**TIme to care**

Exploring residential SOCIAL CARE VOLUNTEERING IN WALES

Report

for Social Care Wales

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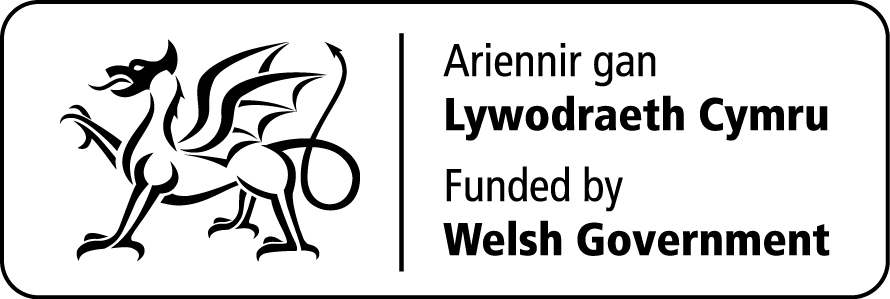
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# EXECUTIVE SUMMARY

**CONTEXT**

1. There have been significant shifts in health and care policy in Wales in the past decade, many focussed on developing and embedding a “whole system approach” to health and social care. Despite this, many health and care systems continue to struggle with many of the challenges that the policies seek to address: care needs continue to rise, funding continues to be squeezed, and workforce recruitment and retention issues remain widespread. COVID-19 added to these challenges.
2. Volunteering in social care is recognised as having the potential to lead to positive outcomes for people using care services, volunteers themselves, and wider communities. It is increasingly looked upon as a valuable resource to improve well-being and help move the system towards more preventative models of care.
3. The number of people volunteering in Wales is declining after many years of stability. The reasons that people give for volunteering, the types of roles that they want to undertake, the amount of time they have available, the support that they expect to receive, and the ways they relate to paid staff are also changing.
4. The Social Care Wales and Health Education and Improvement Wales workforce strategy for health and social care (2020) included a commitment to understand the contribution of volunteers (and unpaid carers) to the social care sector. The strategy also explores the development of a model to support volunteering within social care. Social Care Wales commissioned this report to contribute to that understanding by:
   * reviewing and synthesising existing evidence and data on volunteering in social care;
   * exploring experiences of, and organisational policies and practices for, working with volunteers in residential social care settings in Wales.
5. This research used a mixed methods approach comprised of: i) a rapid evidence review on social care and volunteering from 2010 to 2024; ii) qualitative case studies at eight residential care settings for older adults; and iii) an online survey of providers of residential care. A total of 42 interviews took place across the eight case studies (with staff, volunteers and wider stakeholders) during Summer and Autumn 2024. Subsequent synthesis and analysis was underpinned by a Realist analytical approach which helped us to move from a position of judgement (asking the question “does volunteering work?”), towards explaining how and why it works or not. Whilst the survey was distributed to the c.1300 registered care home managers within Social Care Wales’ database, only 20 responses were received and the results need to be treated with caution.

**EXISTING LITERATURE**

1. There is a lack of comprehensive data on social care volunteering in Wales. There is no reliable dataset that gives an accurate or complete picture on the number of people volunteering in social care in Wales, the number of hours they contribute or their demographic characteristics.
2. Care Inspectorate Wales’s (CIW) Annual Return for 2022-2023 offers limited insights. This shows 35 registered services in Wales report involving volunteers, out of a total of 1,020 services who completed the return. This represents 3% of registered care home services in Wales. Amongst the 35 services that said they involve volunteers, a total of 100 volunteers were reported. This points to a low number of registered services involving volunteers, and to a low number of volunteers in those services.
3. The involvement of volunteers in care homes is not evenly distributed across sectors with 15% of care homes in the voluntary sector involving volunteers. This is compared to 5% of public sector homes, and 3% of independent (private) sector care homes. Care homes with the most volunteers tend to be part of the voluntary sector. Understanding sectoral variations is important given care home provision in Wales is dominated by the independent (private) sector.
4. External organisations play a key role in helping to deliver volunteering in some care settings. They act as a “catalyst” for volunteering and undertake the recruitment, training and, in some cases, support of volunteers.
5. Effective induction, training and ongoing support are all highlighted as key to successful volunteering in a social care setting. The absence of this negatively impacts volunteer experience and the potential positive impacts of volunteering for care homes and their residents.
6. There is sizeable evidence of the positive impact of social care volunteering on people using care services, particularly through the building of social relationships and social connectedness. There is less evidence on the long-term outcomes of social care volunteering for those using care services or the outcomes for families and carers.
7. Outcomes for volunteers can be both positive and negative. Positive benefits include satisfaction and a sense of making a difference, a sense of purpose and improved well-being. Skills development is also a benefit for some volunteers. Negative effects of volunteering in social care often derive from the emotionally challenging nature of the work, including dealing with bereavement. Volunteers report feeling anxious or overburdened.
8. Evidence of the outcomes of social care volunteering for staff is limited and mixed: it may relieve demands on staff and free up time, or it may increase workload because of the need to spend time managing volunteers.
9. A number of studies identify that funding and resources, in particular the lack of volunteer management resources, limits the sustainability and potential of social care volunteering programmes. In addition, difficulties in being able to recruit sufficient suitable volunteers is commonly cited in the literature and noted as an ongoing and perhaps increasing challenge.
10. Studies also identify issues with risk and risk management, which tend to centre on organisational culture and wider leader and staff attitudes towards risk and volunteer involvement. This includes a scepticism from some staff and people living in care homes, as to the abilities of volunteers to work effectively in care home settings.
11. The extent to which there are clear boundaries between volunteers and paid roles and the implications of this in social care settings is a recurrent theme in the literature. Questions have also been raised about the implications of volunteers taking on emotional aspects of care roles, which may result in narrowing the function of paid staff roles to a residual set of mundane and physical tasks.
12. There is limited literature exploring further opportunities for social care volunteering but where this does exist it focusses on nurturing supply, building demand, maximising outcomes and developing careers.

**OUR FINDINGS**

1. While it has not been possible to answer with any certainty the question of overall scale of social care volunteering in Wales (given the low response rate to our survey) it is reasonable to suggest that the scale of volunteering in residential care homes for older people remains small.
2. Findings from our research suggest that current figures reported to CIW on volunteer involvement may underestimate the number of homes that involve volunteers. They may also underestimate the numbers of volunteers in the care homes that are involving them, in particular volunteers participating in settings through external organisations and third parties.
3. Despite current low levels of volunteering, most care homes in our case studies were looking to recruit additional volunteers, valuing them for the roles that they play within their care homes.
4. Volunteers tend to be either students (in school, college, or university) or people who have retired. Younger people – especially those undertaking volunteering as part of a qualification, or a programme of study – tend to approach care homes in ‘clusters’. This is due to the requirements of study programmes. This means there are often multiple numbers of volunteers for care homes to deal with at the same time which can prove challenging for the care home to manage effectively.
5. Volunteers undertake a range of roles in care homes, largely focused on spending quality time with residents. They befriend residents, support activities, and – in some cases – lead activities. Our evidence suggests volunteer roles are predominantly focused on socialisation activities, either on a one-to-one or group basis. Overwhelmingly, the role of volunteers is to give attention to residents, in a way that is not always possible for paid staff as they have competing demands on their time.
6. Volunteer roles and levels of engagement were found to evolve over time as the volunteer became known and trusted within the care home setting.
7. The main motivation for volunteering was to support older people, although motivations did vary. Older volunteers are typically looking to give something back to their community, seeking a sense of purpose in their own lives, and are seeking companionship for themselves. Younger volunteers were more likely to be motivated by the development of new skills or as a means of improving their job prospects.
8. Across our case studies, volunteering was welcomed by care homes, and the value of volunteers was recognised. Reasons for involving volunteers included forging links with communities and reducing isolation for residents, particularly those who may not receive frequent visitors. Homes recognise the importance of a range of people providing interaction with residents, especially given the pressures on the paid workforce and the lack of staff capacity to engage with people as regularly as they might like.
9. The recruitment, organisation and management of volunteers varies between settings. Most volunteers go through some form of formal recruitment process (interview, Disclosure and Barring Service checks), and training (varying in length and formality). There are a range of (mainly time-limited) schemes that ‘place’ volunteers within care homes. These do the recruitment, checking, training and sometimes ongoing support of volunteers, in effect a third party enabling, and supporting, volunteering.
10. Whilst some care homes were unsure how to approach recruiting volunteers, others saw distinct parallels between recruiting volunteers and recruiting staff members.
11. It takes time, energy and skill to invest in the ongoing management and support of volunteers. Few care homes in our study had either the capacity or the dedicated resource to do this as effectively as they would like.
12. Most of our case studies had benefitted from working with a series of time-limited funded programmes in Wales (often hosted by third sector organisations) designed to recruit volunteers. On occasion, the programmes were specifically designed to support recruiting volunteers for care homes. This external support provided additional capacity at the early stage of their involvement with the volunteer, helpfully outsourcing responsibility for the initial stages of engagement, sometimes including in providing induction training.
13. Some care homes used ‘standing’ organisations in a locality or the resources of the broader care home group as a source of volunteers. These typically centred on the local authority, the local Community Voluntary Council (CVC), or were functions provided within the ‘head office’ of care home organisations.
14. The voluntary sector care home in our study (which had the highest volume of volunteer involvement) was found to have the most well developed and embedded approach to volunteer recruitment and involvement. There was a culture in which this was second nature and a clear infrastructure and set of processes to support this. This included a central volunteering team and national support for recruitment.
15. Resources allocated to the organisation and management of volunteers varied across the care homes in our study. Some homes have someone with dedicated responsibility for volunteering (albeit often as part of a wider role in the home, rather than as the core focus of their role), and they have relevant policies, processes and structures in place. Others in our sample had neither.
16. Ongoing management of volunteers – from regular supervisions, through to occasional catch ups – vary in terms of formality, intensity, and in terms of who runs these sessions, if indeed they are completed at all.
17. Overall volunteer management is often ad hoc rather than being embedded in organisational approaches, and is characterised by a high level of variation. It is often guided by instinct and highly dependent upon the experience, knowledge and skill of individuals involved, rather than established as part of organisational processes, culture and ethos.
18. Care home staff described volunteers as providing significant benefits for residents. This included giving them a sense of purpose, someone to interact with who enhances their days, and providing a link with the community. Volunteering helps to make residents happier.
19. Volunteers described building relationships and connections with the people they support as leading to a sense of purpose and a sense of companionship and friendship. For some, this helps to combat their own feelings of loneliness and isolation. Volunteers report experiencing positive feelings as a result of having a sense of doing a good thing for others and giving something back. Some volunteers described enjoying the routine of volunteering.
20. Volunteering can help support specific career development with care homes and elsewhere within the care sector. It can also have a more general positive impact on employability through developing relevant skills such as communication and leadership.
21. Volunteers help to forge relationships with the communities that the care homes exist within. Bringing the outside world into the care home is considered valuable by care home staff.
22. Overall we found evidence of clear boundaries between roles for staff and volunteers. Where there were rare occasions when issues arose at the blurred boundary between volunteering and paid work, this was linked to tasks such as providing people with drinks.
23. From the care home perspective, the role of volunteers is prized, and most care homes are active in maximising the longevity of the volunteers’ involvement within their homes. Managers recognise the importance of creating a positive ethos around the contribution that members of the community can make in their care homes, reflecting that sometimes they can be a little inward looking.
24. Care homes remain concerned that people do not have the time to commit to volunteer at the level that they would want to give consistency to residents. There was some evidence to support this with organisations reporting a reluctance and anxieties from volunteers about providing their time in care homes, especially in this post-pandemic world.
25. Some volunteers are leaving their role as it is too upsetting for them and communication with some residents is too difficult. There is a need to develop volunteer skill and confidence for them to be able to engage with residents with dementia for example.
26. Overall, there is a lack of capacity within care homes – they are fully stretched, with little time or headspace to plan for volunteering, let alone to organise and manage it. It is difficult for care homes to fully realise the value of volunteering, and they can end up in a reactive rather than proactive mode in their approach to volunteering. Overall, there is an underdeveloped, loosely structured and informal approach within organisations to volunteer management.
27. The challenge of lack of capacity in care homes is exacerbated by the reduction in capacity building offered by the range of time-limited recruitment ‘initiatives’, with many coming to the end of their funding period and closing down.
28. Opportunities to develop volunteering must be considered in the context of the wider social care context: there is a workforce crisis and care homes report recruiting paid staff has a much higher priority than recruiting volunteers. There is limited spare time or capacity for care home teams to spend on supporting and developing volunteers, particularly when there is an overall lack of funding in the sector.
29. There are difficult questions over where volunteering ‘fits’ within a social care landscape that is dominated by the independent (private) sector. These challenges lead to voluntary sector agencies and some care homes raising questions about the appropriateness of involving volunteers in profit-making enterprises.

**CONCLUSIONS**

1. This research is small scale and has focused only on formal volunteering in residential care homes supporting older people in Wales. Levels of volunteering identified in each case study were also low, and interviews were not undertaken with care home residents or front-line staff working alongside volunteers on a routine basis. It is therefore not possible to position this work as fully addressing the partial and incomplete picture of the scale, experiences and impacts of social care volunteering. It does however make an important contribution to understanding this particular context in more detail*.*
2. The absence of large-scale volunteering programmes or activity in any of the case study sites means experiences of and reflections on volunteering explored in this research tend to be individual rather than organisational in focus. Managers and staff would often draw on experiences with specific volunteers to make their point, rather than experiences of a wider volunteering programme or experience over multiple years. Managers and staff were often reflecting on volunteers, rather than volunteering, when drawing conclusions.
3. Social care volunteering in Wales remains small scale. In our research the majority of the case study sites did not regularly involve more than one or two volunteers, although the one voluntary sector care home in the study involved approximately 10 volunteers.
4. Overall volunteering was in most cases not fully embedded as a core strategic element of care home operations and was instead largely a pleasant “extra”. Enthusiasm for volunteering rarely translated into large scale programmes of volunteer involvement. There is a clear disconnect between stated appetite and actual practice, with a number of potential reasons for this. There was a notable difference in the voluntary sector home, where volunteer numbers were higher and the mindset and attitude to volunteering more embedded and strategic.
5. Where volunteers are involved in social care (in this case specifically in residential care for older people) there are clear benefits for care homes, their staff, the residents and the volunteers themselves. That volunteering can and does positively contribute to the social care context in Wales is not in doubt. Crucially volunteer involvement can extend social care by:
   * *increasing* the range of relationships residents encounter
   * *deepening* relationships individual residents experience
   * *broadening* the range of activities residents can engage in
   * *increasing connections* between care homes (their staff and residents) and the local community.
6. Overall approaches to volunteer engagement and management can be characterised as underdeveloped. There is an absence of a consistent and integrated focus on: building and maintaining volunteer management capability amongst staff; developing systems and processes to support volunteering; creating a range of volunteering roles; and developing, and delivering systematic recruitment campaigns. This all contributes to an approach to volunteering that could be described as hopeful rather than purposeful, and reactive rather than proactive.
7. Volunteering in this study was often enabled by the involvement of a third-party organisation with the experience and resources to support some core aspects of the volunteer journey, such as attraction, screening, induction and training. This external support was often crucial to a care home being confident and able to successfully involve volunteers. The time limited nature of this support, due to external funding constraints, was problematic. While this third-party support did enable volunteering in care homes, it often created a dependency on them, as a result of “doing for”, rather than focussing on building internal capability.
8. A key challenge in work to grow volunteering in social care is how to support care homes to develop the skills, confidence and capacity they need to be able to invest in this growth. This is without adding to their current challenges of lack of time and resource. The third-party model outlined above creates short term impact but does not always affect sustainable change.
9. Care homes sometimes hold an unhelpful conceptualisation of an ideal volunteer i.e. a particular or special sort of person who can successfully volunteer in a care home. This is fed in part by having access to only a small number of examples of volunteering to reflect on, and a lack of wider experience, confidence and skill in volunteer management.
10. There is a lack of external engagement by care homes regarding how to develop their approach to volunteering. Volunteering was not considered a topic for continuing professional development, nor a topic explored with peer organisations. Care home staff did not describe accessing wider external support for this, unless through a focussed, funded programme like those provided by third parties.
11. There is potential that as a result of volunteers being unable to get involved in some activities (e.g. providing food or drink or personal care) these more routine and mundane tasks are left to staff, while volunteers have the opportunity to be involved in more varied and perhaps engaging activities such as music, art and garden visits. This is an important aspect of staff / volunteer relations that it is important to understand further if there is an ambition to grow volunteering in social care.
12. There remains a lack of clarity on the overall vision and ambition for volunteering in social care in Wales at a policy level, which impacts the scale and rate of growth in volunteering. To what extent is volunteering considered to be a key strand of strategies for workforce development? Is there an ambition or expectation that care homes will increase the scale and range of volunteering? If so, who is driving this agenda, and to what ends? These questions can only be explored alongside consideration of wider sector workforce challenges such as low pay, attraction and retention and even larger questions about the role of volunteers in delivery of public services. That volunteering can contribute positively to the social care context in Wales is not in doubt, but should it need to?
13. Evidence from this small scale research indicates that private, public or voluntary sector ownership and management appears to have little impact on the experience of the individual volunteers involved. Perhaps this is in part because the volunteers appear to be unaware of, or do not actively consider ownership status at the home in which they volunteer. It is therefore interesting to note the way in which some voluntary sector infrastructure organisations may have adopted a policy position (i.e. of not promoting volunteering in privately owned care homes) on behalf of the potential volunteer. The implications of this would benefit from further research.
14. This study provides clear evidence of the way in which four opportunities for social care volunteering previously identified (MacInnes and Smith, 2022) are both already being realised and could be further developed:
    * nurturing supply
    * building demand
    * maximising outcomes
    * developing careers.
15. Volunteering in residential care homes for older people is already adding significant value. To add even more requires five key shifts at policy and practice level:
    1. Clarity on the policy position with regard to volunteering in social care, clearly setting out the scale of ambition and the role of volunteering in wider social care workforce strategies for Wales.
    2. A shift in mindset and attitude in care home leadership (particularly in private and public sector homes) from a reactive and responsive approach to a more strategic and embedded understanding of and commitment to the full value volunteering can bring.
    3. Development of volunteering management capability and capacity at an operational level within care homes, recognising this as a particular skill that creates demands on the already scarce time of care home staff.
    4. A continued focus on avoiding duplication in the creation of resources to support volunteering. This also needs to ensure the content of these resources (e.g. on how to successfully deliver the operational aspects of volunteering) is matched by resources to support the more strategic shift outlined above.
    5. An overall approach to support for care home volunteering focussed on building sustainable capability and capacity within each home, rather than a focus on short term external support from third parties, which is vulnerable to a changing funding climate.
16. The ‘sweet spot’ for volunteering in care homes appears to be:
    * when and where individuals’ motivations align with the mission and ethos of the organisation;
    * where these are set within a wider supportive policy and funding environment;
    * where volunteers are motivated by the opportunity to positively impact residents’ quality of life; and
    * where volunteers have the requisite time available to them to make a commitment and a difference over a sustained period.

