

Evidence Brief: Volunteer workforce

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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Evidence Brief: Volunteer workforce

There may have been an update to this Evidence Brief - to check you are reading the most current version please see the links below:

- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[Guidance on CQC regulation changes to improve volunteer recruitment](#)

Source: NHS Employers

Publication date: 1 March 2024

Read government guidance on how the changes affect recruitment to volunteer roles in the NHS.

[NHS Volunteering Taskforce – reports and recommendations](#)

Source: NHS England

Publication date: June 2023

NHS England set up the NHS Volunteering Taskforce in January 2022 to stimulate transformational change in volunteering and strengthen links between volunteer programmes in and outside the NHS in England.

Co-chaired by Chief Nursing Officer for England Dame Ruth May and Sir Tom Hughes-Hallett, the taskforce has brought together a coalition of leaders from across government, the NHS, social care and the voluntary, community and social enterprise (VCSE) sector.

[NHS Long Term Workforce Plan](#)

Source: NHS England

Publication date: June 2023

See part 65 "Leveraging the impact of volunteers"

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

[The power of NHS and care volunteer responders](#)

Source: Department of Health and Social Care

Publication date: 18 August 2023

The [NHS and Care Volunteer Responders programme](#), which was originally created to support NHS colleagues and services in England during the pandemic, has recently extended its reach to adult social care. The joint programme aims to ease pressure on care providers and enhance the experience of people drawing on care services.

Historically, volunteering in social care has been a little more informal than volunteering within the NHS. This expansion is changing that.

[Volunteering](#)

Source: NHS England

Why volunteer in health and care?

Many NHS organisations and charities need help from volunteers. This is a great way to support the NHS and get involved in your community. Local NHS Trust websites usually include details of how to get involved.

Volunteers are crucial to the NHS's vision for the future of health and social care, as partners with our skilled staff, not as substitutes for them. There are more than 300 types of role in the NHS alone, providing challenging and rewarding opportunities for people of all ages and backgrounds. Some can be a one-off, like a hospital garden makeovers or fundraising. Others can last for months or even years, like running a hospital radio show, helping with administration in a hospice or taking part in advisory groups.

[Adding value: a strategic vision for volunteering in NHS trusts](#)

Source: The King's Fund

Publication date: 9 May 2022

- The NHS Long Term Plan and the most recent NHS workforce plan recognise and commit to maximising the value of volunteers, and Covid-19 has further highlighted the huge potential and contribution of volunteers. As organisations seek to 'build back better', there is now an

opportunity to consider the role of volunteers in the NHS and for trusts to develop a strategic approach to volunteering.

- Our research found evidence of support for volunteering in all acute and ambulance trusts, and in the majority of specialist, mental health, and community trusts. Irrespective of the individual scale of provision, there has been a significant expansion in capacity and capability of volunteering in recent years.

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

Source: The King's Fund

Publication date: May 2022

- Volunteering can have a positive impact: for organisations and their staff, for patients and carers, and for volunteers themselves. However, trusts are missing out on valuable opportunities to enhance and capitalise on the contribution of volunteers and there is much more that can be done to share practice and learning between trusts.
- We found evidence of support for volunteering in all acute and ambulance trusts, and in the majority of specialist, mental health, and community trusts. Irrespective of the individual scale of provision, there has been a significant expansion in capacity and capability of volunteering in recent years.

Webinar: Widening the workforce – the role of volunteers and students in supporting the NHS workforce

Source: NHS Confederation

Publication date: November 2021

This webinar explored some of the ways volunteers and students have supported the NHS over the past year.

Can volunteering help create better health and care?

Source: London South Bank University commissioned by HelpForce

Publication date: May 2017

This report was commissioned by Sir Thomas Hughes-Hallett, founder of HelpForce, to review the current evidence on the effectiveness, deployment and impact of volunteers in the NHS. Volunteering takes many forms from formal and traditional roles within institutions, offering time to help others (first responders, dining companions,) through to informal roles helping individuals have a better life outside institutions (community connectors and champions), which are detailed in the body of the report. Our review uncovers the huge untapped potential in the latter, and the need to support the former to get the most benefit for all.

Case Studies

How Coventry and Warwickshire ICS boosts support and local jobs for underrepresented groups

Source: NHS Employers

Publication date: 26th March 2024

The ICS has introduced a number of different employability support channels to attract, recruit and retain local people.

How partnership working in Sefton is creating a person-centred approach to hospital discharge

Source: NHS England

Publication date: 13th February 2024

Urgent care services in Sefton are working with the local voluntary, community, faith, and social enterprise sector to reduce hospital admissions, enable safe, effective discharge and support unpaid carers through a wrap-around, holistic service that puts the patient and their carer at the centre of their support.

[Volunteer support in the allied health professions](#)

Source: NHS Employers

Publication date: 13th February 2023

Bradford District Care NHS Foundation Trust used volunteers to support their allied health professionals, offering a first step into an NHS career.

[Partnership working between voluntary, community, faith and social enterprise \(VCFSE\) sector organisation and ICSs to improve health and care outcomes](#)

Source: NHS England

Publication date: 22 February 2023

A case study about how developing strong local partnerships across VCFSE sector organisations built capacity and supported the development of a culture of innovation and ensure innovation activities are driven by local patient needs.

[Volunteering case study – James Grieves at Northumbria Specialist and Emergency Healthcare Hospital](#)

Source: Northumbria Healthcare NHS FT

Publication date: 6 June 2022

James was a volunteer at Northumbria Specialist and Emergency Healthcare hospital as part of the HelpForce project. James attended St. Benet Biscop Catholic High School and wanted to work in genetic research once he completed his studies in chemistry, biology and mathematics.

[Volunteer stories](#)

Source: Kettering General Hospital NHS FT

Our volunteers provide a life changing service to our patients and staff in so many ways. If you can spare just a few hours a week to become part of our amazing team, you will be able to see the difference you can make.

It's an amazing way to give something back to your local hospital - the one place that touches everyone's lives in some way.

Here are the variety of roles available.

The Star for workforce redesign

More resources and tools are available in [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**”

[NHS Volunteer Workforce Data Collection](#)

Source: NHS England (Digital)

Volunteers provide additional capacity and flexibility in how services are delivered and well-designed and managed volunteering programmes improve satisfaction and wellbeing ratings for staff, as well as patients.

There is a commitment to widen participation and improve the diversity of our volunteering population to ensure that volunteers are representative of the communities' organisations serve. Data will provide a baseline to drive improvement in equality of access and opportunity.

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Education and training

Trialling a volunteer workforce to provide psychosocial care to hospital inpatients: a plan-do-study-act project

Item Type: Journal Article

Authors: McKeown, D. and Byrnes, K.

