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**Exploring the role of volunteers in social care for older adults**

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# Exploring the role of volunteers in social care for older adults

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**Exploring the role of volunteers in social care for older adults**

Purpose

This paper reports the findings of a study that explores the contribution volunteers make to social care for older adults, identifying lessons for the ==social care== sector as well as policy makers.

Design/methodology/approach

An exploratory multiple case study design was used to capture the perspectives and experiences of managers of services, volunteer co-ordinators, volunteers, paid care staff and older people. Seven diverse social care organisations took part in the study drawn from three locations in the south west of England.

Findings

The study identified three distinct models of volunteer contribution to social care services for older people.  While the contributions made by volunteers to services are valued, the study drew attention to some of the challenges related to their involvement.

Research limitations/implications

==The organisations taking part in this small-scale study were all based in the South West of England and the findings are therefore not generalizable but contribute to the growing evidence base related to this important field.==

Practical implications

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

Originality/value

Given the increasing involvement of volunteers in the provision of social care, this article provides lessons to ensure the role of volunteers in social care enhances rather than diminishes the quality of care provided.

**Acknowledgement**

**Background**

The adult social care sector in England is in crisis.  A report from the House of Lords noted that in 2018, 1.4 million people aged over 65 had unmet care needs. While the challenges faced by the social care sector are complex, and include rising demand for care and support, workforce recruitment difficulties and additional pressures resulting from the funding crisis within the health sector, the report called for an immediate investment of £8 billion to restore services to the levels of access and quality that existed in 2010 (House of Lords, 2019).  The challenges faced are not unique to England, nor are the strategies pursued to try to ameliorate them.   This paper considers the involvement of volunteers in the provision of social care for older people, a strategy adopted by many countries to reinforce social care provision (Tingvold and Skinner 2019).  Drawing on multiple case studies, the paper reports lessons learnt about the contribution volunteers can make to social care. In particular, we identify three distinct models of involvement and highlight variations in the level of support and training provided to volunteers.

The context of volunteering

There is a long tradition of volunteering in the United Kingdom (UK). The UK Civil Society Almanac for 2019 reports that during 2017-2018, 53% of the population aged 18 years and over volunteered by undertaking an activity, unpaid, for the benefit of people other than close relatives on an informal basis at least once.  In addition, 27% volunteered informally on a more frequent basis and 22% of the population volunteered on a formal basis at least once a month (Hornung *et al.*, 2019).   Recent years have seen significant interest amongst policy makers in the UK with respect to encouraging the role volunteers in public services (DH 2011).  Such interest reflects a growing international trend towards volunteers undertaking elements of professional or ancillary work in welfare services (Verhoeven and Van Bochove, 2018).  There is consensus that, while the involvement of volunteers in welfare provision may offer opportunities to develop services in a more responsive manner to meet local need, the broad thrust of this development reflects political trends towards reducing the role of the state.  Thus, volunteer involvement becomes necessary 'because retrenchment and spending cuts have gone too far in the public sector' (Frederiksen, 2015:1747).

In the UK, the tradition of volunteering within the health and social care sectors is well established, although the evidence base for its efficacy is less developed (Ross *et al.,* 2018). Within healthcare, attention has focused on the involvement of volunteers in particular settings, for example in hospital care for older people living with dementia (McDonnell *et al.,* 2014) as well as in hospice care (Morris *et al.,* 2012).   In public health services, volunteers often contribute as part of a strategy to connect people from disadvantaged communities to services (McLeish *et al*., 2016).  Such is the commitment to increasing the involvement of volunteers in healthcare that the 2019 NHS Long Term Plan announced funding to support the development of volunteer initiatives as part of efforts to 'enable staff to deliver high-quality care that goes above and beyond core services' (DHSC 2019:90).  To support this development considerable effort has focused on supporting the recruitment and management of volunteers in NHS settings (NHS England, 2017).