# INTRODUCTION

## BACKGROUND

The past decade has seen significant shifts in the health and care policy landscape in Wales. With its transformational aims, the Social Services and Well-Being (Wales) Act 2014 enshrined in law the preventative approach and placed co-production at the heart of health and care. In the same year, the prudent health care initiative[[1]](#footnote-2) provided a complementary refocus on community-based health provision and reinforced the principle of working with people in a co-productive way. A year later, the Well-being of Future Generations (Wales) Act 2015[[2]](#footnote-3) required public bodies, including local authorities and health boards, to put long-term sustainability at the forefront of their thinking, and to work collaboratively to prevent and tackle problems. This further reinforced the focus on well-being, outcomes, and collaboration. A subsequent publication, ‘A Healthier Wales’ (Welsh Government, 2021) set out a long-term future vision of a ‘whole system approach to health and social care’, focused on health and well-being, and on preventing illness. Various programmes and funding initiatives have since been developed to help translate this vision into practice.

Such transformative policies, however, take time to implement and it also takes time for their intended outcomes to be realised. In the meantime, health and care systems continue to struggle with many of the challenges that the policies seek to address. Care needs continue to rise, funding continues to be squeezed, and workforce recruitment and retention issues remain widespread (Lloyd, 2022; Notman, 2022; Social Care Wales, 2022). COVID-19 added to these challenges, contributing to a renewed emphasis on finding new solutions to enduring issues (Social Care Institute for Excellence, 2022). Volunteering is seen to have the potential to be – at least in part – one of these solutions.

Volunteering – giving time, without coercion, or expectation of financial payment, for the benefit of others – is recognised as having the potential to lead to positive outcomes for people using care services, volunteers themselves, and wider communities. It is increasingly looked upon as a valuable resource in health and care provision, to improve well-being and to help move the system towards more preventative models of care (WCVA et al, 2021). Volunteering in Wales, however, has also been changing. The number of people volunteering in Wales is on the decline after many years of stability (WCVA, 2023). The reasons that people give for volunteering, the types of roles that they want to undertake, the amount of time they have available, the support that they expect to receive, and the ways they relate to paid staff are also changing (Kanemura, 2023). Various initiatives are underway to establish a ‘framework for volunteering in health and care’ (WCVA, 2021) to recognise the ‘value and values of volunteering’ (Liddell, 2022a) and, within and beyond Wales, to create a new ‘vision for volunteering’.[[3]](#footnote-4)

It is within this context that Social Care Wales and Health Education and Improvement Wales (2020) launched the workforce strategy for health and social care. Within the strategy a commitment was made to understand the contribution of volunteers (and unpaid carers) to the social care sector and to explore the development of a model to support volunteering within social care. To fulfil these commitments, it is important to learn from existing evidence about volunteering within social care, and to identify – and ultimately fill – any gaps in that evidence. This report hopes to contribute to that, through the fulfilment of two key aims – to:

1. review and synthesise existing evidence and data on volunteering in social care; and
2. explore experiences of, and organisational policies and practices for, working with volunteers in residential social care settings in Wales.

## Approach

Research was undertaken – as outlined below – to meet the above aims, focusing on four broad questions:

1. What is the extent and nature of the existing evidence base on volunteering in social care across the UK and other comparable contexts, and what lessons can be learnt for Wales?
2. How is volunteering understood, resourced, organised, managed and experienced in residential social care settings? What examples can be identified of good practice in volunteer involvement?
3. How many people volunteer in residential social care settings in Wales? Who are they, what do they do, and why?
4. What are the key challenges and opportunities facing volunteering in social care in Wales?

To address these questions, a mixed methods research design was utilised, including five key elements:

1. **Evidence review:** A rapid evidence assessment was undertaken to review existing evidence on social care volunteering from 2010 onwards. A protocol was developed to guide the review, outlining a set of search terms, search sites, and inclusion/exclusion criteria. The searches led to 2,273 records being screened, 152 of which were retrieved to review. Out of the records that we retrieved for review, 55 were excluded, leaving a total of 97 documents that were included within the review.

A framework was developed to guide the review, which included an analysis of the key themes and concepts within the literature and an assessment of the quality of the evidence base. The evidence base on volunteering in social care is fragmented, typically looking at specific areas of social care in isolation (e.g. care homes), and across health and social care together without differentiating. Evidence on social care volunteering in the private sector is particularly scarce. The evidence is also of variable quality – whilst there are some high quality studies of specific aspects of social care volunteering, there are also studies which are of weaker quality (e.g. very low sample sizes).

1. **Qualitative case studies:** We conducted eight case studies of volunteering in residential care settings for older adults, each of which involved interviews with staff, volunteers, and – as appropriate – wider stakeholders. In total, we interviewed 12 volunteers, 14 staff members, and 16 wider stakeholders. Documents related to the settings, such as annual reports, inspection reports, and volunteering policy documents, were gathered. The case studies encompassed five individual care homes and three volunteering initiatives that supported volunteering across different settings. These are summarised below and in Table 1.1 overleaf.
   1. Five of them were ‘care home based’ case studies (Care Home A, B, C, D and E), which centred on different residential homes for older people across Wales that were recruited into the study. Across these five ‘care home’ case studies we spoke with 23 participants who were either volunteers, managers, paid care staff, activity co-ordinators or associated stakeholders;
   2. Three case studies were undertaken with organisations running (often time-limited) ‘initiatives’ (Initiative A, B and C) to help with the initial recruitment and training of volunteers. The organisations then matched those volunteers to care homes that they were aware of, and who were open to involving and managing volunteers. In total, we interviewed 11 people from these three initiatives who acted as volunteers or managers of the programmes.

These case studies were supported by perspectives gathered from eight additional ‘stakeholder’ participants drawn from organisations who have both a knowledge and an interest in volunteering within care homes.

1. **Provider survey:** We undertook an online survey with providers of residential care. The survey was distributed to the c.1300 registered care home managers on Social Care Wales’ Register. Only 20 responses were received (a 1.5% response rate). The survey asked a mix of open and closed questions. Given the small sample size, the results needed to be treated with caution. Accordingly, in Chapter 3 we have only used ‘open text’ rather than ‘hard coded’ data from the survey.
2. **Analysis:** The data from the evidence review, case studies and provider survey were analysed separately, before being synthesised through a process of framework analysis (Gale et al, 2013). The Framework Method provides seven clear steps to follow: transcription, familiarisation, coding, developing an analytical framework, applying the analytical framework, mapping data in a framework matrix, and interpreting the data. This produces highly structured outputs of summarised data. It is therefore particularly useful (as here) where multiple researchers are working on a project, trying to analyse qualitative data (Gale et al, 2013). Given the small sample size, the analysis of the survey data was limited to the use of open text data.
3. **Realist analytical approach:** Finally, Realist analysis was used to understand the complexities of volunteering in care homes. Using this approach has helped us to move from a position of judgement (asking the question does volunteering work?), towards explaining how and why it works or not (Pawson and Tilley, 1997).

**Table 1.1** – Description of case studies (figures in this table are approximate)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sector** | Case studies – Care Homes | | |
| Independent (Private) | Home A:  Part of a small group  South Central Wales  Semi-rural  80 residents  100 staff  3 volunteers  3 interviewees | Home B:  Independent  South East Wales  Semi-urban  35 residents  40 staff  1 volunteer  6 interviewees | Home C:  Part of a large group  South East Wales  Urban  100 residents  110 staff  1 volunteer  4 interviewees |
| Public | Home D:  South Central Wales  Urban  25 residents  60 staff  1 volunteer  8 interviewees |  |  |
| Voluntary | Home E:  Part of a large group  South East Wales  Semi-rural  36 residents  50 staff  10 volunteers  2 interviewees |  |  |
| **Sector** | Initiative | | |
| Voluntary | Initiative A:  A project based within a charity, going into different settings.  North Wales  5 interviews. | Initiative B:  Organisation which recruits / places volunteers, including within care homes.  South West Wales  2 interviews. |  |
| Public | Initiative C:  Public body with a volunteer recruitment capacity which recruits / places volunteers, including in care homes.  South Central Wales  4 interviews. |  |  |
| Stakeholder | Other stakeholders with an interest in the care home sector and/or volunteering = 8 interviews | | |
| **TOTALS** | **Case studies = 8**  **Interviewees = 12 volunteers + 14 staff + 16 stakeholders = 42** | | |

Realist approaches require researchers to identify an ‘Initial Programme Theory’ (IPT) which refers to a preliminary explanation of how a programme is expected to work, outlining the key mechanisms, contexts, and potential outcomes that are anticipated to occur when implementing an intervention. This acts as a starting point for further investigation. Our IPT was developed through our review of the literature, and is described at the end of Chapter 2 (see Figure 2.1). Informed by, but not limited to the IPT, we then analysed the interviews within the case studies as a way to understand how a change in context (within the care home) triggered mechanisms (identified by participants) which resulted in an outcome for residents, the care home, and/or volunteers. These Context-Mechanism-Outcome Configurations (or CMOCs) are statements that identify causal relationships within our data. They are described at the end of Chapter 3. This allowed us to develop a Final Programme Theory (see Figure 4.1), amending our initial theory in-light of findings from the analysis of our primary data collection. It describes our way of understanding all of the evidence, and points to the ways in which outcomes can be achieved.

## Definitions

Both social care and volunteering are contested concepts that have fluid boundaries. It is important, therefore, to be clear about what we were and weren’t focusing on with this research project.

A starting point for defining volunteering are the three core characteristics or defining principles of volunteering (Ellis Paine et al, 2010). It is an activity which is: unpaid; undertaken through an act of free will; and of benefit to others or the environment. Building on this, we utilised the widely used definition of volunteering as:

*“… an activity that involves spending unpaid time doing something that aims to benefit the environment or individuals or groups (other than or, in addition to close relatives)” (Commission for the Compact, 2009).*

The above means that unpaid carers that are family members (e.g. children caring for their parents) are not included within this definition of volunteering as their unpaid activities primarily benefit close relatives. Unpaid carers who care for people that they are not related to (e.g. a neighbour) would be included within this definition of volunteering as their unpaid activities benefit individuals who are not relatives.

Volunteering can be ‘formal’ (through groups, clubs and organisations) or ‘informal’ (not through an organisation, group or club e.g. helping a neighbour). It is recognised that informal social care volunteering is likely to be extensive, and informal volunteers make a significant contribution. However, given the specific focus of this study was on residential social care (i.e. organisationally based), the focus of our work was solely on formal volunteering.

The boundaries around social care are equally hard to delineate. This study utilised a definition put forward by Brown (2021: 1):

“*Social care covers a wide range of support provided to children, young people, and working age and older adults, as well as their carers. This support can be provided formally, either by local authorities, private companies, charities, or other bodies; informally, by family members, friends, or neighbours; or through a combination of these*”

Importantly, this definition is distinct from health care: “*Health care is the prevention, diagnosis or treatment of illness (which covers disease, injury or disability i.e. medical conditions) and the care or aftercare of a person with these health needs (whether or not the tasks involved have to be carried out by a health professional)” (WCVA, 2021).*

Whilst we adopted a broad definition of social care, and this is reflected within our review of existing evidence, much of the research was focused on residential care, and within that predominantly residential care for older people. Figure 1.1 (below) provides a description of the part of the social care sector combined with the area of volunteering that the study focused on – where formal, residential, social care provision, and formal volunteering come together. The evidence review focused on the top right of the matrix - formal social care volunteering taking place across the public, private and voluntary sectors. The case study and survey work focused more specifically on residential care settings for adults, and especially for older people.

**Figure 1.1** – Focus for the study

A diagram of social care

Description automatically generated

To provide context for what follows in this report, Table 1.2 provides a picture of adult care home providers in Wales by sector. The table identifies that more than 85% of adult care homes in Wales are in the independent (private) sector. Around 9% are in the public sector, and just over 1 in 20 adult care homes (5.2%) are provided by the voluntary sector.

**Table 1.2** - Sectoral split of adult care home providers in Wales[[4]](#footnote-5)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ADULT CARE HOME SETTING PROVIDERS** | | **Voluntary sector**  (Total of Charitable companies, Charitable incorporated organisations, and Charitable trust) | **Public sector**  (Total of Local Authority and Local Health Board) | **Independent sector**  (Total of Individual providers, Limited companies, Limited liability partnerships, Partnerships, and Other corporate bodies) | **TOTAL** |
| **Adults with nursing** | N= | 7 | 0 | 243 | 250 |
| % | 2.8 | 0.0 | 97.2 | 100.0 |
| **Adults without nursing** | N= | 46 | 93 | 631 | 770 |
| % | 6.0 | 12.0 | 82.0 | 100.0 |
| **TOTAL** | | **53** | **93** | **874** | **1020** |
| **%** | | **5.2** | **9.1** | **85.7** | **100.0** |

## Report structure

This report is divided into four main sections. In this first section, we have introduced social care volunteering in Wales. The second section analyses existing evidence on the extent, organisation and impact of volunteering in social care. We then narrow down our focus to look in more detail at volunteering in residential care settings for older people in Wales, based on findings from our primary research, and the Realist analysis undertaken. The final section comes to conclusions and outlines key implications.

# The bigger picture: existing evidence on volunteering in social care

This chapter brings together what we currently know about social care volunteering from existing literature and datasets, with a particular focus on evidence from Wales. Drawing on the review of evidence, the chapter then presents an Initial Programme Theory – a preliminary explanation of how a programme is expected to work, outlining the key mechanisms, contexts, and potential outcomes – which is used to frame and understand volunteering in residential care settings.