Publication Date: 2022

Journal: British Journal of Health Care Management 28(4)

Abstract: Introducing a novel volunteer workforce to assist patients in hospital who require 1:1 support has potential benefits, such as reducing expenditure on additional clinical staff and ensuring that patients receive holistic care. This study aimed to determine whether a volunteer workforce could effectively provide psychosocial support to hospital patients and relieve pressure on staff. A plan-do-study-act approach was used to introduce a team of volunteers to an NHS hospital and assess the impact. The volunteers were trained to provide psychosocial support to patients requiring level two and above enhanced observations across 19 acute medicine wards. A new approval system was also introduced to review requests for bank staff. A 14-week audit was conducted to assess the impact of the intervention on expenditure and required patient observation levels. The results showed that introducing a voluntary workforce led to savings of 705000 in 1 year from reduced reliance on bank staff. The number of patients requiring level three observation and the frequency of falls also declined. This study indicates that implementing a volunteer workforce is an effective and feasible approach to providing psychosocial care to patients, relieving pressure on the NHS workforce and reducing expenditure on bank staff. Copyright © 2022 MA Healthcare Ltd. All rights reserved.

Making a difference: workforce skills and capacity for integrated care

Item Type: Journal Article

Authors: Akehurst, J.;Stronge, P.;Giles, K. and Ling, J.

Publication Date: 2021

Journal: Journal of Integrated Care

Abstract: Purpose: The aim of this action research was to explore, from a workforce and a patient/carer perspective, the skills and the capacity required to deliver integrated care and to inform future workforce development and planning in a new integrated care system in England.

Design/methodology/approach: Semi-structured interviews and focus groups with primary, community, acute care, social care and voluntary care, frontline and managerial staff and with patients and carers receiving these services were undertaken.

Data were explored using framework analysis. Finding(s): Analysis revealed three overarching themes: achieving teamwork and integration, managing demands on capacity and capability and delivering holistic and user-centred care. An organisational development (OD) process was developed as part of the action research process to facilitate the large-scale workforce changes taking place. Research

limitations/implications: This study did not consider workforce development and planning challenges for nursing and care staff in residential, nursing care homes or domiciliary services. This part of the workforce is integral to the care pathways for many patients, and in line with the current emerging national focus on this sector, these groups require further examination. Further, data explore service users' and carers' perspectives on workforce skills. It proved challenging to recruit patient and carer respondents for the research due to the nature of their illnesses. Practical implications: Many of the required skills already existed within the workforce. The OD process facilitated collaborative learning to enhance skills; however, workforce planning across a whole system has challenges in relation to data gathering and

management. Ensuring a focus on workforce development and planning is an important part of integrated care development. Social implications: This study has implications for social and voluntary sector organisations in respect of inter-agency working practices, as well as the identification of workforce development needs and potential for informing subsequent cross-sector workforce planning arrangements and communication. Originality/value: This paper helps to identify the issues and benefits of implementing person-centred, integrated teamworking and the implications for workforce planning and OD approaches. Copyright © 2021, Joy Akehurst, Paul Stronge, Karen Giles and Jonathon Ling.

[Building capacity to use and undertake applied health research: establishing a training programme for the health workforce in the West of England](#)

Item Type: Journal Article

Authors: Sabey, Abigail;Bray, Isabelle and Gray, Selena

Publication Date: 2019

Journal: Public Health 167, pp. 62-69

Abstract: OBJECTIVES: Increasing research capacity is important for health services as part of improving the conduct of high-quality research, which addresses the needs of patients and the public. It is a core function of the 13 Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) established in England between 2008 and 2013. This article reports on the development of an innovative capacity building programme in CLAHRC West over an 18-month period (May 2015 to December 2016). It aims to disseminate the learning from the initiative and share our experience with other CLAHRCs., STUDY DESIGN: The study design was an evaluation of a training programme to build research capacity., METHODS: We carried out a training needs assessment among local stakeholders and scoped existing provision of research-related training. This informed the development of a programme

of free short courses, which were targeted at health and social care professionals including those working in local authorities and the voluntary sector. We aimed to engage professionals working at all levels in these organisations and to promote interprofessional education, to build a research culture. We engaged a variety of educators to provide a range of 1-day courses at an introductory level, which were accessible to practitioners., RESULTS: During the first 18 months of the training programme, we delivered 31 courses and trained 350 participants. Attendees came from secondary care (20%), voluntary sector (18%) and local authorities (18%). Professionals working in the mental health sector comprised 11% and commissioning 6%. Less well represented were primary care (3%) and community care (4%). The largest professional group was public health, followed by medical, nursing and allied health professionals in approximately equal proportions. Courses were evaluated on a scale of 1 (poor) to 4 (excellent) with the mean being 3.6 (range 3.3-4.0)., CONCLUSIONS: The training programme has been highly successful with many courses oversubscribed, and all courses being well evaluated by participants. It has met the needs of local professionals for brief, applied training in research, as well as attracting those from other parts of the United Kingdom, suggesting the courses are both appropriate and helping to fill a gap in provision. We are building on this work to further engage audiences working in areas such as the wider determinants of health and commissioning, as well as primary and community sectors. CLAHRCs are uniquely placed to drive a culture change in the use, understanding and application of research across the healthcare community. Crown Copyright © 2018. Published by Elsevier Ltd. All rights reserved. Peer workers (people with personal experience of mental health problems) are increasingly being employed in mental health services in England. The aim of this research was to find out if the international evidence

available is useful for developing new peer worker roles in England.

End of life care

[Constructing a new role for family carers and volunteers providing care towards the end of life: an action research approach exploring a new model of hospice care](#)

Item Type: Journal Article

Authors: Walshe, C.; Barnes, H.; Turner, M. and Hughes, S.

Publication Date: 2021

Journal: Health & Social Care in the Community 29(3), pp. 837-845

Abstract: The objective of this study was to understand the conceptualisation and development of a novel way of providing end-of-life care in a Cottage Hospice setting, with a focus on the role of family carers and volunteers within this care model. A participatory action research design enabled a situational analysis, together with change processes. The study setting was a hospice in the South of England, and its network of wider associates in the local health economy. Participants were purposively sampled to provide relevant information. Data collection (2017-2018) included documents (e.g., meeting minutes) and interviews (individual and group) with external (e.g., GPs) and internal (e.g., staff, managers, volunteers, patients, family carers) stakeholders. These were followed by action cycles conducted by a core action group which explored issues related to family and young carers, the relationship between the main and Cottage Hospices and workforce engagement with the change process. Iterative, inductive, thematic analysis was followed by axial coding facilitated within NVivo. Twenty-six individual and eight follow-up interviews, two group interviews and five discrete action cycles were completed. At the core was a focus on disruption of the norm of professionally provided and mediated care, with three main

themes: imagining the future of Cottage Hospice (growing demand, a home-like space, innovative roles for families and volunteers); developing the role of family caregivers (making agreements, meeting needs, social inclusion and the 'unknown' expectations) and quality and safety issues (negative perceptions, personalised care and volunteer roles). Change was viewed as both a threat and an opportunity. Cottage Hospice represents the possibility of a truly new way of meeting the needs of dying people and their families, and could act as a template for progressive service developments elsewhere. Copyright © 2021 The Authors. Health and Social Care in the Community published by John Wiley & Sons Ltd.

