employed by health and social care trusts as a means of recognising volunteer contribution. For example the Belfast Health and Social Care trust has recently held a recognition event for volunteers. The event took place in Stormont and approximately 200 volunteers were invited to attend. The volunteer managers hope that a second event will take place later in the year to accommodate those volunteers that could not attend.

In the Western Health and Social Care Trust volunteers are recognised through the presentation of certificates. These certificates are awarded after volunteers have completed 100 hours of service and then again when they complete 200 hours. The volunteer managers stated that for many volunteers this is an incentive to continue donating their time. The trust also holds one function a year for volunteers and donors which takes place every December.

Some of the volunteer managers mentioned that they currently do not hold recognition events although they do see the benefit of them. One reason mentioned for this is the lack of accommodation to hold such an event.

²⁴ The health trust forum is facilitated by the Volunteer Development Agency and has representatives from the five health and social care trusts. The forum discussed best practice and impacting legislation and regulations.

“We have a high number of volunteers and it would be difficult finding somewhere to accommodate that, so we are looking to do recognition events within each directorate however no decision made.” (South Eastern Health and Social Services Trust)

Recognition is also provided to volunteers through their supervision meetings with their service managers and their volunteer manager. The volunteer managers find this an effective way to give feedback and recognition to their volunteers and that volunteers appreciate the one to one relationship with their managers.

4.12 Challenges

Within the Belfast Health and Social Care Trust the volunteer management team is currently undergoing a restructuring process which will have an impact on where the volunteer managers are located and the geographical remit they will be expected to cover. In relation to the new location, some volunteer managers believe that the restructuring will mean they will have less access to and contact with volunteers. They also fear that a higher percentage of their time will be spent travelling which will reduce the time spent recruiting and supporting volunteers. Some volunteer managers feel that this puts additional pressure on them as well as creating a gap in volunteer management cover.

Staffing levels are also of concern to some managers. Currently one member of staff is absent long term and another volunteer manager based in the Belfast Health and Social Trust is to shortly retire. This post has not yet been advertised²⁵ and the other volunteer managers within the trust area believe that the additional work will be divided among them which will reduce the time they have to support the volunteers within their own areas.

“There is an issue with volunteer drift and volunteer recruitment if there isn’t a volunteer manager in place. Potential volunteers may go elsewhere but that could happen anyway. However for those already in a position their key workers will have to support them totally if a volunteer can not access a volunteer manager.” (Belfast Health and Social Care Trust)

Another barrier mentioned is transportation. This was specifically mentioned in relation to the trust areas which have a high rural remit. Some volunteer managers believe that the distance to acute hospitals and community services can result in challenges in recruiting and retaining volunteers.

“Transportation would be the main thing, we have a big catchment area and at times it can be difficult to access the hospital. For young people if parents are working they can not be dropped off. We have volunteering at

²⁵ This information is based on interviews which took place in May and June 2009 therefore a recruitment process for the volunteer manager may have taken place.

all times of the day to try and over come that barrier.” (Western Health and Social Care Trust)

Some volunteer managers have also found that potential volunteers are put off getting involved because of the Access NI and occupational health checks. For some individuals who are in receipt of benefits they fear that these will be withdrawn once they receive expenses.

As already mentioned the lack of a centralised volunteer budget has been raised as a challenge. Volunteer managers believe that fewer service departments will involve volunteers as they will have to source the costs within their own budgets to cover expenses and to support and train volunteers. For many, department budgets are already strained and supporting volunteering is not seen as a priority.

4.13 Partnership working with the voluntary and community sector

This research shows evidence of partnership working between the voluntary and statutory sector and the five health and social care trusts. As already mentioned in Section 3 there is a very positive relationship between the Macmillan Information and Support Centre based at the Belfast City Hospital and the Belfast Health and Social Care Trust. The Macmillan Center in partnership with Belfast Health and Social Care Trust works in partnership with other voluntary organisations such as Friends of the Cancer Centre, Action Cancer and Cancer Lifeline. For example Friends of the Cancer Centre pays for the flowers which are located in the centre and Action Cancer pays for the complementary services that the Macmillan Center provides. Relationships have also been formed when accessing training with other cancer organisations. In some circumstances one organisation will provide free training for Macmillan volunteers and in return volunteers donate some time volunteering with this organisation.