## Scales, typologies and models of volunteering

***Scale of social care volunteering***

Our review found that there is a lack of comprehensive data on social care volunteering in Wales. There is no reliable dataset to give us an accurate or complete picture on the number of people volunteering in Wales in social care, the number of hours they contribute or their demographic characteristics. This challenge has been identified at the UK level with MacInnes (2022: 20) concluding that “*the scale of volunteering is difficult to determine”* and Naylor et al (2013: 4)noting that there is"*a lack of data at the national or local level on the precise number of people volunteering in health and social care*”. Naylor et al (2022) suggest that this limits the potential to think strategically about the role of volunteering.

There are several sources of data on volunteering in the social care sector that provide some limited insights. Analysis of the 2015 British Social Attitudes Survey found that 4.6% of respondents in Wales were volunteering in health and social care (Blackaby et al, 2020). This is somewhat dated, and includes both social care and health volunteering, but does provide some indication of the scale of volunteering. The study also provides insights into who volunteers in health and social care and who might consider doing so. Older people (aged 65 and over) were significantly more likely than those from younger age groups to volunteer in health and social care. Young people were more likely to consider volunteering in health and social care in the future. Women were more likely to have been volunteers in health and social care and to consider volunteering. Those with higher levels of educational qualifications had a higher likelihood of volunteering in these areas (Blackaby et al, 2020). This demographic picture is similar to volunteering trends in Wales more generally (Welsh Government, 2023). Those aged 65 and over are more likely to volunteer compared to other age groups and those with higher level educational qualifications are more likely to participate. Females, however, are less likely to volunteer generally compared to males, in contrast to their higher levels of involvement in social care volunteering (Welsh Government, 2023).

Further limited insights on volunteering in social care in Wales come from Care Inspectorate Wales’s (CIW) Annual Return for 2022-2023. Table 2.1 (overleaf) shows that 35 registered services in Wales report involving volunteers in their service, out of a total of 1,020 services who completed the annual return. This represents 3% of registered care home services in Wales, suggesting many providers do not involve volunteers.

**Table 2.1** - Volunteers involved in adult care homes in Wales (CIW Annual Return 2022-23)**[[5]](#footnote-6)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sector** | **No. of homes** | **Number of homes with volunteers recorded** | **% of homes with volunteers** | **Number of volunteers** | **Average no. of volunteers per home involving volunteers** | **Average no. of volunteers across all homes in this sector** |
| Voluntary sector | 53 | 8 | 15 | 45 | 5.63 | 0.85 |
| Public  sector | 93 | 5 | 5 | 12 | 2.40 | 0.13 |
| Independent (private) sector | 874 | 22 | 3 | 43 | 1.95 | 0.05 |
| **TOTAL** | **1020** | **35** | **3** | **100** | **2.86** | **0.10** |

Amongst the 35 services that said they involve volunteers, a total of 100 volunteers were reported. This points to a low number of registered services involving volunteers, and to a low number of volunteers in those services. Examining volunteering in care homes across different sectors, Table 2.1 shows care homes in the voluntary sector are more likely to involve volunteers: 15% of care homes in the voluntary sector involve volunteers compared to 5% of public sector homes and 3% of independent (private) sector care homes. Care homes with the most volunteers tend to be part of the voluntary sector. According to this data, on average, homes in the voluntary sector involve 5.6 volunteers compared to 2.4 in public and 2.0 in independent sector homes. Identifying these sectoral variations is important given that care home provision in Wales is dominated by the independent (private) sector.

Findings from our research suggest the above figures on volunteer involvement may underestimate the number of homes that involve volunteers. They may also underestimate the numbers of volunteers in the care homes that are involving them, in particular volunteers participating in settings through external organisations and third parties.

Hussein’s analysis of the Adult Social Care Workforce Data Set (2011) similarly found that many providers did not report working with any volunteers. Based on their analysis of the UK social care workforce, the study found formal volunteers made up 1% of the total care workforce in the UK. Levels of volunteering varied according to provider type (higher amongst voluntary sector organisations, lower in private sector; higher amongst smaller organisations); activity (volunteers were more likely to be involved in community care and day care, less in home care and residential) and role (volunteering was higher in counselling, support, advocacy and advice). Whilst somewhat dated, this is one of few studies that compares levels of social care volunteering according to these different dimensions.

***Typologies and models***

Volunteering in social care covers a range of contexts (Liddell, 2022a) and the literature identifies a wide variety of activities undertaken by volunteers. Bringing together this evidence, Table 2.2 presents a typology of volunteer roles in social care, alongside examples of activities.

**Table 2.2** – Volunteer roles in social care

|  |  |
| --- | --- |
| **Type of volunteer role** | **Examples of activities included** |
| **Emotional and social support** | Befriending, peer-to-peer support, social and cultural activities and clubs, home visiting. |
| **Practical help** | Domestic work, catering, gardening, help with correspondence, driving, mutual aid. |
| **Exercise and physical activity** | Exercise classes, help with mobility. |
| **Personal care** | Direct personal care of people. |
| **Administration** | Administration activities, fundraising support. |
| **Governance and participation** | Trustee activities, patient and public involvement, co-production. |
| **Advocacy and campaigning** | Navigating/signposting to services, access to benefits, awareness raising, advocacy, campaigning. |

Table 2.2 includes volunteers undertaking personal care tasks. This is an area of some controversy within the literature. A number of studies note that personal care is seen as outside the role of volunteers by organisations, staff and/or volunteers and that it is an important distinction between the roles of paid staff and volunteers (e.g. Johnson et al, 2023). However, there is some evidence which suggests this isn't always the case (Skinner et al, 2019).

Focusing specifically on the provision of social care for older people, Cameron et al (2020a, 2021) identify three models of volunteer involvement in social care provision:

* **Augmenting services model** – volunteers enhance the existing range of services available, enriching the experience for those supported e.g. befriending service
* **Discrete model** – volunteers provide a stand-alone service e.g. lunch club, home from hospital
* **Assisting/filling gaps model** – volunteers working alongside paid care workers in existing services and, in some cases, appearing to fill gaps in provision such as in a day care centre.

Cameron et al (2020a) note that these models reflect the different motivations, priorities and financial contexts of social care settings. For example, where volunteers were ‘augmenting services’ – such as through a befriending programme at a retirement village – there was a long history of volunteer involvement, and volunteers were seen to enrich residents’ lives. In contrast, in settings where volunteer involvement reflected the ‘filling gaps’ model, motivations of involving volunteers connected more closely to resourcing issues for those organisations.

Cameron’s study is one of a relatively small number of studies exploring and contrasting different social care settings. It points to how volunteering is shaped, enabled and constrained by the contexts within which it takes place (Cameron et al, 2020a, 2020b; McCall et al, 2020). In their study of dementia care, McCall et al (2020) note that the type of setting, such as whether volunteering takes place in an organisational or home setting, affects experiences of volunteering. They highlight that interactions between staff, volunteers and those living with dementia need to be supported in a ‘context-specific’ way.

## Organisation and management of volunteers

Research suggests that social care volunteering is organised in different ways. Studies highlight the **role of external organisations** in helping to deliver volunteering in some care settings, acting as a “catalyst” for volunteering and undertaking the recruitment, training and, in some cases, support of volunteers (Hill, 2016; Liddell 2022b). Hill’s evaluation (2016) of a care home volunteering project, for example, found that a partnership model between local infrastructure organisations and care homes could be an effective way to deliver volunteering. Care homes valued the time dedicated by these organisations as well as their skills, advice and support, however, culture clashes between care homes and external organisations were also noted. These reportedly centred on *“homes placing the emphasis on outcomes for residents and VCs [volunteer centres] having more emphasis on the needs of volunteers borne out in the homes feeling the volunteers needed to be more highly selected and the VCs feeling the volunteers require greater ongoing support”* (Hill, 2016: 9).

Evidence is mixed on the impacts of the **formalisation** of social care volunteering. Whilst some studies report that volunteer involvement is more successful when it is formalised in terms of recruitment and training (Johnson et al, 2023), others note that over-formalisation of the volunteer role can act as a barrier to engagement with people using care services. Lilburn et al (2018) found that the ‘professionalism’ of the home visiting volunteer role resulted in strict routine, structure and boundaries. This was seen to limit the development of relationships and genuine connection between volunteers and those they were visiting.

Studies across different care settings highlight the importance of effective **induction and training** for social care volunteers (Fakoya et al, 2021; Weldrick el al, 2023). The extent, nature and formality of these processes are, however, reportedly highly variable (Handley et al, 2022). Research suggests that effective induction and training can help volunteers understand their role and the challenges they may face. This can help to give them confidence and enables them to understand the boundaries between staff and volunteer roles (Cameron et al, 2020a; Downey, 2011; Johnson et al, 2023). Effective approaches to training reported include:

* the involvement of care staff in training to help ensure it is specific to the setting (Hill, 2016);
* accessible and proportionate training so volunteers are not over-burdened or discouraged from getting involved (Cameron et al, 2021; Georghiou et al, 2016); and
* training that provides opportunities for volunteers to meet one another and share experiences (Wilesmith, 2020).

Effective **support** for volunteers is a key theme in the literature (Hill, 2016; Horung, 2018). Studies focus on staff support, but the role of volunteer peer support is also highlighted (Goodman et al, 2019; Hill 2016). Studies note the need for support (particularly from staff) in helping volunteers manage high levels of responsibility and demanding roles (Downey 2011; Cameron et al, 2020a) as well helping to improve their knowledge and skills (Pereira et al, 2022). The value of volunteers having a key point of contact such as a volunteer co-ordinator or activity co-ordinator is noted (Cameron et al, 2020a; Green, 2022; Stølen, 2022), with personal relationships with co-ordinators an important part of the volunteer experience (McCall et al, 2020). Cameron et al’s study (2020b) exploring volunteering in different settings notes:

*“In instances where there was not a dedicated volunteer co-ordinator or manager at an organisation, for example at the care home, there appeared to be more confusion over what the volunteer role was and how it should be carried out. There was also a more obvious problem with recruiting and retaining volunteers in these settings*” (Cameron et al, 2020b: 3)

A lack of ongoing volunteer management support for social care volunteers is noted in a handful of studies, reportedly impacting the volunteer experience and potential positive impacts of volunteering in social care (Hill, 2016).

## Outcomes of volunteering

***Outcomes for people using care services, families and carers***

There is a sizeable evidence base on the outcomes of social care volunteering on **people using care services.** Some of this relies on outcomes identified by staff or volunteers rather than people using care services themselves. A key theme in the literature focuses on how interactions with volunteers leads to the building of social relationships and more social connectedness (Andrew et al, 2022; Dayson et al, 2022; Farrell, 2011). Some studies connect this to reduced loneliness and social isolation of people using care services (Cameron et al, 2020b; Georghiou et al, 2016). Georghiou et al (2016) evaluated seven projects which involved volunteers providing practical support to older people (such as help with shopping) and indirect support such as onward referrals to other services. They found that:

“*While practical tasks were important in their own right, the presence of a volunteer, without the time constraints of a health or care professional, reduced feelings of isolation, helped the older person connect with other services and people locally, and put them ‘on the radar’ for statutory services*” (Georghiou et al, 2016: 12).

Improved well-being and ‘in the moment impacts’ including improved mood of people using care services are commonly cited outcomes of volunteering (Handley et al, 2022; Baker et al, 2017; Haaksma et al, 2022; Westerhof et al, 2018). Intergenerational programmes are a particular area of interest in the literature, with positive effects cited including increased engagement of people using care services, improved well-being/quality of life, reduced ageism, and increased social connectedness (Laging et al, 2022; My Home Life England et al, 2023). One study found:

*"For many older people living in care homes, intergenerational linking contributed to an enhanced quality of life by bringing a sense of joy, renewed energy, and purpose. It provided opportunities for social interactions, building new relationships, and sharing skills and knowledge with a younger generation*” (My Home Life England et al, 2023: 61).

However, it is notable that some studies are less conclusive about the positive outcomes of volunteering (Siette et al, 2017) and there is a lack of evidence on the long-term impacts of social care volunteering on people using care services (Handley et al, 2022).

There is less evidence on the outcomes of social care volunteering on **families and carers**. However, a small number of studies suggest that volunteers can help to provide respite to families, giving them the opportunity to do something for themselves as well as practical help to support families caring for their relatives (Georghiou et al, 2016; Haaksma et al, 2022).

***Outcomes for volunteers***

The review identified from the literature both positive and negative outcomes of social care volunteering for **volunteers** themselves. In the most part, the evidence points to the benefits of volunteering, including satisfaction and the sense volunteers feel they are making a positive difference, sense of purpose and improved well-being (Dayson et al, 2022; Orellana et al, 2021; Smith, 2018; Williams, 2020). Evidence highlights the reciprocity of volunteering, with volunteers recounting how positive, rewarding and mutually beneficial relationships with people using care services can be (Pereira et al, 2022). One study exploring befriending described it as a *“powerful experience”* where befrienders “*learned in profound ways from their experiences”* (Greenwood et al, 2018).

For some volunteers, opportunities to use existing skills, skills development and gaining work experience in health and social care settings are identified as positive outcomes for volunteers (Georghiou et al, 2016; Hill, 2016; Orellana et al, 2021). The literature also highlights the outcomes specifically for young people involved in intergenerational projects. This includes positive changes in attitudes and empathy towards older people, enjoyment, personal development, behaviour changes, learning, and improved sense of community responsibility (Blais et al, 2017; Galbraith, 2015; Gerritzen, 2020).

The identified negative effects of social care volunteering on volunteers typically highlight the emotionally challenging and demanding nature of volunteer roles, including dealing with bereavement (Cameron et al, 2020b; Hill, 2016; Smith, 2018). Studies note how volunteering can lead to volunteers feeling anxious, out of their depth or overburdened (Greenwood et al, 2018; Orellana et al, 2021).

***Outcomes for social care staff***

There is limited and mixed evidence on the impacts of social care volunteering on **paid staff**. Some evidence suggests that volunteering can relieve demands and pressures on paid staff and frees up time for them to spend on care tasks (Hunter at al, 2018; MacInnes and Smith, 2022). Other studies, however, have found that volunteer involvement can increase the workload and responsibilities of paid staff because of the need to manage volunteers (Hill, 2016). Questions have also been raised about the implications of volunteers taking on emotional aspects of care roles. This could result in the ‘redefining’ of paid staff roles with a “*threat of reducing paid care work to a series of physical tasks to be performed and formalised"* (Johnson et al, 2023: 434).

Examining the evidence on the outcomes of social care volunteering there are some, albeit limited, insights into how and why social care volunteering in different contexts leads to outcomes, such as reduced loneliness and social isolation, and the mechanisms triggered to support these outcomes (Fakoya et al, 2021). The strongest evidence centres on volunteer roles and activities involving one to one interaction between volunteers and people using care services (often older people) such as befriending and home visiting. Studies suggest that two of the key mechanisms include the development of **meaningful relationships** between volunteers and people using care services (Andrew et al, 2022; Downey, 2011; Cameron et al, 2020b; Haaksma, 2022; Weldrick, 2023) (which studies suggest is supported by regular and consistent interaction) and **reciprocity** in which both volunteers and people using care services gain personally from the volunteering experience (Lilburn et al, 2018; Fakoya et al, 2021). Such mechanisms aren’t unique to social care volunteering, with studies suggesting that meaningful relationships and reciprocity are important to understanding the outcomes of volunteering more generally (Brown et al, 2012; McMunn et al, 2009).

Fakoya et al (2021) go further in their study of befriending interventions focused on reducing loneliness and isolation among older people. They identify the mechanisms as reciprocity, empathy, autonomy, and privacy which are triggered in different contexts. For example, reciprocity is ‘triggered’ in contexts where “[people using care services] *and befrienders shared characteristics, the befriender was a volunteer and befriending took the form of physical companionship”* (Fakoya et al, 2021: 1).As such, the importance of careful matching of the volunteer and befriender was highlighted as particularly important.