['End of life could be on any ward really': A qualitative study of hospital volunteers' end-of-life care training needs and learning preferences](#)

Item Type: Journal Article

Authors: Brighton, Lisa Jane; Koffman, Jonathan; Robinson, Vicky; Khan, Shaheen A.; George, Rob; Burman, Rachel and Selman, Lucy Ellen

Publication Date: 2017

Journal: Palliative Medicine 31(9), pp. 842-852

Abstract: BACKGROUND: Over half of all deaths in Europe occur in hospital, a location associated with many complaints. Initiatives to improve inpatient end-of-life care are therefore a priority. In England, over 78,000 volunteers provide a potentially cost-effective resource to hospitals. Many work with people who are dying and their families, yet little is known about their training in end-of-life care., AIMS: To explore hospital volunteers' end-of-life care training needs and learning preferences, and the acceptability of training evaluation methods., DESIGN: Qualitative focus groups., SETTING/PARTICIPANTS: Volunteers from a large teaching hospital were purposively sampled., RESULTS: Five focus groups were conducted with 25 hospital volunteers (aged 19-80 years). Four themes emerged as follows:

preparation for the volunteering role, training needs, training preferences and evaluation preferences. Many described encounters with patients with life-threatening illness and their families. Perceived training needs in end-of-life care included communication skills, grief and bereavement, spiritual diversity, common symptoms, and self-care. Volunteers valued learning from peers and end-of-life care specialists using interactive teaching methods including real-case examples and role plays. A chance to 'refresh' training at a later date was suggested to enhance learning. Evaluation through self-reports or observations were acceptable, but ratings by patients, families and staff were thought to be pragmatically unsuitable owing to sporadic contact with each., CONCLUSION: Gaps in end-of-life care training for hospital volunteers indicate scope to maximise on this resource. This evidence will inform development of training and evaluations which could better enable volunteers to make positive, cost-effective contributions to end-of-life care in hospitals.

Hospice volunteers: bridging the gap to the community?

Item Type: Journal Article

Authors: Morris, Sara M.;Payne, Sheila;Ockenden, Nick and Hill, Matthew

Publication Date: 2017

Journal: Health & Social Care in the Community 25(6), pp. 1704-1713

Abstract: Current demographic, policy and management changes are a challenge to hospices to develop their volunteering practices. The study upon which this paper is based aimed to explore good practice in volunteer involvement and identify ways of improving care through developing volunteering. The project consisted of a narrative literature review; a survey of volunteer managers; and organisational case studies selected through purposive diversity sampling criteria. A total of 205 staff, volunteers, patients and relatives were interviewed across 11

sites in England in 2012. This article focuses on one of the findings - the place that volunteers occupy between the hospice and the community beyond its walls. External changes and pressures in society were impacting on volunteer management, but were viewed as requiring a careful balancing act to retain the 'spirit' of the hospice philosophy. Honouring the developmental history of the hospice was vital to many respondents, but viewed less positively by those who wished to modernise. Hospices tend to be somewhat secluded organisations in Britain, and external links and networks were mostly within the end-of-life care arena, with few referring to the wider volunteering and community fields. Volunteers were seen as an informal and symbolic 'link' to the local community, both in terms of their 'normalising' roles in the hospice and as providing a two-way flow of information with the external environment where knowledge of hospice activities remains poor. The diversity of the community is not fully represented among hospice volunteers. A few hospices had deliberately tried to forge stronger interfaces with their localities, but these ventures were often controversial. The evidence suggests that there is substantial scope for hospices to develop the strategic aspects of volunteering through greater community engagement and involvement and by increasing diversity and exploiting volunteers' 'boundary' position more systematically to educate, recruit and raise awareness. Copyright © 2015 The Authors. Health and Social Care in the Community Published by John Wiley & Sons Ltd.

Volunteers in Palliative Care - A Comparison of Seven European Countries: A Descriptive Study

Full text available with NHS

OpenAthens account*

Item Type: Journal Article

Authors: Woitha, Kathrin;Hasselaar, Jeroen;van Beek, Karen;Radbruch, Lukas;Jaspers, Birgit;Engels, Yvonne and Vissers, Kris

Publication Date: 2015

Journal: Pain Practice : The Official Journal of World Institute of Pain 15(6), pp. 572-9

Abstract: OBJECTIVE: In Europe, volunteers have an important role in the delivery of palliative care. As part of the EU co-funded Europall project, 4 aspects of volunteering in palliative care were studied for 7 European countries (Belgium, England, France, Germany, the Netherlands, Poland, and Spain). These included (1) involvement of volunteers in palliative care, (2) organization of palliative care volunteering, (3) legal regulations concerning volunteering, and (4) education and training of palliative care volunteering., DESIGN/SETTING/METHODS: A literature search combined with an interview study. Information from the scientific literature, and country-specific policy documents were obtained and completed, along with data of consecutive semi-structured interviews with experts in the field of palliative care in the participating countries., RESULTS: In all countries, volunteers appeared to be involved in palliative care, yet their involvement across health care settings differed per country. England, for example, has the highest number of volunteers whereas Spain has the lowest number. Volunteering is embedded in law and regulations in all participating countries except for England and the Netherlands. In all participating countries, training programs are available and volunteers are organized, both on a national and a regional level., CONCLUSION: This study provides a descriptive overview of volunteer work in palliative care in 7 European countries, with a focus on the organizational aspects. Further research should concentrate on the roles and responsibilities of volunteers in the care for the terminally ill in different European health systems. Copyright © 2014 World Institute of Pain.