In one trust area a volunteer manager has in the past linked in with a number of voluntary and community organisations in an initiative to recruit volunteers. The other charities involved were VSB, the Volunteer Development Agency and Praxis. The organisations and the trust joined resources in an attempt to increase the number of potential volunteers applying for volunteering opportunities. Unfortunately this initiative was not successful in generating interest for volunteering opportunities however the trust is willing to consider other recruitment opportunities with partnership organisations.

Relationships have also been formed across a number of trust areas with mental health organisations and organisations which specialise in brain injuries.

“We have frequent contact with Action Mental Health, Headway and the Cedar Foundation who contact us to place some of their clients in

volunteering roles. It's a long established relationship.” (Belfast Health and Social Care Trust)

A number of the health and social care trusts reported that they would contact their local volunteer centres to advertise volunteering opportunities. In addition they would also refer potential volunteers to local volunteering centers and other volunteer and community organisations if a suitable role can not be located within trust services.

“If a volunteer isn't suitable I would redirect them back to the volunteer centre, as they could offer other services but maybe not be appropriate for the hospital.” (Western Health and Social Care Trust)

5. Conclusion

This report has produced a comprehensive picture of health and social care volunteering in the voluntary and community sector, and to a lesser degree within the five health and social care trusts in Northern Ireland. There are approximately 110 health and social care volunteer roles identified within the sector and in the health trusts. These roles range from social care roles such as befriending to more specialised health roles such as first aid and occupational therapy. It is clear therefore that health and social care volunteers carry out roles which break the stereotypical view that volunteers carry out menial tasks.

The 111 organisations which were surveyed for this project reported that they involve a total of 9,291 health and social care volunteers across a wide range of roles. Although each of the health and social care trusts record information on their volunteers, a total number of volunteers could not be attained.

Three strong themes have emerged from this research. The first is in relation to the challenges facing organisations with regards to how they recruit, manage and support their health and social care volunteers. There is a very strong correlation between the challenges health and social care organisations face and challenges that organisations face that involve volunteers that carry out other activities.

In *It's All About Time* it was reported that the recruitment of volunteers was an ongoing concern for every organisation regardless of their size or activities. 55.3% of organisations stated that they have difficulty in recruiting volunteers. 46.9% of organisations in the hidden workforce survey stated that they also face difficulty in recruiting volunteers.

The *It's All About Time* report also mentioned that organisations incorporate volunteer management into the responsibilities of paid staff and 26.1% of organisations had no one in this role. In the hidden workforce survey 56.6% of organisations incorporate volunteer management into the roles of paid staff or a lead volunteer.

Many organisations reported that it can be challenging for these individuals to fully support volunteers as it is only one part of their remit. Similar results were found in relation to training. In both this research and the *It's All About Time* report organisations stated that there are challenges in relation to training. In *It's All About Time* this was in relation to accessing accredited training.

Organisations involved in the hidden workforce research reported that finding relevant training for their health and social care volunteers is problematic, as is finding the funding to pay for training. The clear message here is that regardless of the roles that volunteers undertake, voluntary and community organisations face many challenges in supporting, recruiting and developing volunteers.

A volunteering strategy is currently being consulted on by the Department for Social Development in Northern Ireland. This strategy is about creating the conditions that will enable all aspects of volunteering to flourish. This will include promoting the value and benefits of volunteering, enhancing accessibility and diversity within volunteering, improving the volunteering experience and supporting and strengthening the volunteering infrastructure and organisations that involve volunteers. Although this strategy will be relevant to health and social care organisations it is not specific to them. The development of more specific initiatives should support health and social care organisations in providing more support to volunteers.