Arguably, the involvement of volunteers in the provision of social care for older people is more established (Naylor *et al*., 2013).  Indeed, in 2011, Hussein estimated that volunteers account for 1% of the long-term care workforce, the majority of whom worked in community settings (Hussein 2011).  The roles undertaken by volunteers are varied and include: befriending; carer support; community support and outreach, while others carry out practical tasks such as handy-work, escorting and driving (Hussein 2011, Hoad 2002).  However, despite the scale of volunteer involvement in social care provision for older people, the evidence base is limited (Mountain *et al*., 2017). This lack of evidence is concerning given the financial pressures that face the social care sector (Keeley 2017) and the move by many organisations to involve volunteers as a means to bolster provision in the face of cuts to public funding (Findlay-King *et al*., 2018) .

There is general agreement of the importance of ensuring that volunteers contributing to social care services are appropriately trained (Darley 2016).  There is awareness of the need to support volunteers, who may be working with people with complex needs in difficult circumstances, through the provision of supervision (Jenkinson 2011).  However, there is also recognition that smaller organisations providing social care may not have the infra-structure to support volunteers appropriately (Donahue, 2011), moreover, Naylor *et al*.,

(2013) argue that austerity measures introduced to control public spending could, perversely, have a detrimental impact on volunteering.

With increasing interest in using volunteers in the provision of social care, this study set out to explore the contribution of volunteers to social care services.  The intention was therefore to enhance the existing evidence base related to the role of 'formal' volunteers, those people who provide unpaid help and support on a regular basis through organisations providing social care to older people (NCVO, 2016).   The study aimed to identify: the roles that volunteers play in social care settings; the motivations behind organisations engaging volunteers and, the challenges and opportunities related to their involvement.

## Methodology

Qualitative exploratory case studies (Yin, 2003) were used to examine the role of volunteers in the provision of adult social care settings in the South West of England.

### Sample

The study aimed to recruit between six and eight organisations selected to include variety in: service type (day centres; domiciliary care and residential care); organisational sectors (statutory; private and charity, including community organisations such as Time Banks); rural and urban provision and; organisations that had an established record of volunteer provision.  The final sample consisted of seven organisations representing a range of service provision.  These were: a retirement village (befriending service), a care home (befriending service/ activities support); two day-care centres, one providing care to older people from a BME community (activities support/ befriending); a Time Bank (lunch club for isolated older people); a national charity (Support at Home post discharge from hospital) and, a volunteer organisation (physical activities or musical activities provided in residential care homes).  Despite attempts to recruit statutory and private providers all of the settings were registered charities.  The organisations were drawn from across three areas (two single tier authorities, one county council).

### Methods

At each organisation semi-structured interviews were held with managers and volunteer co-ordinators; paid care workers; volunteers and, where possible, older people receiving services. Using semi-structured interviews ensured that consistent data were collected across participants and improved the consistency of data collection between the two researchers undertaking the fieldwork. Documents related to the contribution of volunteers such as recruitment material and volunteer packs were also collected at those sites where they were available. These were used to add context and detail to the research.

Prior to beginning fieldwork, each organisation was visited to discuss the aims of the study and the logistics of participation. Information sheets were distributed to managers and co-ordinators, volunteers, older people and care workers. Potential participants either made themselves known to managers of services who then arranged interview times or, were recruited during the fieldwork visits. Interviews lasted between 20 and 120 minutes. A total of 94 interviews were completed, participants comprised: 39 volunteers; 14 care staff; 24 older people and 17 managers and co-ordinators (including 4 regional managers).

Analysis

All interviews were recorded, transcribed verbatim and thematically analysed (Braun and Clarke, 2006). A subset of 8 transcripts, selected from across the different participant samples and sites, were initially read and thematically coded using a priori codes by two members of the research team. Further codes were added as they appeared. The process of analysis involved 'within-case' and 'across-case' comparison to establish, and then test, patterns in the data as a means to build explanation (Ayres *et al.,* 2003). The process was managed through NVivo.