## Challenges and opportunities

***Challenges***

This review has examined evidence on challenges experienced with social care volunteering. These typically focused on issues relating to volunteer management:

* **Resourcing volunteering** – a number of studies identify that funding and resources, in particular the lack of volunteer management resources, limits the sustainability and potential of volunteering programmes. Cuts in social care funding is a key area of concern (Cameron et al, 2021; Goodman et al, 2019; Mayrhofer et al, 2023). A study looking at volunteering in health and social care in Wales found that volunteering was funded through different means, depending upon the relationship with statutory services. It identified that nearly half of surveyed services funded volunteering through a commissioning/grant funding model with public sector funding (WCVA, 2021). Cameron et al’s (2021: 137) study found that *"organisations that had created a volunteer co-ordinator post were either directly commissioned by their local Clinical Commissioning Group or had sufficient financial reserves to invest in support structures"*. Indeed, they found day centres were not able to afford a volunteer manager but with cuts in funding they were increasingly reliant on volunteers.
* **Volunteer recruitment** – challenges with recruiting social care volunteers are commonly cited in the literature, with some studies suggesting it is getting more challenging to recruit volunteers in social care (Cameron et al, 2020a). This mirrors wider research which points to declining numbers of volunteers overall (DCMS, 2024), and growing challenges with recruiting volunteers more broadly (Kenley and Larkham, 2023). A recent survey of 142 organisations in Wales (WCVA, 2023) suggests that 90% of representatives of voluntary organisations experienced recruitment issues. In terms of social care, a number of studies suggest that settings found the recruitment of volunteers to be more time consuming and problematic than anticipated (Downey, 2011; Farrell, 2011; Warwick-Booth et al, 2020). There were, however, examples of settings and volunteering programmes adapting their approaches to strengthen volunteer recruitment. For example, simplifying recruitment processes to make it easier for volunteers to get involved and the creation of internal roles dedicated to recruiting volunteers (Warwick-Booth et al, 2020).
* **Risk management –** issues around risk and risk management tend to centre on organisational culture and wider leader and staff attitudes towards risk and volunteer involvement. There were examples of managers voicing concerns about potential risks to the health and safety of people using care services, as well as scepticism amongst care staff about the abilities of volunteers to work with people using care services effectively (Farrell, 2011; Hunter et al, 2018). Hunter et al (2018), however, note that in their study on volunteering with care home residents with dementia, volunteers showed that they were able to interact successfully with residents, giving staff more confidence around the risks of volunteer involvement. Other challenges noted include concerns about the training requirements of volunteer involvement, and perceptions that managing the risks of volunteer involvement can be time consuming for social care settings (Naughton-Doe et al, 2021).
* **Role boundaries –** the extent to which there are clear boundaries between volunteers and paid roles and the implications of this in social care settings is a recurrent theme in the literature (Overgaard, 2015; Skinner et al, 2019; Stølen, 2022). Based on their research in different social care settings in the provision of older people’s care, Cameron et al (2020b) suggests that volunteer involvement is most successful when there are clear boundaries between volunteer and staff roles. They found, however, that this varied. Organisations that were larger, had dedicated resources and paid staff responsible for recruitment, training and management of volunteers tended to have more clearly defined boundaries. In some settings, such as day centres, there was 'interchangeability’ of volunteers and paid staff with volunteers taking on aspects of the paid role and, in some cases, plugging gaps in provision (Johnson, 2023). Overgaard (2015) argues that rather than volunteers replacing staff, they should be seen as ‘extending’ the level of care in social care settings – being “complementary” rather than “substitutionary” (Skinner et al, 2019).

***Opportunities***

Evidence on the opportunities for social care volunteering is more limited. Drawing on their research on health and social care, Naylor et al (2013) suggest that there is a need for service providers and commissioners to “*think strategically about the place of volunteers within the future workforce".* MacInnes and Smith (2022) identify four opportunities for social care volunteering:

* **Nurturing supply** – Blackaby et al’s research (2020) suggests that there is interest in volunteering in health and social care in Wales, with 52% of those responding to the British Social Attitudes Survey (2015) saying they would consider volunteering in the sector. MacInnes and Smith’s (2022) research also suggests that there is an appetite to volunteer; in their nationally representative sample of 2,000 UK adults, 38% stated they would consider volunteering in a care home, with young people (aged 18 to 34) more likely than older people to say they would consider getting involved in volunteering. They suggest that there is a need to increase public awareness of volunteering and reduce barriers to participation. This includes developing more flexible volunteering opportunities and improved training and volunteer management.
* **Building demand** – in their survey of care home staff in the UK, MacInnes and Smith (2022) found that nine in ten staff not currently working with volunteers would like to see more volunteers in care homes. They suggest that staff would like more knowledge on the role of volunteers as well as involvement in shaping volunteer activities and training.
* **Maximising outcomes** – this evidence review points to the importance of meaningful relationships and reciprocity in promoting positive outcomes for people using care services and volunteers. MacInnes and Smith (2022) note the need for well designed ‘relational’ roles (e.g. one to one companionship) but also ‘transactional’ roles (e.g. help at meal times) that might help to support paid staff in social care settings.
* **Developing careers** – this review suggests that for some volunteers, gaining skills and work experience through their volunteering are important outcomes of volunteering. Hogg and Smith (2021) found that a higher proportion of 16-19 and 20-29 year olds thought that their volunteer experience made them think about pursuing a career in the NHS or health and social care. Those aged 30-39 were more likely to say they were actively looking for work in the NHS or health and social care or that they now work or have a career in these sectors as a result of volunteering. MacInnes and Smith (2022) suggest that volunteering can be a gateway into paid work and argue that “*well-designed volunteer programmes could also do more to support careers/jobs in social care*” (MacInnes and Smith, 2022: 19).

## Developing an Initial Programme Theory – volunteering in care homes

Drawing all of the evidence from this chapter together, the graphic below (Figure 2.2) presents the Initial Programme Theory (IPT) for our study. In doing so, it provides a link between the evidence review and the focus for our work – the experience of volunteering in care homes. An IPT is a causal statement that describes how a programme, in this case volunteering in care homes, is expected to work. It is the first step in a Realist research cycle and is used in Realist evaluations to assess the effectiveness of social programs. Our IPT is developed from the evidence review as described in this chapter.

**Figure 2.2** – Initial Programme Theory: volunteering in care homes based on the evidence review

Organisational values, culture and logics and where volunteering fits.

Appropriate resources, funding, training, recruitment and support.

Clear role boundaries between volunteering and the workforce.

**A healthy organisation with a positive workforce culture and practice, triggers meaningful volunteering that leads to positive outcomes for residents, staff and volunteers.**

Experience of individual volunteers.

The circle identifies the ideal situation that can be created for care homes operating within the social care sector. That is, that a healthy organisation with a positive workforce culture and practice triggers meaningful volunteering that leads to positive outcomes for residents, volunteers and staff. These things only happen if the four ‘bucket themes’ identified on the left of the graphic are met. The four themes represented in the boxes on the left were derived from the evidence review and the literature analysed above. The boxes are ordered from top to bottom, with the macro-organisational culture at the top and the micro-level experience of the individual volunteers at the bottom.

The first box discusses the evidence that points to the importance of organisational values and where volunteering fits into that. Organisational culture will have an impact on the quality of volunteering practice and the experience of the volunteers. The second box discusses the importance of financial resources for the organisation’s ability to recruit, train and support volunteers. The third box indicates the importance of having clear role boundaries between staff and volunteers. This is because the literature suggests that, if there are blurred boundaries between these roles, this can cause tension between staff and volunteers. This, in turn, impacts the quality of volunteering practice in the care home. The final box indicates the experience of the individual volunteer, which will be dependent on the status of the first three boxes.

We theorised that if these conditions are met successfully and in a positive way, the conditions indicated in the centre of the circle will be met. That is, that a healthy organisation with a positive workforce culture and practice triggers meaningful volunteering that leads to positive outcomes for residents, volunteers and staff. This IPT provides a link between the evidence review and the detailed case study research that is described in Chapter 3.

# Focusing in: volunteering in residential care homes for older people

Previously we drew evidence together on the role of volunteering across the whole of social care. In this chapter, we turn our attention to the specific focus of our study – residential care homes in Wales for older people. This chapter draws together the findings from the 42 interviews across eight case studies and associated stakeholders that we undertook during Summer and Autumn 2024. It also (where appropriate) integrates findings from the survey with care homes that was distributed in November 2024.

The chapter is structured around five sub-sections which explore:

* insights from participants on the scale and role of volunteering;
* the organisation and management of volunteers;
* reflections on the difference that volunteering makes;
* a description of the barriers and enablers to volunteering in care homes; and
* likely areas of congruence based on the findings.

## The scale and role of volunteering

It has not been possible to answer with any certainty the question over the scale of volunteering in Wales given the low response rate to the survey issued as part of this study. However, it is reasonable to suggest that the scale of volunteering in residential care homes for older people is relatively small (see evidence from Care Inspectorate Wales provided in Table 2.1). There are also grounds for believing that it could grow. Most care homes in our case studies were looking to recruit additional volunteers, valuing them for the roles that they play within their care homes. For those care homes who want to recruit more volunteers, it is not always clear to them how they can go about achieving this (for more on this see Section 3.2 below).

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| **Box 1 ∙ A volunteer by any other name?**  This issue is complicated in that what is understood by the word ‘volunteer’ varies – it is not fixed, and participants identified that who volunteers are and what they do overlap. What some care homes call volunteering others call community engagement or simply helping-out. Examples of these more ambiguous roles included:   * Staff coming in to provide their time at the summer fete even when they are not on shift that day; * People providing their time to care homes as part of community groups (e.g. churches, music groups, schools); * Family members helping on day trips after initial wheelchair training; and * A bank sending across 10 employees to a care home on a ‘charity day’ to help build and set up a poly tunnel. |

***Who volunteers?***

Based on the evidence from our study, volunteers tend to be drawn from one of two groups – they are often either students (whether in school, college, or university) or people who have retired. Not only are there definitional challenges as described above, but there were a series of reflections that as volunteers tend to be drawn from one of these two categories, both the demand and supply of volunteers can be sporadic and time-dependent. Younger people – especially those who are undertaking volunteering as part of a qualification, or a programme of study – tend to approach care homes in ‘clusters’. This is largely due to the requirements of such programmes of study which mean that there are often multiple numbers of volunteers for care homes to deal with at the same time. Some care homes reflected that they find it difficult on occasions to ‘place’ these younger volunteers due to their relative lack of confidence and experience in working with people with care needs. There is also a challenge in the length of time that student volunteers (whether over 18, or under 18) spend in care homes, and concern was expressed that this is often insufficient to allow relationships to develop.

There was a perception from some care home respondents that whilst they were open to anyone who expressed an interest in volunteering, there were certain preferences for people who can make a regular and sustained commitment to their role. Ideally, this would also be someone who has existing skills and a level of confidence to work in the setting. In effect, there are certain ‘types’ of people perceived to be most suited to volunteering in care homes, and by extension, people not suited to the role. For example, one respondent said:*"...most of the people we get are young people who want to fill their UCAS [university application] form, which is why we were getting more and more stringent with them [...] so basically it’s for them rather than for residents" (Care Home C, Activity Co-ordinator).*

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| **Box 2 ∙ In search of perfection…**  There was often mention made of the ‘perfect’ volunteer (and we’ll come back to this idea later) and whilst there was no precise definition given, the quotation below is indicative of the kind of person that was inferred:  *“We used to have a volunteer years ago who would come in and play Bridge and she would come in all the time, like on a Saturday, she was like the perfect age for the volunteers....well, retired, really enjoying it, it was a social aspect for her, she loved it so much, she even offered to come on some of our minibus trips, so with extra hands we could take more residents, but sadly her health declined so she wasn’t able to volunteer anymore. That’s the kind of person that we really need in a care home, who can give that time and also it’s a social aspect for them, it might be somewhere they might look to move into if they needed that later on in their lives” (Care Home C, Manager).* |

***What do volunteers do in care homes?***

There are a range of roles that volunteers undertake in care homes that are focused around spending quality time with the residents. This was summarised by one participant as the ‘nice’ bits of the role of care workers, but being careful to draw a distinction between volunteers and paid staff: *“they do all the really, really nice parts of the job that maybe the staff can’t always do and can’t always give that one-to-one time to certain residents” (Care Home D, Stakeholder)*. Based on our findings, volunteers often work alongside the activities co-ordinator (or equivalent) where there is one in place. They befriend residents, support activities, and – in some cases – lead activities. In our case studies, there was a clear distinction between staff and volunteer roles:

*"We try and always make the distinction that a volunteer is never expected to do anything in terms of care or helping to move people or anything like that. It is a very, very distinct line drawn at that area. Likewise, you know, volunteers typically will not go into residents’ suites because again, you know you could open up all sorts of inadvertent issues by doing things like that. So we do try and make sure that everyone is protected" (Care Home C, Manager).*

Much of the time spent in care homes by volunteers is in a befriending role. This involves talking with individual residents, most often in communal lounges and other spaces within the home, but sometimes volunteers go to see some residents in their own rooms. As one volunteer said: *"it’s generally getting to know them chatting. I don't do anything wonderful" (Care Home E, Volunteer)*. It is interesting to note the extent to which this participant downplayed the impact of relationship-building, which often extends to much more than just ‘chatting’ (see Section 3.3 for more on the impact of volunteering).

Some volunteers built a relationship with one person (or a very small number of people), whilst for others their role was more generic, to spend time in and around the care home engaging with whoever was there when they visited. There was a sense that volunteer roles grew over time, evolving as the volunteer became known and trusted within the setting: *"it’s the little things that I can do and that comes with time and the staff getting to know you and you getting to know them, and it’s about them trusting you, to know that you are very capable" (Care Home D, Volunteer).* It is significant that respondents noted that volunteers allowed for additional things to take place within the homes: *"the benefits of having the volunteers in, it enabled the capacity as a resource to be able to do these projects and have these conversations, which staff wouldn't necessarily have the time to do" (Stakeholder).* For one volunteer, their experience in building a relationship with the person they supported had ‘followed’ that person through different stages of their life; from when they were living in the community through a hospital stay to their new place of residence in a care home.

Our evidence suggests that volunteer roles are predominantly focused on socialisation activities or supporting residents with socialising in other ways, either on a one-to-one or group basis. Sometimes the activities may be led by paid staff, sometimes they are led by the volunteers. Overwhelmingly, the role of volunteers is to give their undivided attention to residents, in a way that is not always possible for paid staff to do as they have competing demands on their time.

***What motivates volunteers?***

Volunteers have a series of motivations based on our observations. It can be based on volunteering as a ‘thank you’ to the home for caring for a loved one. It is sometimes based on a prior sense of wanting to help others that existed before becoming a volunteer. It is often based on an experience with the care home in question, and it is frequently based on a sense of mutuality and reciprocity whereby volunteers are motivated by personal benefit:

*“It's to make a difference to the community to help people in the community. Yeah, to help to help others, to help other people, really. To make their life better. It's to help me, just helping other people, yeah” (Initiative C, Volunteer).*

*“So it was partly for me so that I could keep talking to new and different people and also just to get me out the house, because it's nice to have a deadline. As such it's nice to have appointments during the week that you know you've got to keep. And they sort of motivate you a bit, but otherwise you might think, ‘oh, I could stay in bed for another half hour and no one's going to complain’” (Initiative A, Volunteer).*

There are – of course – a range of motivations, and it all depends on the person. Our evidence suggests that older volunteers typically are looking to give something back to their community, are trying to identify a sense of purpose in their own lives, and are also seeking companionship for themselves. It was suggested that younger volunteers were more likely to be motivated by the acquisition of new skills or as a means of improving their job prospects. We heard, for example, about a new volunteer who was looking for experience in a care home setting for accessing a professional qualification: *"her plan is to then use all of the experience and knowledge she’ll gain through volunteering for her application, for her access to nursing" (Care Home D, Manager)*. One student volunteer wanted to use her time productively when having a break from studies and was encouraged by her tutor to volunteer to get some work experience and do something worthwhile in the community. She was living close to a care home, and wanted to learn more about dementia and how to interact with people with dementia, so decided to volunteer.

On the whole, the main motivation appeared to be that *"people just wanted to support older people" (Stakeholder)*, and equally that there is a degree of reciprocity in the undertaking as there has to be something in it for the volunteer as well. Volunteer motivations came down to having a sense of purpose, particularly for those who are retired. Volunteering can be:

* an extension of caring roles for family or friends of residents who become volunteers and/or;
* a connection to community, with the volunteer representing the community coming into care homes and care homes going out into the community (like visits to a local coffee shop) and/or;
* a route in to work, particularly for students.