The second main theme that has emerged from this research is in relation to the contribution of volunteers. Again similar results were found in the *It's All About Time* report. Nearly 70% of organisations mentioned in that report that volunteers can improve or increase services provided. Similarly in the Hidden Workforce survey 72% of organisations reported that their health and social care volunteers are important to the improvement of their services. In both surveys organisations reported that volunteers can also reduce the costs of service delivery and save organisations money. What has stood out in this research however is that the majority of organisations reported that the main reason they involve health and social care volunteers is that they provide a more personalised service to services users. The five health and social care trusts also reported that volunteers can offer patients time. Many of the staff within trust services are often busy and do not always have the opportunity or flexibility to spend time with patients and service users and the general view is that volunteers fill this gap. The trusts feel that the donation of an individual's time makes their services more personal. This is very unlike the *It's All About Time* report where no organisations indicated that this is the main benefit of involving volunteers. This clearly shows the very distinct contribution that health and social care volunteers make both within the voluntary and community sector and in the health and social care trusts.

The final major theme to emerge from this study is in relation to the funding environment and the current economic downturn. In the past decade funding has become tighter and the demands being placed on organisations have become increasingly complex. There has been an overall decline in the income that the voluntary and community sector received since 2006 and this has reduced the amount of funding available across a number of different sources. It is also unsurprising that the current economic downturn is causing concerns within the sector. In *Viewfinder 8*, 70% of organisations felt there had already been a financial impact on their organisation. 66% of organisations perceived that there will be downturn in financial income from government and 56.9% perceived there to be a financial downturn in income from the general public²⁶. The current trend suggests that the sector will experience greater volatility in relation to this source of funding as the economic environment continues to worsen. In *State of the Sector V*²⁷ it was reported that the health and wellbeing sector receive 66.5% of its funding from voluntary income therefore any reduction in voluntary donations could have a

²⁶ Viewfinder 8 (December 2008) NICVA <http://www.nicva.org/publications/viewfinder-8>

²⁷ State of the Sector V (2009) NICVA

significant impact on these organisations. Without a doubt the current financial environment will have an impact on the capacity in organisations to support and develop their health and social care volunteers and for some of the smaller organisations this impact may be significant. Many of these organisations rely on their volunteers to deliver their health and social care services and for some organisations their volunteers are anything but a hidden workforce.

Appendix One

Table 1 - Age profile of health and social care volunteers

	Count	%
Under 18 years old	531	15
18-24 years old	694	19
25-34 years old	351	10
35-44 years old	344	9
45-54 years old	445	13
55-64 years old	571	16
65-74 years old	635	17
75+	79	2
Total	3,650	100

Base: 3,650 volunteers

Table 2 - Health and social care recruitment process and procedures

	Yes	No	Don't know
Ask new volunteers to complete an application form	66	32	2
Interview/informal chat with potential volunteers	89	10	1
Ask new volunteers to provide references	64	31	5
Require new volunteers to undergo a trial period	61	33	6
Provide an induction with regard to the organisation	82	17	1
Provide training to carry out their role	73	25	2
Provide a written role description	62	36	2
Provide a named person that provides support/supervision	83	17	-
Provide a written volunteer agreement	49	48	2

Base: Multiple responses

Table 3 - Source of relevant training

	Count	%
Within the organisation	75	46
Voluntary and community organisations	46	28
Health and Social Care Trusts	23	14
Other	18	11
Total	162	100

Base: Multiple responses

Table 4 - Management of volunteers

	Count	%
Volunteer recruitment and selection	52	25
Volunteer training/development	49	24
Volunteer supervision/management	54	26
Volunteer support/mentoring	52	25
Total	207	100

Base: Multiple responses

Table 5 - Volunteer budget

	Count	%
£0 - £5,000	25	69
£5,001 - £15,000	2	6
£15,001 - £30,000	4	11
£30,001 - £45,000	1	3
£45,001 - £60,000	1	3
£60,001 - £75,000	1	3
£75,001 - £90,000	-	-
£90,001 +	2	6
Total	36	100

Base: 36 organisations

Table 6 - Percentage of volunteers that have undergone a criminal history check under Access NI

	Count	%
0 -20	16	21
21 - 40	1	1
41 - 60	7	9
61 - 80	2	3
81 -100	51	66
Total	77	100

Base: 77 organisations (34 missing)