Ethics

All participants were required to give informed consent prior to interview and, given the sensitive nature of social care provision, participants were informed of the limits to confidentiality. To preserve the anonymity of participants, the names of the organisations taking part in the study are not revealed and reference to the location of sites removed. Ethical review was provided by the National Social Care Research Ethics Committee, reference 17/IEC08/0038.

**Findings**

This paper considers the lessons learnt about the role of volunteers in the provision of social care services for older people.  First, we discuss the models of volunteer contribution identified in the analysis before considering how volunteers are valued, how they are managed and supported, including how they were recruited and trained and, the motivations of individual volunteers participating in this study.

Models of contribution

Previous work by Naylor *et al*., (2013) suggested that the contribution volunteers make in health and social care settings either complements the work of existing staff or acts as a substitute to paid staff.  However, this study revealed three distinct models of volunteer involvement: augmenting services; discrete provision and, assisting/ filling gaps.  These models are set out in table 1 below, which also provides details of the activities undertaken by the volunteers.

Table 1

| Model type | Organisations/ setting and volunteer contribution | Funding |
|---|---|---|
| Augmenting | Retirement village - befriending service (volunteers visit residents to engage in a social activity such as going for a walk or having a chat over a cup of tea. | Funding provided through the charity that runs the retirement village. |
| | Volunteer agency – weekly hour-long exercise/ music classes in care homes. | Funding provided through the charity that runs the agency with additional small grants from the local authority to pay the volunteers expenses. |
| Discrete | Timebank - luncheon club (volunteers provide the catering, transport and assist in activities). | No public funding, small charitable grants to support elements of the work. |

| | National charity - Support at Home service (volunteers support older people, recently discharged from hospital, to regain independence for example assisting with household chores, re-engage with social activities or accompany them on walks. | Commissioned by local NHS commissioning group |
|---|---|---|
| Assisting/ filling gaps | National charity - day centre (volunteers assist in activities such as quizzes and gardening, befriend/ assist individuals). | Local authority funding for some users, others self-fund. |
| | Local charity - day centre exclusively for local BAME community (volunteers assist in activities such as exercise sessions, befriend/ assist individuals and drive/ escort). | Local authority funding for some users, others self-fund. |
| | Care home - activities + befriending (volunteers assist in activities such as bingo and craft, befriend individuals through book reading and visits). | Through the organisation that runs the care home |

The 'augmenting' model refers to settings where the contribution that volunteers made enhanced the existing range of services available to older people.  In this sense, the contribution of volunteers acted to enrich the experience of older people living in those settings.  For example, the volunteer agency provided weekly armchair exercise and music classes to residents of care homes to improve health and wellbeing.  The 'discrete' model describes where volunteers provided a stand-alone service, including the luncheon club and the Support at Home service.  Although both organisations, which provided a 'discrete' service, employed paid workers to manage the service, volunteers carried out most of the work and there was minimal interaction with paid staff.  The final 'assisting/ filling gaps' model consisted of volunteers working alongside paid care workers in existing services and, in some instances, appearing to fill gaps in provision. For example, providing support to individuals taking part in activity sessions at a day centre as well as leading sessions when paid staff were unavailable.


Valuing volunteers

Across all the organisations, the contribution that volunteers made appeared to be valued by managers as well as paid care workers.   However, articulation of why the contribution of volunteers was valued differed and appeared to reflect the model of contribution they

made.   At settings where volunteers augmented existing provision, for example by befriending specific older people, there was awareness of the value of the personalised support that volunteers were providing which enhanced the experience of residents.  The volunteer lead at the retirement village described:

> for each resident the reasons lying behind … having a volunteer, would be quite unique, so it really varies, but that's really what it's about. It's about acknowledging that despite living somewhere like here, there are still residents that are a bit more isolated. Maybe because of their physical inability to get to things, or their cognitive ability in terms of dementia.