Integrated care

[Realizing policy aspirations of voluntary sector involvement in integrated care provision: insights from the English National Health Service](#)

Item Type: Journal Article

Authors: Croft, Charlotte and Currie, Graeme

Publication Date: 2020

Journal: Health Policy 124(5)

Abstract: Integrating voluntary sector organizations (VSOs) into complex health and social care provision is a priority in global healthcare policy. However, realization of these policy aspirations in practice is limited, as VSOs struggle to collaborate with health and social care professionals, or influence the wider healthcare system, undermining their potential involvement in care provision. This paper aims to increase understandings of how the policy implementation gap could be addressed, by asking: how do new workforce roles support VSO involvement in delivering integrated care? Drawing on 40 interviews with VSO workers, healthcare commissioners, and healthcare professionals, conducted over 18 months in the English NHS, we outline how workforce capacity development through the introduction of coordinating roles, coupled with increasing regulatory control of VSO involvement, resulted in enhanced VSO integration in service provision. However, we also warn against the potential for exploitation of VSOs whereby they become replacements for health and social care provision, rather than a complementary service within an integrated team, resulting in patient harm. Our findings have important implications for policy makers, practitioners, VSO leaders and healthcare commissioners. We conclude that policy realization is dependent on the development of coordinating roles, coupled with levels of regulation which protect against exploitation without becoming normatively restrictive, thereby losing the important flexibility of VSOs. Abstract]

International volunteering

The value of international volunteers experience to the NHS

Author(s): Zamora et al.

Source: Global Health 15(1)

Publication date: April 2019

Background: Global Engagement works with health partnerships to establish workforce and educational translation on a global scale to support the National Health Service (NHS). There is growing evidence on how international experiences (through volunteering, exchanges and placements) benefit the NHS through an innovative workforce that develops international best practice and promotes lifelong learning. Most of this evidence has been captured through surveys to returned international volunteers. However, there is limited evidence about how to quantify the value that returned international healthcare volunteers bring back to their country of residence.

Methods: This paper identifies the various benefits to the NHS from returned international healthcare volunteers. The outcomes from returned international volunteers, which have been identified as relevant from a NHS perspective, are linked to three key areas in a multisector analytical framework used by the World Bank to evaluate labour market programmes: (1) Investment climate and Infrastructure, (2) Labor market regulations and institutions, and (3) Education and skills development. The monetary value of these outcomes is quantified through productivity indices which capture the economic value that the achievement of these outcomes have on the quality of the NHS labor force. This model is applied to a dataset of international volunteers provided by the Global Engagement health partnerships. Results: The results suggest that international volunteering generates average productivity gains of up to 37% for doctors and up to 62% for nurses.

Average productivity gains estimated from health partnerships data vary depending on duration of volunteering periods and

occupational category mix. Conclusions: Our analysis offers a value for money rationale for international volunteering programmes purely from a domestic and NHS perspective. The valuation method considers only one of the aims of international volunteering programmes: the development of the existing and future NHS workforce. Broader benefits for health system strengthening at a global level are acknowledged but not accounted for. Overall, we conclude that if the acquisition of volunteering outcomes is realised, the NHS can accrue a productivity increase of between 24 and 41% per volunteer, with a value ranging from £13,215 to £25,934 per volunteer.

Organisational barriers to the facilitation of overseas and training placement in the NHS

Author(s): Chatwin and Ackers

Source: BMC Health Services Research 18(69)

Publication date: January 2018

Background: Undertaking a period of voluntary work or a professional placement overseas has long been a feature of medical training in the UK. There are now a number of high profile National Health Service (NHS) initiatives aimed at increasing access to such opportunities for staff at all levels. We present findings from a qualitative study involving a range of NHS staff and other stakeholders which explored barriers to participation in these activities. Methods: grounded theory methodology was drawn upon to conduct thematic based analysis. Our data included in-depth, semi-structured interviews with a range of returned volunteers, non-volunteers and other stakeholders (n = 51) who were, or had been, employed by the NHS. Results: There are significant barriers to placement and volunteering activity stemming from structural and organisational shortcomings within the NHS. Difficulties in filling clinical roles has a significant impact on the ability of staff to plan and undertake independent placements. There is currently no clearly defined pathway within the NHS by which the majority of grades

can apply for, or organise, a period of overseas voluntary or professional placement activity. There were divergent views on the relevance and usefulness of overseas professional placements. Conclusions: We argue that in the context of current UK policy initiatives aimed at facilitating overseas volunteer and professional placement activity, urgent attention needs to be given to the structural and organisational framework within which such initiatives will be required to work.

Volunteering and overseas placements in the NHS: a survey of current activity

Item Type: Journal Article

Authors: Chatwin, John and Ackers, Louise

Publication Date: 2016

Journal: BMJ Open 6(10), pp. e012160

Abstract: OBJECTIVE: The study aimed to establish current levels of overseas volunteering and placement activity across all staff grades within the National Health Service (NHS) in the North West of England., DESIGN: Cross-sectional survey., INSTRUMENT: Descriptive statistics., SETTING: 4 main regional hospitals in the North West of England, and additional NHS staff training events., PARTICIPANTS: Convenience sample of NHS staff (n=911)., RESULTS: 911 NHS staff took part in the survey. The medical and dental staff group returned the highest number of responses (32.1%). 42% of staff reported some form of overseas volunteering or placement experience. Most staff took an international placement as students (33.6% men; 40.6% women). Medium-term placements were undertaken by 46.7% of men, and 52.5% of women. Settlement stays (ie, over 1 year) were reported by 7.6% men, and 8.3% women). The majority of respondents engaged in international placement were from the age groups incorporating 'below 25' to '41-50' (74%). Multiple placement experiences were uncommon: 2.5% of respondents reported three periods of overseas activity, and 1.5% reported four. All those with multiple placement experience came from the

staff groups incorporating midwife/nurse/health visitor, and medical and dental., CONCLUSIONS: This survey captured a snapshot of current levels of volunteering and overseas placement activity across NHS staff grades in the North West. Owing to relatively homogenous organisational structures, findings are likely to broadly represent the position across the organisation as a whole. Although some degree of overseas placement activity is undertaken by a relatively high proportion of NHS staff, such activity is currently heavily skewed towards higher clinical staff grades. Significant numbers of allied health professionals and equivalent non-clinical cadres also report overseas experience, and we anticipate that the numbers will continue to rise if current policy initiatives gain momentum. Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://www.bmj.com/company/products-services/rights-and-licensing/>.

Leadership

Gender inequalities in unpaid public work: Retention, stratification and segmentation in the volunteer leadership of charities in England and Wales

Item Type: Journal Article

Authors: Clifford, D.