Table 7: Reason not to approach funders for Access NI disclosure costs

	Count	%
Cost covered by organisations budget/reserves	16	32
There is no charge for the Access NI disclosures	11	22
Cost covered by fundraising/donations	7	14
Other voluntary organisations/volunteer bureaux pay the costs	7	14
Do not need to get Access NI checks at present	4	8
Do not have the funding	4	8
Administration charge/costs	1	2
Total	50	100

Base: 50

Table 3.8 - External factors impacting on health and social care volunteers

	Count	%
Funding/cost of volunteers	5	19
Access NI checks	5	19
None	3	11
Access to professional specific training skills	2	7
Time commitments	2	7
Bureaucracy, too much red tape	2	7
Competition with other organisations	2	7
Lack of community support	2	7
Premise	1	4
Commitment to organisation's ethos	1	4
Lack of interest in volunteering	1	4
RQIA	1	4
Total	27	100

Base: 27 (84 missing)

Appendix Two – Volunteer roles (Volunteer England)

Administration helper / medical records assistant	Hairdresser for In-patient & Day Care units
Administering eye drops to post operative cataract patients	Hand holders (for surgery etc)
Advocacy	Home care
Ambulance first responder	Home escorts for vulnerable patients
Anti-coagulant assistant	Hospital radio presenter
Artist	Hospital radio request collector
Arts & crafts	Information/leaflet checkers
Audiology visitor (helping people use their hearing aids)	Information provider (eg in epilepsy clinic)
Befriending / buddying	Interpreter
Benefit advice	Interviewer
Birds of prey (volunteers bringing birds to children's units)	IT volunteers (database work)
Carer support	Knitters for premature babies
Chapel organist	Lay assessor (for the Quality & Outcome Framework)
Chapel service helpers	Letter writer
Chapel service singers	Librarian
Chapel services names collector	Magazine delivery
Chaplaincy (pianist, lay preacher)	Massage and aromatherapy massage
Chaplaincy visitor	Medicinema
City guides (guides who conduct hospital tours)	Meet and greet / welcomer
Clerical helper	Menus - help patients choose their meals
Clinic assistant (baby/well-being)	Musicians
Counsellor	Occupational therapy activities assistant
Curtain matcher	Packs (making up maternity packs, patient emergency toilet kits)
Dental Complaints Service volunteer panel member	PALS volunteer
Dining Companion	Palliative care
Discharge lounge assistant	PAT dogs/ animal visits
Drama assistant	Patients council representative
Entertainment	Pastoral
Events helpers	Peer educators (various projects)
Exercise to music	Pharmacy
Expert patient	Physiotherapist assistant
Feeders (for patients)	Plain language volunteers (to de-jargon written materials)
Fish tank maintenance	Playing board games
Focus groups for research	Playroom helpers
Flower arrangers / flower care on wards	Post room assistant
Fundraising	PPI forum member
Games players	Print room
Garden (including maintenance)	Reading newspapers to people with poor sight
GP patient participation group member	
Governance & Trustees	

Reception/information/enquiry desk/welcome desk
Recruitment & selection of staff
Recycling assistants
Reflexologist
Run current affairs discussion groups
Run singing groups
Runner (of errands in and out of hospital)
Running a book group
Running music appreciation sessions
Running poetry sessions
Security
Shop helper (food, clothing etc)
Shoppers (for patients)
Skin camouflage
Social events organisers /helpers
Speech and language volunteers
Sport companions for mental health service users (eg golf buddy)
Sport organisers for mental health service users (eg angling groups)

Support groups for specific health conditions
Taxi escorts
Tea bar / café / bar
Teacher helping with schoolwork on children's ward
Theatre (drama)
Trainers (eg life saving technique)
Therapeutic hand care
Transport (drivers)
Trolley service (meals, drinks, toiletries, newspapers etc)
Visitor screening helpers
Walking companions for people recovering from knee and hip operations
Ward and Department volunteers (various, including A & E, Outpatients, Occupational Health, X-Ray etc)
Wheelchair pushers
Yoga teacher
Youth group helpers

Appendix Three The Hidden Workforce Role of health and social care volunteers



Please confirm the address and contact details below or amend if different.

