THE
VOLUNTEER RESPONSE TO COVID

FULL REPORT
FOR HUMBER, COAST AND VALE HEALTH AND CARE PARTNERSHIP (INTEGRATED CARE SYSTEM)

PART OF THE
NHS VOLUNTEER RESPONDERS EMBEDDING AND EVALUATING PROGRAMME

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Contents

Introduction

The purpose of this research

This research was funded by NHS England and forms part of the NHS Volunteer Responders Embedding and Evaluating Programme being carried out by Leads at both Integrated Care System and Place Level across England.

The research's aim is to:

1. Understand how NHS VR has been used
   - Where it has been used: why (as in what types of roles, who's referred in/types of organisation, local infrastructure, knowledge of scheme, experience of the scheme).
   - Where it hasn't been used: why not, any specific reasons (local infrastructure, knowledge of scheme, experience of the scheme).
2. Understand the models each systems have adopted and how it integrates with local services
   - For example integrating to Local Councils' volunteering hub pathways, Local CVSs, etc, including in referral options.
3. Identify potential opportunities
   - Exploring new ways of using NHS VR, what would you like to be able to use it for if this role doesn't currently exist?
4. Identify challenges and lessons learnt

Background: The start of the COVID-19 pandemic and voluntary responses in the Humber, Coast and Vale

Area - Humber, Coast and Vale:

The geographical area this report focuses on is the NHS Integrated Care System (ICS) of Humber, Coast and Vale which is broken down by regions into Clinical Commissioning Groups (CCGs) as displayed below:

On December 31st 2019 COVID-19 was first reported from Wuhan, China[1]. On the evening of the 29th of January an ambulance with paramedics in hazmat suits picked up a University of York student and his parents from a hotel in York and took them to hospital in Hull where on the 30th of January Mother and Son were diagnosed with the first reported cases of COVID-19 in the UK[2]. Over the following weeks infection levels, hospitalisations and deaths rose across the UK and the government declared a lockdown on the 23rd of March which would legally come in to force on the 26th March[3], confining all but key-workers to their homes (in all but a few circumstances) to prevent further spread.

The day after the lockdown announcement, the 24th March, the NHS put out a call for a "volunteer army"[4], recruiting 750,000 volunteers in just two days (of which 600,000 were approved)[5]. 'Referrers' were able to post tasks for volunteers and the first volunteers able to start volunteering as NHS Volunteer Responders (NHS VR) through the Royal Voluntary Service's GoodSAM NHS Volunteer Responders app on the 7th of April[6] (over two weeks after lockdown had been announced).

During this time, the local Voluntary, Community and Social Enterprise (VCSE) sector highlighted concerns about the people they supported and the community at large who needed immediate support. Centres/Councils for Voluntary Services (CVSs), Volunteer Centres and their equivalents, alongside individual VCSE organisations, came together as a sector to discuss what was needed, mobilised their volunteers and began recruiting for further voluntary support within a few days of lockdown announcement.

Normal everyday people took it upon themselves to coordinate support for their neighbours via social media. These groups became collectively known as Mutual Aid Groups.

Local Councils across the Humber, Coast and Vale received a government mandate to support COVID response locally. Some local councils gave their COVID-response funding to the local VCSE Sector to coordinate the response, others worked in partnership and others put a call out for their own volunteers alongside the VCSE Sector's.
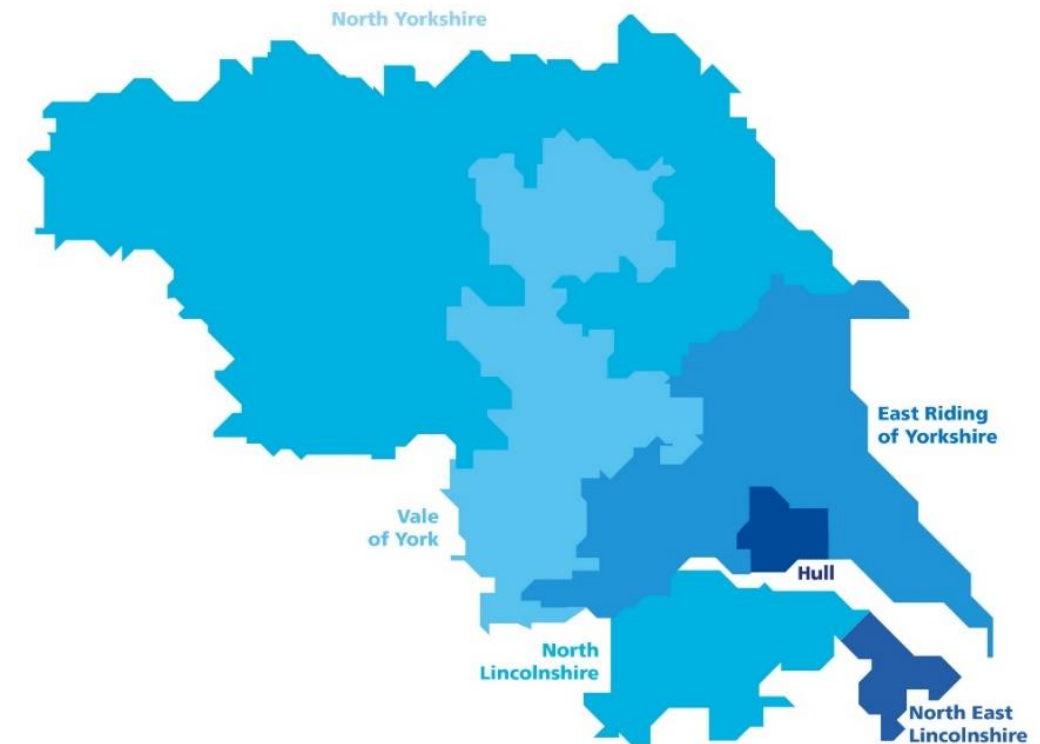
The Research Method

To best "understand the models each [Integrated Care] systems have adopted and how it integrates with local services", this research looked at all Voluntary Responses in Humber, Coast & Vale alongside the NHS Volunteer Responders programme (NHS VR). These were identified as the following:

COVID-response Volunteer Programmes

NHS VR	Local Councils	Local VCSE Sector	Mutual Aid Groups
NHS Volunteer Responders	Local Authorities	Voluntary, Community & Social Enterprise Sector Organisations	Hyper-local community groups set up through social media and messaging services
National Government-led	Local Authority-led	Local VCSE Sector organisations-led	Local citizen-led
Initial Government COVID-Response Funding	Initial Government COVID-Response Funding	No Initial Government COVID-Response Funding	No Government COVID-Response Funding
Extensive Prior Volunteer Experience (led by national NHS Volunteering Teams & Royal Voluntary Service)	Minimal Prior Volunteer Experience (led by departmental volunteering Teams)	Extensive Prior Volunteer Experience (led by Voluntary Sector)	No Prior Volunteer Experience

To best "understand how [each COVID-response Volunteer programme] has been used" and "Identify challenges and lessons learnt" this research looked at the experiences of each stakeholder who experienced those programmes:

Beneficiaries

The people who needed help during the COVID pandemic, who benefited from the support of Volunteers. Sometimes this group are referred to as "patients", "citizens", "neighbours", "clients", "service-users" and more by different COVID-response programmes. For the sake of this report we are using the term "beneficiaries".

Referrers

This is a broad term for those people who identified a need for Beneficiaries and referred Volunteers to them, requested or organised Volunteers support for Beneficiaries. This was often health and social care professionals, charity staff who already worked with the person but later extended to neighbours or people self-referring in some instances.

Volunteers

The people who offered to give their time freely to help with tasks set by Referrers to support Beneficiaries who were not their own family and friends.

As Volunteers, Beneficiaries and Referrers are not mutually exclusive their experiences were collected through one survey. As Volunteers, Beneficiaries and Referrers may have had experience with NHS Volunteer Responders, Local Councils, Local VCSE Sector organisations and Mutual Aid Groups, they were asked about all of these avenues through one survey.

Respondents to the survey who didn't identify with one of the above groups were asked questions about why, e.g. "Are there any particular reasons why you haven't volunteered with COVID-response volunteer programmes?" or "Do you feel that you need support during the COVID Pandemic?"

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Data Collection Method

To collect individual experiences from a large range of people, during tiered regional lockdown restrictions, which could be used to extrapolate both statistics and stories, quantitative and qualitative data, a survey was used. To make it easier to share the survey and to collect responses, this survey was digital. A non-digital version of the survey was planned but was not possible due to the original time-constraints of the NHS VR Embedding and Evaluating Programme.

This survey was shared with the general public through social media, email and via contacts of those known to be Referring or Volunteering, to be shared with their contacts, etc.

The length of the survey differed depending on how many aspects of the volunteer COVID-response the participant has had experience with, for example it would be longer for someone who had been a Beneficiary and Volunteered for all four programmes, than it would be for a Referrer who had only referred through one programme.

The survey was live from mid-February to the end of April 2021 and responses are representative of that time.

Respondents to the Survey

Vale of York including:			54%
	City of York	51%	(96% of Vale of York)
	Outside of York	3%	(4% of Vale of York)
Hull			15%
North Yorkshire			12%
East Riding of Yorkshire			9%
North Lincolnshire			5%
North East Lincolnshire			4%

(of 144 responses)

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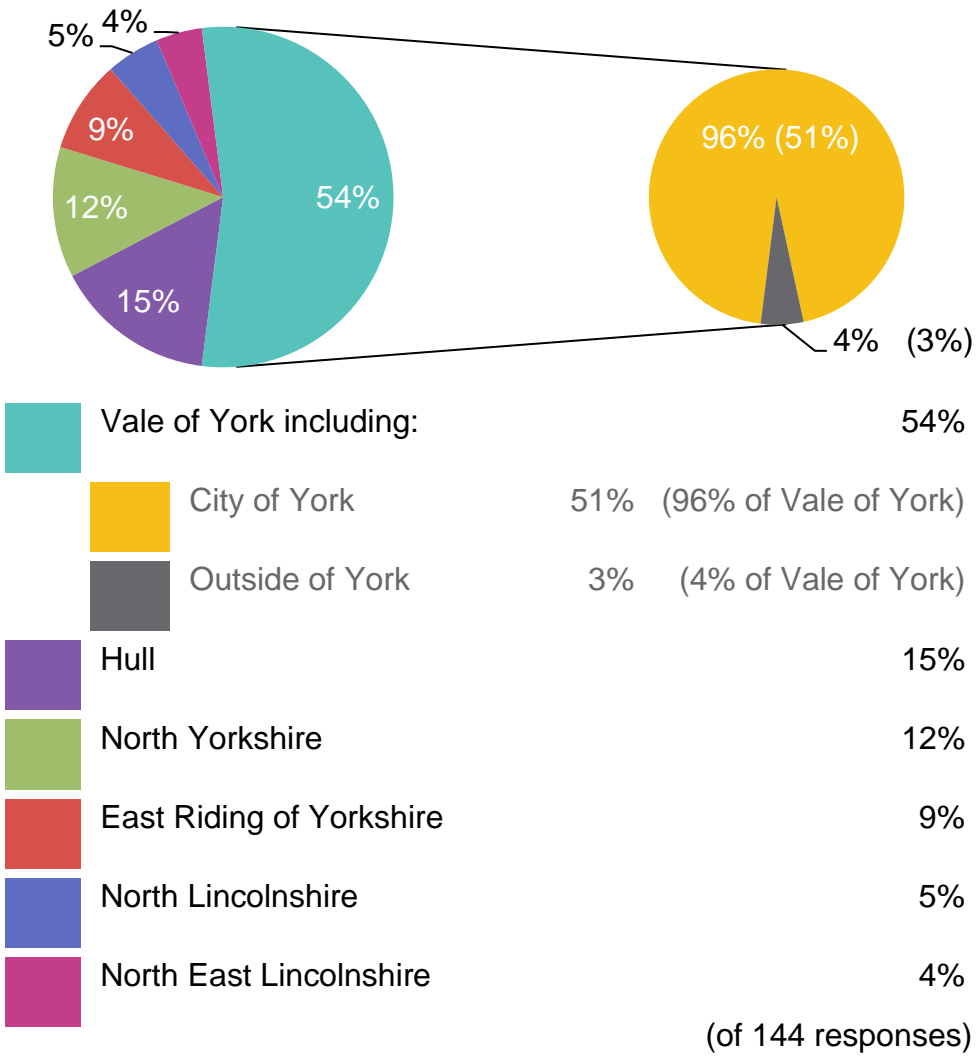
Referrers

"Referrers" is a broad term for those people who identified a need for Beneficiaries and referred Volunteers to them, requested or organised Volunteers support for Beneficiaries. This was often health and social care professionals, charity staff who already worked with the person but later extended to neighbours or people self-referring in some instances.

The below heat-mapped Venn-diagrams show the percentages of Referrers' usage of each possible combination of Volunteer Programmes. Referrers no longer use **solely** NHS VR, Local Councils, or Mutual Aid Groups Volunteer Support, favouring combinations instead.

Most used   Least used

Who was referring?

The majority of Referrers, trying to organise volunteer support for people, worked in the Local VCSE Sector:

2% 2% 2%
4%
7%
9%

72%

Local VCSE Sector	72%
Vaccination Sites	9%
Local Councils	7%
Universities	4%
Mutual Aid Groups	2%
NHS	2%
Testing Sites	2%

(of 54 responses)

Which Volunteer Programmes have Referrers used during COVID?

NHS VR   **Local VCSE Sector**   **Local Councils**   **Mutual Aid Groups**

0%   29%   31%   3%
31%   14%   9%   3%
      6%
14%   3%   20%
3%   6%
9%

89% of Referrers have used **Local VCSE Sector** Volunteer Programmes

37% of Referrers have used **Local Councils'** Volunteer Programmes

34% of Referrers have used the **NHS VR** Volunteer Programme

29% of Referrers have used **Mutual Aid Group** Volunteer Programmes   (of 35 responses)

86% of Referrers are still requesting support from Volunteer Programmes

Which Volunteer Programmes do the remaining Referrers currently use?

NHS VR   **Local VCSE Sector**   **Local Councils**   **Mutual Aid Groups**

0%   30%   0%   0%
20%   20%   0%   0%
10%   0%
10%   0%   7%
0%   0%
3%
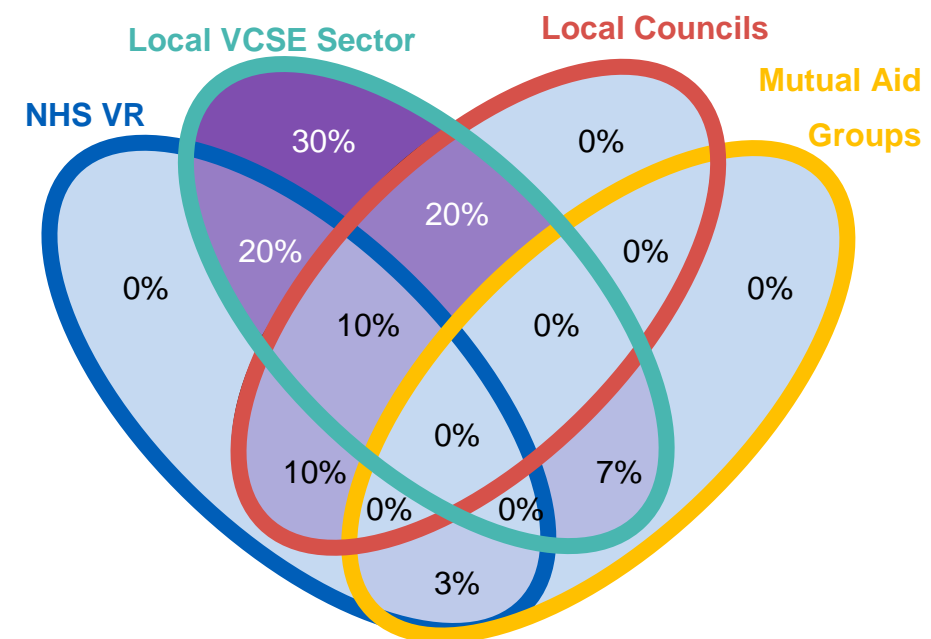
93% use **Local VCSE Sector** Volunteer Programmes

23% use **Local Councils'** Volunteer Programmes

23% use the **NHS VR** Volunteer Programme

10% use **Mutual Aid Group** Volunteer Programmes   (of 30 responses)

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Which Volunteer Programmes did Referrers stop using?

Referrers who have used a programme during COVID were asked whether they were still using it.

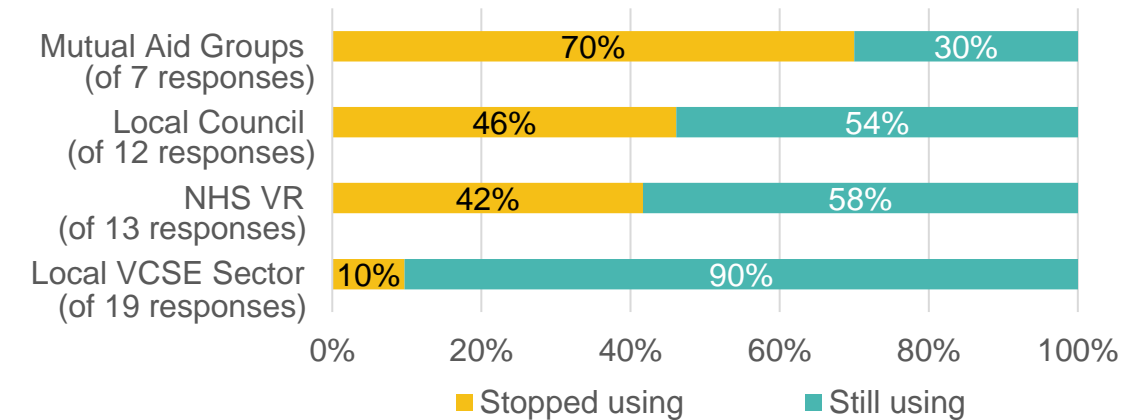Nearly every Referrer who had used Local VCSE Sector Volunteer Programmes were still using them, it was closer to 50/50 for Local Councils and NHS VR. The majority of Referrers who used Mutual Aid Groups, no longer use them.

If reasons for this were given they will be outlined for each group individually later in the report.

Mutual Aid Groups (of 7 responses): Stopped using 70%, Still using 30%
Local Council (of 12 responses): Stopped using 46%, Still using 54%
NHS VR (of 13 responses): Stopped using 42%, Still using 58%
Local VCSE Sector (of 19 responses): Stopped using 10%, Still using 90%

Legend: Stopped using, Still using

Which Volunteer Programmes will Referrers start to use in future?

Referrers who hadn't used a programme during COVID were asked whether they might start using it in future.

For the most part Referrers were unsure, but were most likely to start using local VCSE sector Volunteer Programmes and least likely to start using NHS Volunteer Responders.

Local VCSE Sector (of 16 responses): WILL start using 19%, Maybe / Don't Know 69%, WON'T start using 13%
Mutual Aid Groups (of 26 responses): WILL start using 12%, Maybe / Don't Know 65%, WON'T start using 23%
Local Council (of 22 responses): WILL start using 9%, Maybe / Don't Know 73%, WON'T start using 18%
NHS VR (of 25 responses): WILL start using 8%, Maybe / Don't Know 56%, WON'T start using 36%

Legend: WILL start using in future, Maybe / Don't Know, WON'T start using in future

Referrers' experiences using Volunteer Programmes

Referrers were asked to rate how positive or negative their experience using each of the programmes was.

NHS Volunteer Responders (of 14 responses): Very Positive 21%, Neither Positive Not Negative 36%, Negative 29%, Very Negative 14%
Local VCSE Sector Volunteers (of 24 responses): Very Positive 71%, Positive 13%, Neither Positive Not Negative 13%, Negative 4%
Local Council Volunteers (of 15 responses): Very Positive 33%, Positive 53%, Neither Positive Not Negative 13%
Mutual Aid Groups (of 13 responses): Very Positive 23%, Positive 54%, Neither Positive Not Negative 15%, Very Negative 8%
Other (of 1 response): Positive 100%

Legend: Very Positive, Positive, Neither Positive Not Negative, Negative, Very Negative

"Other" in this context represents 1 response relating to the VCS Emergencies Partnership; a partnership of local and national VCSE organisations responding to national crises and emergencies.