Publication Date: 2024

Journal: The British Journal of Sociology 75(2), pp. 143-167

Abstract: While gender inequalities in employment (paid public work) and domestic and reproductive labour (unpaid private work) are a prominent focus within the sociological literature, gender inequalities in volunteering (unpaid public work) have received much less scholarly attention. We analyse a unique longitudinal dataset of volunteer leaders, that follows through time every individual to have served as a board member (trustee) for a charity in England and Wales between 2010 and

2023, to make three foundational contributions to our understanding of gender inequalities in unpaid public work. First, the salience of vertical gender stratification and horizontal gender segmentation in trusteeship shows that gendered inequalities in work extend to public work in general-encompassing unpaid public work, and not only paid public work. In terms of gender segmentation, we find that women are over-represented as trustees in a small number of fields of charitable activity but under-represented across the majority of fields. In terms of gender stratification, we find that women are under-represented on the boards of the largest charities; under-represented as chairs of trustee boards; and particularly under-represented as chairs of the largest charities. Second, the dynamics underlying gendered differences in unpaid public work, which show higher rates of resignation for women trustees, resonate with research on paid employment which emphasises the importance of attrition to an understanding of how gendered inequalities in work are reproduced. This means that increasing the retention of women, not only the recruitment of women, becomes central to the policy agenda. Third, we show that there has been a decline in gender stratification and gender segmentation in trusteeship since 2010. This decline over time in gendered inequalities in unpaid public work provides an interesting counterpoint to influential research documenting a 'stall' in the reduction of gendered inequalities in paid employment. Copyright © 2023 The Authors. The British Journal of Sociology published by John Wiley & Sons Ltd on behalf of London School of Economics and Political Science.

Learning from Covid-19

["I'll meet you at our bench": adaptation, innovation and resilience among VCSE organisations who supported marginalised and minoritised communities during the Covid-19 pandemic in Northern England - a qualitative focus group study](#)

Item Type: Journal Article

Authors: Scott, S.;McGowan, V.;Wildman, J.;Bidmead, E.;Hartley, J.;Mathews, C.;James, B.;Sullivan, C.;Bambra, C. and Sowden, S.

Publication Date: 2024

Journal: BMC Health Services Research 24(1), pp. 7

Abstract: Background: The Covid-19 pandemic has exacerbated pre-existing inequalities and increased adversity and challenges for vulnerable and marginalised communities worldwide. In the UK, the Voluntary Community and Social Enterprise (VCSE) sector play a vital role in supporting the health and wellbeing of people who are marginalised or experiencing multiple complex needs. However, only a small number of studies have focused on the impact that Covid-19 had on the VCSE sector. Method(s): As part of a Health Inequalities Impact Assessment (HIIA), we conducted qualitative focus groups with staff and volunteers from five organisations to examine short, medium and longer-term impacts of Covid-19 upon the VCSE sector in Northern England. Nine online focus groups were conducted between March and July 2021. Finding(s): Focus group transcripts were analysed using Framework Analysis and yielded three central themes: (1) exacerbation of pre-existing inequalities, adversity and challenges for vulnerable and marginalised populations; (2) the 'price' of being flexible, innovative and agile for VCSE staff and volunteers; and (3) the voluntary sector as a 'lifeline' - organisational pride and resilience. Conclusion(s): While the voluntary sector 'adapted at pace' to provide support during Covid-19 and in its continued aftermath, this resilience has potentially come at the cost of workforce and volunteer wellbeing, compounded by political obstacles and chronic shortage in funding and support. The VCSE sector has a vital role to play in the post-lockdown 'levelling up' agenda. The expertise, capacity and resilience of VCSE organisations, and their ability to respond to Covid-19, should be celebrated, recognised and supported adequately to maintain its resilience.

To not do so threatens the sector's sustainability and risks jeopardising attempts to involve the sector in addressing the social determinants of health. Copyright © 2023, The Author(s).

[Medical student volunteering during Covid-19: lessons for future interprofessional practice](#) Full text available with NHS

OpenAthens account*

Author(s): Rosalyn Buckland

Source: Journal of Interprofessional Care 34(5) pp. 679-681

Publication date: September 2020

Due to the unprecedented pressures on healthcare systems during the COVID-19 pandemic, many medical students internationally volunteered to assist in hospitals. In the United Kingdom, most students worked in roles similar to Healthcare Assistants: helping to support nurses in providing patient care. Although the current situation is exceptional, with medical students eager to contribute to the COVID-19 response, they have also gained valuable experience in interprofessional collaboration. By working closely with nurses, medical students have gained practical understanding of the different roles within the hospital environment and been involved in providing hands-on care to patients. The experience of the current pandemic has shown the willingness of medical students to volunteer in Healthcare Assistant roles and demonstrated the ability of hospitals to successfully integrate students into established nursing teams. This short report provides a reflection on the advantages of these placements and argues for their continuation in future practice.

Maternity

["I didn't think we'd be dealing with stuff like this": A qualitative study of volunteer support for very disadvantaged pregnant women and new mothers](#)

Item Type: Journal Article

Authors: McLeish, Jenny and Redshaw, Maggie

Publication Date: 2017

Journal: Midwifery 45, pp. 36-43

Abstract: OBJECTIVE: to identify the particular issues associated with volunteer support for very disadvantaged mothers (who were young, had insecure immigration status, were recent migrants whose English was poor, misused drugs or alcohol, or were involved in crime), from the perspective of the volunteers., DESIGN: a qualitative descriptive study, informed by phenomenological social psychology. Semi-structured qualitative interviews were carried out between July 2013 and March 2015. Interview transcripts were analysed using inductive thematic analysis., SETTING: nine volunteer support projects for pregnant women and new mothers, run by third sector organisations in England., PARTICIPANTS: 38 volunteer supporters., MEASUREMENTS AND FINDINGS: three key themes were identified: 'Meeting challenges', 'Needing support' and 'Identifying successes'. 'Meeting challenges' contained the subthemes 'making the relationship of trust', 'remaining non-judgemental', 'maintaining boundaries' and 'dealing with child protection'. 'Needing support' contained the subthemes 'feeling prepared', 'feeling supported' and 'staying safe'. 'Identifying successes' contained the subthemes 'celebrating the small wins', 'validation as a mother', and 'supporting access to services'. KEY CONCLUSIONS: volunteers were able to build strong, empowering relationships with some very disadvantaged women during pregnancy and afterwards, including where the mothers did not readily engage with professionals. However, supporting women with complex needs is emotionally challenging and volunteers need to be carefully selected, realistically trained and robustly supervised and supported during their volunteering., IMPLICATIONS FOR PRACTICE: third sector organisations offering volunteer support for pregnant women and new mothers can be valuable partners in reaching very disadvantaged women who may find it difficult to engage with services. Volunteers can

build up a relationship of trust with vulnerable mothers over time, but need to be well supported to do this safely and effectively. Copyright © 2016 Elsevier Ltd. All rights reserved.