## Recruiting, training, managing and supporting volunteers

There are a variety of reasons as to why those care homes that involve volunteers do so. These include forging links with their communities, and reducing isolation for residents who may not receive frequent visitors – and more detail on this is provided in Section 3.3. Across our case studies, volunteering was welcomed by care homes, and the value of volunteers was recognised: "*volunteering as a whole is really welcomed, you know […] people of all walks of life [who have] all got different life and work experiences […] can share their experiences with other people […] we are always learning as a home, as individuals*" *(Care Home D, Manager).* Homes recognise the importance of a range of people providing interaction with residents, especially given the pressures on the workforce and the lack of capacity to engage with people as regularly as they might like: *"Because the residents get sick of just seeing the staff. Because it's a new face, it's a new conversation. It enriches the lives of the residents” (Care Home E, Manager).*

They also recognised the value in volunteers building relationships. It was suggested that it is "nice" for people to come in from the community and see what the home does, for community members *"to understand...not forget the people that are here" (Care Home A, Manager).*

However, there were a range of issues identified around the support for volunteers and volunteering. Given the time, effort and skills required to support volunteers, there is a need for care homes to be clear on why they involve volunteers: "*definitely think you’d need to know what you wanted the outcome to be of having volunteers, what the benefits would be and also your expectations in line with that" (Care Home D, Manager).*

***Recruiting and training volunteers***

The recruitment, organisation and management of volunteers varies between settings – most volunteers will go through some form of formal recruitment process (interview, Disclosure and Barring Service checks), and training (varying in length and formality). There are a range of (mainly time-limited) schemes that ‘place’ volunteers within care homes. They do the recruitment, checking, training and sometimes ongoing support of volunteers, in effect a third party enabling, and supporting, volunteering.

There were a variety of responses regarding the recruitment of volunteers. Whilst some respondents were unsure how to approach recruiting volunteers – *“don't know how to go about recruiting more volunteers, would like more information” (Care Home, Survey)* – others saw distinct parallels between recruiting volunteering and recruiting staff members:

*“Volunteering, it’s very much the same as a normal staff member applying for a position because we have to tick all those boxes. So we have to do the whole application right from scratch, so it’s an application, it’s the references, it’s the DBS, the follow through, its then you know pointing them in the right direction, getting them under the head of department. So it’s exactly the same process, it’s a lot of work” (Care Home B, Manager).*

Responses about who was responsible for recruiting volunteers tended to fall into three categories:

* where the care home had received support from time-limited recruitment ‘initiatives’;
* where ‘standing’ local organisations (whether the local authority or other local agencies like the 19 County Voluntary Councils across Wales) or the care home organisation ‘head office’ with a responsibility for recruiting volunteers played a role; and
* where the responsibility was left solely with the care home itself.

**Recruitment support from ‘initiatives’**

Most of our case studies had benefitted from working with a series of time-limited funded programmes in Wales (often hosted by third sector organisations) designed to recruit volunteers, and on occasion, specifically designed to support recruiting volunteers for care homes.

From care homes’ perspectives, this external support provided additional capacity at the early stage of their involvement with the volunteer, effectively – and positively –outsourcing the responsibility for the initial stages of engagement. They operate differently but these initiatives typically advertise opportunities (either generically for volunteers who are then matched to care homes subsequently, or directly for care homes), and all the initial enquiries are dealt with by them. There is often a process of completing application forms, taking up references and completing the relevant DBS checks that are all undertaken by these organisations. Care homes then engage with the managers of these schemes to have initial and exploratory conversations about possible volunteers. These conversations are part of initial ‘screening’ to explore if the potential volunteers are right for the home.

Volunteers recruited through this pathway were also provided with induction training which they found was helpful in preparing for the role: *"And I think that helped me, it kind of made me feel quite confident that all those, all those training and the documents it made me feel confident and I wasn't apprehensive about it. I wasn't like ‘what would I do?’ I'm not completely entering something that's unknown, so no, it was very well supported" (Initiative A, Volunteer).* As noted below, however, respondents identified positives and negatives of this way of working.

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| **Box 3 ∙ Strengths and weaknesses of externalising recruitment**  Care homes reflected positively that volunteers who came to them through such routes have released a time pressure for them: *“it was good to have had that support as it’s less demanding in terms of staff support for volunteers” (Care Home C, Activity Co-ordinator).* From the perspective of volunteers, recruitment via this route *"felt like a fairly lengthy vetting process, which is all completely good…[it was] a bit more than I was expecting but, you know, not a problem with it” (Care Home A, Volunteer).* As for other parts of this externalised ‘offer’ to the sector, it was predicated on issues around the ability of busy care home staff to be able to find the time to engage in the processing of volunteers: *"it was always a capacity thing, they needed to have someone there like us able to do the recruiting, the training" (Initiative B, Manager).*  One of the challenges associated with ‘outsourcing’ the responsibility for volunteer recruitment and training from the perspective of the care home was that you hadn’t built up a relationship with them through the process, they weren’t known to the care home, and you may not have the capacity to take them on and support them:  *"...but you were taking on some people you didn’t know what their commitment was like, and well you knew that well ok it wasn’t going to last long, so they’ll be out of the door soon, which is not the best way to look at that but that’s the reality" (Care Home C, Manager).* |

**Recruitment support from ‘standing’ local organisations, or the care home group**

Respondents identified a second recruitment route, that of using ‘standing’ organisations in a locality or the resources of the broader care home group as a source of volunteers. These typically centred on the local authority, the local Community Voluntary Council (CVC), or were functions provided within the ‘head office’ care home organisations that have a long-standing role in the identification of volunteering opportunities, and the placement of volunteers in a range of settings.

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| **Box 4 ∙ Public bodies and recruiting volunteers**  For one local authority that was part of the study, their team recruit volunteers mostly for befriending roles in communities, but also recruit a small number for care homes. They have recently changed their approach to recruitment with fewer pop-up events and more reliance on volunteers coming directly to them, typically through their website, but also through social media and word of mouth. The local authority team provides additional support to volunteers who are not digitally competent, for example by helping them complete application forms at home. Once volunteers have expressed an interest they rarely drop out. Currently the team are improving the recruitment process to make it easier and more efficient, including making it easier to fill in the application form online, and for referees to get a link to enable them to complete a reference. Getting two references is important, but it adds time to the process, and the council tries to contact people directly – rather than waiting on responses to emails or letters – to speed up the process. They recognise the importance of making the process as simple and as quick as possible, as volunteers can go elsewhere to volunteer. From the perspective of a volunteer who had been recruited in this way, they noted that the volunteer co-ordinator coming to their house made the process *“more convenient” (Care Home D, Volunteer).*  Once these initial stages have been completed, volunteer referrals are made to care homes from the local authority. A key stage of the recruitment process is the care home meeting with the volunteer first to make sure they are the *"right fit for the home […] and we can help them to meet what their goals are [as a volunteer]" (Care Home D, Manager).*  In addition to the recruitment role played by these organisations, in-person induction training covered things like GDPR and health and safety. This was followed by an induction meeting with the care home manager, the prospective volunteer and volunteer co-ordinator. In terms of training volunteers, the mandatory minimum required is Safeguarding Level 2 for all care home volunteers in Wales, but some care homes require volunteers to do further safeguarding training. The local authority also has a list of training courses (centred on workforce development) which are optional and volunteers can access these if they want to. There is an active conversation between the local authority that took part in this study and care homes about whether they think volunteers need extra training*.* The safeguarding training is exactly the same as that required by a paid member of staff and *"probably provides a bit of reassurance then for the care home staff, that they know it’s that level of training that they’ve taken part in" (Care Home D, Stakeholder).* |

**Recruitment by care homes**

Some care homes in our study reported that they are the ones who take a greater degree of responsibility for recruitment. Two survey respondents identified that they felt that their work represented good practice in the way that they reached out to potential volunteers:

*“We follow our recruitment process, especially interviews, which helps younger people who are on work placement or not in employment so this gives them an opportunity to experience recruitment standards. We include the parents of younger persons so that they feel supported and parents can ask questions and be involved. We set up a WhatsApp chat group with the volunteer and several members of the team so that they can ask questions or we can provide quick communication updates to them” (Care Home, Survey).*

*“Having a dedicated volunteer co-ordinator has helped to coordinate and recruit volunteers as well as giving ongoing support to maintain and develop deeper relationships” (Care Home, Survey).*

For one of our case studies (Care Home E), the care home was part of a group of homes located within the voluntary sector. As such there was positivity around the role and contribution of volunteers within the care home – it was almost second nature for them to put in place processes to recruit volunteers. There is a central volunteer team and volunteer recruitment happens at a national level. They recruit volunteers, find out about their skills and interests, do the background checks, provide training and then match them to a home. The care home also directly recruits volunteers, but if people come to the individual home to volunteer they would then be passed to the national team for checks and training, before coming back to the home. In their experience, once recruited, volunteers tend to stay for a long time, and an institutional link with a faith-based network further supports their recruitment. For this care home, there is an expectation that volunteers will undertake a significant amount of training, and the content is a reflection of their organisational culture, values, and ethos:

*"It is exactly the same way when a volunteer starts with us, they become part of [the care home]. They understand the culture within the home, about being honest, open, transparent. They understand that ethos about the respect, nurturing, inspiring. They have loads and loads of training when they join us, so they will have all the necessary training and all the tools to be able to join [care home] and understand what is expected of them, because of course there's an expectation from the volunteers" (Care Home E, Manager).*

There is a range here of course. One of the case studies noted that there is a responsibility on the volunteer to be proactive in identifying their own training needs, given that the basic ‘offer’ varies: *“the only training they really get is the hands-on training, they don’t actually do any legislative training...they are under somebody who has a lot of experience, so a lot of information is given to them, if they don’t know they can ask questions” (Care Home B, Manager).* To this end, and given the variation in the amount of information provided in training volunteers across the three pathways, there are questions about the way in which training for care home volunteers should proceed.

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| **Box 5 ∙ ‘Standardising’ the training offer and the requirement?**  One respondent in particular spoke at length about the need for some effective oversight of the range of training offers for volunteers, reflecting concerns from the individual care home and volunteers over unhelpful variation in practice across Wales:  *“One of the things that came out was if there was a standardised minimum training package that was ratified by somebody like Social Care Wales then we would know what legally we have to do as the minimum to make sure that people are going to be safe. You know, both the volunteer and the residents there. What do people need to do? And then what other things could they maybe do once they've started if it's relevant to the role that they're doing? But the biggest one is the capacity in the care homes themselves. And the bureaucracy is around how much training of a potential volunteer needs to be done before they can be started as a volunteer? And we have seen massively different, hugely different approaches to that. We've had the story of a woman in her early 30s who wanted to volunteer in the care home near where she lived. She was looking to get back into paid work. The response from that care home was that's great, and here's all this online learning that you'll need to do before you can start with us. And it was a huge amount. The woman had no laptop and had to go to the local library and do stuff there. Of course, what you're limited to how much time you can spend on stuff cause it's in demand and ended up just giving up and saying I'll find something else. And it was like 20 something hours’ worth of online learning to be completed before she could even start. That's the extreme at this end of this spectrum at the other end there was a small independent family run care home where they are keen to have volunteers, they have taken people who are on health and social care courses and have already been DBS checked. And they basically said come in, we'll show you around. They took up a reference and then they have them come in and do stuff straight away. So that was the other end” (Stakeholder).* |

***Organising, managing and supporting volunteers***

The quantum of resource allocated to the organisation and management of volunteers varied across the care homes in our study. Some homes have someone with dedicated responsibility for volunteering (albeit often as part of a wider role in the home, rather than as the core focus of their role), and they have relevant policies, processes and structures in place, but others in our sample do not. Ongoing management of volunteers – from regular supervisions, through to occasional catch ups – vary in terms of formality, intensity, and in terms of who runs these sessions, if indeed they are completed at all.

**Care homes with no additional resource to organise and manage volunteers**

It takes time, energy and skill to invest in the ongoing management and support of volunteers. Not many care homes in our study had either the capacity or the dedicated resource to do this, an issue which is exacerbated when their staff are so stretched. From the care home’s point of view, there's an argument that if they are going to make an investment of time in an additional person, the return on that investment is better for them if this is a member of staff rather than a volunteer:

*"It’s tricky too because we’re so busy with our activities, we’ve got to have the time to spend with those volunteers, meet them, help them, talk to them, train them, make sure everything is up ready before they even start. We don’t have a lot of time to dedicate to that, so for years we just decided that we weren’t going to take on any more because of the amount of time you put into it, and then they’re gone…so we are trying to I guess handpick who we take on because of the little time that we have to offer" (Care Home C, Manager).*

All too often, there is no dedicated post for volunteer management and respondents identified that supporting volunteers is just seen as *"part of our workload" (Care Home A, Manager).* Day-to-day management of volunteers in the care home environment is often *"not formal or structured" (Care Home D, Manager)* and focuses on asking how they are, observing them and getting feedback from the team: "*We would always make sure that they feel comfortable in the building, that you know everyone is being respectful to them as are they to everyone else, but it’s more of a just an ad-hoc relaxed catch up rather than a structured formal planned event" (Care Home D, Manager).* For one home this involved a very light-touch ‘programme’ of support with a check in with the manager or relevant staff member after induction and then again after four weeks. Supervision was then undertaken every three months, but the care home had no volunteer recognition programme, and offered no expenses to volunteers (Care Home A). In addition, in that care home there was no training for staff in managing or leading volunteers. There was, however, a sense that they considered this situation to be sub-optimal: *"I think you definitely need somebody to guide or to lead the volunteers" (Care Home A, Activities Co-ordinator).*

Interestingly, one care home who had no dedicated resourcing for managing and supporting volunteering noted that they felt there is *"no budget implication"* *(Care Home D, Manager)* of involving volunteers given that volunteer referrals come direct from the local authority. They interpreted this as being a minimal cost for them because another agency was doing the volunteer recruitment and onboarding. Further, a different care home had managed this situation through making it explicit that it was within the job role of the activity co-ordinator to support volunteers with the back-up and support of a central team if this was deemed necessary: *“We made it very clear at interview stage, there would be involvement with the volunteers, you know, spending time with them, making sure that they were doing their training, making sure that they had the resources [and] they had the support to be able to continue coming into the home to volunteer" (Care Home E, Manager).*

**Organisation and management of volunteers recruited and trained by others**

As noted above, there are different pathways for the recruitment and training of volunteers. For those volunteers recruited by the local authority and then matched with a care home, day-to-day management of volunteers is carried out by the care home. Formal supervision is provided by the team within the council twice a year to provide some overview and assurance: "*[it’s]to make sure you know, we record how they are finding it, how the experience is going, have they got any training needs? So it’s a bit more of a personalised one to one […] it’s worked well to have the [team] as a point of contact because in the care home you have people on shifts and they may not always be available" (Care Home D, Stakeholder).* This situation raises questions about oversight, and the governance of these arrangements.

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| **Box 6 ∙ Striking the right balance – whose responsibility is it?**  As evidenced in one of our case studies, finding the right balance between the responsibilities that sit with the care home and the council is a delicate one – but the process of finding that balance is focused on ensuring that volunteers remain in their roles for as long as possible. There are questions to be asked, however, of the governance of such arrangements, and whether there is clarity given to the position outlined by a local authority staff member below:  *"We try and engage with them as much as we can so they know what’s going on, what’s expected of them you know from our point of view and then they seem to be ok then, then they seem to stay […] so we are directly managing them but obviously we are not there every day to sort of see the comings and goings of what they are doing when they are on shift" (Care Home D, Stakeholder).*  The time-limited ‘initiatives’ that we heard from in our study had a slightly different relationship to the ongoing support of volunteers. One such scheme supported the placing of volunteers but then ‘stepped back’ once the volunteer was settled, and the care home took the lead as support for the volunteer. Sometimes care homes needed support themselves to understand what a volunteer would do and what they should not do. In respect of volunteer expenses, the initiative had funding for this, but the aim was for care homes to pick this up in the longer term. |

There was an additional risk associated with the externalising of the responsibility for recruitment and training of volunteers identified by one of the ‘initiatives’. This organisation does the initial phases of recruitment and training and then places volunteers in care homes, but expressed some concerns over the response from care home staff who may be unaware of the role that volunteers are there to undertake: *"Volunteers were turning up at that initial moment, when they turn up at reception and no one at reception knew who they were. And I think actually there was an incident the first time that happened with the [volunteers] feeling unwanted and didn't want to return because they didn't have that welcome" (Initiative B, Manager).*

Organising and managing volunteering takes time, resource and planning, and given the workforce capacity challenge, there is a gap that exists between what care homes can offer and what is needed. Overall, it is difficult to escape the conclusion that volunteer management within residential care homes in Wales is underdeveloped despite the efforts of all parties. Based on our research, volunteer management is often ad hoc rather than being embedded in organisational approaches, is characterised by a high level of variation, and is guided by instinct. It's highly dependent upon the experience, knowledge and skill of individuals involved, rather than established as part of organisational processes, culture and ethos.