As this seemed distinct enough from "Local VCSE Sector" it has remained in the "Other" category.

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What tasks did Referrers use Volunteer Programmes for?

This table shows the percentage of total Referrers who used volunteer programmes for various tasks.

Shopping Support & Medical Deliveries — 54% (NHS VR), 43% (Local VCSE Sector), 31% (Local Councils), 11% (Mutual Aid Groups)
Befriending — 23% (NHS VR), 9% (Local VCSE Sector), 3% (Local Councils)
Advice & Advocacy — 20% (NHS VR), 9% (Local VCSE Sector), 6% (Local Councils), 3% (Mutual Aid Groups)
Vaccination Site Marshalls — 11% (Local VCSE Sector), 3% (NHS VR)
Administrators — 3% (Local VCSE Sector)
Counselling — 3% (Local VCSE Sector)
Emergency Response & First Aid — 3% (Local VCSE Sector)
Foodbank support — 6% (Local VCSE Sector), 3% (Mutual Aid Groups)
Fundraising — 3% (Local VCSE Sector)
Household tasks — 6% (Local VCSE Sector)
Leaflet/Letter Drops — 3% (Local Councils)
Transport — 3% (Local VCSE Sector)
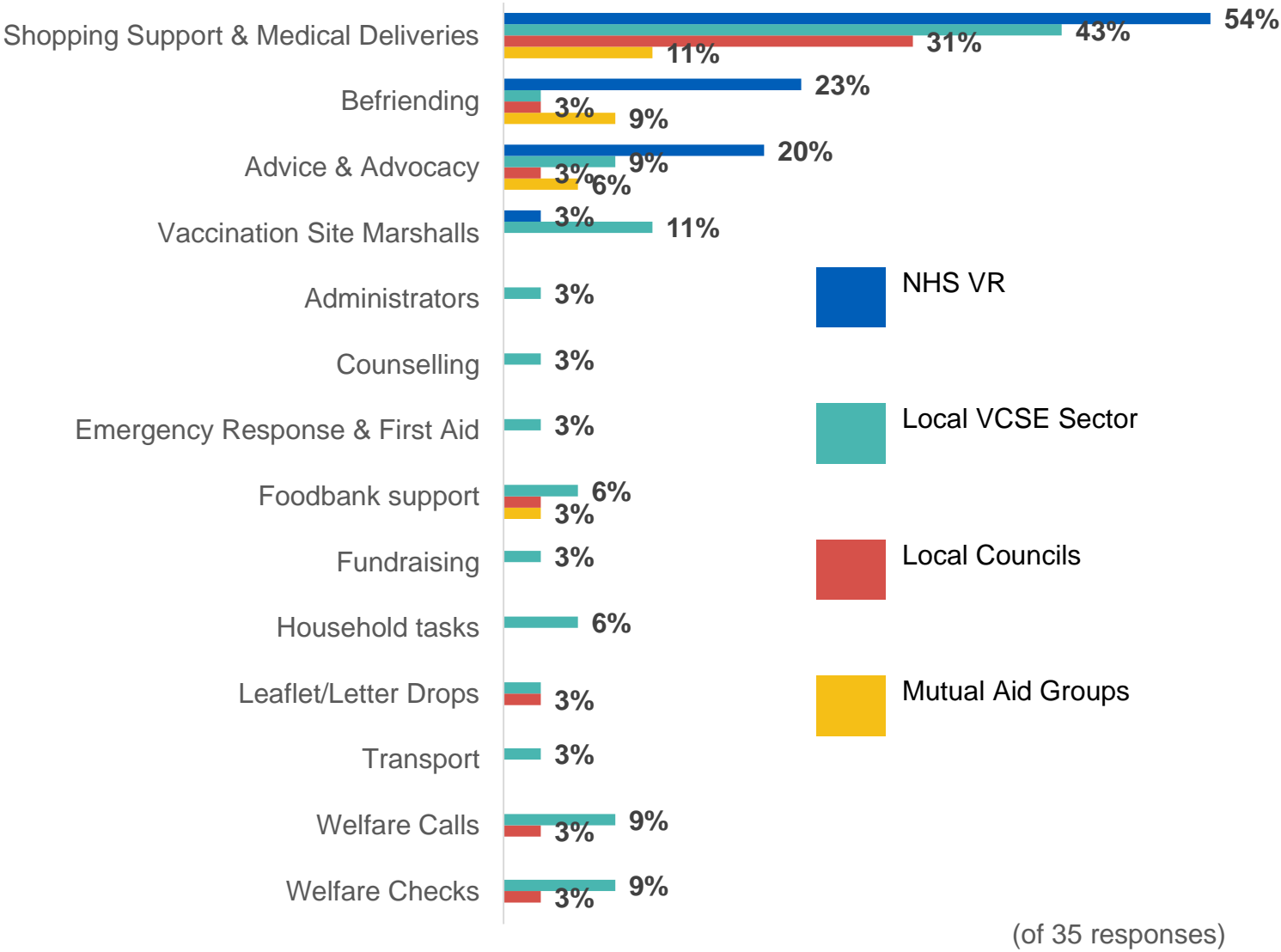Welfare Calls — 9% (Local VCSE Sector), 3% (Local Councils)
Welfare Checks — 9% (Local VCSE Sector), 3% (Local Councils)

Legend:
- NHS VR
- Local VCSE Sector
- Local Councils
- Mutual Aid Groups

(of 35 responses)

Referrers used different or multiple volunteer programmes for some tasks, particularly Shopping Support & Medical Deliveries, Welfare Calls, Transport, Welfare Checks and Foodbank support which were offered by at least 3 different programmes suggesting a possible duplication of effort.

Referrers used the Local VCSE Sector and Local Councils Volunteer Programmes for a wider range of tasks and those programmes had more flexibility with what tasks their volunteers could support with.

What other tasks require volunteer support?

A third of respondents said no additional tasks needed volunteer support. There were no recurring themes but ideas included:

Support with digital processes, Transport to Vaccination Centres, Mental Health Supported for those most isolated, In-household tasks, VCSE-led Emergency Response Volunteers on-standby, COVID-response logistics roles.

Duplication of effort?

Referrers were asked if they knew of any duplication of effort between the different programmes.

Yes - alot	Yes	Not sure	No
22%	39%	11%	22%

(of 18 responses)

Themes were defined from the responses. The percentages of responses that included each theme are shown below:

Duplication caused confusion of who to go to for what — 17%
More coordinated/collaborative approach needed — 17%
All programmes communicated together apart from NHS VR — 11%
Multiple sources of volunteers helpful — 11%
Volunteers not used by one programme could have been used by other programmes — 6%
Duplication necessary where some services too limited — 6%
Hard to tell as lack of information from NHS VR Programme — 6%
1 local coordinator ideally — 6%

(of 18 responses)

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NHS Volunteer Responders

Ratio of all Referrers who used the NHS Volunteer Responders Programme

Didn't use the NHS VR Programme	66%
Used the NHS VR Programme	34%

(of 35 responses)

Referrers that used the NHS Volunteer Responders Programme were asked open questions. Themes were defined from the responses. The percentages of responses that included each theme are shown below.

Why did Referrers use the NHS Volunteer Responders Programme?
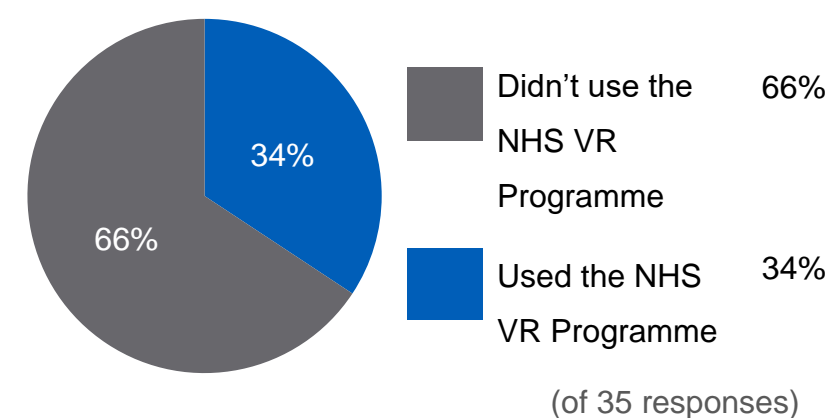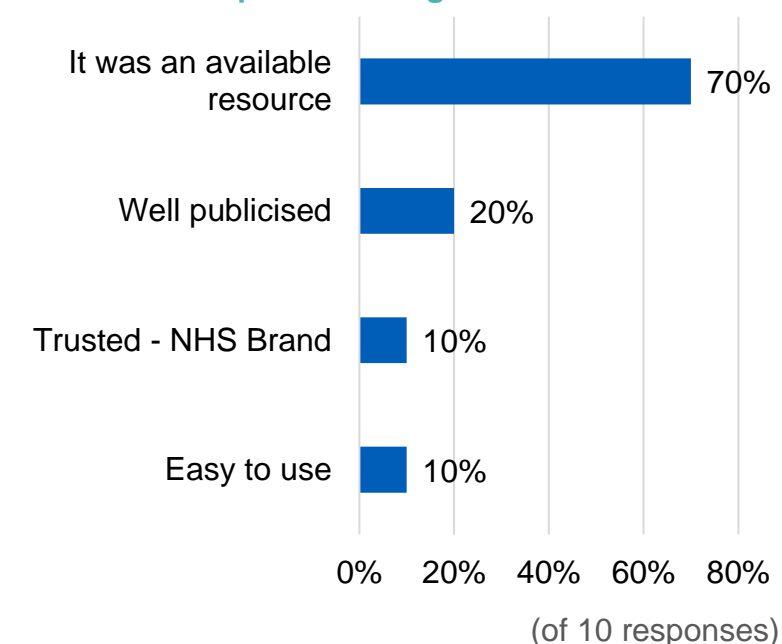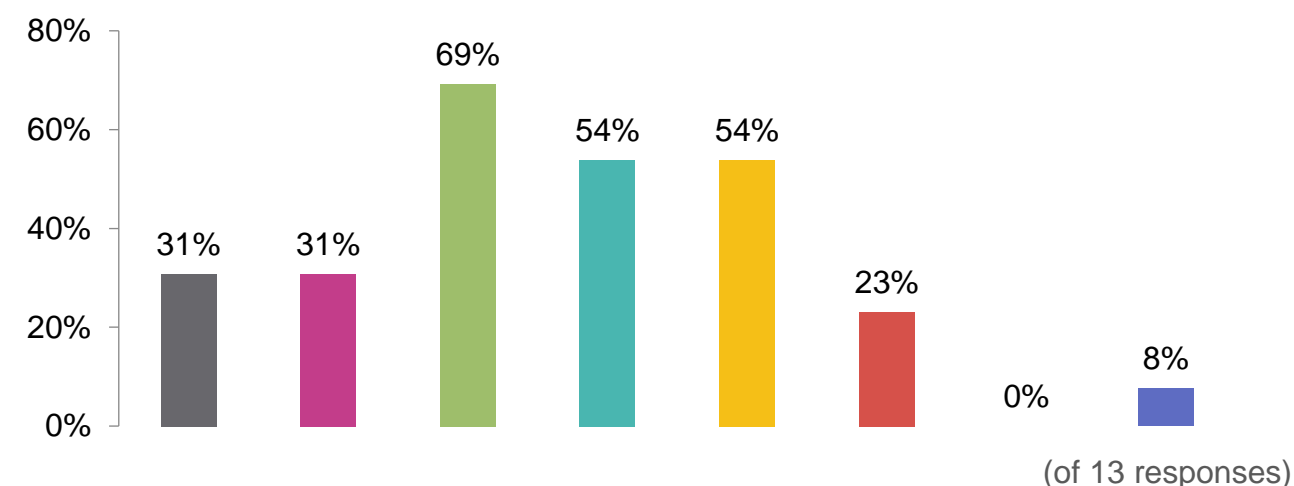

- It was an available resource — 70%
- Well publicised — 20%
- Trusted - NHS Brand — 10%
- Easy to use — 10%

(of 10 responses)

Which NHS VR roles did Referrers use?

Role	%
Check in and Chat Support	31%
Check in and Chat Plus Support	31%
Community Support	69%
Community Support Plus	54%
Patient Transport Support	54%
NHS Transport Support	23%
Health & Care Non-Clinical Support	0%
COVID Vaccination Steward Support Volunteers	8%

(of 13 responses)

Check in and Chat Support
Provides short-term telephone support to individuals who are at risk of loneliness as a consequence of self-isolation.

Check in and Chat Plus Support
Provides a regular check-in by telephone to the same individual for a duration of 10 weeks, with 3 calls taking place each week.

Community Support
Provides collection of shopping, medication or other essential supplies for someone who is self-isolating, and delivering these supplies to their home.

Community Support Plus
Provides collection of shopping, medication or other essential supplies for someone with a learning disability or who are vulnerable for another reason, and delivering these supplies to their home.

Patient Transport Support
Provides transport for patients who are medically fit for discharge or to support patients going to NHS appointments.

NHS Transport Support
Provides transport for equipment, supplies and/or medication between NHS services and sites. Also involves assisting pharmacies with medication delivery.

Health & Care Non-Clinical Support
Provides support by stewarding patients both internally (e.g. flu clinics, GP surgeries, pharmacies etc.) and externally (e.g. car parks, queues outside health clinics) within social distancing guidelines.

COVID Vaccination Steward Support Volunteers
Support the safe movement of patients around both 'fixed mass' large vaccination sites and 'mobile mass' small sites. Volunteers will monitor patient numbers and ensure safe social distancing measures are followed, as well as identifying patients who made need additional support.

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What works well with the NHS Volunteer Responders Programme?

Category	Percentage
Easy referral process	57%
Well Funded	14%
Training Provided	14%
Quick	14%

(of 7 responses)

What could be improved with the NHS Volunteer Responders Programme?

Category	Percentage
Quicker task completion	40%
Improve 'Problem Solving' process	40%
Improve communication between Referrers and Volunteers	40%
Improve reliability	40%
Widen beneficery criteria	20%
Coordination by Local Experts	20%
Track task status better	20%
Work better from the start	20%

(of 6 responses)

" at the outset there was no way of telling if your request had been completed which meant we lost trust in the whole process. that has now changed but the responders do not always complete tasks which may be urgent - this is no good to us as we need to be able to rely on the service - we can't "
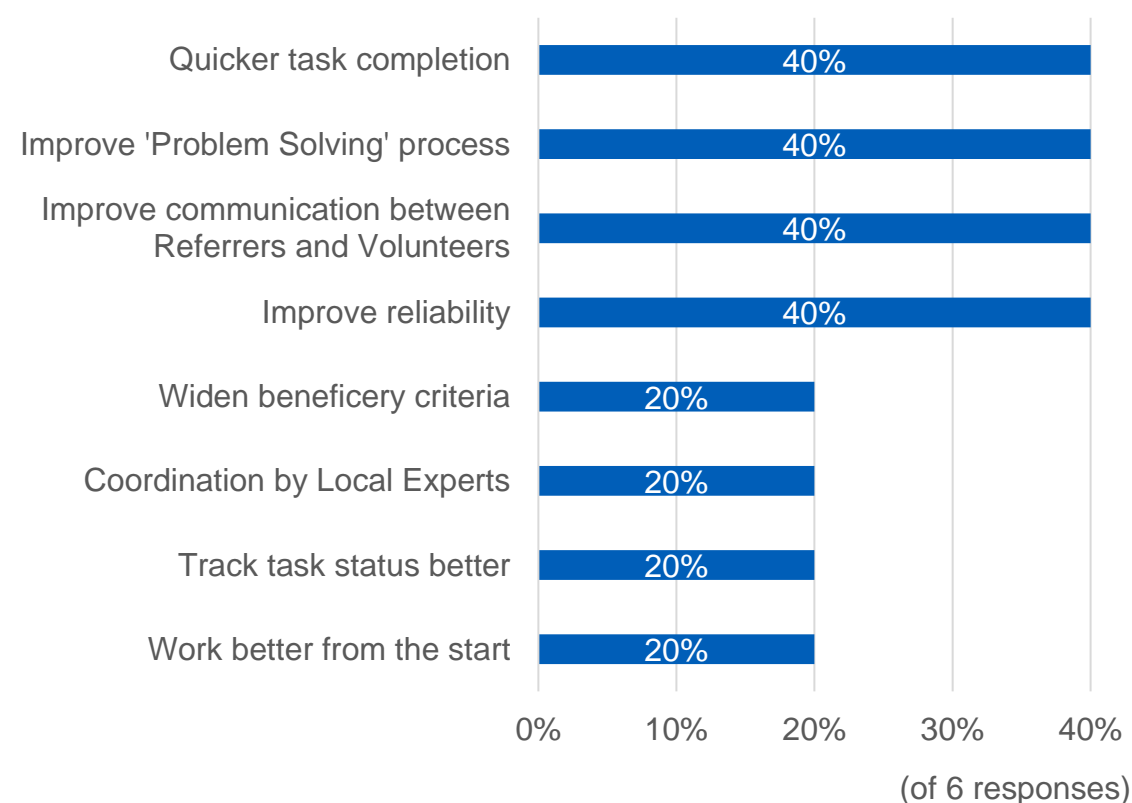
Why did Referrers stop using the NHS Volunteer Responders Programme?

" My clients stated that nobody has contacted them "

" I find they over promise and under deliver - the service is not reliable "

" too many time[s] we have met barriers to supporting the individuals we work with through this service "

Referrers that did not use the NHS Volunteer Responders Programme were asked open questions. Themes were defined from the responses. The percentages of responses that included each theme are shown below.

What were the reasons why Referrers didn't use NHS Volunteer Responders?

Category	Percentage
Not needed	85%
NHS VR roles weren't relevant to what was needed	30%
Lack of information	15%
Couldn't communicate with volunteers	15%
Local Volunteer Programmes mobiled faster than NHS VR at start	10%
No local links	10%
Volunteer Complaints of no tasks	5%
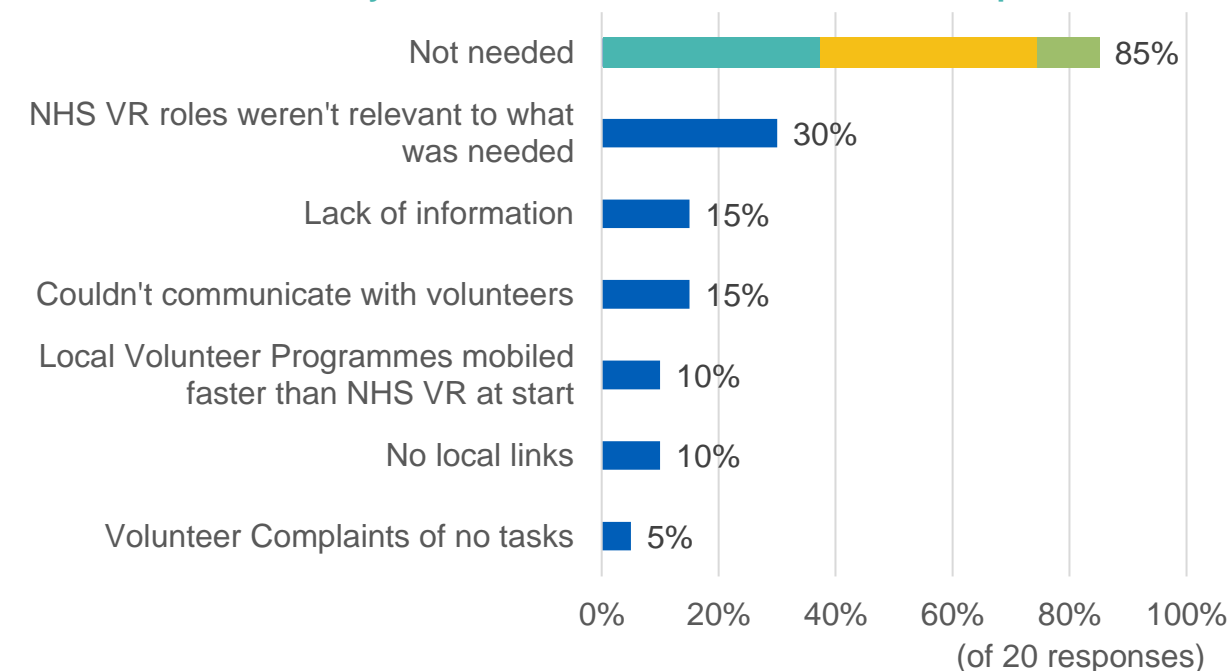
(of 20 responses)

The "Not needed" theme could be further broken down in to the following sub-themes:

Sub-theme	Percentage
Mobilised their own volunteers	40%
Used Local Volunteer Programmes	35%
Not specified beyond "Not needed"	10%
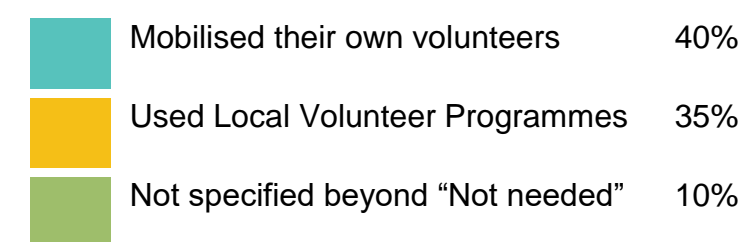
(of 20 responses)

Legacy of the NHS VR Programme?