At sites where volunteers provided a discrete service, such as the Support at Home service, there was an appreciation that, without people willing to give up their time, these services would not exist.  In this sense, volunteering lay at the heart of the aims of the organisation.  For example, a regional manager for the charity that ran the Support at Home service said, 'Well its part of our fundamental principles … It's embedded into our approach.'  Similarly, a volunteer at the lunch club run by the Timebank noted '… the whole structure of it revolves around people being willing to give their time and skills and without that, the whole ethos of it wouldn't function really.'

Managers and paid care workers at day centres where volunteers were assisting with activities confirmed that, without the contribution made by volunteers, the services they provided might not be able to continue.  Confirming Moriarty and Manthorpe's (2014) view that publicly funded day care services have borne the brunt of austerity measures, there was a perception that volunteers were valued for being an essential part of service provision. As a care worker at one of the day centres described:

> I enjoy working with the volunteers and I do appreciate what they do because I know if we didn't have any volunteers in, then our work would be ten times harder.

Not all of the older people were aware of that fact that volunteers were contributing to the services they received, particularly at both day centres where volunteers appeared to be assisting with provision or filling in gaps in provision.  However, the older people who attended the exercise and musical sessions and those who were involved with the

befriending service understood and valued the different nature of their relationship with

the volunteers. As a resident of the retirement village said:

> [The volunteers] talk to you on quite a different level, yes. We can talk about politics
> or anything … with the carer and support … they talk to you, God they love talking to
> you, but it's not quite the same.

Managing and supporting volunteers

Reflecting the findings of previous research in this field (McLeish *et al*., 2016) this study

illustrates the value of dedicated volunteer co-ordinators or managers to oversee the

volunteer contribution.  At three of the sites: the retirement village; one of the day centres,

and the Support at Home service, a paid member of staff acted as a volunteer co-ordinator

or their managerial role encompassed over-seeing the volunteer contribution.  At the

volunteer agency a volunteer carried out the role, like all others in this organisation.   At the

charity providing a day centre for older people from a minority ethnic group the CEO took

on the function, as did the manager of the Time Bank.  At the care home, no one appeared

to have this responsibility.  When asked, the manager said [responsibility] 'probably sits

more with the activities staff.'

The nature of the volunteer co-ordinator role varied across the organisations where it

existed, but they were generally involved in recruiting volunteers, organising and sometimes

delivering training and, providing support.  The volunteer lead at the retirement village

described her role as 'growing the volunteer numbers and also supporting volunteers in

terms of recruitment, recognition, support.'  At settings run by regional or national charities,

the co-ordinators tended to have a more strategic focus or had responsibility for several

sites.  In essence, they all provided a focal point for the volunteer contribution.

Many of the volunteers valued the presence of a volunteer co-ordinator or manager.  For

some, the presence of a co-ordinator influenced their decision to volunteer.  A volunteer at

the retirement village implied that the existence of a volunteer co-ordinator conferred

credibility and legitimacy to the role of volunteer and gave him confidence in his role, he

said:

> They have someone whose job it is to manage volunteers, so find them, get them in and talk to them. … I knew when I phoned here, someone called me back and they had the time to talk me through the whole process, invite me to come in, sit down and talk to them. It felt professional because there were forms to fill in. They did the proper checks. They got references from my employers and personal references, so it felt like they were really investing in making sure they got good quality volunteers … It gave me that reassurance.

For other volunteers the co-ordinator/ manager offered a point of support to discuss concerns that they had about their role.  Given the nature of social care provision, it was not surprising that volunteers occasionally revealed the emotional impact of their roles.  For example, one of the volunteers at the Support at Home service described feeling anxious when he supported some frail older people, he said 'I requested some support for the mental situation I was developing.  Which in essence was my attachment to the problems of the people that I assist.'  He went on to say 'I knew I was getting depressed by what I was seeing and doing.'  Having spoken with the volunteer manager, arrangements were made for him to receive additional support.  Although this level of support was atypical, many of the volunteers were reassured by the availability of someone they could discuss their role with.