['The greatest feeling you get, knowing you have made a big difference': survey findings on the motivation and experiences of trained volunteer doulas in England](#)

Item Type: Journal Article

Authors: Spiby, Helen;Mcleish, Jenny;Green, Josephine and Darwin, Zoe

Publication Date: 2016

Journal: BMC Pregnancy and Childbirth 16(1), pp. 289

Abstract: BACKGROUND: Support from a doula is known to have physical and emotional benefits for mothers, but there is little evidence about the experiences of volunteer doulas. This research aimed to understand the motivation and experiences of volunteer doulas who have been trained to support women during pregnancy, birth and the postnatal period., METHODS: A postal questionnaire survey was sent to volunteer doulas at five volunteer doula projects working in low-income areas in England. Quantitative and qualitative data were analysed in parallel using summary statistics and content analysis respectively., RESULTS: Eighty-nine volunteer doulas (response rate 34.5 %) from diverse backgrounds responded to the survey. Major motivators for volunteering included a desire to help others and, to a lesser extent, factors related to future employment. Most reported that the training was effective preparation for their role. They continued volunteering because they derived satisfaction from the doula role, and valued its social aspects. Their confidence, skills, employability and social connectedness had all increased, but many found the ending of the doula-mother relationship challenging. For a minority, negative aspects of their experience included time waiting to be allocated women to support and dissatisfaction with the way the doula service was run., DISCUSSION AND CONCLUSIONS: Most respondents

found the experience rewarding. To maintain doulas' motivation as volunteers, services should: ensure doulas can start supporting women as soon as possible after completing the training; consider the merits of more flexible endings to the support relationship; offer opportunities for ongoing mutual support with other doulas, and ensure active support from service staff for volunteers.

Older people

[Outcomes for older people with long-term conditions attending day care services delivered by paid staff or volunteers: a comparative study](#)

Item Type: Journal Article

Authors: Lunt, C.;Shiels, C.;Dowrick, C. and Lloyd-Williams, M.

Publication Date: 2021

Journal: Palliative Care and Social Practice 15

Abstract: Background: Day care services support older people living with long-term conditions (LTC's). Aim(s): The aims of the study were to determine outcomes in terms of loneliness and health-related quality of life for older people with LTCs attending day care services in the United Kingdom. Method(s): Newly referred older people with LTCs to day care services in North West of England and Wales were invited to participate. The EQ-5D-3L and De Jong Loneliness questionnaires were completed at recruitment, 6 and 12 weeks. Result(s): Ninety-four older people (64% female), age range 65-99 years; mean number of LTCs 4.3 (range: 2-9) were recruited. About 52% lived alone and 36% lived in one of the 20% most deprived local authorities in England and Wales. Outcomes over 12 weeks were comparable for paid, blended, and for volunteer-led services. Conclusion(s): Following the Covid-19 pandemic, it is increasingly urgent to support older people with LTCs who may have lost physical and cognitive function during lockdown and to support their recovery. Our study suggests that volunteers can provide services and

complement the care provided by paid staff, freeing up resources and enabling increasing numbers of older people to be supported. Copyright © The Author(s), 2021.

Exploring the role of volunteers in social care for older adults

Abstract only*

Item Type: Journal Article

Authors: Cameron, A.;Johnson, E. K.;Willis, P. B.;Lloyd, L. and Smith, R.

Publication Date: 2020

Journal: Quality in Ageing and Older Adults 21(2), pp. 129-139

Abstract: Purpose: This paper aims to report the findings of a study that explores the contribution volunteers make to social care for older adults, identifying lessons for the social care sector and policymakers. Design/methodology/approach: An exploratory multiple case study design was used to capture the perspectives and experiences of managers of services, volunteer co-ordinators, volunteers, paid care staff and older people.

Seven diverse social care organisations took part in the study drawn from three locations in the South West of England.

Finding(s): This study identified three distinct models of volunteer contribution to social care services for older people. Although the contributions made by volunteers to services are valued, the study drew attention to some of the challenges related to their involvement.

Research limitations/implications: The organisations taking part in this small-scale study were all based in the South West of England, and the findings are therefore not generalisable but contribute to the growing evidence base related to this important field.

Practical implications: This study demonstrates the importance of the volunteer co-ordinator role and suggests that it is properly funded and resourced. It also confirms the importance of volunteers receiving appropriate training and support.

Originality/value: Given the increasing involvement of volunteers in the provision of social care, this paper provides lessons to ensure the role of volunteers in social

care enhances rather than diminishes the quality of care provided. Copyright © 2020, Emerald Publishing Limited.

Patient feedback

"Change is what can actually make the tough times better": A patient-centred patient safety intervention delivered in collaboration with hospital volunteers

Item Type: Journal Article

Authors: Louch, G.;Mohammed, M. A.;Hughes, L. and O'Hara, J.

Publication Date: 2019

Journal: Health Expectations : An International Journal of Public Participation in Health Care and Health Policy 22(1), pp. 102-113

Abstract: BACKGROUND: The PRASE (Patient Reporting and Action for a Safe Environment) intervention provides a way to systematically collect patient feedback to support service improvement. To provide a sustainable mechanism for the PRASE intervention, a 2-year improvement project explored the potential for hospital volunteers to facilitate the collection of PRASE feedback. OBJECTIVE(S): To explore the implementation of the PRASE intervention delivered in collaboration with hospital volunteers from the perspectives of key stakeholders. DESIGN: A qualitative case study design was utilized across three acute NHS trusts in the United Kingdom between March 2016 and October 2016. Ward level data (staff interviews; action planning meeting recordings; implementation fidelity information) were analysed taking a pen portrait approach. We also carried out focus groups with hospital volunteers and interviews with voluntary services/patient experience staff, which were analysed thematically. RESULT(S): Whilst most ward staff reported feeling engaged with the intervention, there were discordant views on its use and usefulness. The hospital volunteers were positive about their involvement, and on some wards, worked with staff to produce actions to improve services. The voluntary services/patient

experience staff participants emphasised the need for PRASE to sit within an organisations' wider governance structure.

CONCLUSION(S): From the perspective of key stakeholders, hospital volunteers facilitating the collection of PRASE feedback is a feasible means of implementing the PRASE intervention. However, the variability around ward staff being able to use the feedback to make changes to services demonstrates that it is this latter part of the PRASE intervention cycle that is more problematic. Copyright © 2018 The Authors. Health Expectations published by John Wiley & Sons Ltd.