All Referrers into any programme were asked whether they thought the NHS Volunteer Responder Programme should continue after the COVID pandemic. They were then asked, based on that answer what they thought the legacy should be after COVID?

33%	47%	20%

0%   50%   100%

■ Yes   ■ Not sure   ■ No

(of 30 responses)

Volunteers signposted/redeployed to local VCSE Sector	35%
If continued - needs stronger links to local VCSE Sector	20%
Funding should go to local infrastructure organisations	15%
If continues needs to be managed more effectively	15%
Not fit for purpose	10%
Befriending in hospitals & care homes	10%
Patient Transport, Medical Deliveries continue after COVID	5%
Shopping & Befriending continue after COVID	5%
All Volunteers under 'City Volunteers' umbrella	5%
Continue, coordinated with social prescribers	5%

0%   10%   20%   30%   40%

(of 20 responses)

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COVID-19 vaccination centre

AA
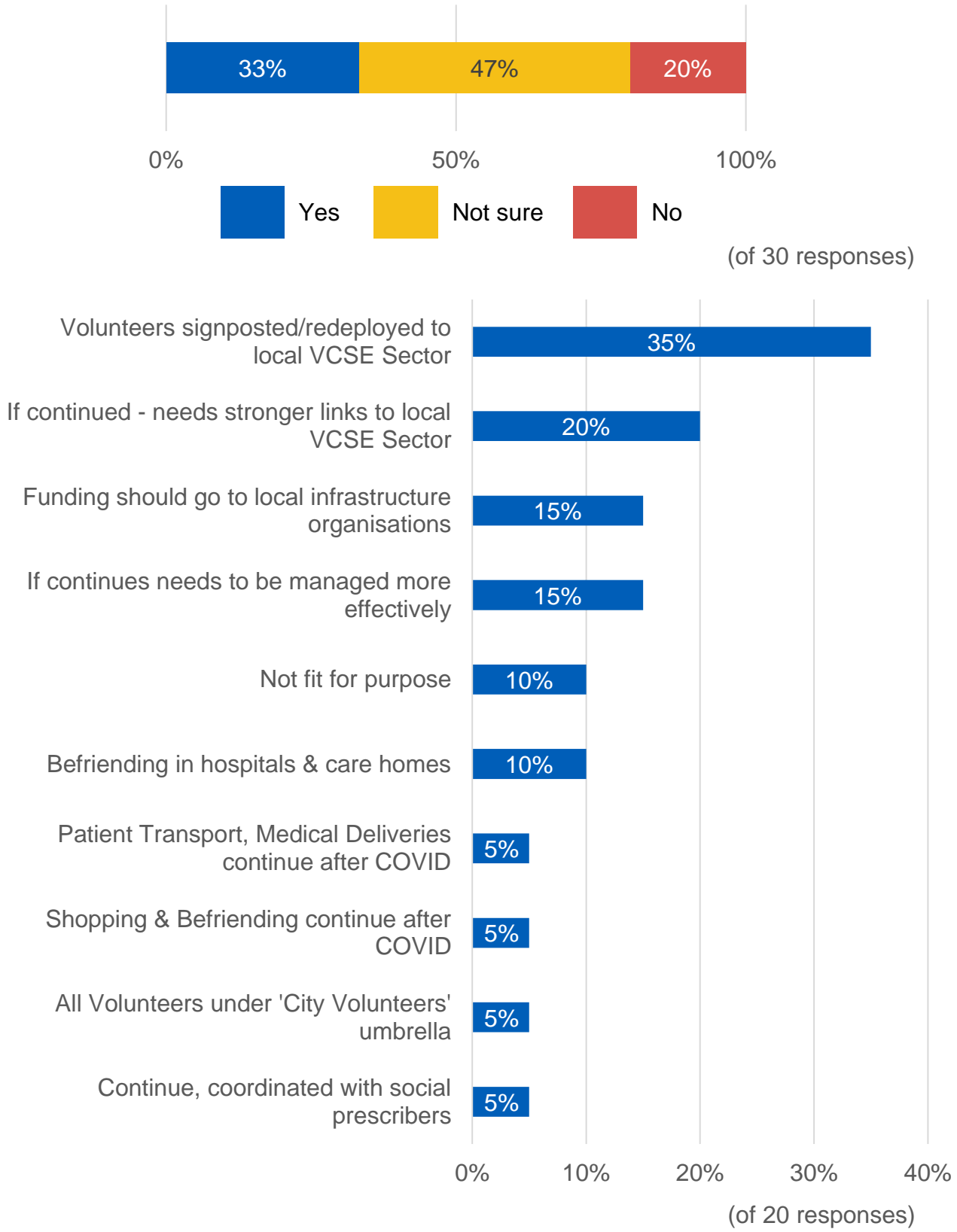
Local VCSE Sector

The Local VCSE Sector comprises of local charities, voluntary organisations, community groups, social enterprises, Volunteer Centres, Centres for Voluntary Services (CVSs) or similar volunteer-involving organisations or groups. For the sake of this report we're not including local councils, local authorities or Mutual Aid Groups.

Referrers may have accessed volunteer support from VCSE Sector organisations, been VCSE sector organisations themselves utilising their own volunteers or used Volunteer Centres, CVSs or similar organisations to help recruit or coordinate volunteers on their behalf.

What tasks did Referrers use the VCSE Sector for?

The graph below shows the percentage of referrers that used Local VCSE Sector volunteer support for the following tasks:

Task	Percentage
Food Delivery	57%
Medicene Delivery	50%
Welfare Checks	21%
Welfare Calls	21%
Vaccination Site Marshalls	21%
Foodbank support	14%
Vaccination Booking Support	7%
Leaflet/Letter Drops	7%
Household tasks	7%
Fundraising	7%
First Aid	7%
Emergency Response	7%
Transport	7%
Counselling	7%
Benefit Support	7%
Befriending	7%
Advice & Advocacy	7%
Administrators	7%

(of 14 responses)

Ratio of all Referrers who used Local VCSE Sector

Used the Local VCSE Sector	89%
Didn't use the Local VCSE Sector	11%

(of 35 responses)

Referrers that used the Local VCSE Sector volunteer support were asked open questions. Themes were defined from the responses. The percentages of responses that included each theme are shown below.

Why did Referrers use the Local VCSE Sector?

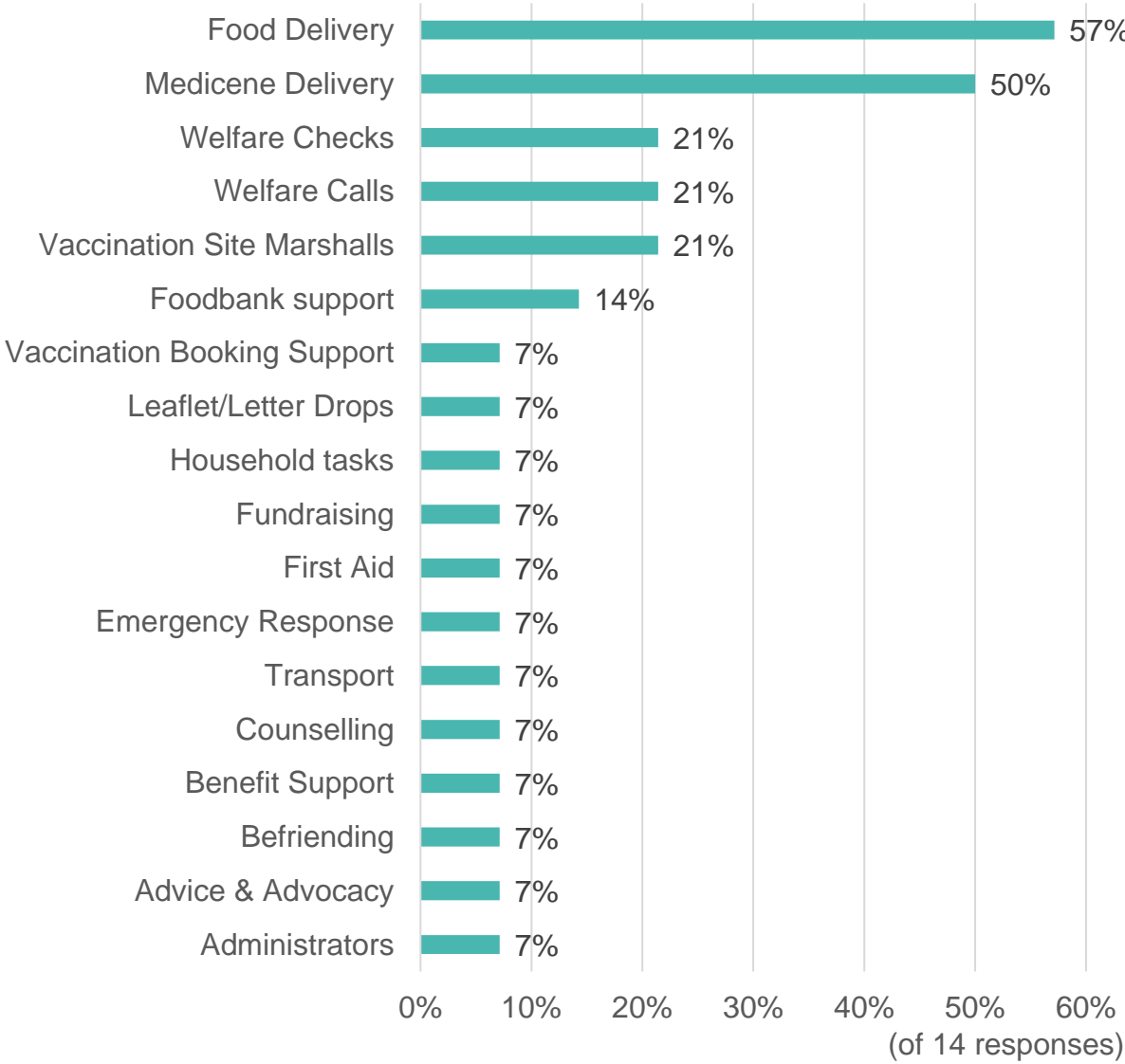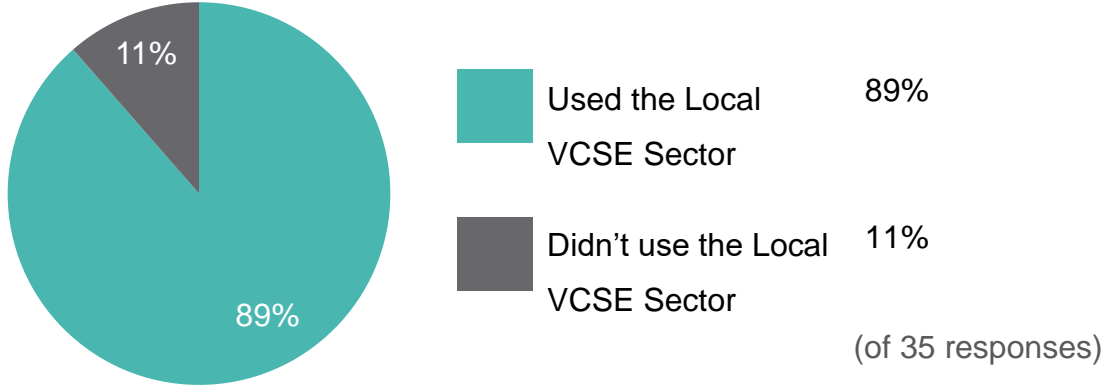| Reason	Percentage
Trusted - previous relationship	29%
Collaboration	24%
Trusted - good coordination	18%
Reliable	18%
First to organise	12%
Easy to use	12%
Volunteer consistency for beneficieries	6%
Trusted - known volunteers	6%
Knowledge of local services	6%
Greater expertise	6%
Fast	6%
Embedding of beneficieries into long-term local support systems	6%
Bespoke roles	6%

(of 17 responses)

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What works well with the Local VCSE Sector's Volunteer Support?

Category	Percentage
Local knowledge	44%
Good communication	44%
Quality Service	33%
Investment in future resilience	28%
Trusted	28%
Control of task	28%
Collaborative approach	22%
Reliable	17%
Person-centred approach	17%
Quality Volunteers	11%
Flexibility	11%

0%   10%   20%   30%   40%   50%
(of 18 responses)
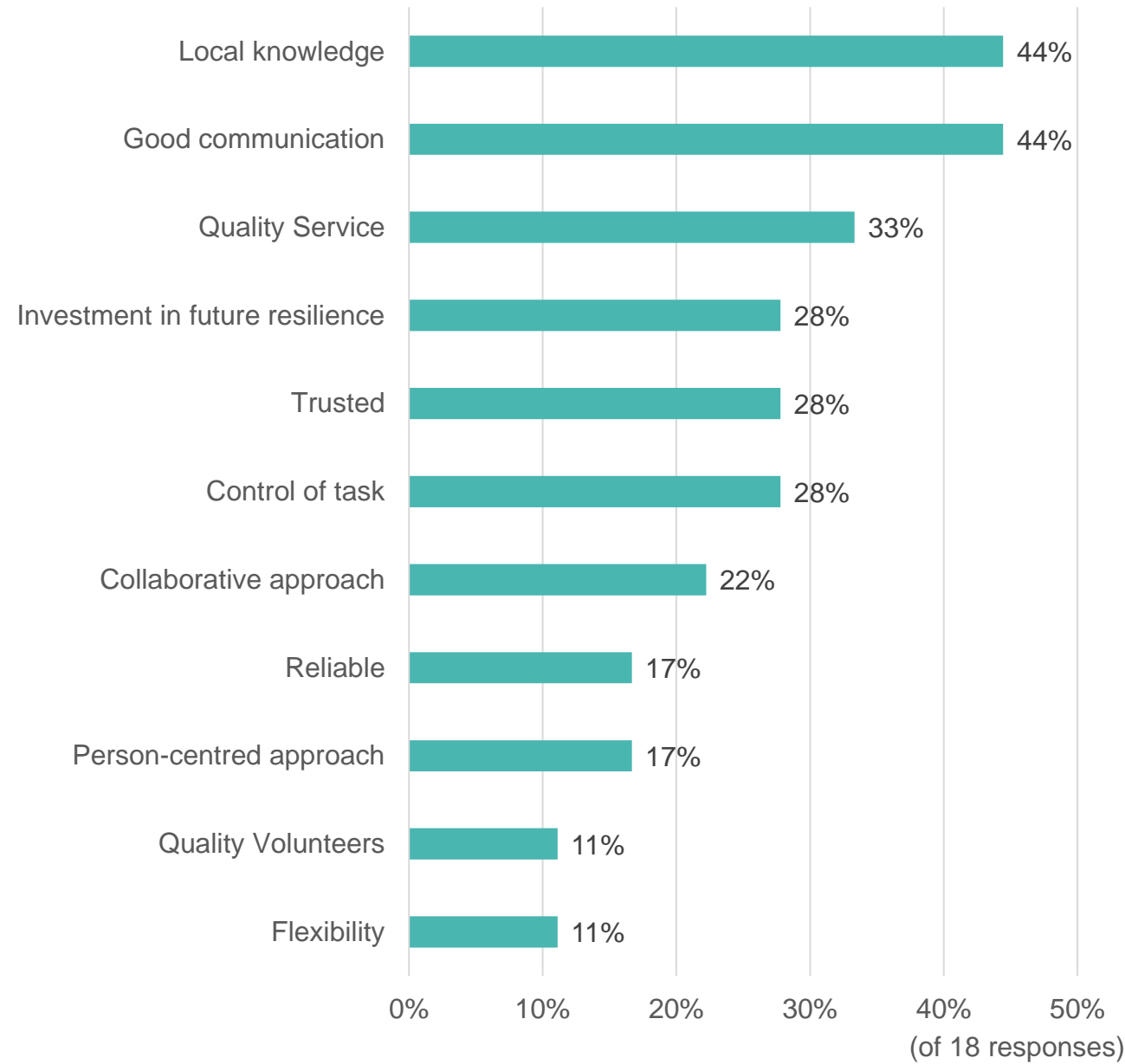
What could be improved with the Local VCSE Sector's Volunteer Support?

Category	Percentage
Nothing	55%
Better knowledge of the sector - who does what	27%
Better sharing of volunteers	9%
Better publicised	9%
A coordinated referral process	9%
Funding for local sector (rather than national schemes/charities)	9%
Contination of adaptive response	9%
More consistent communications between organisations	9%
More sharing of good practice	9%

0%   10%   20%   30%   40%   50%   60%
(of 11 responses)
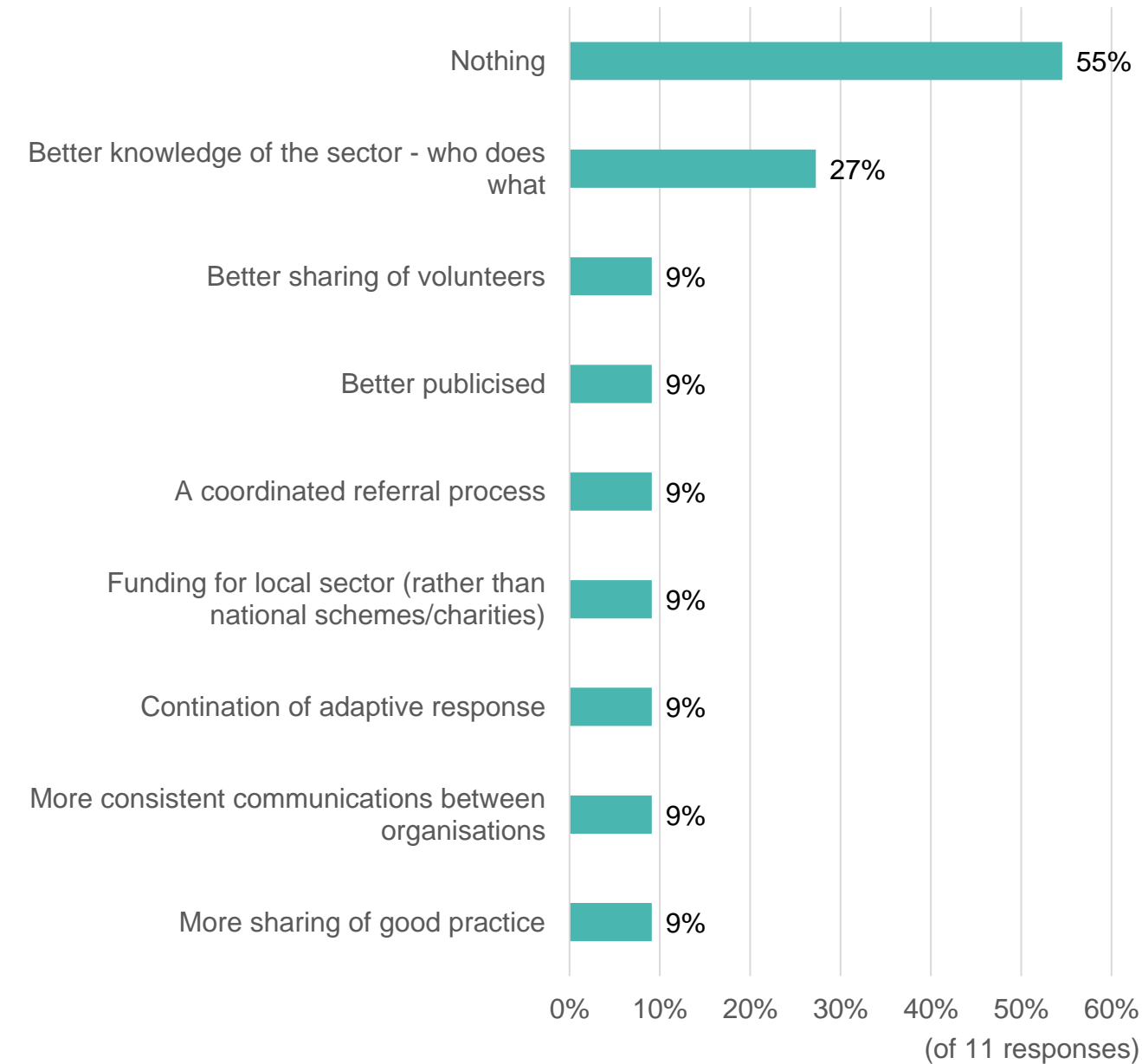
What were the reasons why Referrers didn't use Local VCSE Sector Volunteer Support?