Finally, volunteer managers or co-ordinators worked to ensure that the contribution of volunteers was recognised and valued by the host organisation.   For example, several organisations held regular 'thank you' events or invited volunteers to attend annual festivities.  Volunteers appreciated recognition of their contribution, as a volunteer at the retirement village noted, 'it's really nice because you don't expect anything. As a volunteer, you volunteer, that's it.'  Significantly, such recognition appeared to further legitimise and validate the role of volunteers.

Recruitment and training of volunteers

The recruitment of volunteers was becoming more difficult at all of the participating organisations.  These difficulties were thought to reflect demographic changes relating to increased caring responsibilities amongst older people, changes in retirement practices, and

the need of younger women with families to find paid employment rather than volunteer. Difficulties recruiting volunteers to organisations based in deprived and rural areas were also reported.

Five of the organisations had explicit recruitment processes which were overseen by the volunteer co-ordinator, manager, regional co-ordinator or, in the case of the organisation run solely by older volunteers, the 'organiser for older people'. At four of these settings, this process involved advertising for volunteers on a regular basis level. The fifth organisation, which had a long tradition of volunteer involvement, rarely advertised but instead, relied on a steady, but reduced, number of potential volunteers contacting the organisation. Potential volunteers to each of these organisations were required to submit an application and were interviewed by the volunteer co-ordinator or organiser. If successful, volunteers were required to attend an induction event that usually included some training, for example on safeguarding procedures for vulnerable adults. Not surprisingly, the degree of formality of the interview and induction process varied, reflecting organisational customs and practices.

The recruitment and induction process at the day centre supporting older people from the local BAME community was more organic. The CEO explained that '[volunteers] come through our doors, word of mouth, or they look at [name of organisation] website and they email and say they are interested'. Reinforcing previous research (Jopling and Jones 2018) the CEO had developed an inclusive and supportive approach to recruitment, often approaching community members who were thought to be isolated themselves, to ask if they would volunteer. However, she noted the impact of the social care funding crisis on the organisation's ability to develop a volunteering programme when she said 'we don't have a Volunteer Organiser post. Now funding is all very difficult. That is why we don't take an influx of volunteers because we don't think we can manage.'

At the care home, there was no formal recruitment process; the manager described how volunteers 'have literally just knocked on our door.' Similarly, there was no formal induction process, she described how 'we normally do the general walkthrough … so that they can

familiarise themselves with the [site]. We will introduce them while we're walking through to the members of staff, but there's no formal way of doing it.'

The provision of training varied across organisations. Volunteers for the physical and musical activity sessions were expected to undertake a formal training programme which included being assessed running a mock session. Similarly, volunteers at the Support at Home programme were expected to attend induction training before they began to volunteer, a manager described:

> 'I think when they do their training there is information about what is expected of the service, what's expected of the volunteer, how to contact people out of hours if they had concerns. We just train them and let them go. There is ongoing training that they need to do … when you first volunteer the training is quite intense, which it needs to be. … Obviously we do a DBS check on them if there any issues it would be highlighted then.'

There were concerns at this organisation that the training regime was particularly onerous. In fact, a manager commented that several volunteers had recently left because of the organisation's 'insistence on compulsory training.'

At other organisations, the training requirements were less formal. A volunteer at one of the day centres reported 'I have had little spurts of training here and there, but there was nothing fully hands-on before I started.' The manager at this organisation said 'at the moment, we're trying to get them on safeguarding training and manual handling training. Again, that's really difficult because they don't want to give up their time to do it.' At the care home, we were told there was no training offered to the volunteers and in addition, the manager commented that none of the volunteers had ever asked for training.