Peer support workers

There is also a dedicated [Evidence Brief on this topic](#)

[Tokenistic or genuinely effective? Exploring the views of voluntary sector staff regarding the emerging peer support worker role in mental health](#) Abstract only*

Item Type: Journal Article

Authors: Kilpatrick, E.; Keeney, S. and McCauley, C. -O

Publication Date: 2017

Journal: Journal of Psychiatric and Mental Health Nursing 24(7), pp. 503-512

Abstract: WHAT IS KNOWN ON THE SUBJECT: The introduction of PSWs within mental health services has grown substantially both internationally and locally; however, no recognized studies have focused on the evolution of this role within a Northern Ireland (NI) context. Research is increasingly focusing on service users' and PSWs perspectives on mental health service provision. Despite this, few studies exist which exclusively report staff views in relation to the PSW role., WHAT THE PAPER ADDS TO EXISTING KNOWLEDGE: Results of the current study identified varying perspectives on the peer role. Some participants believed that the PSW role was tokenistic; others opposed these views, highlighting the value of this role.

Clearly defined job descriptions and the importance of ensuring the PSW is a cohesive part of the team and not an "add on," was identified as imperative to avoid tokenistic practice. Provision of a flexible working environment, both sensitive and responsive to the peers' own mental health needs, was identified as significant in order for the peer to fulfil their role successfully., IMPLICATIONS FOR PRACTICE: Services introducing PSWs within teams should engage with nursing staff at all organizational levels in the role development process to minimize the risk of tokenism, for example, the PSW role not integrated or valued within teams. Clearly defined job/role specifications for PSWs should be devised to ensure that both the PSW and the mental health nursing team have a shared understanding regarding this role., ABSTRACT: Aim Peer support worker (PSW) roles are gaining recognition internationally as a valuable component in mental health service delivery. The aim of this study was to explore the views of mental health voluntary sector staff regarding the emergence of this role. Method A qualitative research design was used. A purposive sample was employed. Semi-structured interviews were undertaken with 10 staff members in various positions in two voluntary mental health organizations. Interview transcripts were analysed thematically. Results Views varied on the PSW role with some participants stating that it was tokenistic, whereas others highlighted the value of its contribution. Participants' expressed concerns regarding professional boundaries and organizational cultural challenges that PSWs may encounter in their role. The provision of reasonable adjustments was recommended as an integral support mechanism. Conclusion Successful integration of the PSW requires careful consideration of the role, the workplace environment and the unique needs of the peer, to prevent the role becoming constrained and diluted. Implications for practice The PSW role may impact the traditional delivery of mental health nursing services. It is therefore essential that nurses are cognizant of these potential challenges

to successfully facilitate the integration of PSWs in practice. Copyright © 2017 John Wiley & Sons Ltd.

Primary care and community

Communities as 'renewable energy' for healthcare services? a multimethods study into the form, scale and role of voluntary support for community hospitals in England

Item Type: Journal Article

Authors: Ellis Paine, A.; Kamerade, D.; Mohan, J. and Davidson, D.

Publication Date: 2019

Journal: BMJ Open 9(10), pp. e030243

Abstract: Objective To examine the forms, scale and role of community and voluntary support for community hospitals in England. Design A multimethods study. Quantitative analysis of Charity Commission data on levels of volunteering and voluntary income for charities supporting community hospitals. Nine qualitative case studies of community hospitals and their surrounding communities, including interviews and focus groups. Setting Community hospitals in England and their surrounding communities. Participants Charity Commission data for 245 community hospital Leagues of Friends. Interviews with staff (89), patients (60), carers (28), volunteers (35), community representatives (20), managers and commissioners (9). Focus groups with multidisciplinary teams (8 groups across nine sites, involving 43 respondents), volunteers (6 groups, 33 respondents) and community stakeholders (8 groups, 54 respondents). Results Communities support community hospitals through: Human resources (average=24 volunteers a year per hospital); financial resources (median voluntary income = 15 632); practical resources through services and activities provided by voluntary and community groups; and intellectual resources (eg, consultation and coproduction). Communities provide valuable supplementary resources to the National Health

Service, enhancing community hospital services, patient experience, staff morale and volunteer well-being. Such resources, however, vary in level and form from hospital to hospital and over time: Voluntary income is on the decline, as is membership of League of Friends, and it can be hard to recruit regular, active volunteers. Conclusions Communities can be a significant resource for healthcare services, in ways which can enhance patient experience and service quality. Harnessing that resource, however, is not straight forward and there is a perception that it might be becoming more difficult questioning the extent to which it can be considered sustainable or 'renewable'. Copyright © 2019 Author(s).

Sustainability and scalability of a volunteer-based primary care intervention (Health TAPESTRY): a mixed-methods analysis

Item Type: Journal Article

Authors: Kastner, M.; Sayal, R.; Oliver, D.; Straus, S. E. and Dolovich, L.

Publication Date: 2017

Journal: BMC Health Services Research 17(1), pp. 514

Abstract: BACKGROUND: Chronic diseases are a significant public health concern, particularly in older adults. To address the delivery of health care services to optimally meet the needs of older adults with multiple chronic diseases, Health TAPESTRY (Teams Advancing Patient Experience: Strengthening Quality) uses a novel approach that involves patient home visits by trained volunteers to collect and transmit relevant health information using e-health technology to inform appropriate care from an inter-professional healthcare team. Health TAPESTRY was implemented, pilot tested, and evaluated in a randomized controlled trial (analysis underway). Knowledge translation (KT) interventions such as Health TAPESTRY should involve an investigation of their sustainability and scalability determinants to inform further implementation. However, this is seldom considered in research or considered early enough, so the

objectives of this study were to assess the sustainability and scalability potential of Health TAPESTRY from the perspective of the team who developed and pilot-tested it., METHODS: Our objectives were addressed using a sequential mixed-methods approach involving the administration of a validated, sustainability survey developed by the National Health Service (NHS) to all members of the Health TAPESTRY team who were actively involved in the development, implementation and pilot evaluation of the intervention (Phase 1: n = 38). Mean sustainability scores were calculated to identify the best potential for improvement across sustainability factors. Phase 2 was a qualitative study of interviews with purposively selected Health TAPESTRY team members to gain a more in-depth understanding of the factors that influence the sustainability and scalability Health TAPESTRY. Two independent reviewers coded transcribed interviews and completed a multi-step thematic analysis. Outcomes were participant perceptions of the determinants influencing the sustainability and scalability of Health TAPESTRY., RESULTS: Twenty Health TAPESTRY team members (53% response rate) completed the NHS sustainability survey. The overall mean sustainability score was 64.6 (range 22.8-96.8). Important opportunities for improving sustainability were better staff involvement and training, clinical leadership engagement, and infrastructure for sustainability. Interviews with 25 participants (response rate 60%) showed that factors influencing the sustainability and scalability of Health TAPESTRY emerged across two dimensions: I) Health TAPESTRY operations (development and implementation activities undertaken by the central team); and II) the Health TAPESTRY intervention (factors specific to the intervention and its elements). Resource capacity appears to be an important factor to consider for Health TAPESTRY operations as it was identified across both sustainability and scalability factors; and perceived lack of interprofessional team and volunteer resource capacity and the need for stakeholder buy-in are important

considerations for the Health TAPESTRY intervention. We used these findings to create actionable recommendations to initiate dialogue among Health TAPESTRY team members to improve the intervention., CONCLUSIONS: Our study identified sustainability and scalability determinants of the Health TAPESTRY intervention that can be used to optimize its potential for impact. Next steps will involve using findings to inform a guide to facilitate sustainability and scalability of Health TAPESTRY in other jurisdictions considering its adoption. Our findings build on the limited current knowledge of sustainability, and advances KT science related to the sustainability and scalability of KT interventions.