There were only 2 responses to this question (perhaps due to only 11% of Referrers not using Local VCSE Sector Volunteer Support). It highlighted that Universities could draw from their own pool of students to volunteer – this type of voluntary response is difficult to place within the 4 main types of voluntary response highlighted in this report. The other response states that information was difficult to source from the VCSE sector initially and by the time it was the Referrer was already comfortable with the NHS Volunteer Responders Programme.

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Local Councils

Ratio of all Referrers who used Local Councils' Volunteer Support

■	Used the Local Council	37%
■	Didn't use the Local Council	63%

(of 35 responses)

What tasks did Referrers use Local Councils' Volunteer Support for?

The graph below shows the percentage of referrers that used Local Council volunteer support for the following tasks:
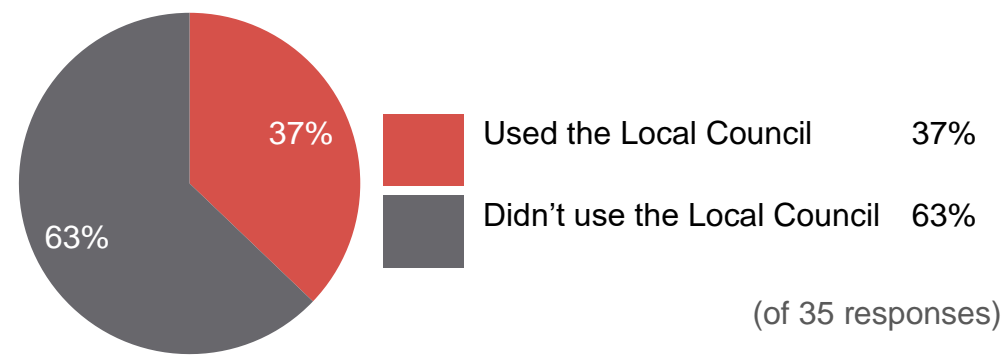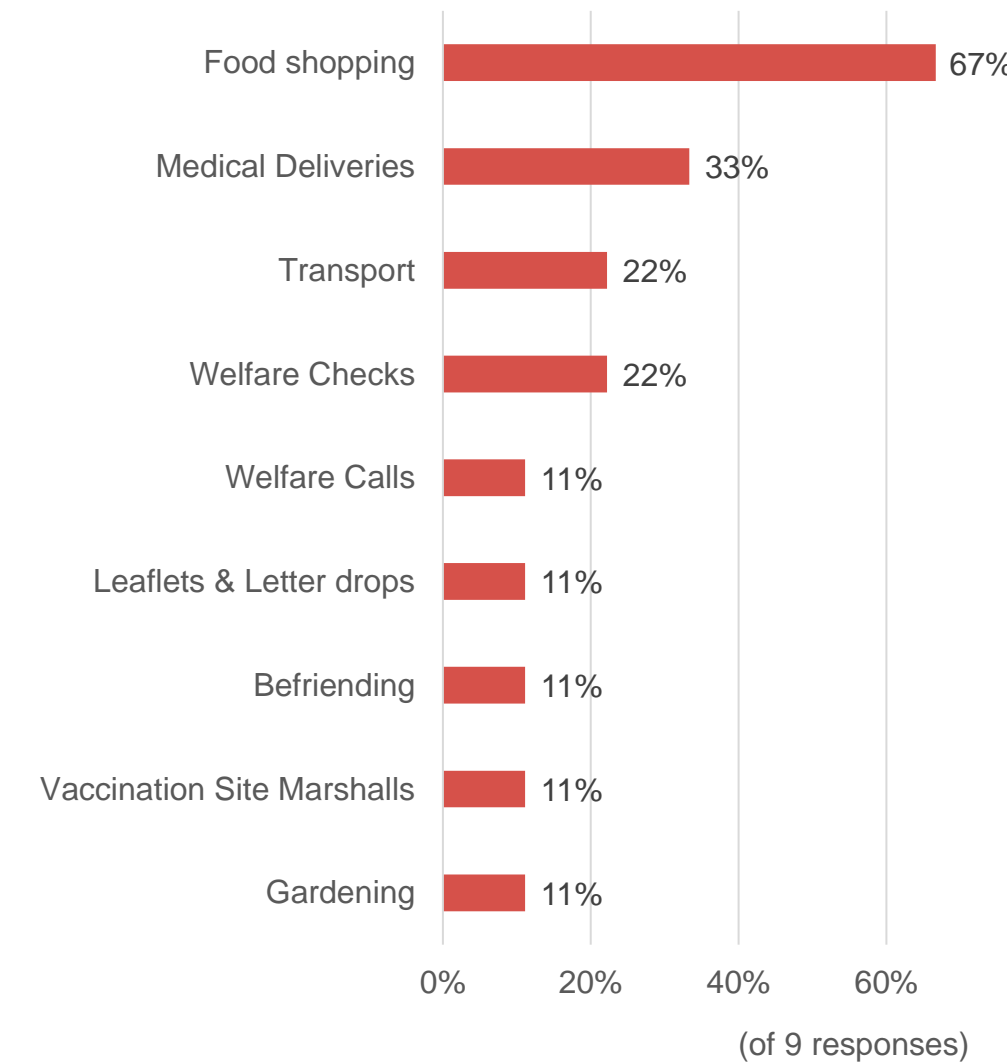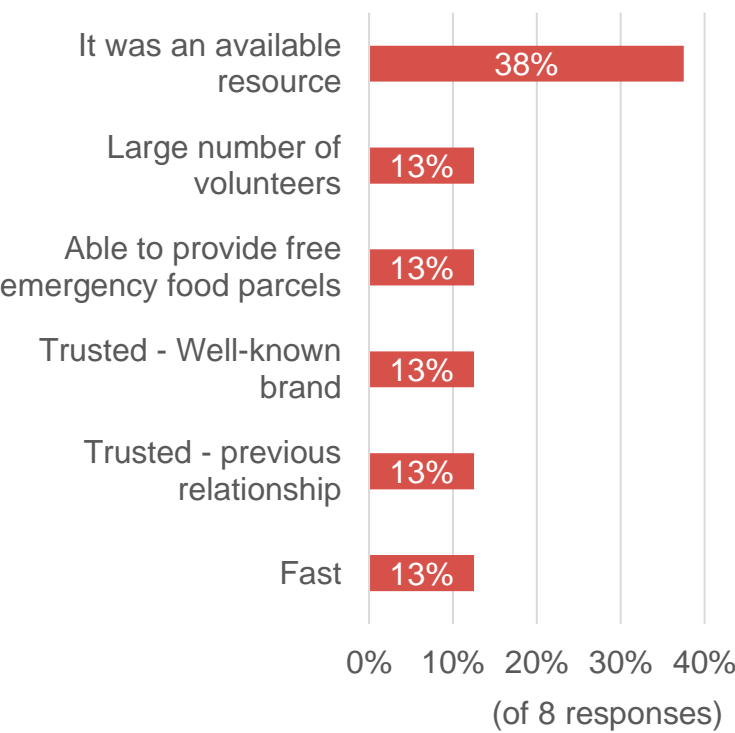

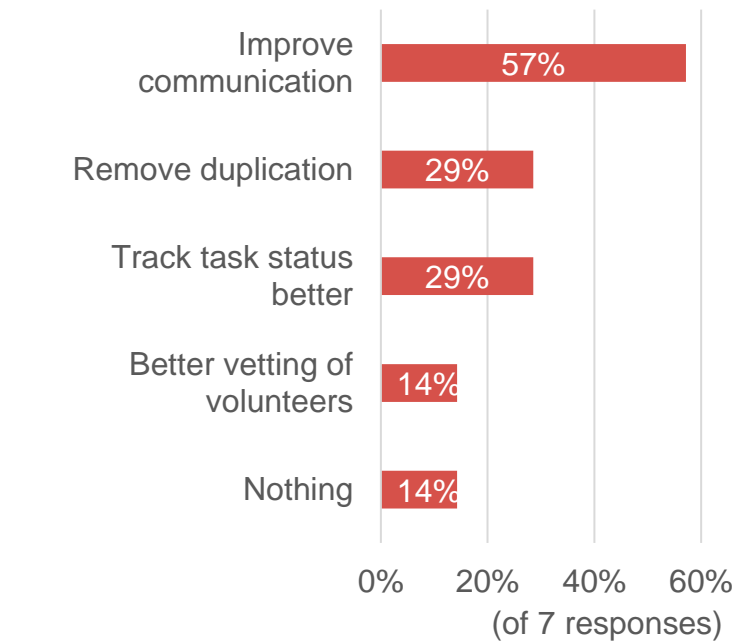| Task	%
Food shopping	67%
Medical Deliveries	33%
Transport	22%
Welfare Checks	22%
Welfare Calls	11%
Leaflets & Letter drops	11%
Befriending	11%
Vaccination Site Marshalls	11%
Gardening	11%

(of 9 responses)

Referrers that used the Local Councils' volunteer support were asked open questions. Themes were defined from the responses. The percentages of responses that included each theme are shown below.

Why did Referrers use Local Councils' Volunteer Support?

Theme	%
It was an available resource	38%
Large number of volunteers	13%
Able to provide free emergency food parcels	13%
Trusted - Well-known brand	13%
Trusted - previous relationship	13%
Fast	13%

(of 8 responses)

What works well with Local Councils' Volunteer Support?

Theme	%
Large pool of recruited & trained volunteers	25%
Local knowledge	13%
Flexibility	13%
Trained for Emergency Response	13%
Good communication	13%
Fast	13%
Offered services we didn't	13%

(of 8 responses)

What could be improved with Local Councils' Volunteer Support?

Theme	%
Improve communication	57%
Remove duplication	29%
Track task status better	29%
Better vetting of volunteers	14%
Nothing	14%

(of 7 responses)

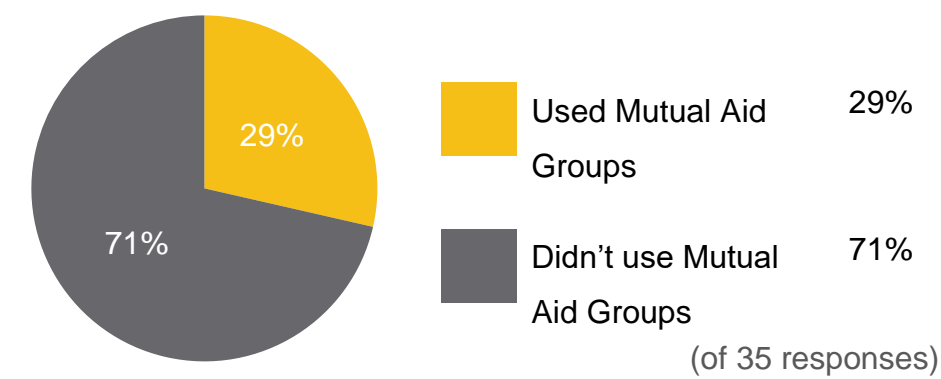### What were the reasons why Referrers didn't use Local Councils' Volunteer Support?

Referrers that did not use Local Councils' Volunteer Support were asked this open question. Themes were defined from the responses. The percentages of responses that included each theme are shown below.
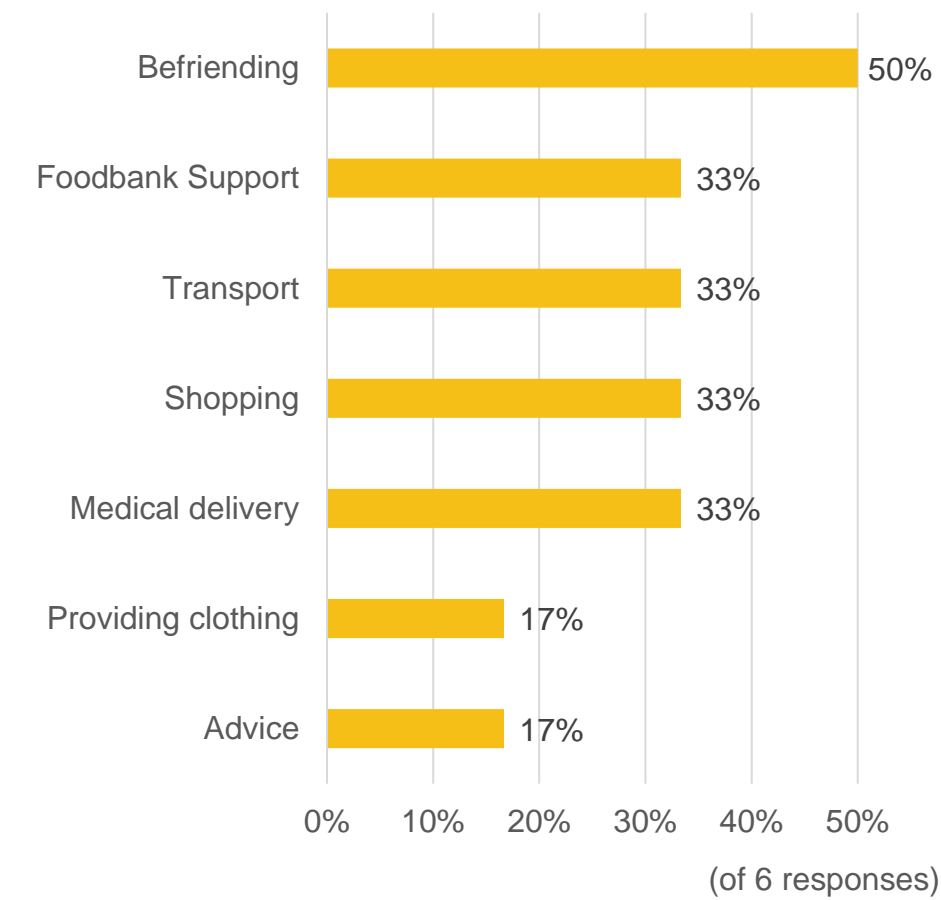

Theme	%
Used VCSE Sector's Volunteer Support instead	71%
Not aware	35%
Volunteers not suitable	6%

(of 17 responses)

yorkcvs

Mutual Aid Groups

Ratio of all Referrers who used Mutual Aid Groups Support

- Used Mutual Aid Groups — 29%
- Didn't use Mutual Aid Groups — 71%
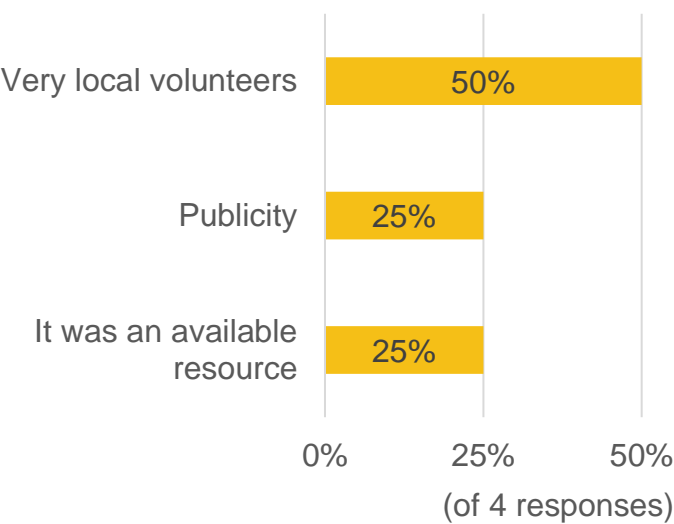
(of 35 responses)
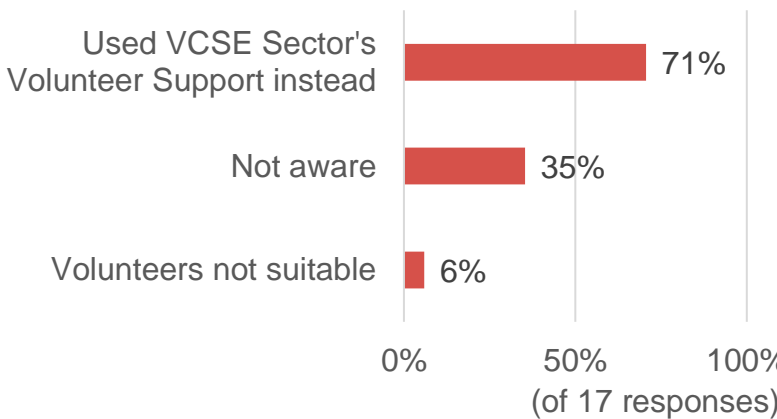
What tasks did Referrers use Mutual Aid Groups Support for?

The graph below shows the percentage of referrers that used Mutual Aid Groups volunteer support for the following tasks:

- Befriending — 50%
- Foodbank Support — 33%
- Transport — 33%
- Shopping — 33%
- Medical delivery — 33%
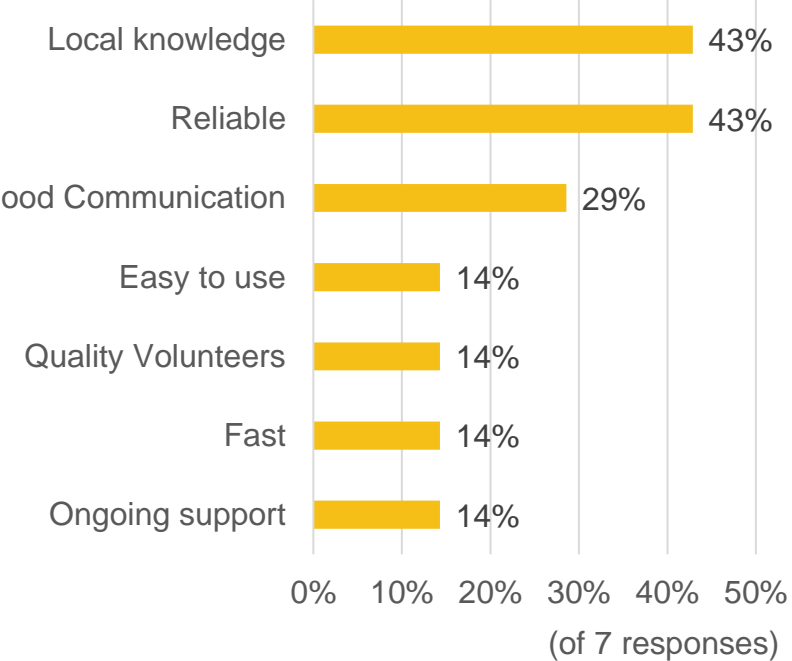- Providing clothing — 17%
- Advice — 17%

(of 6 responses)

Referrers that used the Mutual Aid Groups' volunteer support were asked open questions. Themes were defined from the responses. The percentages of responses that included each theme are shown below.

Why did Referrers use Mutual Aid Groups' Volunteer Support?

- Very local volunteers — 50%
- Publicity — 25%
- It was an available resource — 25%

(of 4 responses)

What could be improved with Mutual Aid Groups' Volunteer Support?