The motivations of volunteers

Confirming previous work (NHS England 2017), the volunteers in this study reported a range of motivations behind their decision to volunteer. A small number of younger participants told us they volunteered as a means of gaining work experience in order to get a job, albeit not necessarily in care work. More often we were told by older volunteers that their

motivation was to contribute to a service they valued, <mark>suggesting a sense of 'moral obligation' (Overgaard *et al.* 2018</mark>).  For example, a volunteer to the Support at Home service said:

> There's a general sort of understanding that elderly people are a little bit neglected
> and certainly lonely … it was just thinking about what I could do in the community
> hands-on and rather than just making a donation.

Others volunteered in order to give structure and purpose to their retirement, for example a volunteer to the physical and musical activities programme described how 'I needed things to do because I live on my own and I didn't want to sit in my flat on my own. So I needed to reconstruct my week …. when I left the workplace, I needed to get involved in local activities.'  Finally, the manager of one of the day centres reported that, occasionally, people applied to become a volunteer because the local Job Centre had suggested they do so otherwise they might lose their entitlement to benefit.  Although she acknowledged this was not the best motivation she noted that, in one such case, the volunteer had stayed for several years and was 'a damn good volunteer who is really enjoying it.'

The choice of organisation at which to volunteer was usually based on prior knowledge of the organisation, either because a relative had attended the service or because a family member or friend worked there.  For volunteers at the retirement village, the physical and musical activities programme and, the Support at Home scheme it was the reputation of the organisation itself.  A volunteer at the retirement village described:

> I knew it had a good reputation as an organisation and I think that's what attracted
> me to it. They have a good system in place for their staff. A good care system and
> also I think they try to give excellence of care to their residents in every capacity … so
> … you want to be around that.

**Discussion**

This article contributes to the growing body of research concerning the role of volunteers in the provision of social care services for older people in England (Hoad, 2002, McCall *et al* 2020).  In particular, the study draws attention to the development of a new model of involvement, in which volunteers worked to provide 'discrete', stand-alone services with

managerial support from paid workers.  Rather than augmenting existing services or assisting and filling gaps, volunteers were the mainstay of these services demonstrating a significant departure from traditional practice and perhaps reinforcing the perception that volunteer involvement is necessary as a result of the retrenchment of public services (Frederiksen, 2015).

The study also found that, irrespective of the model of contribution made by volunteers, their involvement was valued by managers of services, volunteer co-ordinators, the paid care workers they worked alongside, as well as by many of the older people they supported. However, the study supports McLeish *et al*'s*.,* (2016) observation that the involvement of volunteers in service provision is not without its challenges and, goes further to suggest these challenges may well have intensified due to the wider financial difficulties faced in the social care sector.   It is important, that these challenges are addressed appropriately so that the opportunities presented through the involvement of volunteers are achieved without undermining the quality of social care provision or the volunteer experience.

There is general acceptance of the importance of training for those who work in social care, whether in a paid or volunteer capacity.  Without adequate training there is the potential to do harm (Darley, 2016).  Not only do volunteers need to understand the aims of their role and receive training to undertake it, but they also need awareness of the challenges they may face (McLeish et al., 2016), particularly their responsibilities in relation to ensuring the protection of vulnerable adults.  As we have seen, the training provided to volunteers varied between organisations, ranging from mandatory structured training programmes that had to be completed prior to commencing volunteering to more ad-hoc approaches that, arguably, may not have adequately prepared volunteers for their work. Interestingly, this ad-hoc approach was adopted at those sites where volunteers were assisting or filling gaps in provision and, potentially, may be at greater risk of over-stepping the parameters of their role.

The study also revealed that some volunteers found the nature of their work demanding. Echoing Jenkinson's findings (2011) it was clear that at some settings, particularly those where volunteers are working on their own with older people with complex needs, there

was a need to provide formal support, akin to supervision.  In addition, given the growing

financial pressures faced by social care services, it is important to regularly review the

conditions under which all volunteers are working, so that they are not inadvertently put

under greater stress while recognising that volunteering in the care sector is not the same as

volunteering in other areas of public services  (Overgaard *et al.* 2018).