	Organisation
	Contact
	Address
	Town
	Postcode
This organisation is no longer active (please remove from your database)	

We would be very grateful if you could confirm, amend or add as appropriate the information NICVA holds on your organisation.

For further details on each of the categories visit www.nicva.org.

Organisation type	
Income	
Sub-sector	
Primary purpose	
Primary beneficiary	
Paid staff	
Legal status	
Telephone	
Email	
Website	

1. Does your organisation currently involve volunteers (including management committee members or trustees) in any of its activities?

Yes (Go to Q2)	<input type="checkbox"/>	No (Go to Q50)	<input type="checkbox"/>
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2. If yes, please indicate the number of volunteers who are currently involved with your organisation. (Use an approximation if necessary)

Males	<input type="text"/>	Females	<input type="text"/>	Total	<input type="text"/>
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3. Please indicate the number of volunteers who carry out the various activities listed below.

	Number
Raising or handling money	<input type="text"/>
Organising or helping to run an activity or event	<input type="text"/>
Governance	<input type="text"/>
Working with young people	<input type="text"/>
Helping in church or religious organisation	<input type="text"/>
Visiting people	<input type="text"/>
Coaching	<input type="text"/>
Giving advice/information/counselling	<input type="text"/>
Befriending or mentoring people	<input type="text"/>
Other (please specify)	<input type="text"/>

4. How many volunteers are involved in the governance of your organisation (ie serving on a management committee or board of trustees in their own time)?

Males		Females		Total	
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5. What percentage of volunteers on your committee or board of trustees is...

Past service users	
Current service users	
Health and social care professionals	
Other (please specify)	

6. Please indicate the number of volunteers from the list of ethnic groups below.

White		Other ethnic groups	
Black (African, Caribbean, etc)		(please specify)	
Asian (Chinese, Indian, etc)			
Mixed ethnicity			

7. Does your organisation calculate the number of hours all your volunteers contribute in a typical week?

Yes		No (Go to Q11)	
-----	--	----------------	--

£

8. Approximately, how many hours do your volunteers contribute in a typical week?

hours

11. On average how long do volunteers stay with your organisation?

0 – 6 months	
6 months – 12 months	
1 – 2 years	
2 – 5 years	
5 years or more	

9. Does your organisation measure what one hour of a volunteer's time is worth financially?

Yes		No	
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12. Over the past year has the number of volunteers involved with your organisation

Increased significantly	
Increased slightly	
Remained the same	
Decreased slightly	
Decreased significantly	

10. If yes, approximately what is the value of a volunteer's hourly contribution?

13. Does your organisation involve volunteers who carry out health and social care activities?

Yes (Go to Q14)		No (Go to Q50)	
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14. Please indicate below which of the different roles are carried out by your volunteers. If you can not identify the specific activities volunteers undertake within each of the specified areas, please give general information in the shaded sections of the table.

Administrative		Medical equipment	
Medical records		Delivery/ collection of equipment	
Clerical helper		Checking/cleaning equipment	
Campaigning/raising awareness		Pastoral/religious	
Advice		Chapel service helpers	
Benefits advice		Skin camouflage	
Medical/GP advice		Applying specialist creams	
Helpline		Skin care techniques	
Care in the home		Therapeutic care	
Keeping someone company		Massage	
Helping with practical tasks		Reflexology	
Promoting independence/confidence		Complementary services	
Befriending		Aromatherapy	
Support workers		Hairdressing	
Fundraising (health and social care)		Transport services	
Events helpers		Escorting on public transport	
Fundraising		Door-to-door	
Medical		Other (please specify)	
Occupational therapy			
First aider			

15. Please indicate the number of your health and social care volunteers who fall into the following age groups.

Under 18 years old		45-54 years old	
18-24 years old		55-64 years old	
25-34 years old		65-74 years old	
35-44 years old		75 years old and over	

16. How many of your volunteers involved in the delivery of health and social care services are...

Males		Females		Total	
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17. Please indicate the number of registered disabled individuals who volunteer in health and social care services within your organisation?

18. What are the main reasons your organisation involves volunteers in the provision of your health and social care services? Please rank each reason by level of importance (1 being the most important and so on).