## The difference that volunteering makes

There are three ways in which we have tried to understand the impact of volunteering in care homes as identified and expressed by participants – for residents, for the volunteers themselves, and for the care homes and their staff. It is important to note that this study was not designed to gather perspectives from care home residents or their families.

***Impact for residents***

Based on our findings, volunteers are seen as a *"massive benefit"* for residents *(Care Home D, Manager)* giving them a sense of purpose, someone to interact with who enhances their days, and providing a link with the community:

*"[I]t’s a bit of access to the outside community for the residents because they get to know all the staff that work here but having people that are coming in to visit them who really want to engage with them, can be really beneficial especially for our ladies and gents who don’t have family […] [it] gives more enhancement to the residents’ days which ultimately is our priority, is that they are happy and that they have lots of engaging discussions and activities" (Care Home D, Manager).*

Other participants variously described the impacts for residents, in Box 7 below.

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| **Box 7 ∙ Difference made by volunteers for residents**  This research project was not designed to gather perspectives directly from residents, but our participants described a variety of ways in which volunteers have an impact on residents. This included by bringing variety to their lives, giving them different faces to engage with, and offering new ideas and perspectives – all of which are things that residents look forward to:  *“I know he enjoyed my visit because he would say so. Thank me for coming. So yes, he enjoyed them. I think it was someone who wasn't at the care home that he could talk to because his daughter, shall we say, rarely visited. I think it would measure in months between when she would visit and I think I was the only person that who would spend any time talking to him there. There would never seem to be a lot of staff there. So I don't think there are enough staff just to do the sort of thing that [he] does” (Initiative C, Volunteer).*  *“It’s mutually beneficial. The residents love having new people to talk to and engage with, and volunteers don't stretch the home budget. We recently had two dancers that came in and did a "jive-hop" session for free, why would we say no?” (Care Home, Survey).*  *"What I kind of noticed in all this was that they really, really appreciated us being over there and spending time with them. They were always quite eager. And I remember that regardless of people going over there, they had various conditions, some of them had like early onset dementia. Despite that, they used to remember this day like, ‘OK, it's Wednesday. We're gonna have volunteers visit, they're gonna come and we're gonna have a chat, we're going to enjoy this day’. So I think it was quite valuable for them as well. They were quite keen and they were eager to spend time with us there" (Initiative B, Volunteer).*  *“Volunteers add another layer to the support within our care home, they offer friendship and companionship, opportunities to enjoy activities they are interested in, develop skills and actively join in the local community” (Care Home, Survey).* |

There was a perception from our respondents that volunteering helps to make residents happier, bringing “*brightness to their face*” *(Care Home D, Staff member)* offering them companionship and someone to talk to. There is an acknowledgement that volunteers are there and engaging with residents because they want to be, and are focused entirely on the relationship with that person:

*"It enriches the lives of the residents […] having volunteers, being able to give us time, give the residents time and just that focus on those residents and not focusing on 35 other residents, is really important. As I said, it enriches the lives of the residents here […] Staff time, you know that they're here 12 hours a day and we do ensure that staff have time to be off the floor spending with residents. But equally we know that there are times constraints for staff. Of course, there are things that they have to be doing at certain times. A volunteer is not restricted, they can just come in and spend that time with the residents and not be interrupted, not have to go off and answer a call bell. It's all about that resident in that moment" (Care Home E, Manager).*

Some participants suggested it could take a lot of time and effort to get volunteers to a place where they are making a difference to residents. This is due to the need to recruit, organise and manage them despite the capacity challenges faced by care homes as described in Section 3.2. However, when this happens it has a substantial impact: *"I do think like it's one of my most impactful projects because I think it's so hard to do. That when you do actually manage to do it, you really do see the difference it makes" (Initiative B, Manager).* That sense is amplified when the volunteers are able to achieve something that without their time and input would not have been achieved or achievable: *"[Be]cause of the volunteering service, they were able to come and actually spend time with each other […] So I thought that's like a tiny community within a community. I thought that was something which is important" (Initiative B, Volunteer).*

***Impact for volunteers***

Volunteers themselves described how they build relationships and connections with the people they support and how they develop a sense of companionship and friendship, which for some helps to combat their own feelings of loneliness and isolation.

**Sense of purpose**

Volunteers described the sense of purpose that giving their time has offered, and that they get a sense of doing a good thing for others and giving something back:

*"I think, well, I think it's a very positive experience. I suppose I feel that I'm doing something worthwhile, you know which you know hopefully I am, and also it's about understanding older people more and more. I mean, it's just trying to sort of, I don't know, just trying to give something back" (Care Home C, Volunteer).*

*"It gives you such a good sense of well-being. It's giving back to your community that you're living in. And enriching the lives of the elderly. And you can’t ask for more than that, can you?" (Care Home E, Volunteer).*

*"It’s given me purpose, and not about giving back or [anything]...it’s given me a purpose, it’s given me a reason" (Care Home D, Volunteer).*

*"I know when I walk out of the place and I've had a, you know, nice afternoon. I've talked [to] quite a few people have been to the rooms and they've all said thank you, you know, and I come out with a warm glow. I think that's the only thing I can. I might be driving there in the rain and thinking God, what am I doing? [...] but just feeling that, you know, even if I've cheered one person up, you know, it just…I suppose it, when you work you're valued in the job that you, you do and you get some sort of valuation [validation] from that” (Care Home E, Volunteer).*

Some volunteers described enjoying the routine of volunteering. One person in particular noted how volunteering has evolved from being about self-preservation to being a core part of who she is and what she does: *"it’s part of my life now and I like it, I won’t be cutting this out" (Care Home D, Volunteer).* The same volunteer noted that they feel a huge respect for the staff and how they help residents, and that being in the care home has a positive impact on her well-being: "*I never feel uptight when I’m around here. It has the calming effect on me" (Care Home D, Volunteer).*

**Understanding of the sector and employability**

One former volunteer (who now has a role as a care worker) commented that when you are a volunteer it feels like you are able to contribute and be of service to people, which helps to develop empathy, and a sense of feeling humbled by the experiences of residents: “*[it] changed the way I see things and the way I view life now and in the future*” *(Care Home D, Staff member).* Through their volunteering, this person developed a better understanding of the demands placed on paid care workers, and ultimately it helped her secure a paid role in the care home. Similarly, volunteering can help support career development elsewhere within the care sector: *"It absolutely can be. We do have a young lady who works for us on a zero-hour contract who was a volunteer, still volunteers, but is also zero-hour contract. So yes, it very much can be a route into it. For some people, they want to work in the care sector. They have no experience and volunteering in a care sector gives them that experience to then go on and have a career" (Care Home E, Manager).*

For other volunteers, the impacts are more generally around enhancing their employability, and learning relevant skills like communication and leadership, with a focus on gaining experience in a work environment: *"I will say that the volunteering work and how to manage things so because I was the project co-ordinator. So it's not just like yes, you are communicating with the volunteers and the care home, but you are also scheduling all the visits. You are keeping a track of the budget and those sort of things are helping me right now in my current role as well" (Initiative B, Volunteer).*

***Impact for staff and care homes***

For care home staff, our findings suggest that they feel assured by the role and presence of volunteers as they know that residents are getting one-to-one attention, and so they are enabled to focus their time elsewhere.

**Helping with capacity and workload**

Volunteers were identified by participants as helping staff to manage workload, and whilst this isn’t the reason that many people volunteer, it was suggested that it is a positive by-product. One volunteer noted: *"We're obviously not volunteering to make the staff's life better, but it can be a nice outcome also [...] residents have a better day then, and I think the staff has a better day" (Care Home A, Volunteer).*

Staff and managers recognise that the role of the volunteer provides support and reduces pressure on staff. Volunteering means that staff can do other activities as volunteers are providing companionship to residents. This supports staff who can on occasion feel overworked and underpaid, and takes the pressure off them so that they can do as good a job as possible in supporting residents: *"I kind of like my relationship with the care staff as well, and I try and be friendly and try and show an interest in them because I think I want them to be happy in their job. Because then they'll stick at it and do a good job, you know, with people here" (Care Home C, Volunteer).*

**Relationships within and beyond the care home**

Volunteers talked about the importance of having a strong, positive relationship with people within the care home, whether that is the manager or someone else as key person that they relate to at the home. Some staff are felt to ‘shy away’ from volunteers, given that often volunteers are solely seen as part of the activities team. Without this broader recognition, it is possible for some volunteers – especially those who have not been formally recruited by the care home – to remain unknown within the setting: *“The first couple of times, I think a couple of people weren’t aware of that I was visiting and someone said then this is [volunteer] and explained who I was and not everybody there was aware. Obviously if you've got 20-30 staff on different shifts some of them at night and then everyone was very welcoming and warm, and I explained to a couple of people what it was” (Initiative A, Volunteer).* It is certainly the case that volunteers won't meet all staff, especially in larger care home where there are significant numbers of people.

In addition, and as noted previously, volunteers help to forge relationships with the communities that the care homes exist within. Bringing the outside world into the care home is valuable from the care home’s point of view:

*"because residents spend the majority of their days in the same rooms, in the same house, having volunteers who can talk about things that are going on in their life, [to] talk about things that are going on in the local community, things that we may not be aware of, can almost be just another way of bringing the outside world into care home life" (Care Home D, Manager).*

*“There are a lot of areas where they can go but I think it’s nice for other people to come in, and into the community just to see what we do here” (Care Home A, Manager).*

However, it should be noted that in one care home, an interview with the manager described how volunteers almost ‘force’ care homes to do things differently. They suggested that the very fact that volunteers are in a care home is a change to the established way of working. This requires the workforce to be more creative in how they respond both to residents and to volunteers. It was this participant’s experience that the workforce felt that it needed permission from senior leaders in order to feel comfortable working in this new way, which had been brought about by the presence of volunteers. It had changed the dynamic in the relationships.

**Role clarity**

The nature of the relationship with staff is key to the effective understanding of the volunteer’s role for care homes. On the whole, there is evidence of clear demarcation between roles for staff and volunteers: *“So once they are ready to come onboard they then come in and they are shown around, they are under the guidance of the head of department, they are taught what they can and can’t do. So they can’t be doing anything you know care wise, they can’t be feeding people, they can’t be helping them mobilise or anything like that, so they know that they know exactly what they are and aren’t allowed to do” (Care Home B, Manager).* There were a few occasions when issues arose at the blurred boundary between volunteering and paid work. This touched on the role of volunteers when it came to things like providing people with drinks, but these were infrequent in our findings.

From the care home perspective, the role of volunteers is prized, and most care homes are active in maximising the longevity of the volunteers’ involvement within their homes. Managers recognise the importance of creating a positive ethos around the contribution that members of the community can make in their care homes, reflecting that sometimes they can be a little inward looking. The key to success is being clear on what volunteers want from volunteering, and the ways in which the care home can reciprocate: "*it has to be a two way street of what it is they are looking to gain from the volunteering experience and making sure that is something that we can support them to achieve" (Care Home D, Manager).*

## Barriers to, and enablers for, volunteering in care homes

Our research has identified a series of barriers to – and enablers of – volunteering in care homes. These operate across three different levels: individual, organisational, and sectoral.

***Individual level***

Two questions surfaced through our research concerning the individual volunteer and their willingness to undertake these sorts of roles.

**Do people have the time to commit to volunteer (especially post-Covid) at the level that homes often want in order to give consistency to residents?**

Flexibility has often been cited as part of a quality volunteer experience in national surveys and elsewhere (see Chapter 2 for examples) – volunteers are able to determine when they want to volunteer and how much volunteering they want to do. However, there was evidence from some organisations of a reluctance and anxieties from volunteers about providing their time in care homes, especially in this post-pandemic world: *"we're finding after Covid volunteers are way more anxious about going into new settings, and so they'd sign up to things and then they'd cost us quite a lot because they’d pull out before really getting started in care homes […] I think when I delivered the training this year, the reluctance I saw was the fear of getting involved. The fear of saying something wrong and making a mistake and just, just a bit of anxiety I think, which wasn’t there before" (Initiative B, Manager).*

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| **Box 8 ∙ Should I still be a volunteer when I have become a friend?**  There was a sense from a small number of volunteers that they were frustrated by some of the limitations placed upon them in their volunteering role. One volunteer in particular reflected on the limitations placed on being able to take the person she visits out of the care home which she might be able to do as a ‘friend’ but is not able to do as a ‘volunteer’:  *“Now I'm not covered to take her out on [the volunteering scheme] […] I'd love to take her to the zoo. I'd love to take her where she used to live. She used to live in this place, and I've got a friend who lives there now. So, you know, I could do all these things, and that's what I'd love to be able to do, taking her places you know, and bring her to my house, you know, and things like that. So yeah, so that's the thing. You know, so I'm kind of against the stage where I just want to do more. And I'm just thinking I need to have a word with them and just say, well, maybe I'll stop being a [scheme volunteer] and I'm just going to be her friend, and then we could maybe go out into the community. And I can't do that at the moment” (Initiative A, Volunteer).* |

For others, however, there was a sense of ‘cautious optimism’ in how the volunteering landscape looks post-Covid: *“I see a level of enthusiasm for volunteering in young people now, which feels different. Not all of them. I think some young people were really quite damaged and distressed and severely impacted by lockdown. But I also see other young people who are wanting to get involved in stuff and do things to help the planet or the local community and other people. The tricky thing is they want to do it more flexibly than a lot of the volunteer involving organisations can provide” (Stakeholder).*

**Do people have the skills, confidence and resources to volunteer in what can be a challenging environment?**

There was a thread in our evidence that suggests that some volunteers are leaving their role as it is too upsetting for them and that communication with some residents is too difficult. There is an identified need for skills to be developed and confidence built for volunteers to be able to engage with residents with dementia for example. One volunteer identified that *"being faced with your future is difficult" (Care Home A, Volunteer)* especially for people who don't want to be confronted with the challenging circumstances of some care home residents as a possible future for themselves – it’s a “*part of life that people would rather not think about*" *(Care Home A, Volunteer).*

***Organisational level***

There is a lack of capacity within care homes – they are fully stretched, with little time or headspace to think about volunteering let alone to organise and manage it. It is difficult for care homes to fully realise the value of volunteering, and they can end up in a reactive rather than proactive mode in their approach to volunteering. On the whole, there is an underdeveloped, loosely structured and relatively informal approach within organisations to volunteer management. While this was the case in the majority of homes who took part in this study, there was a marked contrast in the one voluntary sector case study site. In this home there was a more established and integrated approach to volunteer involvement and management, reflecting what could be described as a different mindset or attitude towards volunteering. For this home the involvement of volunteers was an expression of their organisational values and mission, and an operating norm. This underpinning mindset impacted the level of resources available to support volunteering and drove a more proactive and integrated approach to all aspects of volunteer involvement.