- Improve referral process — 67%
- More information — 33%
- Improve Communication — 33%

(of 3 responses)

" Once reposted to the group it became slightly more difficult to keep track of the shares etc. "

" who they are, what they can do, safeguards "

What works well with Mutual Aid Groups' Volunteer Support?

- Local knowledge — 43%
- Reliable — 43%
- Good Communication — 29%
- Easy to use — 14%
- Quality Volunteers — 14%
- Fast — 14%
- Ongoing support — 14%

(of 7 responses)

What were the reasons why Referrers didn't use Mutual Aid Groups' Volunteer Support?

Referrers that did not use Local Councils' Volunteer Support were asked this open question. Themes were defined from the responses. The percentages of responses that included each theme are shown below.
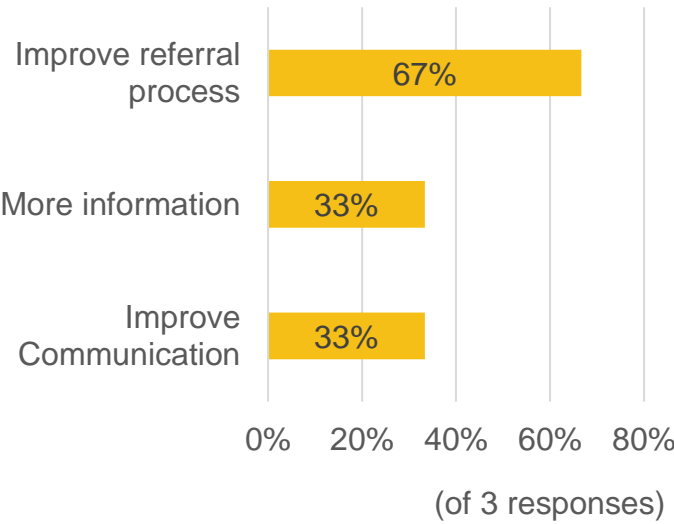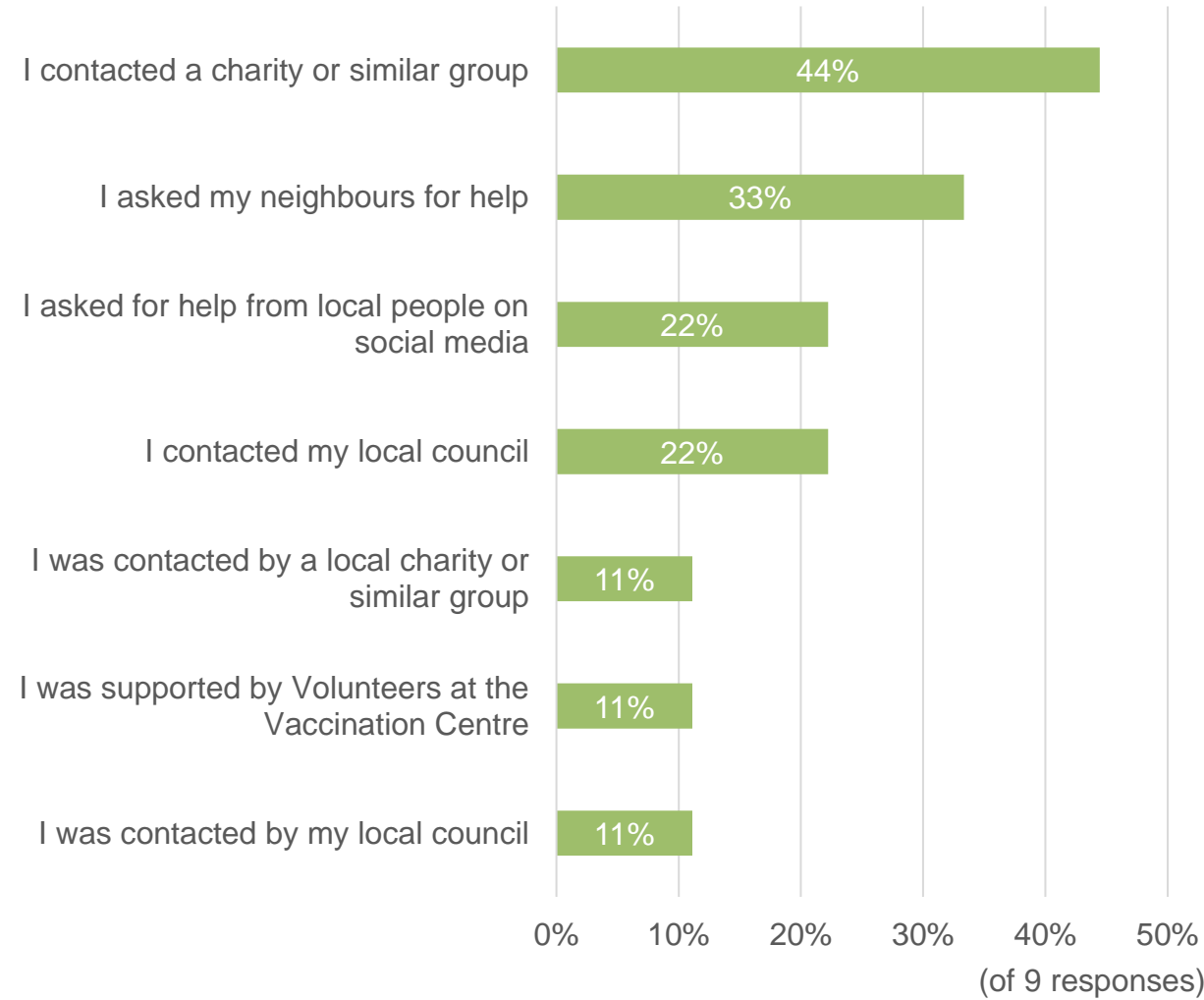

- Not needed / Used alternatives — 63%
- Not aware — 16%
- Lack of trust - e.g. vetting and safeguarding concerns — 11%
- Didn't know how — 5%
- Too local — 5%

(of 19 responses)

yorkcvs

Beneficiaries

How did Beneficiaries arrange for volunteers support?

- I contacted a charity or similar group: **44%**
- I asked my neighbours for help: **33%**
- I asked for help from local people on social media: **22%**
- I contacted my local council: **22%**
- I was contacted by a local charity or similar group: **11%**
- I was supported by Volunteers at the Vaccination Centre: **11%**
- I was contacted by my local council: **11%**

(of 9 responses)

Which Programmes were Beneficiaries supported by?

- NHS VR: **17%**
- Local VCSE Sector: **33%**
- Local Council: **33%**
- Mutual Aid Groups: **33%**

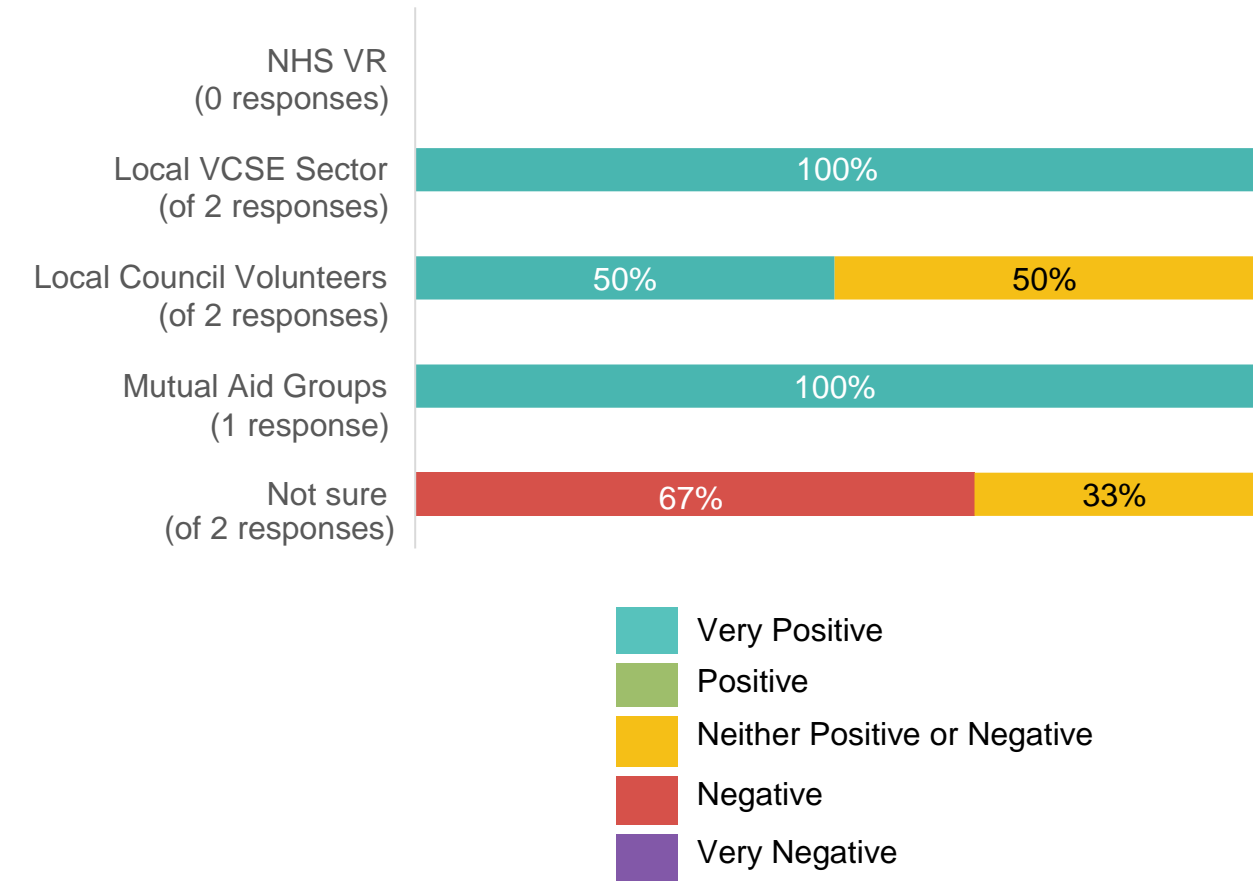(of 6 responses)
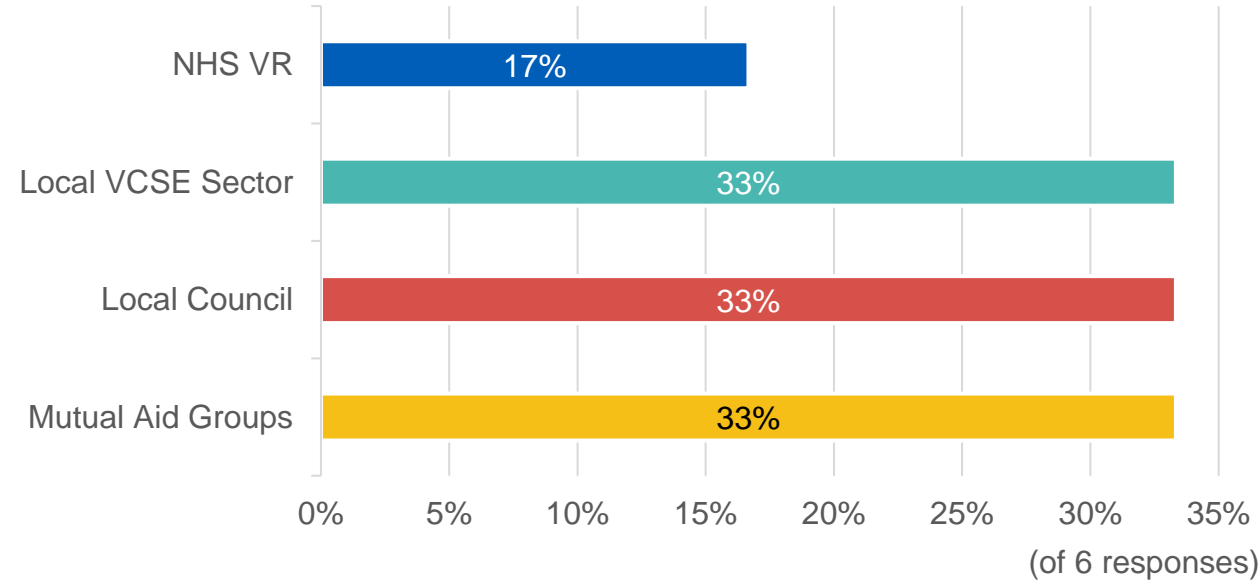
What tasks did Programmes help Beneficiaries with?

Local VCSE Sector: Medical Deliveries

Local Council: Medical & Food Deliveries

Beneficiaries of other programmes did not answer this question.

What worked well for Beneficieries and what could be improved?

Local VCSE Sector Volunteers were "Easy to access. Efficient. Friendly and dedicated volunteer". "Nothing" could be improved. Beneficiaries of other programmes did not answer this question.
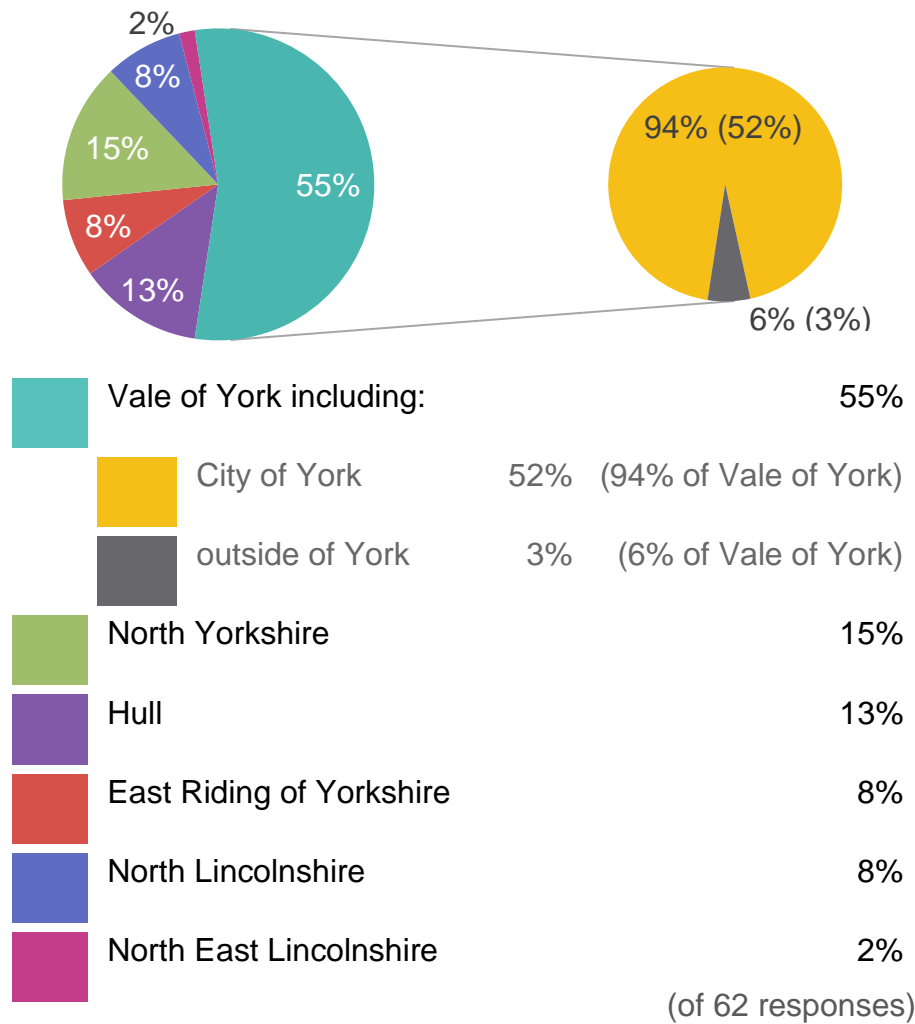
Beneficiaries' Experience with Volunteer Programmes

- NHS VR (0 responses)
- Local VCSE Sector (of 2 responses): **100%** Very Positive
- Local Council Volunteers (of 2 responses): **50%** Very Positive, **50%** Neither Positive or Negative
- Mutual Aid Groups (1 response): **100%** Very Positive
- Not sure (of 2 responses): **67%** Negative, **33%** Neither Positive or Negative

Legend: Very Positive, Positive, Neither Positive or Negative, Negative, Very Negative

Volunteers

Who volunteered?

Volunteer respondents to the survey were from the following areas:

Vale of York including:			55%
	City of York	52%	(94% of Vale of York)
	outside of York	3%	(6% of Vale of York)
North Yorkshire			15%
Hull			13%
East Riding of Yorkshire			8%
North Lincolnshire			8%
North East Lincolnshire			2%
			(of 62 responses)

Ethnicity

Respondents ethnicity was 97.8% (of 45 responses) White British. Healthwatch consultations for Humber Coast & Vale have shown 94.8% White British to be the average for the region so this figure is fairly close. With 52% of volunteer respondents being based in the city of York, this figure is compared with the 2011 census data for York which showed York's population as 90.2% White British suggesting COVID-response volunteering, COVID, or society in general presented more barriers or was less engaging to those people who aren't White British.
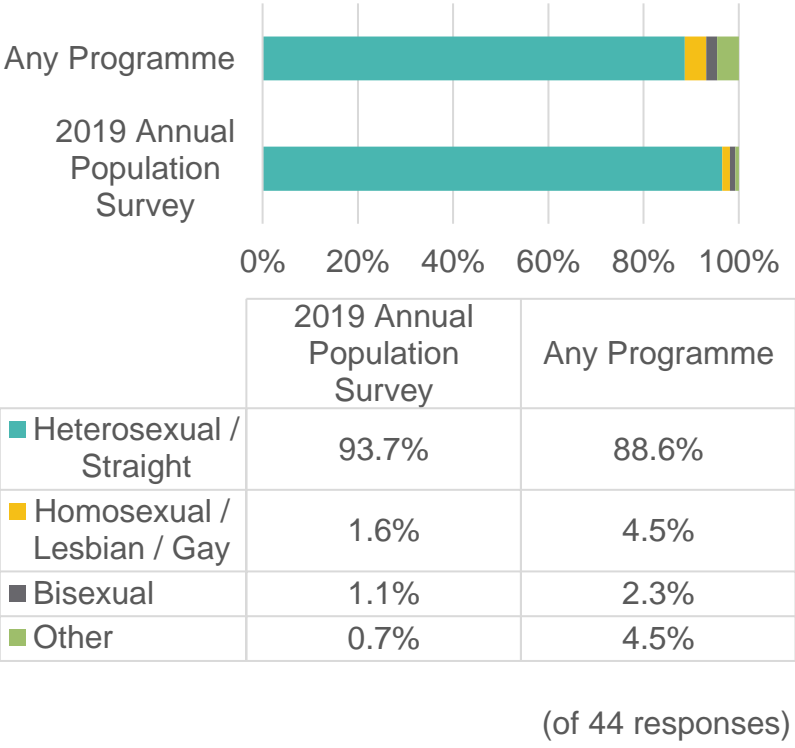
Sex and Gender Identity
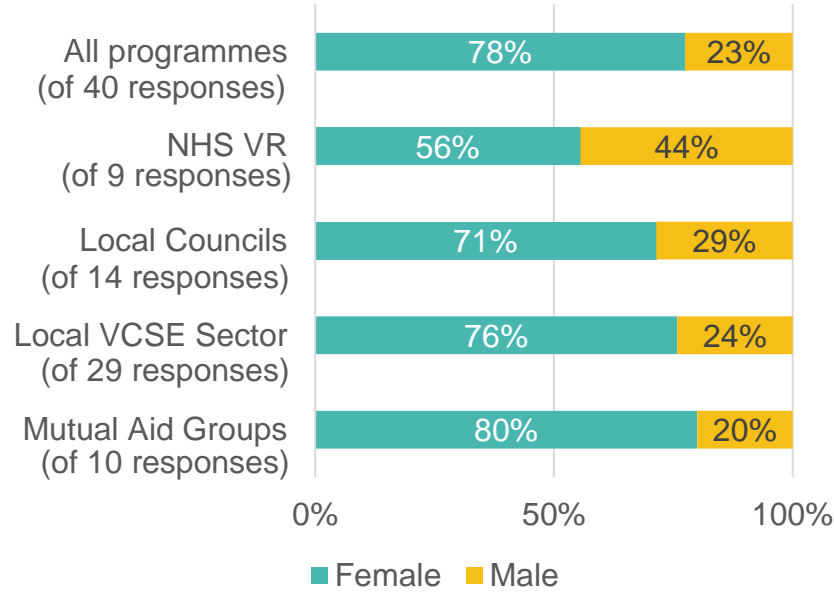
As is usual in volunteering, volunteers were predominantly female. NHS Volunteer Responders however were notably closer to normal population gender distributions than other programmes. Anecdotally, delivery-style volunteer roles have normally had more male uptake than female; with delivery and transportation being the core of many of NHS VR's roles, this may account for the difference. More work needs to be done to engage men in volunteering.