	Rank
To reduce costs	
To provide a more personalised service (a human face)	
To improve our service	
To alleviate staff shortages (job substitution)	
To encourage better links with the community	
Other (please specify)	

19. Generally where do volunteers involved in the delivery of health and social care services carry out their activities? Please tick all that apply.

In the general community	<input type="checkbox"/>	Homes of service users	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	Supported accommodation	<input type="checkbox"/>
Health clinics	<input type="checkbox"/>	Nursing homes	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

20. Please describe the overall contribution volunteers make to health and social care services provided by your organisation. 1 = significant contribution, 2 = some contribution, 3 = not sure, 4 = limited contribution 5 = no contribution at all (please circle below).

1	2	3	4	5
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21. In the next 12 months do you expect the number of volunteers who fulfil the roles that you described in Question 14 to increase or decrease? 1 = increase significantly, 2 = increase slightly, 3 = remain the same,

4 = decrease slightly, 5 = decrease significantly (please circle below).

1	2	3	4	5
---	---	---	---	---

22. How likely is it that any of your health and social care volunteers will progress into paid employment in your organisation or other health and social care organisations? 1 = very likely, 2 = likely, 3 = not sure, 4 = unlikely,

5 = very unlikely (please circle below)

1	2	3	4	5
---	---	---	---	---

23. Does your organisation have a contract/service level agreement with statutory agency (eg Health and Social Care Trust) or government department to provide health and social care services?

Yes	<input type="checkbox"/>	No (Go to Q32)	<input type="checkbox"/>
-----	--------------------------	----------------	--------------------------

24. Does your organisation have volunteers that are involved in the delivery of contracted health and social care services?

Yes	<input type="checkbox"/>	No (Go to Q32)	<input type="checkbox"/>
-----	--------------------------	----------------	--------------------------

25. What proportion of your health and social care volunteers is involved in the delivery of contracted health and social care services?

	%
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26. When submitting a budget/tender for a contract, do you specify the involvement of volunteers in the delivery of health and social care services?

Yes		No	
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27. Has the workload and the responsibilities of your health and social care volunteers increased with the introduction of contracts and service level agreements? 1 = increased significantly, 2 = increased slightly, 3 = remained the same, 4 = decreased slightly, 5 = decreased significantly (please circle below).

1	2	3	4	5
---	---	---	---	---

28. Are the increased costs of recruiting, training and supporting health and social care volunteers being met by contract fees? 1 = full costs are met, 2 = some costs are met, 3 = not sure, 4 = limited costs are met, 5 = no costs at all are met (please circle below).

1	2	3	4	5
---	---	---	---	---

29. As a result of your contractual relationship with statutory providers has your organisation implemented a strategy to recruit volunteers with professional skills?

Yes		No		Not sure	
-----	--	----	--	----------	--

If yes, what professional skills has your organisation targeted?

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30. Do you think that as a result of the contracted services delivered by your organisation, volunteering has become more formalised and regulated? 1 = very much so, 2 = somewhat, 3 = not sure, 4 = to a limited degree

5 = not at all (please circle below).

1	2	3	4	5
---	---	---	---	---

Please describe in what ways has volunteering in your organisation become more formalised and regulated?

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31. Has there been a greater focus on specific skills for volunteers as a result of being awarded a contract for the delivery of health and social care services?

Yes		No		Not sure	
-----	--	----	--	----------	--

If yes, please describe the specific skills your organisation now focuses on?

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32. Does your organisation have a partnership agreement with a health and social care trust or other statutory agency that involves the use of volunteers?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, please describe the nature of this partnership and the activities volunteers undertake as part of this agreement?

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33. What external factors, if any, have had an impact on your organisation's ability to involve volunteers within health and social care services?

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34. What do you perceive to be your main challenges in relation to your health and social care volunteers in the next 12 months?

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Recruiting volunteers

35. Which of the following methods does your organisation use to recruit health and social care volunteers? Please rank the top three (1 being the most effective and so on).