This study confirms the importance of a member of staff having responsibility for

volunteers.  Such a role provides credibility to the involvement of volunteers and,

significantly, ensures someone has responsibility to proactively manage and support

volunteers (Naylor *et al*. 2013).   However, there are cost implications and, not

unexpectedly, those 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.  Given concerns about the lack of funding

for day care services in England (Moriarty and Manthorpe, 2014) it was not surprising that

one of the day centres, as well as the lunch club, did not have the funds to invest in such

structures, despite being reliant on volunteers to keep services going.  Significantly, both

organisations were small in size, akin to what Donahue (2011) calls 'micro organisations.'

The provision of training and support to volunteers working in social care directly affects the

quality of the care and support provided to older people.  However, the potential harms

associated with poorly trained and supported volunteers are not only borne by those older

people they work with, there are potential risks to the organisations where they volunteer

in terms of its reputation (NHS England 2017) as well as to the wider social care sector.  As

such, the provision of appropriate training and support should be of interest to all those

concerned with social care policy and practice but perhaps it should be of most concern to

those commissioning publicly funded services, as well as to regulators.   Arguably,

commissioners of services which involve volunteers in service provision should ensure that

appropriate training and support are in place and that it is adequately funded.  Indeed, calls

to 'commission care ethically' are founded on a recognition of the crucial role of

commissioning practice in supporting good quality social care (Keeley, 2019).  In addition,

given the financial pressures commissioners are working under they could consider funding

local infra-structure organisations to provide support, particularly to those 'micro

organisations' who involve volunteers in provision (Donahue 2011). For example, funding local infra-structure organisations to provide regular safeguarding training to volunteers would help alleviate the financial and organisational burdens smaller social care providers are under. Not only would this strategy help to ensure the quality of social care provision, but it would also help to sustain diversity in the care market.

**Conclusions**

This article has discussed the role of volunteers in the provision of social care to older adults in England, a strategy adopted by many organisations. The study identified three distinct models of volunteer involvement: augmenting services; assisting/ filling gaps and discrete services where volunteers were the mainstay of a free-standing service. While the contribution of volunteers is valued across all these models, there is a need to ensure that appropriate support structures are in place. Although the cost of ensuring an adequate infra-structure exists are not easy to meet, particularly in the current financial context, it may well be a false economy not to acknowledge, and address, the relationship between supporting volunteers and the quality of care and support provided to older people. It is also important that the contribution volunteers make to social care provision is regularly reviewed to ensure that their involvement remains consistent with the values underpinning practice in this field.

**Refernces**

Ayres, L. Kavanaugh, K. Knafl, K.A. (2003) Within-case and across-case approaches to qualitative data analysis. *Qualitative Health Research* Vol.13 No.6, pp871-883.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* Vol.3 No.2, pp77-101.

Darley, S. (2016) Transforming the world and themselves: the learning experiences of volunteers being trained within health and social care charities in England. *Voluntary Sector Review* Vol.7 No.2, pp219-228.

Department of Health (2011) *Opportunities for Volunteering: Legacy report, 30 years of funding volunteering in health and social care*. London: Department of Health.

Department of Health and Social Care (2019) The NHS Long Term Plan. London: Department of Health and Social Care
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

Donahue, K. (2011) Have voluntary sector infrastructure support providers failed micro organisations? *Voluntary Sector Review* Vol.2 No.3, pp391-398.

Findlay-King, L., Nichols, G., Forbes, D., Macfadyen, G. (2018) Localism and the Big Society: the asset transfer of leisure centres and libraries – fighting closures or empowering communities? *Leisure Studies* 37(2)158-170

Frederiksen, M. (2015) Dangerous, Commendable or Compliant: How Nordic people think about volunteers as providers of public welfare services. *Voluntas* Vol.26 No.1, pp1739-1758.