It should be noted that people with different gender identities responded to the survey but had not volunteered. All respondents' had the same gender identity as the sex they were assigned at birth. This may be the result of too small a sample of respondents to the survey or perhaps a barrier to volunteering for those who do not identify as "Male" or "Female", have transitioned or are intersex; research more focused on this would be needed.

Sexuality

The number of respondents was not large enough to establish any trends between programs regarding sexuality but could still be compared with the 2019 Annual Population Survey. To allow this comparison other responses to this survey such as "Celibate" and "Pansexual" had to be aggregated in to "Other". Compared to this survey, diversity in COVID-response voluntary programmes was higher than that of the general population. This may be a trend across all volunteering and requires further research as to the cause.

|	2019 Annual Population Survey	Any Programme
Heterosexual / Straight	93.7%	88.6%
Homosexual / Lesbian / Gay	1.6%	4.5%
Bisexual	1.1%	2.3%
Other	0.7%	4.5%

(of 44 responses)

Age

The proportion of volunteers by age category was fairly even when looking at 'All Programmes'. Using this as a comparison though NHS VR was made up of relatively younger volunteers, with a noticeable gap of 30-49 year olds and no volunteers above the age of 69, likely due to the original policy of not accepting anyone above the age of 70.

Conversely, local Councils in the Humber, Coast & Vale region had volunteers above the age of 65 making up the majority of their volunteers.

No respondents below the age of 30 reported volunteering for Mutual Aid Groups.

Local VCSE organisations had the most diverse mix of volunteers by age.

Volunteering is often presumed to be done by mostly older adults, assumed to be working less or retired. This is explored further on the next page. A good source for comparison to pre-COVID could not be found to see if older volunteers had reduced.
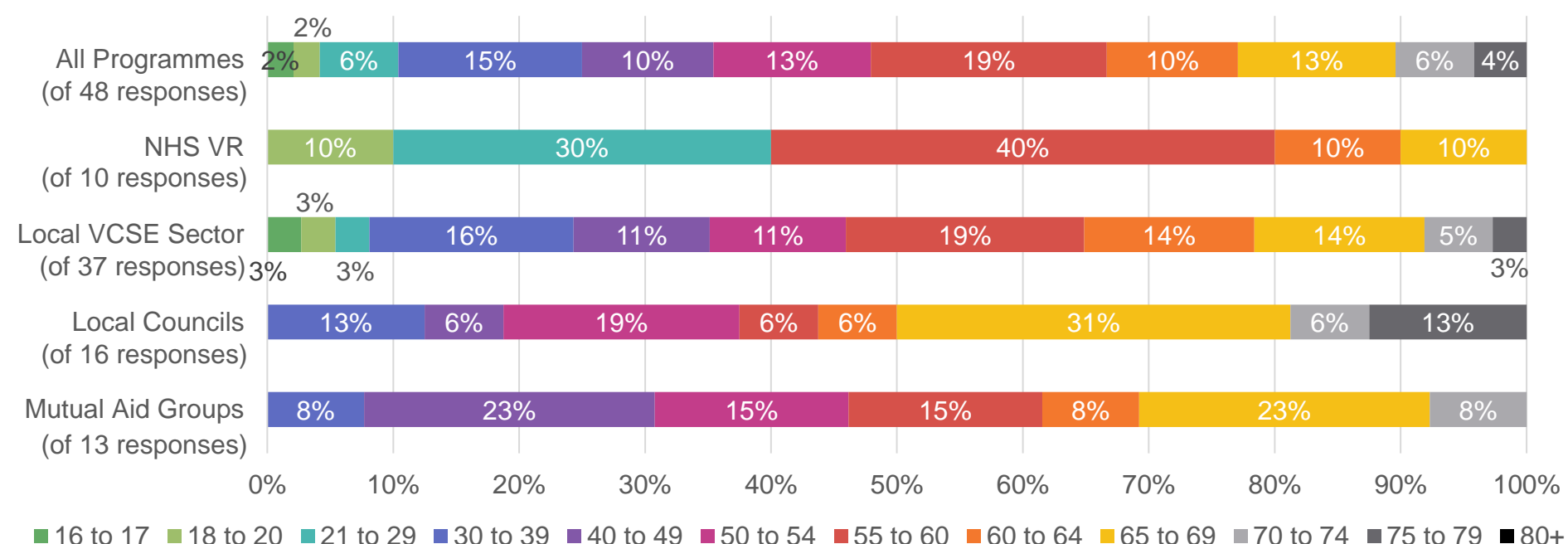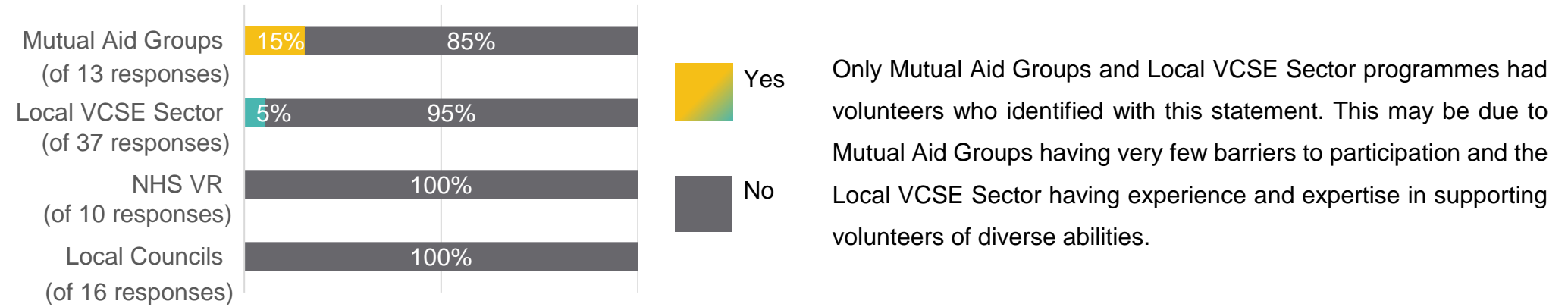

Working status

Many people cite "I work full time" as a reason why they don't volunteer (and that is evidenced later in this report) so it is often assumed that those who are retired or work less hours are more likely to volunteer than those who work. This was not the case.

NHS Volunteer Responder Programme focused on 'transactional volunteering' which could easily be fit into someone's busy schedule, picking up a task at a time, however only 20% of their volunteers were full time workers with 50% of their volunteers working less than 8 hours a week. 33% and 26% of Mutual Aid Group and Local VCSE Sector Programmes' volunteers were full time, respectively; the latter of which had the most diverse range of volunteers' working situations. The prevalence of retired volunteers in each programme matches the pattern of volunteer ages too with local councils relying on a majority retired volunteer workforce. This information was originally collected for socio-economic analysis and could have been further enhanced with the inclusion of furlough status to get a more reliable picture of availability.
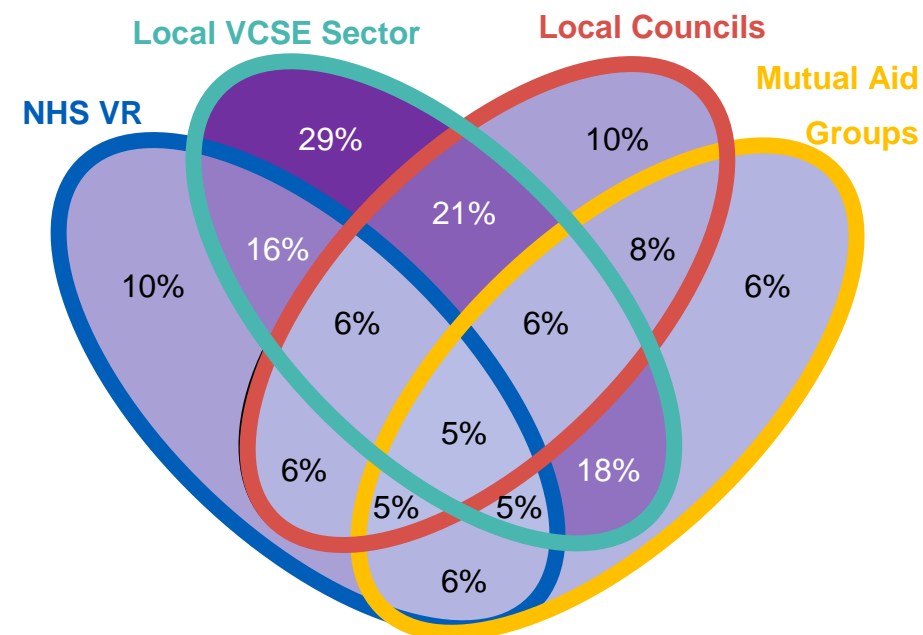

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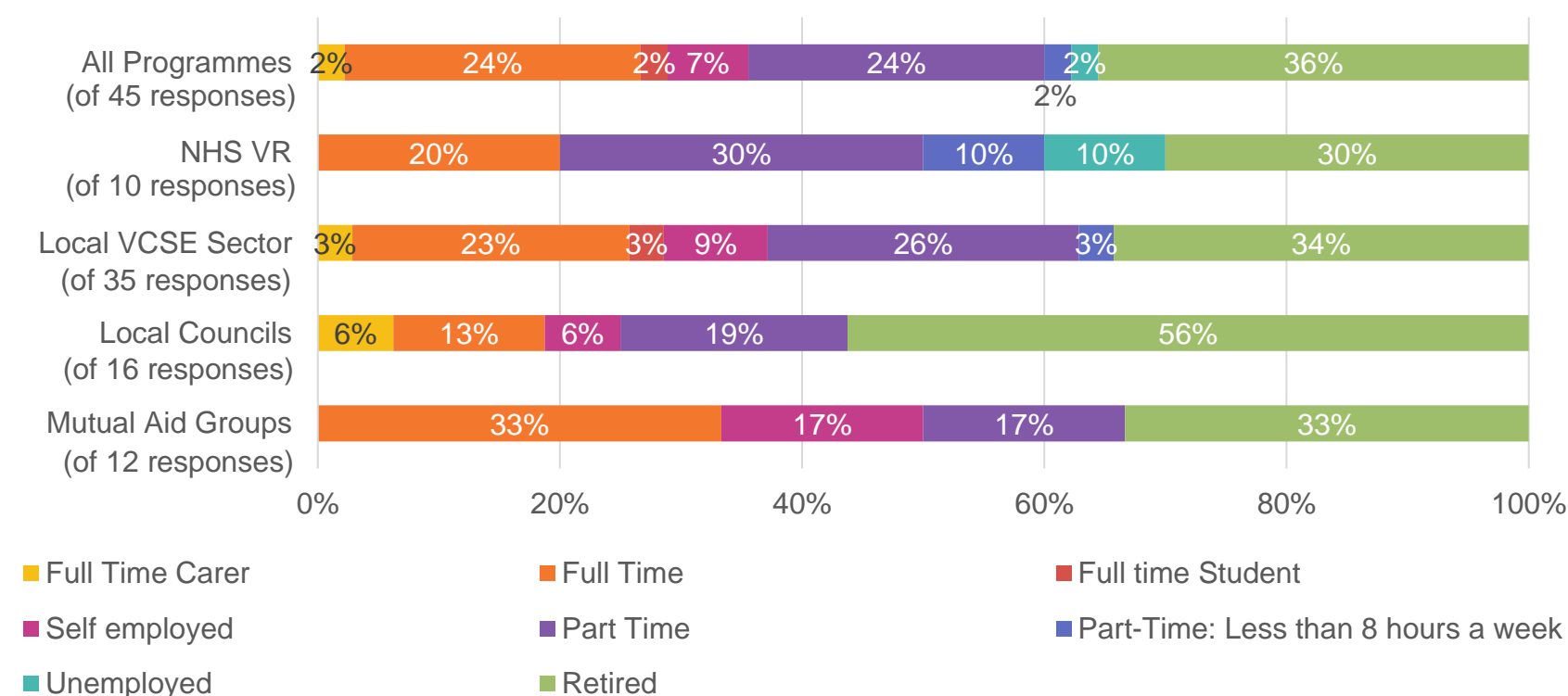
Disability

Participants were asked whether they considered themselves to have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.

Mutual Aid Groups (of 13 responses)	15% / 85%
Local VCSE Sector (of 37 responses)	5% / 95%
NHS VR (of 10 responses)	100%
Local Councils (of 16 responses)	100%

Yes

No

Only Mutual Aid Groups and Local VCSE Sector programmes had volunteers who identified with this statement. This may be due to Mutual Aid Groups having very few barriers to participation and the Local VCSE Sector having experience and expertise in supporting volunteers of diverse abilities.

The below heat-mapped Venn-diagrams show the percentages of Volunteers signed up with each possible combination of Volunteer Programmes. Most Volunteers tried volunteering with various different programmes before settling on Local VCSE Sector volunteering.

Most volunteers   Least volunteers

Which Volunteer Programmes did people volunteer for during COVID?

NHS VR — Local VCSE Sector — Local Councils — Mutual Aid Groups

29%, 10%, 16%, 21%, 8%, 10%, 6%, 6%, 6%, 5%, 18%, 6%, 5%, 5%, 6%

61% of COVID Response Volunteers still volunteer.

Which Volunteer Programmes do the remaining volunteers still volunteer for?

NHS VR — Local VCSE Sector — Local Councils — Mutual Aid Groups

66%, 5%, 3%, 13%, 5%, 3%, 8%, 3%, 0%, 3%, 3%, 0%, 0%, 0%, 0%, 0%
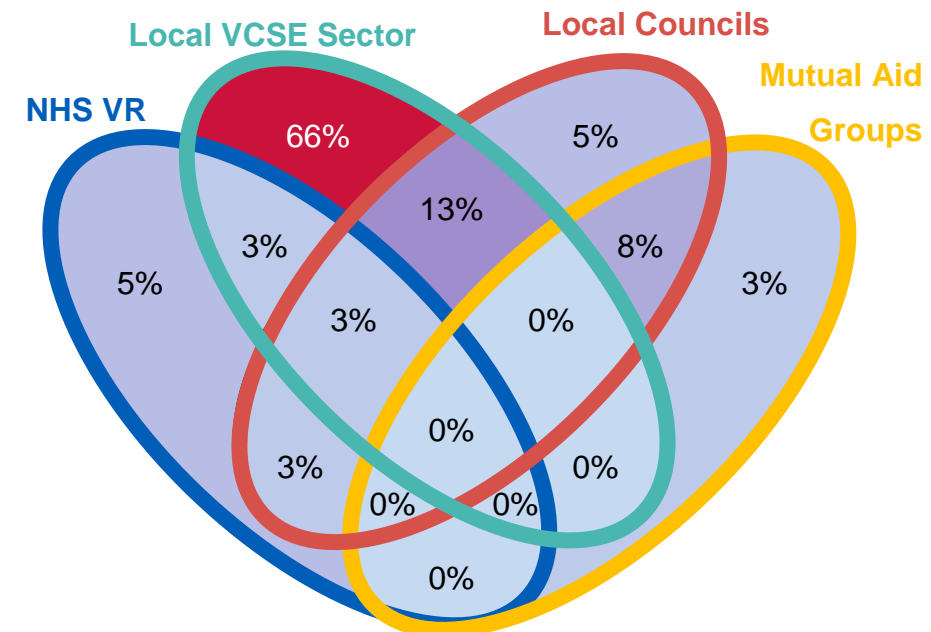
73% of respondents have volunteered with **Local VCSE Sector** Programmes

34% of respondents have volunteered with **Local Councils'** Programmes

27% of respondents have volunteered with **Mutual Aid Groups**

27% of respondents have volunteered as **NHS Volunteer Responders**

(of 62 responses)

87% volunteer with **Local VCSE Sector** Programmes

18% volunteer with **Local Councils'** Programmes

6% volunteer with **Mutual Aid Groups**

5% volunteer as **NHS Volunteer Responders**

(of 38 responses)

yorkcvs

Were COVID-response Volunteers new to Volunteering?
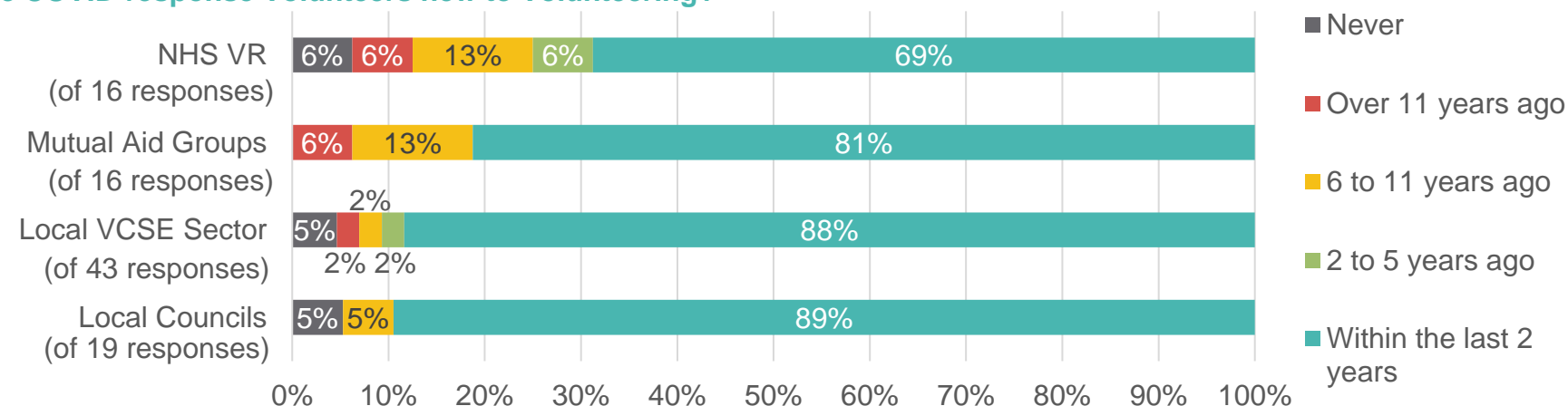
NHS VR (of 16 responses): Never 6% | Over 11 years ago 6% | 6 to 11 years ago 13% | 2 to 5 years ago 6% | Within the last 2 years 69%

Mutual Aid Groups (of 16 responses): Over 11 years ago 6% | 6 to 11 years ago 13% | Within the last 2 years 81%

Local VCSE Sector (of 43 responses): Never 5% | 2% | 2% 2% | Within the last 2 years 88%

Local Councils (of 19 responses): Never 5% | 6 to 11 years ago 5% | Within the last 2 years 89%

Legend:
- Never
- Over 11 years ago
- 6 to 11 years ago
- 2 to 5 years ago
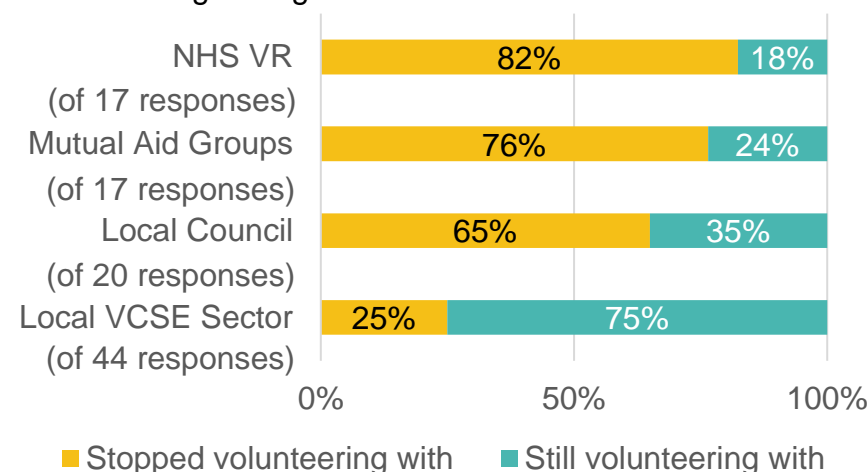- Within the last 2 years

The majority of volunteers during COVID were already fairly regular volunteers.