Personal contacts	<input type="checkbox"/>	Statutory agencies/hospitals	<input type="checkbox"/>
By word of mouth	<input type="checkbox"/>	Leaflets (material from the organisation)	<input type="checkbox"/>
Local newspaper	<input type="checkbox"/>	Internet/organisational website	<input type="checkbox"/>
Volunteer centres	<input type="checkbox"/>	Promotional events/volunteer fair	<input type="checkbox"/>
Local events	<input type="checkbox"/>	Through a church/religious organisation	<input type="checkbox"/>
Community centres	<input type="checkbox"/>		<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>		<input type="checkbox"/>

36. On the scale below please indicate how difficult, or otherwise, it is for you to recruit health and social care volunteers. 1 = very easy, 2 = easy, 3 = not sure 4 = difficult, 5 = very difficult (please circle below).

1	2	3	4	5
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37. In a health and social care context which of the following reasons do you feel stop people from getting involved as volunteers? Please rank in order (1 being the most relevant and so on).

	Rank
Individuals have insufficient free time	
Potential volunteers may fear losing benefits/being out of pocket	
Potential volunteers have trouble accessing transport	
Fear of bureaucracy puts people off	
People may be worried about the risk and being liable if things go wrong	
People may not know how to find out about opportunities or getting involved	
People may be put off by criminal record checks	
Lack of flexibility and variety in types of volunteering opportunities on offer	
Other (please specify)	

38. As part of the recruitment process of new health and social care volunteers does your organisation ...

	Yes	No	Don't know
Ask new volunteers to complete an application form?			
Interview/informal chat with potential volunteers?			
Ask new volunteers to provide references?			
Require new volunteers to undergo a trial period?			
Provide an induction with regard to the organisation?			
Provide training to carry out their role?			
Provide a written role description?			
Provide a named person that provides support/supervision?			
Provide a written volunteer agreement?			

39. How difficult does your organisation find providing relevant training for volunteers? 1 = very difficult, 2 = difficult 3 = not sure 4 = easy, 5 = very easy (please circle below).

1	2	3	4	5
---	---	---	---	---

40. Where does your organisation source relevant training for volunteers? Please tick all that apply

Within your own organisation		Voluntary and community organisations	
Health and Social Care Trusts		Other (please specify)	

Managing volunteers

41. How confident are you that your organisation has policies, procedures and practices in place to effectively manage health and social care volunteers? 1 = very confident, 2 = confident 3 = not sure 4 = limited confidence, 5 = no confidence at all (please circle below)

1	2	3	4	5
---	---	---	---	---

42. Does your organisation have a volunteer or paid staff member whose responsibilities include the management of volunteers?

Yes (Go to Q43)		No (Go to Q44)	
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43. Which of the following areas is this person responsible? Please tick all that apply.

Volunteer recruitment and selection	<input type="checkbox"/>	Volunteer supervision/management	<input type="checkbox"/>
Volunteer training/development	<input type="checkbox"/>	Volunteer support/mentoring	<input type="checkbox"/>
Other (please specify)			

Resources for volunteers

44. Does your organisation have a budget to cover the activities of volunteers?

Yes (Go to Q45)	<input type="checkbox"/>	No (Go to Q47)	<input type="checkbox"/>
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45. If yes, approximately what is the annual budget for volunteer activities in your organisation?

£

46. Please indicate the three main areas which your volunteer budget covers.

1.
2.
3.

47. What percentage of your volunteers have undergone a criminal history check under Access NI?

%

48. Does your organisation negotiate to cover the cost of Access NI disclosures for volunteers with relevant statutory funders?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If no, from what source of funding does your organisation meet these additional costs for Access NI disclosures?

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49. Is your organisation currently experiencing any delays in gaining Access NI disclosures for volunteers? 1 = significant delays, 2 = slight delays, 3 = not sure, 4 = no delays at all (please circle below).

1	2	3	4
---	---	---	---

50. Can you please describe below the main reasons why your organisation does not involve volunteers in the delivery of your health and social care activities?

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Thank you for completing this questionnaire and we would ask that you return it in the **FREEPOST** envelope by **15 May 2009**.

Please contact **Andrea Thornbury** on 028 9087 7777 or email

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andrea.thornbury@nicva.org if you have any questions about this survey.