There is, though, a strong emphasis across all care homes on the volunteer being the ‘right person’ for them, and ensuring that they have a good match. The care homes seem to believe that over-formalising this approach would put them off involving volunteers. Keeping arrangements flexible is seen by some as entirely necessary – anything more rigid would not work:

*"We are very flexible with volunteers as to their frequency that they come in, the length of time they stay. I think if you added structure and expectations, it would create more pressure all around […] We are very much more flexible and work with the volunteer around what their and our availability is […] We have enough requests on us to do structured formal meetings with the staff team, but adding that on for volunteers as well would just add more pressure. It would probably put us off accepting volunteers if I’m honest wouldn’t it because of the time restrictions on our workload?" (Care Home D, Manager).*

Key success criteria at the organisational level have included: building trust over time both between the home and volunteer, and between the volunteer and residents (which in the view of one care home manager can take up to 12 months to see real impact for individuals); undertaking in-person visits to the home; and recognising and validating that the experience of volunteering in this sort of an environment is unique to care homes. From the perspective of organisations who recruit volunteers, there are some questions as to whether organisational capacity is sufficient within care homes to receive and manage volunteers. This lack of capacity can manifest itself in a break-down in communication between recruiting organisation and care home: *“I think for me the big thing is always going to come down to that communication. It's not right at the minute. And I think it's because there's an under-resource in care homes and a lack of someone actually put in a position of responsibility. It needs to be on someone's shoulders in their care home, there's no one that has volunteering written into their job description, and as long as that's the case, then they're always gonna pass it between each other when no one's gonna have that particular expertise or hold that responsibility, I think" (Initiative B, Manager).*

These challenges are exacerbated with the reduction in capacity arising from the sorts of time-limited recruitment ‘initiatives’ having come to the end of their funding period and closed. That said, there is a positive intent from certain organisations about increasing the possible pool of volunteers for care homes to select from: *“We want to expand it to age 16 plus because we have quite a few people under 18 interested at the moment, it's over 18 only. We had a few people under 18 apply and we think the inter-generational side of it could be really, really lovely” (Initiative A, Manager).*

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| **Box 9 ∙ Image problems for care homes? The ‘cabbage’ dilemma…**  The sorts of issues described for organisations are compounded by the fact that some participants identified that care homes have somewhat of an image problem when it comes to recruiting volunteers:  *“I think people think that people are put in care homes because they're a problem or just to get them out of the way basically so I think volunteering in care homes, I don't think it's...it's not seem as a glamorous option is it really? Yeah, I think it's sort of these days of social media and so on and perhaps it wouldn't look well on Facebook, would it? Or Instagram? Well, things like that, you know, it's not really a glamorous thing, but I think for my own experience it's been so valuable” (Initiative A, Volunteer).*  *“I think people have perceptions of [care homes] that they're sort of gloomy, depressing places that smell of cabbage and they don't necessarily want to go there, you know. And I think that myth still lingers, like the cabbage now! But as part of recruitment is another project I've spoken to recently as well. We've talked about doing a video so that people can look and see, this is what the place looks like. As a stranger, I'd like to come and look around” (Stakeholder).* |

***Sectoral level***

There are some difficult questions over where volunteering ‘fits’ within a social care landscape that is dominated by the independent (private) sector. There is a workforce crisis and recruiting paid staff has a much higher priority than recruiting volunteers. There is limited spare time or capacity for the workforce to spend on supporting and developing volunteers, and where there is an overall lack of funding.

There is a broad view across our findings that there is a lack of capacity to engage with volunteering within the care home sector. There is a general lack of ‘headroom’ in being able to think and act strategically, with few organisations able to devote the time to give managing volunteers the thought and attention it needs. The relatively high turn-over of staff and workforce crisis means that volunteering in care homes is a relatively low priority: *"I think there's a lot of crisis stuff happening, which is understandable when I go down there. So she's got, like, 30 different priorities above volunteers. I think we're a nice added extra but actually making sure so and so's got their medication. And so and so has had a full day or you know there's this happening within the home, that's way higher priority than the volunteers" (Initiative B, Manager).*

There are a number of barriers put up by care homes in the initial period of engaging with organisations about involving volunteers in their care home. Based on our evidence there is distinction between ‘conscious’ barriers (like a lack of trust in volunteers, and not wanting to open doors) and ‘unconscious’ barriers (like a lack of skill and capacity in being able to manage volunteers). For example, one of these unconscious barriers was evident in a change in the role of the local authority in one locality brought about by a change in staff member. This relatively small barrier was then amplified and negatively impacted the capacity within the sector to find and place volunteers: *“That contact in the local authority was crucial in terms of she would be the one who would contact the care homes. And we'd find the person. She would then contact me and she would know which homes were on her list. That post has gone. It's not been replaced. You know, all that element of the job has not been picked up by whoever else may have gone in there so that makes a world of difference. So then without that back up, the support from the local authority who would then do that work with the care homes?” (Stakeholder).*

These challenges lead to questions being raised by voluntary sector agencies and some care homes about the appropriateness of involving volunteers in profit-making enterprises, and the unfair expectations that may be placed on the shoulders of volunteers. These high-level questions echo those raised by the two participants below which highlight ongoing issues that need to be resolved:

*“And that the crisis in the workforce, in health and social care cannot be fixed with people volunteering their time […] I get wary about volunteering and profit making organisations still. I've moved a bit on it, but I still I would be far more cautious with the private sector organisation approaching us. I would worry about it in the private sector. I mean, I wouldn't send volunteers to any other private enterprise outside of the care home. You know, it's some paid work. Whereas I can see it's different, it's about the additionality. So I'm just sounding a note of caution around that, we have to be clear about things. We have to have staff on board so that they're not worrying that their jobs are at risk though, because suddenly there's all these volunteers” (Stakeholder).*

*“I have never employed volunteers. I have concerns about regulations regarding this. Further, I have concerns that they would undertake roles that the home are paid to deliver and it should therefore be done by paid staff. To be honest I have always seen employing volunteers as ‘more trouble than its worth’. Not a great attitude, I accept, but the truth” (Care Home, Survey).*

The Initial Programme Theory (Figure 2.2) devised following the literature review identified that a healthy organisation and workforce culture and practice triggers meaningful volunteering that leads to positive outcomes for residents, volunteers and staff. This ideal situation created within care homes is achieved if it is understood where volunteering fits within the organisational values and culture, there are appropriate resources to support it and there are clear boundaries. All of these have an impact on the experience of volunteering.

## TOWARDS A FINAL PROGRAMME THEORY

In order to move towards a Final Programme Theory, we present below a series of initial Context-Mechanism-Outcome Configurations (CMOCs) drawn from additional analysis of the data summarised in this chapter. In Realist Evaluation (Pawson and Tilley, 1997), CMOCs are statements describing how a specific Context (the environment or circumstances in which an intervention is implemented) triggers particular Mechanisms (the underlying process or action that is triggered by the intervention within a specific context) that lead to a certain Outcome (the intended result or change that is observed). CMOCs are essentially a way of explaining causal relationships within datasets – in effect ‘what works, for whom, and in what circumstances’ within an intervention or programme.

Our findings are therefore presented in consolidated Context (C), Mechanism (M) and Outcome (O) configurations. In the body of the text are a series of individual reference numbers – e.g. D016, M053, P070 – which denote the underpinning configurations that they connect with. These are not references to individual speakers, but link back to statements that have been consolidated into the following six areas:

* volunteering to improve residents’ life experiences;
* expectations;
* care Home policy and resources;
* care home ethos and approach to volunteering;
* volunteer motivation, and life experience; and
* planning and managing volunteering.

***Volunteering to improve residents’ life experiences***

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| **CMOC**: If you have regular volunteers visiting to spend time with residents, this triggers a perceived change in residents' experiences and results in enthusiasm for their valuable visits. |

At the centre of our final programme theory is the perspective that volunteering is understood to improve residents’ life experiences, with visible changes in behaviour observed by volunteers and staff in the care homes. The often regular weekly visits by volunteers with residents having conversations described as *“a really good conversation”* (P070) and *“a voyage of discovery and learning”* (P060) which were seen as leading to visible changes in mood, attitudes or behaviour.

“*I used to talk to these people and some of them would be unhappy, some of them would be angry, some of them wouldn’t have much in their lives and just the fact of chatting to people...it’s amazing how you see them change when you are talking to them*” (P060).

The planned activities were enjoyed by residents and appeared to have a positive impact for residents with them looking forward to the visits with enthusiasm: “*What I kind of noticed in all this was that they really, really appreciated us being over there and spending time with them. They were always quite eager”* (D016).

***Expectations***

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| **CMOC**: There are varying expectations of volunteers, which sometimes triggers a perception that some volunteers are more suitable than others, leading to those expectations being fulfilled or not, and with the volunteer staying or leaving. |

The differing expectations of volunteers originate from care homes, volunteers themselves and wider stakeholders. They range from a perception that there are particular types of people best suited to volunteering (C03, P071). A perception that there are a large number of volunteers waiting to be recruited. An eventual realisation that there is a limited number of volunteers (particularly after COVID) (C01, M052) and that it will take a lot of time and effort to recruit volunteers (C01,C02 ,C011, L026, P066). There is an expectation of reciprocity between care home and volunteer (L028, L029, M046, P070). Care home staff typically distinguish between two types of volunteer:

*“you’ve got the elderly who are retired and that I would say is the general type that we get, I would say 50 plus, usually female, often they’ve worked in care previously or they know about care, or they’ve had someone in their family who’s been involved in care....but then I would say with the residential and the day services, often you get them maybe a little bit younger where they are looking to get into work” (C03).*

There are varying care home expectations associated with these ‘types’ including that there will be a greater turnover of young volunteers, which is associated with perceived levels of commitment to the care home: *“We’ve had a lot of turnover of students for their work experience and we just kind of called that quits after a while because the residents come in, they get used to them and then suddenly they are not here anymore”* *(L026).*

With retired people care homes have an expectation that they have time to spare: *“they're just bored and they don't have anything to do” (C09).*

Care homes, sometimes incorrectly, anticipate that people wanting to volunteer will know how to communicate with residents:

*“I think we have.. almost an expectation… that people would know how to address residents....whereas that’s not always the case you know, and its being appropriate and what language you use and tone of voice and all that sort of thing which you know, I think we probably take that as a given whereas we probably need to specify it a bit more perhaps” (L032).*

***Care Home policy and resources***

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| **CMOC**: Where formal plans to volunteering are used to ensure the right person is recruited, this provides reassurances about processes, roles and function, but results in additional resources required either within or externally to the care home. |

In our study, volunteering was described as either a formal or informal function (L032, M054, P073). For those care homes who had a formal structured approach there were policies which not only met the legal requirements but ensured that residents felt safe within the home and that the volunteering was sustainable. However, there were concerns about the increasing level of bureaucracy post-COVID with the perception that the required checks were taking time to complete (L031, T039, T040, M057, P064, OC083):

“*Yes so with the volunteering its very much the same as a normal staff member applying for a position because we have to tick all those boxes…so we have to do the whole application right from scratch, so it’s an application, it’s the references, it’s the DBS […] it’s a lot of work”* (P064).

This often meant that the care home itself had to rely on an externally funded organisation that performed those roles and had to ensure that there were clear lines of communication between them and the care homes (M047, Y081): *“it was always a capacity thing, they needed to have someone there like us able to do the recruiting, the training" (Y081).*

There were examples where care homes were not aware if they had a volunteering policy (L035) and therefore didn’t have any training in place or allocated budget or resource for volunteering. In these contexts, staff may ‘shy away’ from volunteers as they are considered ‘nothing to do with us’ (Y081). Care homes’ lack of knowledge on where and how to recruit the right volunteer for them led to anxiety (getting the wrong person), fear of disruption to care home morale and despondency, resulting in them reporting that recruitment was difficult (L031, T045, P068).

***Care home ethos and approach to volunteering***

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| **CMOC**: When you have a care home with a clear and inclusive vision for volunteering, they promote a culture of trust, understanding and nurturing for volunteers, which results in a meaningful experience and a sense of being appreciated, supported and looked after. |

Care homes which had a clear and inclusive vision for volunteering saw themselves as a small community of staff, residents, families and volunteers placed at the centre of their local community. There was a culture of looking after the volunteer regardless of age or experience. Looking after them included spending time with them (C04), providing training and building confidence (P075) and “promoting a very open, honest, transparent dialogue” (L036):

*“one of the things I think we are both as proud as punch about here is being a community of people where actually, showing young people that being around the older person isn’t that awkward and it’s not scary, and also you can get it wrong and its ok, we’ll work it through and there’s lots of people to ask, its making that learning environment” (P075).*

Staff were proud to be able to offer volunteering experiences and appreciated that the time given wasn’t free as volunteers sometimes incurred personal expenses such as bus fares (C013). A sense of being appreciated came in a number of forms, such as being offered a chocolate biscuit by the resident whilst playing an activity (D016) and an invitation to an annual candlelit dinner with residents at Christmas (M055).

***Volunteer motivation, and life experience***

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| **CMOC**: Life aspirations and experiences often lead to volunteers wanting to help others, community or themselves which triggers commitment to giving their spare time for volunteering in a meaningful role. |

Volunteers’ motivations are grounded within their life aspirations and experiences, for example wanting to meet new friends (C09, L034), volunteering in familiar environments (C09), and enhancing or sharing their skills (D014, M049, M050, M053).

International students and volunteers particularly wanted to develop their cultural awareness (C014, D023), and just like other young people want to gain knowledge of the care sector in preparation for work (D014, D023, L029, T045, P065): *“International students engage more readily and volunteering with us in general across the board as well. And you know that partly could be because they pay so much money to be here. They want to get the full experience and appreciate it a bit more, I don't know” (D023).*

Whether it’s a planned or an opportunistic event which enables them to volunteer, motivations are often also altruistic (CO13, D022, A037, M050) i.e. wanting to help residents or their local community. This means that volunteers are willing to give their own time and commitment to the role in order to build relationships (L027, T039): *“It's to make a difference to the community to help people in the community. Yeah, to help to help others, to help other people, really. To make their life better. It's just to help me, just helping other people, yeah” (A037).*

***Planning and managing volunteering***

|  |
| --- |
| **CMOC**: Where the volunteer has a key contact and is managed in an organised, transparent, supportive and friendly manner then they know what to expect, which leads them to feel confident, comfortable in the role and welcome within the care home. |

The knowledge and experience of planning and managing volunteering varied. This ranged from managing volunteers as part of the workload with regular supervision (Y081) to a less structured and informal approach with ‘an ad-hoc catch up’ (B084). Key contacts within the care home were sometimes activity co-ordinator (T043), volunteer co-ordinator (M048), club co-ordinator (P069) and the manager (C08). Occasionally, managers were perceived as doing the best they could because of their focus on the core business of the care home and their lack of capacity (C03) and staff turnover (C011). Where care homes were unprepared for the volunteers, this led to frustration and was perceived by the volunteers as wasted time (D025): *“I think it's because the care assistants, they haven't got the residents in the activity room… We are already there so there's like no connection, like there's no proper coordination, they're not already here, so it's like waste because we have limited time”’(D017).*

However, where the key contact introduced themselves, the visit had been planned and the residents were waiting for the volunteer, a positive outcome followed. The ongoing support in that first visit nurtured both resident and volunteer along their journey:

*“I went in straight away, and they were very welcoming and knew I was coming at that time…* *And ultimately on the first day as well, I was kind of given a contact, which was a lady named K who's been absolutely fantastic and we had a quick chat about, you know, is it going to be the same time every week?* *She agrees to times and there at that time, so there's no confusion, obviously. But it was a lovely environment. I walked straight in and J was sat in his chair and they made the chair available for me because he knew I was coming” (B084).*

***Final Programme Theory for volunteering in care homes***

Having presented above the CMOCs from the data, our Final Programme Theory (Figure 3.1 below) demonstrates how we understand volunteering to work from the participants’ perspectives, and builds on the Initial Programme Theory identified from our evidence review.

**Figure 3.1** – Final Programme Theory

Figure 3.1 - Final Programme Theory.

A diagram of a volunteering program


The diagram is constructed of an inner circle surrounded by four others. Volunteering to improve residents’ life experiences is the central circle and is clearly at the centre of the initiative for all those involved. However, it is surrounded by a number of expectations; those of the residents, volunteers themselves, the staff in the care home and stakeholders from other settings, for example third parties involved in volunteer recruitment. These expectations influence and are influenced by four other key aspects that need to be aligned if the outcome of ‘improving residents’ life experiences’ is to be achieved through volunteering:

* care home policy and resource;
* care home ethos and approach to volunteering;
* volunteer motivation and life experiences; and
* planning and managing volunteering.

These four circles are connected by the elements of governance, leadership, training and communication. The elements act as enablers when they are present and barriers when they are absent to the central outcome of improving life experiences for care home residents. All of these parts to the diagram are underpinned by a large number of criss-crossing dotted lines which indicate the interconnections between the different elements. It also reflects the varied backgrounds of the individual volunteers and the wider contexts within which care home volunteering is embedded.