Hoad, P. (2002) Drawing the line: the boundaries of volunteering in the community care of older people. *Health and Social Care in the Community*, Vol.10 No.4, pp239-246.

Hornung, L., Chan, O., Dobbs, J. Jochum, V., Lawson, M., McGarvey, A., Rooney, K. (2019) *The UK Civil Society Almanac 2019.* Edition: 18. ISBN: 978-0-7199-0038-9. Publisher: NCVO.

Hussein, S. (2011) Volunteers in the formal long-term care workforce. *Social Care Workforce Periodical*. Issue 13.

House of Lords, Economic Affairs committee (2019) Social care funding: time to end a national scandal.
https://publications.parliament.uk/pa/ld201719/ldselect/ldeconaf/392/392.pdf

Jenkinson, H. (2011) An exploration of the importance of supervision practice in the voluntary sector. *Voluntary Sector Review* Vol.2, No.2 pp239-246.

Jopling, K. and Jones, D. (2018) Age-friendly and inclusive volunteering:  Review of community contributions in later life. Centre for Ageing Better. https://www.ageing-better.org.uk/publications/age-friendly-inclusive-volunteering

Keeley, B. (2018) Building a National Care Service. In. *Take Good Care: Improving support and wellbeing in later life*. Fabian Society.

McCall, V., McCabe, L., Rutherford, F.B., Wilson, M., Woolvin, M. (2020) Blurring and Bridging: The Role of Volunteers in Dementia Care within Homes and Communities. *Journal of Social Policy*. https://doi.org/10.1017/S0047279419000692

McDonnell, A., McKeown, J., Keen, C., Palfrevman, J., Bennett, N. (2014) Introducing on-ward volunteers to work with patients with dementia. *Nursing Older People* Vol.26 No.4, pp.28–33.

McLeish, J., Spiby, H;, Darwin, Z., Willmot, H., Green, J.  (2016) The processes of implementing and sustaining an intensive volunteer one-to-one support (doula) service for disadvantaged pregnant women. *Voluntary Sector Review* Vol.7 No.2, pp149-67.

Moriarty, J., Manthorpe, J. (2014) Fragmentation and competition: Voluntary organisations' experiences of support for family carers. *Voluntary Sector Review* Vol.5 No.2, pp.249-57.

Morris, S., Wimot, A., Hill, M., Ockenden, N., Payne, S. (2012) A narrative literature review of the contribution of volunteers in end-of-life care services. *Palliative Medicine*. Vol.27 No.5, pp.428-436.

Mountain, G., Gossage-Worrall, R., Cattan, M., Bowling, A. (2017) Only available to a selected few? Is it feasible to rely on a volunteer workforce for complex intervention delivery? *Health and Social Care in the Community*, Vol.25 No.1, pp177-184.

Naylor, C., Mundle, C., Weaks, L., Buck, D. (2013) *Volunteering in health and care: securing a sustainable future.*  London*:* King's Fund

NHS England, (2017) Recruiting and managing volunteers in the NHS: a practical guide. London: NHS England

Overgaard, C., Petrovski, E., Hermansen, J. (2018) Volunteer care workers: A case for challenging resource theories on volunteering. *Journal of Civil Society*, Vol. 4 No 2, pp153-172.

Ross, S., Fenney, D., Ward, D., Buck, D. (2018) *The role of volunteers in the NHS.* King's Fund: London.

Yin, R. K. (2003) *Case Study Research. Design and Methods*.  Sage. London.

Tingvold, L., Skinner, M.S., (2019) Challenges in the coordination of volunteer activities in long-term care services. *International Journal of Care and Caring*. Vol.3 No.3, pp339-358.

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Verhoeven, I., Van Bochove, M. (2018) Moving Away, Toward, and Against: How Front-Line Workers Cope with Subsitution by Volunteers in Dutch Care and Welfare Services. *International Social Policy* Vol.47 No.4, pp783-801.