NHS VR was most likely to recruit volunteers who had never volunteered before or had not done so for a long time.

Which Volunteer Programmes did respondents stop volunteering for?

Respondents who have volunteered via a programme during COVID were asked whether they were still volunteering through it.

NHS VR (of 17 responses): Stopped volunteering with 82% | Still volunteering with 18%

Mutual Aid Groups (of 17 responses): Stopped volunteering with 76% | Still volunteering with 24%

Local Council (of 20 responses): Stopped volunteering with 65% | Still volunteering with 35%

Local VCSE Sector (of 44 responses): Stopped volunteering with 25% | Still volunteering with 75%

Legend:
- Stopped volunteering with
- Still volunteering with

The vast majority of people who had signed up as an NHS Volunteer Responders (82%) no longer volunteer with them. In contrast local VCSE Sector organisations have been much better at volunteer retention with 75% still volunteering.

Respondents reasons for no longer volunteering for certain programmes is outlined for each programme later in the report.
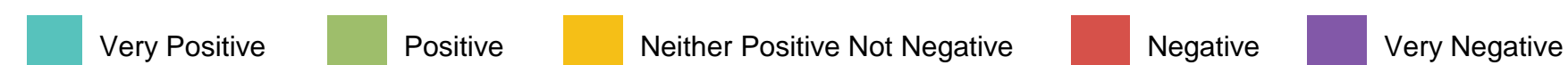
Do respondents plan to volunteer in future?

Respondents were asked how strongly they agree or disagree with the following statements.

There were no significant differences between programmes or demographics.

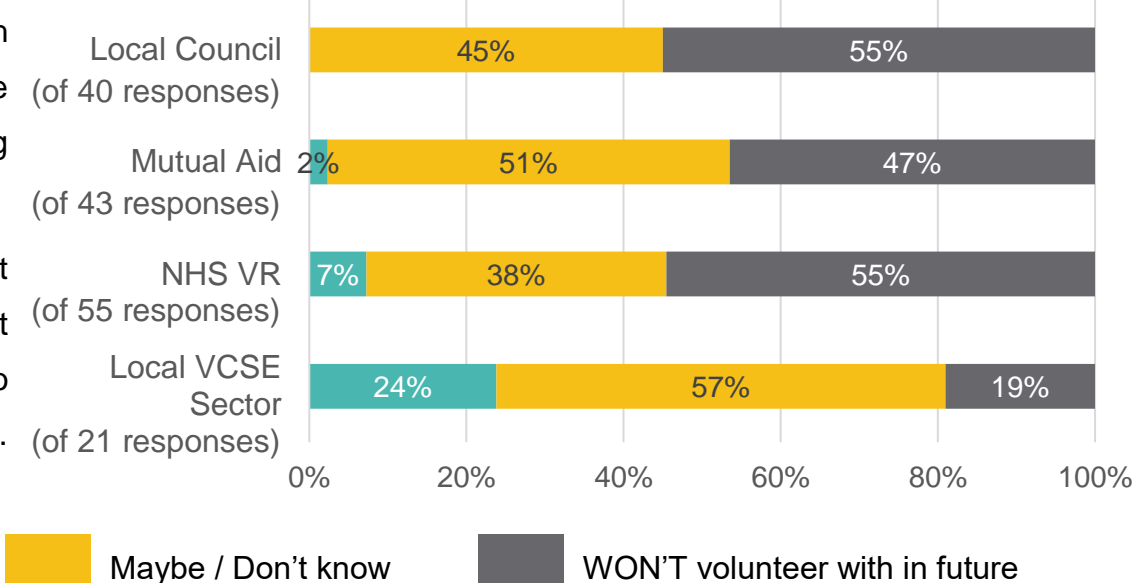Those who volunteered: I will continue volunteering when the pandemic is over. (of 50 responses): Very Positive 60% | Positive 20% | Neither Positive Not Negative 20%

Those who didn't volunteer: I plan to volunteer in future. (of 19 responses): Very Positive 37% | Positive 42% | Neither Positive Not Negative 21%

Legend:
- Very Positive
- Positive
- Neither Positive Not Negative
- Negative
- Very Negative

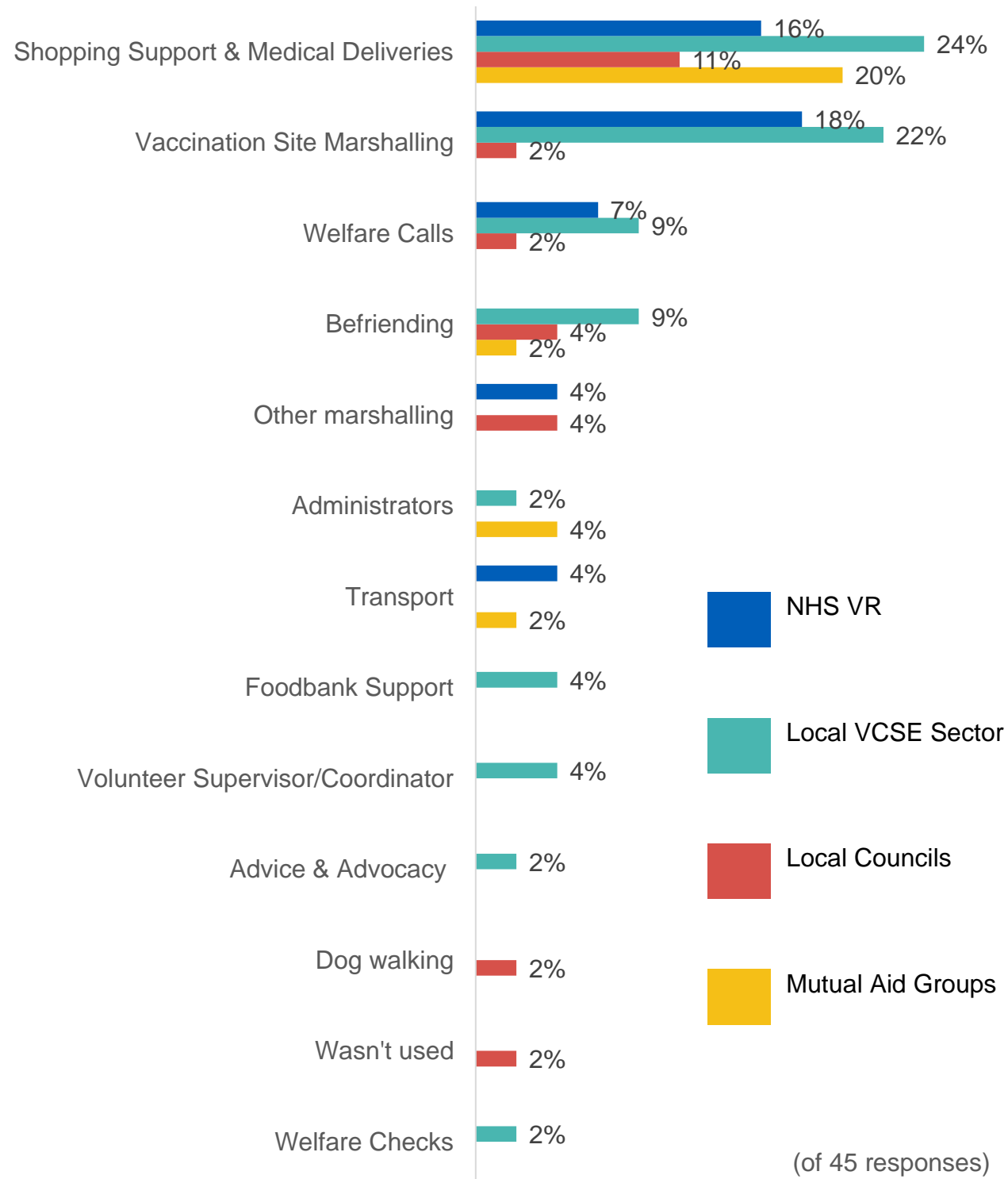## Which Volunteer Programmes will people volunteer with in future?

Respondents who hadn't volunteered through a certain programme during COVID were asked whether they might start volunteering through that programme in future.

Respondents were reluctant or unsure about volunteering through programmes they hadn't volunteered for before but were most open to volunteering through the Local VCSE Sector.

Local Council (of 40 responses): Maybe / Don't know 45% | WON'T volunteer with in future 55%

Mutual Aid (of 43 responses): WILL volunteer with in future 2% | Maybe / Don't know 51% | WON'T volunteer with in future 47%

NHS VR (of 55 responses): WILL volunteer with in future 7% | Maybe / Don't know 38% | WON'T volunteer with in future 55%

Local VCSE Sector (of 21 responses): WILL volunteer with in future 24% | Maybe / Don't know 57% | WON'T volunteer with in future 19%

Legend:
- WILL volunteer with in future
- Maybe / Don't know
- WON'T volunteer with in future

What tasks did Volunteers do through each Programme?

This table shows the percentage of total volunteer respondents who volunteered in certain roles through each volunteer programme.

Shopping Support & Medical Deliveries — NHS VR 16%, Local VCSE Sector 24%, Local Councils 11%, Mutual Aid Groups 20%

Vaccination Site Marshalling — NHS VR 18%, Local VCSE Sector 22%, Local Councils 2%

Welfare Calls — NHS VR 7%, Local VCSE Sector 9%, Local Councils 2%

Befriending — Local VCSE Sector 9%, Local Councils 4%, Mutual Aid Groups 2%

Other marshalling — NHS VR 4%, Local Councils 4%

Administrators — Local VCSE Sector 2%, Mutual Aid Groups 4%

Transport — NHS VR 4%, Mutual Aid Groups 2%

Foodbank Support — Local VCSE Sector 4%

Volunteer Supervisor/Coordinator — Local VCSE Sector 4%

Advice & Advocacy — Local VCSE Sector 2%

Dog walking — Local Councils 2%

Wasn't used — Local Councils 2%

Welfare Checks — Local VCSE Sector 2%

(of 45 responses)

Legend: NHS VR, Local VCSE Sector, Local Councils, Mutual Aid Groups

Those volunteering through the Local VCSE Sector had the widest range of volunteer opportunities to choose; this may have been why this programme had the most diverse age and working status of their volunteers in comparison to other programmes.

Positivity of Volunteers' Experience

There are lots of things that make volunteering a positive experience for Volunteers.

The National Council for Voluntary Organisations carried out research on what makes a quality volunteer experience in its Time Well Spent Report[7]. It highlighted eight key features:
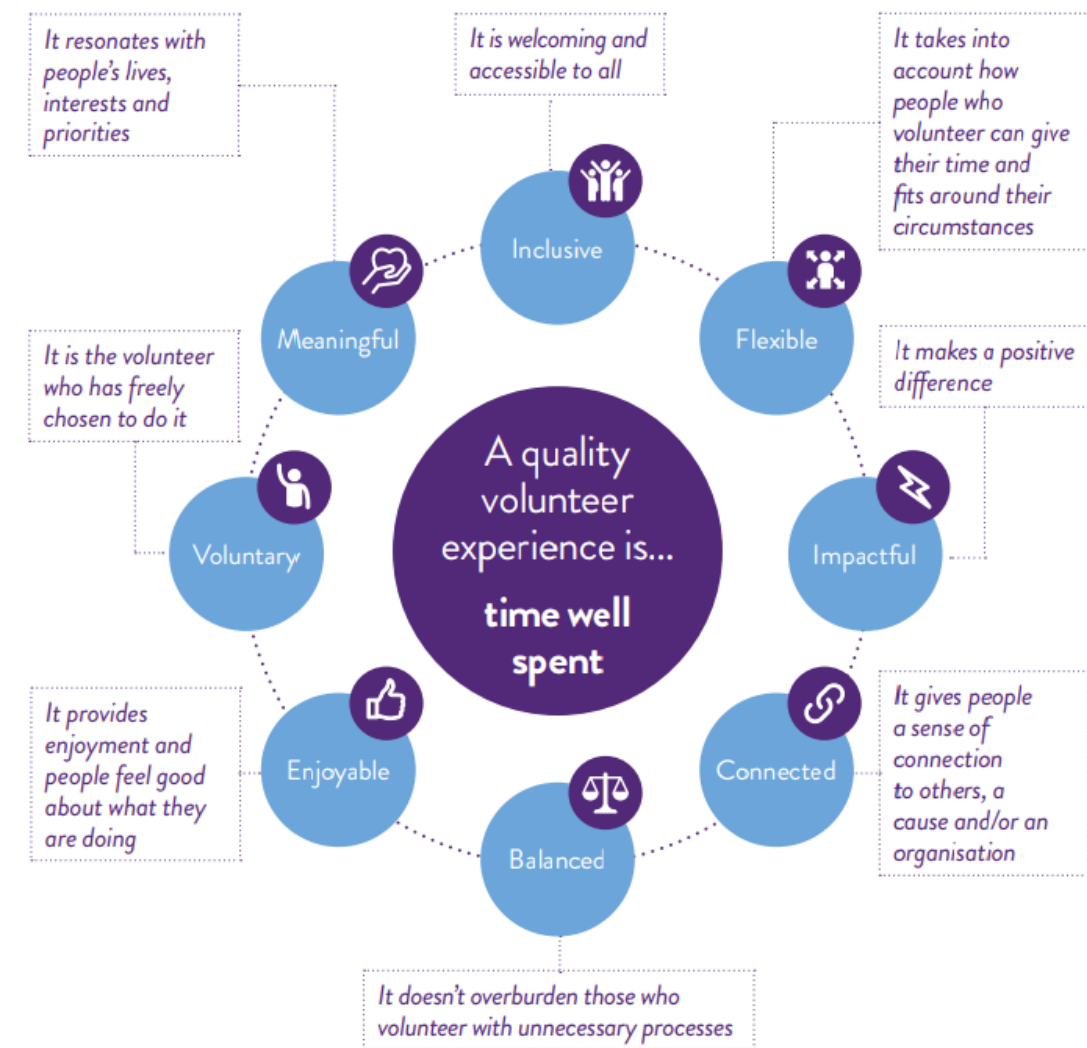
Alongside these eight features, this research also included 'Safe' (feeling safe while volunteering or travelling to and from volunteering) and 'Empowering' (volunteers know what they're supposed to be doing and feel qualified/trained to do it). Volunteers were asked how much they agree or disagree with twenty statements that explore these ten features of a quality volunteer experience so that more detailed analysis could be made across the four programmes. Their answers were assigned a positivity score, e.g. if the statement was positive it would score 100% for "Strongly agree", 75% for "Agree", 50% for "Neither agree nor disagree", 25% for "Disagree" and 0% for "Strongly disagree" and vice-versa for negative statements. "Are you able to claim expenses?" answers score 100% for "Yes", "0%" for No and 25% for "Don't know".

Feature	Statement	NHS VR	Local VCSE Sector	Local Councils	Mutual Aid Groups
Balanced / Inclusive	It was easy to sign-up as a volunteer.	77%	84%	83%	82%
Balanced	I was able to start volunteering quickly after expressing my interest in volunteering.	46%	86%	78%	82%
Inclusive	The voluntary role is inclusive and is welcoming and accessible to everyone, regardless of background or circumstances.	55%	85%	83%	89%
Balanced	I feel the volunteer programme is well organised.	56%	91%	73%	80%
Empowering	I know what I am supposed to be doing.	58%	92%	88%	80%
Empowering	I feel qualified/trained to do what I am asked to do.	64%	89%	85%	77%
Balanced	I feel burdened by unnecessary processes.	52%	78%	78%	55%
Safety	I feel safe while volunteering and travelling to and from volunteering	61%	86%	73%	77%
Connected	I've built a relationship with the volunteer organisers (e.g. the NHS VR team/the Council/Charity/Volunteer Centre/CVS/similar organisation/Mutual Aid Group team)	39%	85%	63%	75%
Connected	I've built a relationship with the people setting the tasks (i.e. the referrers / partner organisations / the charity / similar organisation)	35%	81%	71%	70%
Connected	I've built a relationship with the people who benefit from my volunteering (e.g. patients / citizens / service-users / neighbours, etc)	39%	74%	67%	64%
Connected	I've built a relationship with other volunteers.	36%	77%	62%	68%
Flexible	The volunteer organisers/coordinators take into account how I can give my time and are flexible in fitting my volunteering around my circumstances.	64%	89%	80%	82%
Voluntary	I feel under pressure to carry on volunteering or that the task won't be completed if I don't volunteer.	55%	82%	82%	65%
Voluntary	I feel that the voluntary work I am doing should be a paid role.	73%	70%	80%	75%
Enjoyable	I enjoy volunteering and feel good about what I am doing.	70%	94%	90%	89%
Impactful	The volunteering I do makes a positive difference.	61%	92%	87%	84%
Balanced	The benefits of volunteering far outweigh any disadvantages	75%	93%	93%	85%
Meaningful	The volunteering I do is meaningful to me and aligns with my life, priorities, beliefs or interests.	68%	91%	88%	86%
Inclusive	Are you able to claim back your expenses	20%	55%	42%	14%
Overall Positivity		**55%**	**84%**	**77%**	**74%**

When looking at the positivity scores it is important to remember that all 4 programmes had to be set up in a short time frame at the beginning of the pandemic. The local VCSE Sector has a great deal of experience and expertise in volunteering so scores were expected to be higher, however they often had no additional funding or resource for COVID-response. The NHS Volunteer Responders programme was set up by the Royal Voluntary Service (RVS) so similar experience and expertise should be expected and they had a government remit, funding and resources to support their work; it is likely they had more lead-time from the government in advance to prepare. Local Councils operate differently but often have some teams involved with volunteer management and had a government remit, funding and resources. Mutual Aid Groups, being grassroots programmes, were set up by laypeople so scores were expected to be lower as it was unlikely they would have any experience, expertise or indeed resources.