[The role of volunteer support in the community for adults with hearing loss and hearing aids](#)

Item Type: Journal Article

Authors: Pryce, H.;Hall, A. and Gooberman-Hill, R.

Publication Date: 2015

Journal: Patient Education and Counseling 98(8), pp. 954-960

Abstract: Objectives: To explore interactions between audiology patients and volunteers, to describe encounters and define the role of volunteers. Method(s): Qualitative ethnographic and interview study of volunteer-patient interactions. Ten volunteer participants from two volunteer schemes in South West England were observed and interviewed. Three patient participants were interviewed. Result(s): Analysis of observational data showed that volunteers provided support relating to local services and hearing aids, but did not engage in discussions about hearing loss. Interviews with volunteers identified gaps in audiology provision, including accessible services and clear information and highlighted a need for more support from audiology services to enable them to fulfil their role. Volunteer interactions with patients mimicked a clinician-patient encounter and volunteers employed strategies and behaviours used by professional audiologists. Conclusion(s): Audiology volunteers could provide

an accessible bridge between health services and the community but their care is limited to focus on hearing aids. Practice implications: Volunteers enable patients to use hearing aids appropriately and are a core element of current care arrangements. However, volunteers express a need for adequate support from audiology services. Volunteers have the potential to increase service capacity and to bridge the gaps between community and audiology healthcare services. Copyright © 2015 The Authors.

['We are volunteers and that sometimes gets forgotten': Exploring the motivations and needs of volunteers at a healthy living resource centre in the North East of England](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Warren, J. and Garthwaite, K.

Publication Date: 2015

Journal: Perspectives in Public Health 135(2), pp. 102-107

Abstract: Aims: This article explores the motivations and needs of volunteers in the delivery of community health services at a healthy living resource centre in the North East of England, United Kingdom. Method(s): Four focus groups involving a total of 16 participants were conducted between March and May 2013. All sessions were digitally recorded with prior consent from participants. Data were then transcribed, thematically coded and analysed using NVivo software. Result(s): Relevant training tailored to individual needs is required in order to avoid alienating volunteers. Successful communication is also central to fostering positive relationships between volunteers and staff members within organisations. Finally, it is vital that the contribution volunteers make is fully recognised and appreciated.

Conclusion(s): The place of volunteers within public services and their role in delivery have become increasingly prominent in recent years. Training, alongside clear communication and recognition of the contribution volunteers make, can help

improve the experiences of those choosing to volunteer within the health services. Copyright © Royal Society for Public Health 2014.

Social prescribing link workers

There is also a dedicated [Evidence Brief on this topic](#)

["It sounded a lot simpler on the job description": A qualitative study exploring the role of social prescribing link workers and their training and support needs \(2020\)](#)

Item Type: Journal Article

Authors: Rhodes, J. and Bell, S.

Publication Date: 2021

Journal: Health and Social Care in the Community

Abstract: Social prescribing is an increasingly popular approach to promoting health and well-being, by addressing the wider determinants of health such as physical inactivity, social isolation and financial insecurity. Social prescribing link workers (SPs) connect people to local, non-clinical services. As part of the NHS Long Term Plan, NHS England aims to recruit 1,000 SPs across England by 2021. Understanding the role of SPs, including challenging aspects of the role and the types of training and support needed by SPs is crucial to optimising the effectiveness of social prescribing. Semi-structured qualitative interviews were conducted with nine SPs from five NHS and voluntary sector organisations in London to explore the role of SPs and identify SP training and support needs. Interviews were analysed thematically and three key themes emerged for which SPs needed particular support: defining and promoting their role; supporting clients with complex needs and coping with the emotional demands of their role. SP perceptions of training and future training needs is presented as a fourth theme. Most SPs felt that the initial training received for their role did not prepare them for the most demanding aspects of their roles. The findings

of this study support the assertion that the social prescribing link worker role is complex and challenging. SPs are required to have in-depth knowledge of local services, which is built over time and makes retention in the role of high importance. Steps have been taken to develop online resources to support SPs, however, there may be a need for more comprehensive training, especially in mental health. SPs benefit from access to peer or one-to-one support to help them manage the emotional demands of the role and could benefit from the formation of local networks, especially for SPs working in isolation. Copyright © 2021 The Authors. Health and Social Care in the Community published by John Wiley & Sons Ltd.

Competency Frameworks

[Workforce Development Framework: social prescribing link workers](#)

Source: NHS England

Publication date: February 2023

The purpose of the social prescribing link worker (SPLW) workforce development framework is to:

- Provide clear and consistent standards for SPLW practice, including their knowledge, skills and behaviours
- Provide guidance on the support, supervision, and learning and development offer required from employers to support SPLWs
- Promote the development of a strong and capable workforce of SPLWs and their future development
- Support improved quality and consistency of social prescribing and reduced variation in outcome and access standards.
- Demonstrate the benefits of SPLWs working as part of a multidisciplinary team (MDT).

[Workforce development framework for care co-ordinators](#)

Source: NHS England

Publication date: February 2023

This Workforce development framework for care co-ordinators has been developed to:

- set clear and consistent standards for care co-ordinators
- demonstrate the benefits of care co-ordinators working in health and care
- provide information about the training, support, supervision, and continuing professional development (CPD) needed to enable care co-ordinators to succeed
- support the development of a strong and capable workforce of care co-ordinators
- support improved quality and consistency of care co-ordination and reduce variation in outcomes and access standards.

The peer support worker framework is formed in 3 parts:

- [The Competence Framework - Part 1 - Supporting document](#)
- [The Competence Framework - Part 2 - Full list of competencies](#)
- [The Competence Framework - Part 3 - Curriculum](#)

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