# Conclusions and implications

## the scope of this research

This research is small scale and the primary research has focussed only on formal volunteering in residential care homes supporting older people in Wales. We acknowledge this is one specific part of a much larger social care context and volunteering context. In addition, levels of volunteering identified in each case study were also low, resulting in very small numbers of interviews with volunteers in each location and interviews were not undertaken with care home residents. It is therefore not possible to position this work as fully addressing the partial and incomplete picture of the scale, experiences and impacts of social care volunteering acknowledged in the introduction to this report. However, it does make an important contribution to understanding this particular context in more detail*.*

It is important to note that due to the absence of large-scale volunteering programmes or activity in any of the case study sites, experiences of and reflections on volunteering explored in this research tend to be individual rather than organisational in focus. Managers and staff would often draw on experiences with specific volunteers to make their point, rather than experiences of a wider volunteering programme or experience over multiple years. Managers and staff were often therefore reflecting on *volunteers*, rather than *volunteering* when drawing conclusions. This is further evidence of the way in which volunteering was in most cases not fully embedded as a core strategic element of care home operations, and was instead largely a pleasant “extra”. Again, while this was the case in the majority of homes in our study, there was a notable difference in the voluntary sector home, where volunteer numbers tended to be higher and the mindset and attitude to volunteering more embedded and strategic.

Due to the constraints of project resources, case study interviews focussed on managers and those in roles responsible for activity coordination or oversight of volunteer involvement, rather than core staff carers. Interviews were not undertaken with frontline staff working directly alongside volunteers on a day-to-day basis. Understanding the perspective of these core staff could be critical in exploring in more detail the day-to-day impact of volunteer involvement, and particularly the potential for any negative experiences or potential tension. Our research showed clearly the boundaries between volunteer and staff activities. There is potential that as a result of volunteers being unable to get involved in some activities (e.g. providing food or drink or personal care) these more routine and mundane tasks are left to staff, while volunteers have the opportunity to be involved in more varied and perhaps engaging activities such as music, art and garden visits. This is an important aspect of staff / volunteer relations that it is crucial to understand further if there is an ambition to grow volunteering in social care.

Despite these limitations on the scale and scope of this research, it is possible to draw a number of clear conclusions about volunteering in residential care homes for older people. These are summarised below.

## The scale and impact of social care volunteering

Social care volunteering in Wales remains small scale, both in terms of engagement across the sector – in their 2022-23 Annual Return to Care Inspectorate Wales just 3% of care homes reported involving volunteers (see Table 2.1 in Chapter 2) – and within individual homes that do involve volunteers. In our research, the majority of the case study sites did not regularly involve more than one or two volunteers, although the one voluntary sector care home in the study involved approximately 10 volunteers. However, this research echoes findings of previous work in demonstrating that where volunteers are involved in social care (in this case specifically in residential care for older people) there are clear benefits for care homes, their staff, the residents and the volunteers themselves. That volunteering can and does positively contribute to the social care context in Wales is not in doubt. Crucially volunteer involvement can extend social care by:

* increasing the *range* of relationships residents encounter
* *deepening* relationships individual residents experience
* *broadening* the range of activities residents can engage in
* *increasing connections* between care homes (their staff and residents) and the local community.

Attitudes to volunteering across our case study sites were consistently positive; managers expressed enthusiasm and support for the principle of involving volunteers and cited numerous examples of positive experiences for the home, staff, residents and volunteers. The reciprocity of the relationship between volunteers and the home, staff and residents was a key theme. This enthusiasm for volunteering rarely translated into large scale programmes of volunteer involvement, however. There is a clear disconnect between stated appetite and actual practice, with a number of potential reasons for this.

## Enablers and barriers to volunteering in social care

Approaches to volunteer engagement and management in the care homes we researched can be characterised as underdeveloped, in terms of the extent to which they strategically plan for and resource volunteer involvement. The absence of a consistent and integrated focus on building and maintaining volunteer management capability amongst staff, developing systems and processes to support volunteering, creating a range of volunteering roles and developing and delivering systematic recruitment campaigns all contribute to an approach to volunteering. This could be described as hopeful rather than purposeful, and reactive rather than proactive. This is particularly the case when compared to those in other related sectors, for example the wider health sector (e.g. Helpforce) and volunteering with older people (e.g. Age Cymru).

Volunteering in this study was often enabled by the involvement of a third-party organisation with the experience and resources to support some core aspects of the volunteer journey, such as attraction, screening, induction and training. The availability of this external support was often crucial to a care home being confident and able to successfully involve volunteers. However, this support was typically time limited, due to external funding constraints, and when the funding (and therefore support) ended the care home struggled to continue to involve volunteers as effectively. While this third-party support did enable volunteering in care homes it often created a dependency on them, as a result of “doing for”, rather than focussing on building internal capability. The latter is likely to be more successful in sustaining volunteering in each site.

Volunteering was rarely positioned as a priority within care homes, in part due to overall demands on staff time. A key challenge in any work to grow volunteering in social care is therefore how to support care homes to develop the skills, confidence and capacity they need to be able to invest in this growth, without adding to their current challenges of lack of time and resource. While the third-party model outlined above creates short term impact, it does not affect sustainable change, at a strategic and cultural level.

The current small scale of volunteering activity, and the relatively underdeveloped nature of volunteer management and leadership, at times contributes to an unhelpful conceptualisation of the ideal volunteer among some staff and managers. The notion of there being a particular or special sort of person who can successfully volunteer in a care home is fed in part by having access to only a small number of examples of success (or failure) in volunteering to reflect on. It is also influenced by lack of wider experience, confidence and skill in volunteer management. To some extent this then becomes a self-fulfilling prophecy: continuing to work at a micro scale does little to expand skill, experience and confidence in engaging a larger or more diverse volunteer team.

This micro focus was also apparent in the lack of external engagement by care homes regarding how to develop their approach to volunteering. Volunteering was not a topic staff described as something they explored with peer organisations. They did not describe being aware of, or accessing, wider external support for this, unless accessed through a focussed, funded programme like those provided by third parties. Volunteering was not considered a topic for continuing professional development, and there were low levels of awareness and engagement with available sources of support available locally or nationally.

## An uncertain policy position and sector variation

The increasing range of toolkits,[[6]](#footnote-7) frameworks[[7]](#footnote-8) and training[[8]](#footnote-9) available to support care homes in volunteering development has the potential to address some of the challenges outlined above. However, in addition to the lack of strategic focus on volunteer involvement at a practice level within care homes, there remains a lack of clarity on the overall vision and ambition for volunteering in social care in Wales at a policy level. This also impacts the scale and rate of growth in volunteering. To what extent is volunteering considered to be a key strand of strategies for workforce development? To what extent is volunteering considered central to a preventative, community-based approach to care? What is the perceived or intended role of volunteering in questions of care quality? Is there an ambition or expectation that care homes will increase the scale and range of volunteering? If so, who is driving this agenda, and to what ends? While clarity on this may contribute to greater prioritisation of volunteering within care homes, these are potentially contentious questions, for example, raising concerns of job replacement and job substitution.

These questions can only be explored alongside consideration of wider sector workforce challenges such as low pay, attraction and retention, and even larger questions about the role of volunteers in delivery of public services. That volunteering can contribute positively to the social care context in Wales is not in doubt, but should it need to? What scale and nature of volunteer involvement is appropriate? The lack of clarity on this at a policy level impacts on local ambitions and activity: there is uncertainty about what good looks like, or what the goal for volunteering should be.

The small-scale nature of this research makes comparisons between private, public and voluntary sector approaches to volunteering difficult. However, it was notable that in the one voluntary sector case study we found a more embedded approach to volunteering, and a culture and practice of volunteer involvement as the norm. In this example, involving volunteers was not just welcomed, it was expected; it represented a key way in which the home delivered its core purpose and mission. Volunteering was recognised and valued beyond a transaction that helped plug a resource gap, and instead as something adding distinctive value, with volunteers as true community partners in the delivery of care. This was a different mindset to that found in some of the private and public sector case studies, where the focus was more specifically on volunteers as additional workforce capacity. The underpinning or initial mindset driving approaches to volunteering impacts the scale, pace and practice of volunteering development.

Evidence from this small-scale research indicates that private, public or voluntary sector ownership and management appears to have little impact on the experience of the individual volunteers involved. However, this is perhaps in part because the volunteers appear to be unaware of, or do not actively consider ownership status at the home in which they volunteer. This is in marked contrast to the position of some infrastructure organisations, who refuse to promote volunteering in privately owned care homes, as they believe the use of volunteer labour is inappropriate in this context. In some cases, the very organisations who have a key role to play in promoting and growing volunteering have adopted internal policy positions that could be contributing to slow growth in social care volunteering. Particularly interesting to note is the way in which these organisations may have adopted a policy position (i.e. of not promoting volunteering in privately owned care homes) on behalf of the potential volunteer, while evidence from the existing volunteer experiences in this study (albeit small scale) is that this is not a concern for them. To fully understand this issue would require research with those not volunteering in private care homes, in order to explore the extent to which there is a conscious choice to avoid supporting profit making businesses with their volunteering time.

## REFLECTIONS and implications

This research, although narrow in scope and small in scale, both confirms and adds to existing knowledge about the current and potential role of volunteering in social care in Wales. This study provides clear evidence of the way in which the four opportunities for social care volunteering previously identified (MacInnes and Smith, 2022) are both already being realised and could be further developed:

1. **Nurturing supply**

Despite the lack of social policy clarity, and in spite of the concerns of some infrastructure organisations, volunteers are active in residential care for older people and there is the potential to engage more volunteers in this. The role is attractive and meaningful to a wide range of people: particularly those seeking to develop a career in the social care or related sectors, and those who are retired and/or have existing connections with a care home.

1. **Building demand**

Despite the absence of strategies for volunteer involvement or access to volunteer management training and development, care home staff mostly welcome volunteer involvement, and are largely positive about the benefits it can bring. With greater volunteer management capacity in their homes, they would welcome further growth in volunteering.

1. **Maximising outcomes**

Meaningful and reciprocal relationships between volunteers and residents, and volunteers and staff, are at the core of the volunteering experiences examined in this study. Volunteers are engaged in relational and transactional roles and in many cases would welcome the opportunity to do more, if the care home would permit this and they would be supported to build confidence and skill.

1. **Developing careers**

Many positive experiences (for volunteer, care home and residents) occur as a result of volunteers seeking experience to support them in moving into or progressing with study or work related to a career in social care. However, approaches to this remain largely reactive rather than proactive, and piecemeal rather than integrated. As a result, there is a missed opportunity to enhance the scale of volunteering and the role it could play in social care workforce development.

Volunteering in residential care homes for older people is already adding significant value. There is significant potential for it to add even more, but to deliver this requires five key shifts at both policy and practice level:

1. Greater clarity on the policy position with regard to volunteering in social care, clearly setting out the scale of ambition and the role of volunteering in wider social care workforce strategies for Wales.
2. A shift in mindset and attitude in care home leadership (particularly in private and public sector homes) from a reactive and responsive approach, to a more strategic and embedded understanding of and commitment to the full value volunteering can bring.
3. Development of volunteering management capability and capacity at an operational level within care homes, recognising this as a particular skill that creates demands on the already scarce time of care home staff.
4. A continued focus on avoiding duplication in the creation of resources to support volunteering, for example those created by infrastructure and specialist organisations. This also needs to ensure the content of these resources (e.g. on how to successfully deliver the operational aspects of volunteering) is matched by resources to support the more strategic shift outlined above.
5. An overall approach to support for care home volunteering being focussed on building sustainable capability and capacity within each home, rather than a focus on short term external support from third parties, that is vulnerable to a changing funding climate.

## CONCLUDING THOUGHTS – FINDING CONGRUENCE AND ‘THE SWEET SPOT’

The evidence presented in this report suggests that there remain some significant challenges to be overcome in the development of volunteering in care homes in Wales, but there are grounds for optimism. The final points here underscore much of what has come before in recognising the need to balance some of the tensions with the system.

There is a lack of volunteer management knowledge and capacity amongst some of the care homes in our study, and perceptions of what is required from volunteers from those same care homes can be discouraging to potential volunteers. There needs to be a much more honest appraisal of the costs and benefits associated with engaging volunteers: *"what I think is really needed is training for care homes on how to manage volunteers. People think volunteers are easy. They don't take work. They save you time. Don't they? Well, they do. And it takes a lot of time and energy to invest in volunteers before they're that level of useful to you. And even then, the kind of that background, that safety, that structure, that's needed to support the volunteer and to make things happen. But care homes don't get that" (Initiative C, Manager).*

The evidence suggests that despite care homes’ desire, they struggle to find the elusive ‘perfect volunteer’, someone who is able to make a consistent, and ongoing commitment to their role: *"it’s been quite difficult to get a regular volunteer to come and stay with us, that’s been very difficult over the years, trying to find that perfect person that has the time that they can come and spend with the residents" (Care Home C, Manager).* There are questions over whether this search for ‘perfection’ means that other ‘non-perfect’ options are being overlooked to the detriment of both the potential volunteer and care home residents by extension.

Those care homes focused on improving the resident experience and their outcomes, alongside a desire to increase the diversity of their team and take pressure off staff, have got a good chance of success: *"[We] are very much looking at ways to increase the numbers of volunteers because we know how much better it is for residents to have that individual coming in, and also it takes the pressure off the staff as well. So I think with it being a not-for-profit organisation, we're more inclined to look at those ways of increasing the number of volunteers" (Care Home E, Manager).* As noted, this potential is amplified if the care home and the ethos and culture of the organisation sits in alignment with the values of volunteering, and voluntary sector care homes are at an obvious advantage here. This leads to a reflection on the current make-up and nature of the care home sector in Wales; and whether the challenges experienced by care homes, their staff and managers, and their volunteers are fundamentally challenged by the clash of values inherent in our system. Can volunteers truly be valued in a largely for-profit environment?

The ‘sweet spot’ for volunteering in care homes appears to be:

* when and where the individuals’ motivations are aligned with the mission and ethos of the organisation;
* where these are set within a wider supportive policy and funding environment;
* where volunteers are driven by the opportunity to positively impact residents’ quality of life; and
* where they have the requisite time available to them to make a commitment and a difference over a sustained period.

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1. [Prudent Health and Care principles - Bevan Commission](https://bevancommission.org/about-us/prudent-healthcare-principles/) [↑](#footnote-ref-2)
2. <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted> [↑](#footnote-ref-3)
3. <https://www.visionforvolunteering.org.uk/>; [New vision for volunteering will help sector flourish | GOV.WALES](https://www.gov.wales/new-vision-volunteering-will-help-sector-flourish) [↑](#footnote-ref-4)
4. Source: [CIW Care Service Directory of providers](https://digital.careinspectorate.wales/directory/search) as at 31st March 2024 [↑](#footnote-ref-5)
5. The data on volunteer numbers is based on data reported by care homes between 1st April 2023 and 26th May 2023 in their Annual Returns to CIW for 2022-2023. It should be noted that the data on the numbers of care homes (subsequently disaggregated by sector) is based on the data provided by CIW on its care service directory of providers as at 31st March 2024: [Care service directory | Care Inspectorate Wales](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.careinspectorate.wales%2Fdirectory%2Fsearch&data=05%7C02%7Cmark.llewellyn%40southwales.ac.uk%7Cce0b4e54b4104500531408dd403e1e21%7Ce5aafe7c971b4ab7b039141ad36acec0%7C0%7C0%7C638737357747302156%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=DeZRSLvmlDBWjmOPUOifZRdUS3uIWbgP7Qy6iSrliLs%3D&reserved=0)<https://www.careinspectorate.wales/221215-annual-return-2023-guidance-providers> [↑](#footnote-ref-6)
6. [Care Home Toolkit ¦ Age Cymru](https://www.agecymru.wales/our-work/care-homes/care-home-toolkit/) [↑](#footnote-ref-7)
7. [Framework for volunteering in health and social care - Bevan Commission](https://bevancommission.org/framework-for-volunteering-in-health-and-social-care/) [↑](#footnote-ref-8)
8. [Volunteering in Health and Social Care: Standards and Learning Resources - Knowledge Hub](https://knowledgehub.cymru/resources/volunteering-in-health-and-social-care-standards-and-learning-resources/) [↑](#footnote-ref-9)