The heat-mapped table above shows that Local VCSE Sector organisations offered the highest quality volunteer experience, with the highest overall positivity score. It should be expected for the "voluntary sector" to be the experts in quality volunteering. Mutual Aid Groups didn't have
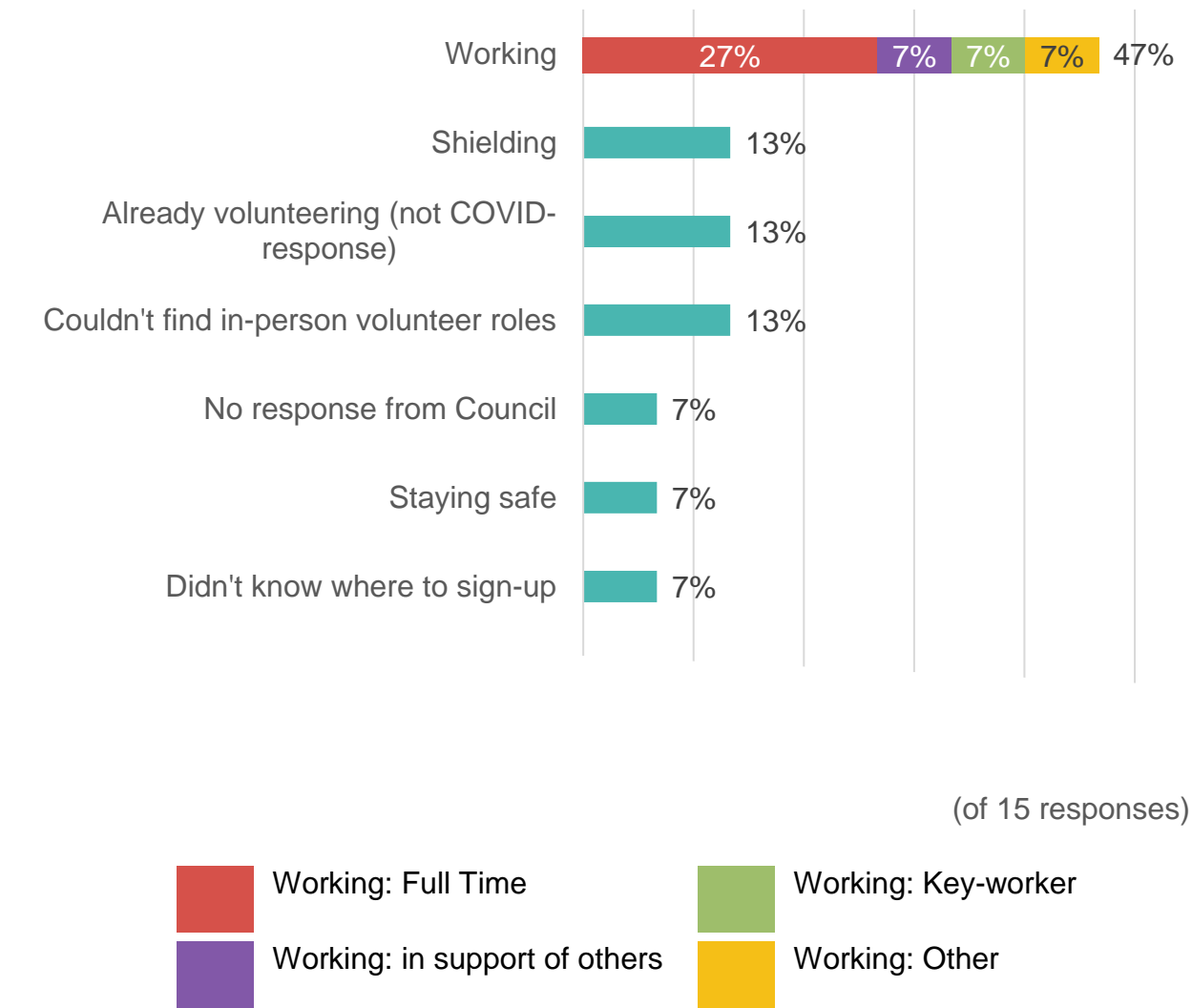
the lowest score as expected, being the least funded and experienced. Instead the RVS led NHS Volunteer Responders programme had the lowest quality volunteering with the lowest Overall Positivity score of 55%.

The 'transactional volunteering' dominant NHS VR model was expected to have a low "Connection" score as seen but it was expected to have a high score for "Balanced", "Flexible" and "Voluntary" statements, however it often ranked the lowest suggesting that the model may not be as big a success as is often reported.

A low-score across all four programmes (to varying degrees) was around expenses with programmes either not providing expenses or not making it clear enough that volunteers could claim expenses and how to go about it.

Volunteers were asked whether they wanted to comment after each-statement. Positive comments are included in the "What worked well" and negative statements in the "What could be improved" sections for each programme later in this report.

## Why did respondents not volunteer for any COVID-Response volunteer programme?

Working — 27% | 7% | 7% | 7% — 47%
Shielding — 13%
Already volunteering (not COVID-response) — 13%
Couldn't find in-person volunteer roles — 13%
No response from Council — 7%
Staying safe — 7%
Didn't know where to sign-up — 7%

(of 15 responses)

■ Working: Full Time
■ Working: in support of others
■ Working: Key-worker
■ Working: Other

Where would respondents find new volunteering opportunities after the pandemic?

0% 10% 20% 30% 40% 50%

Local CVS / Volunteer Centre — 40% / 25%
Social Media — 40% / 18%
Look at Voluntary Groups directly — 27% / 21%
General websearch — 20% / 25%
National Volunteering Websites — 13% / 7%
University website — 13% / 4%
Local Newsletters — 7% / 4%
Local Council — 7%
Through their Faith group — 4%
Through local Social Enterprises — 4%
LinkedIn — 4%
Local opportunities database — 4%
Word of Mouth — 4%
See what NHS suggest to me — 4%

■ Respondents who had been COVID-response Volunteers (of 28 responses)

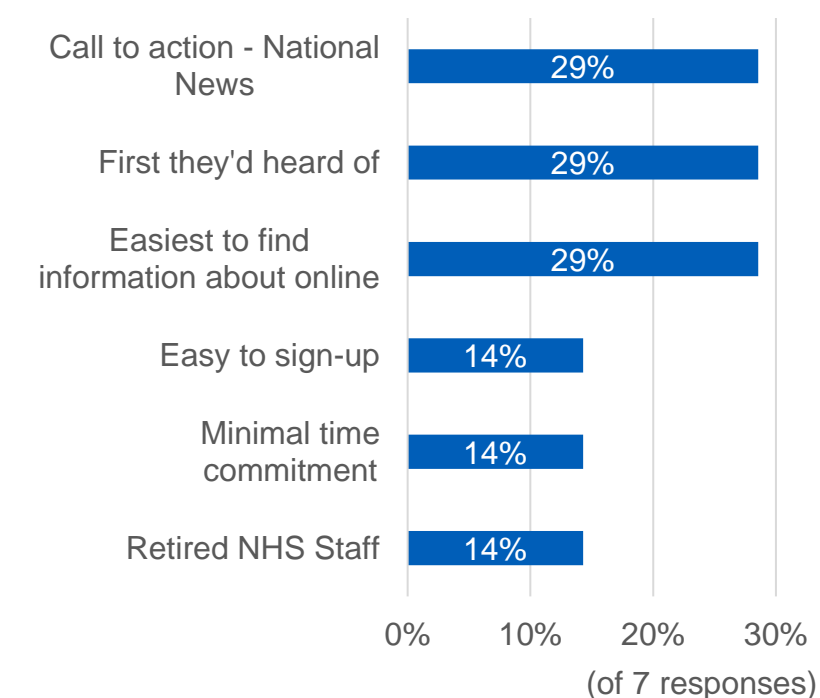■ Respondents who had NOT been COVID-response Volunteers (of 15 responses)

NHS Volunteer Responders

Ratio of all Volunteers who volunteered through the NHS Volunteer Responders Programme

27%

73%

Volunteered through the NHS VR Programme

Didn't volunteer through the NHS VR Programme
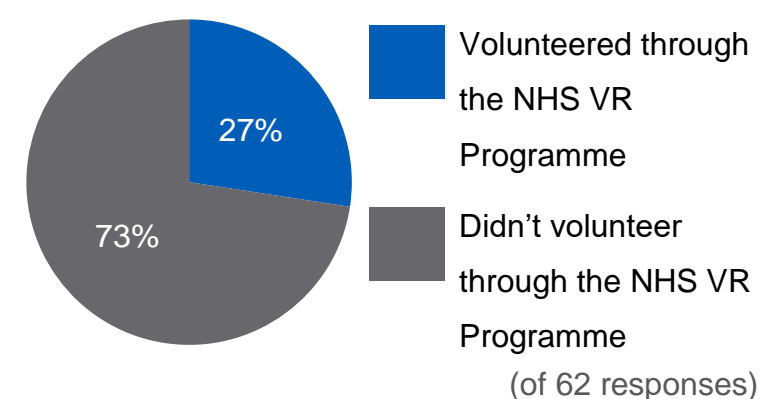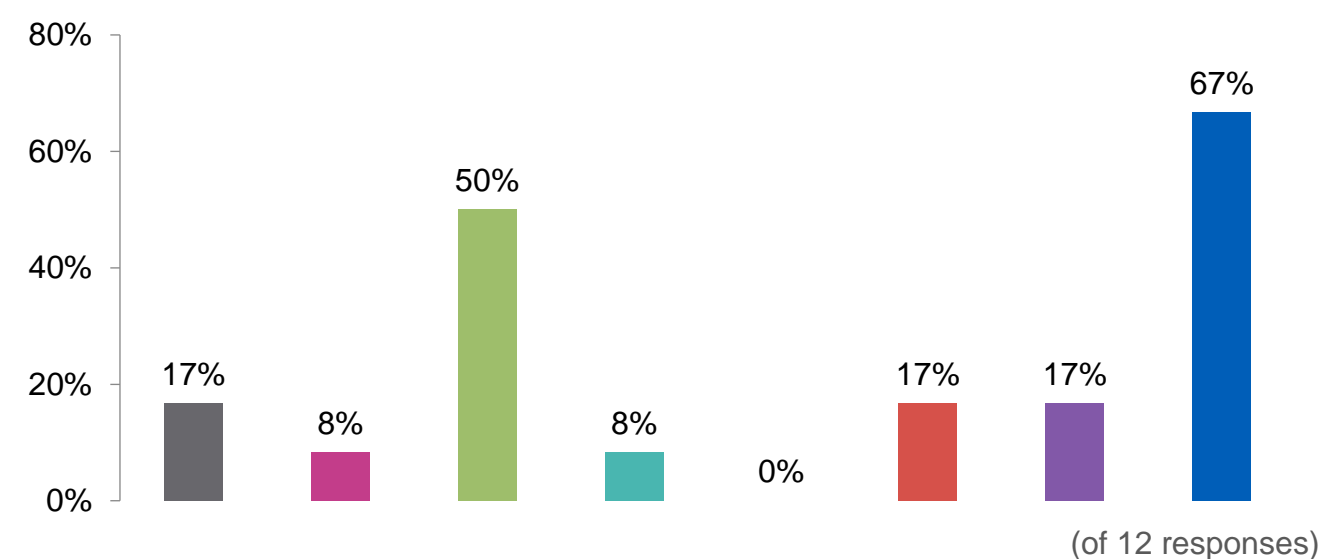
(of 62 responses)

Survey participants that volunteered as NHS Volunteer Responders were asked open questions. Themes were defined from the responses. The percentages of volunteers' responses that included each theme are shown below.

Why did respondents volunteer as NHS Volunteer Responders?

Reason	Percentage
Call to action - National News	29%
First they'd heard of	29%
Easiest to find information about online	29%
Easy to sign-up	14%
Minimal time commitment	14%
Retired NHS Staff	14%

(of 7 responses)

Which NHS VR roles did respondents volunteer for?

Role	Percentage
Check in and Chat Support	17%
Check in and Chat Plus Support	8%
Community Support	50%
Community Support Plus	8%
Patient Transport Support	0%
NHS Transport Support	17%
Health & Care Non-Clinical Support	17%
COVID Vaccination Steward Support Volunteers	67%

(of 12 responses)

Check in and Chat Support
Provides short-term telephone support to individuals who are at risk of loneliness as a consequence of self-isolation.

Check in and Chat Plus Support
Provides a regular check-in by telephone to the same individual for a duration of 10 weeks, with 3 calls taking place each week.

Community Support
Provides collection of shopping, medication or other essential supplies for someone who is self-isolating, and delivering these supplies to their home.

Community Support Plus
Provides collection of shopping, medication or other essential supplies for someone with a learning disability or who are vulnerable for another reason, and delivering these supplies to their home.

Patient Transport Support
Provides transport for patients who are medically fit for discharge or to support patients going to NHS appointments.

NHS Transport Support
Provides transport for equipment, supplies and/or medication between NHS services and sites. Also involves assisting pharmacies with medication delivery.
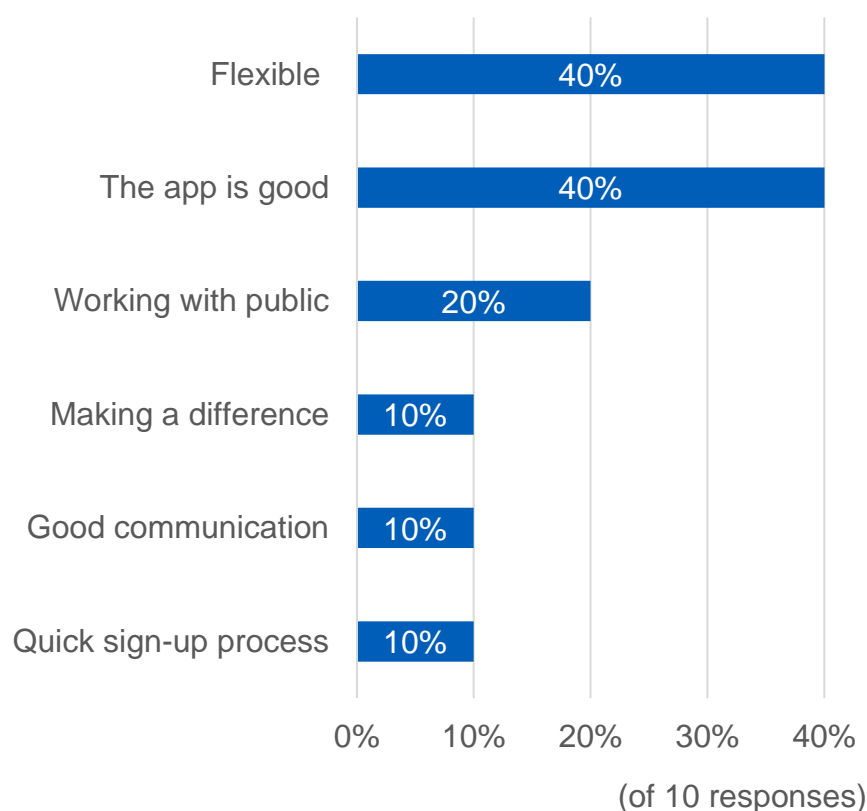
Health & Care Non-Clinical Support
Provides support by stewarding patients both internally (e.g. flu clinics, GP surgeries, pharmacies etc.) and externally (e.g. car parks, queues outside health clinics) within social distancing guidelines.
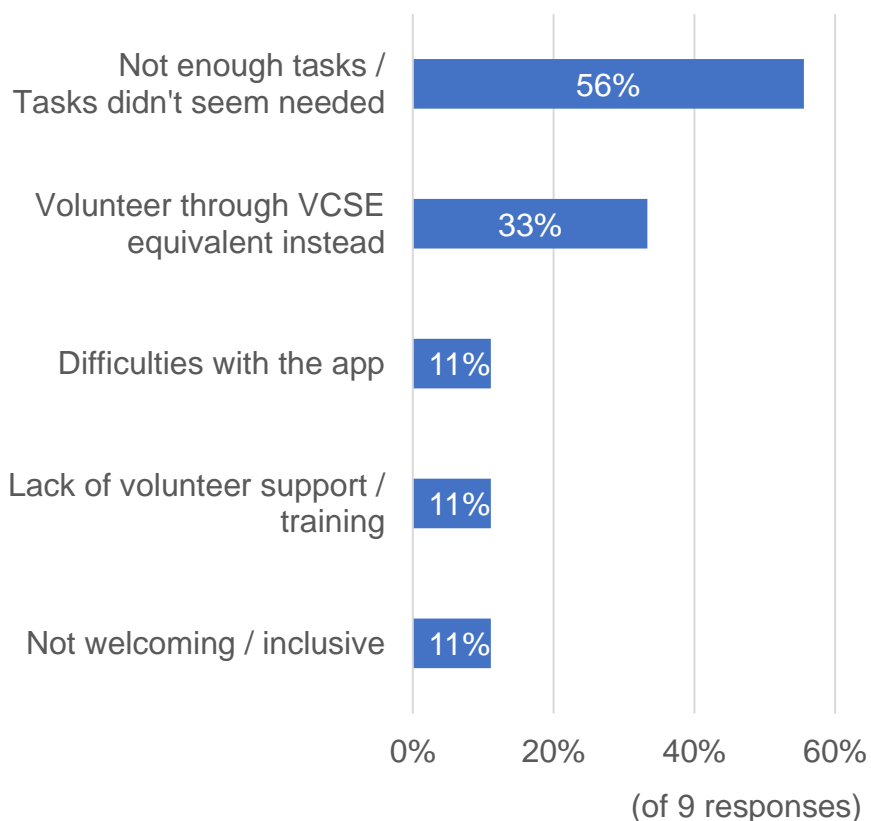
COVID Vaccination Steward Support Volunteers
Support the safe movement of patients around both 'fixed mass' large vaccination sites and 'mobile mass' small sites. Volunteers will monitor patient numbers and ensure safe social distancing measures are followed, as well as identifying patients who made need additional support.

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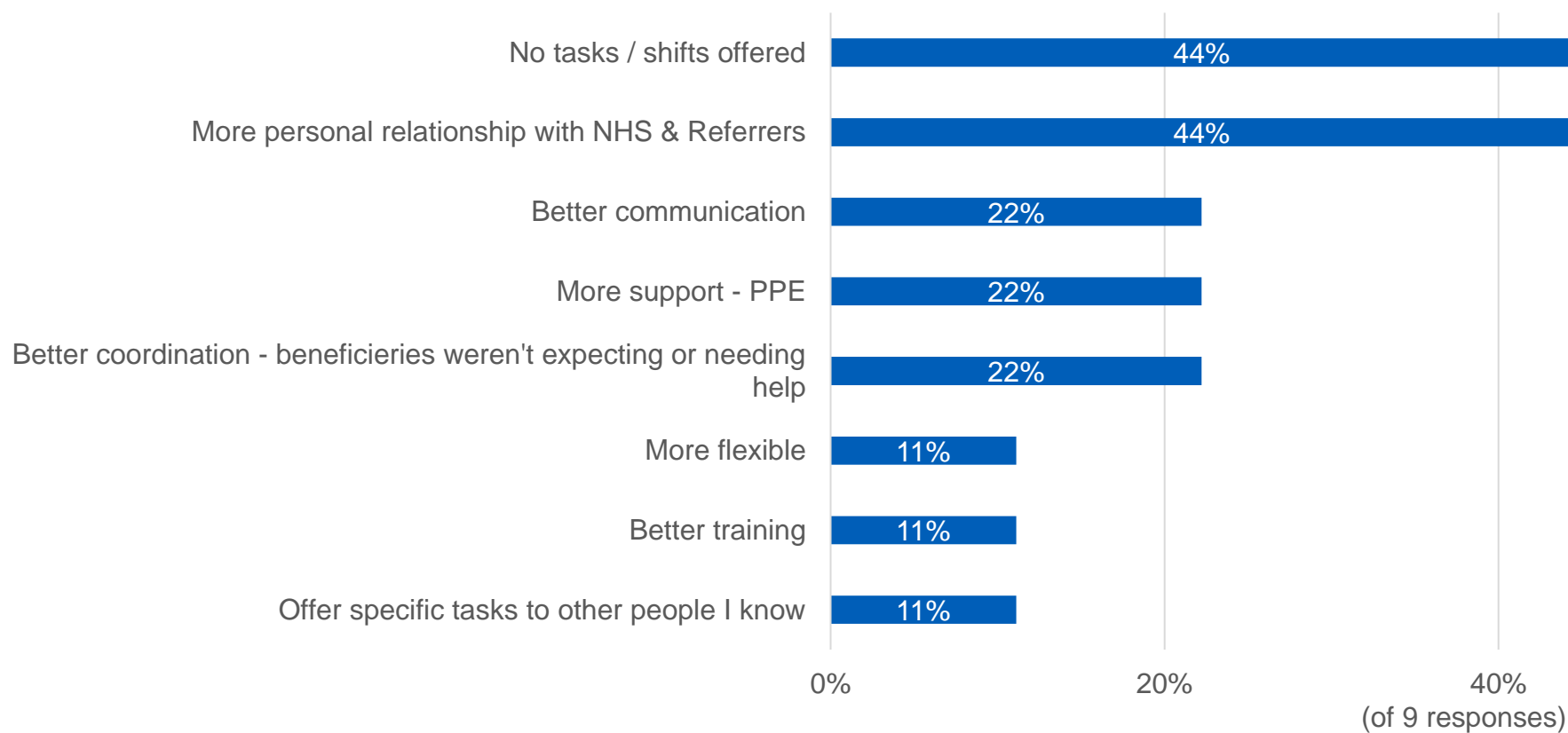## What works well with the NHS Volunteer Responders Programme?

Category	Value
Flexible	40%
The app is good	40%
Working with public	20%
Making a difference	10%
Good communication	10%
Quick sign-up process	10%

(of 10 responses)

What were the reasons why NHS Volunteer Responders stopped volunteering through the programme?

Category	Value
Not enough tasks / Tasks didn't seem needed	56%
Volunteer through VCSE equivalent instead	33%
Difficulties with the app	11%
Lack of volunteer support / training	11%
Not welcoming / inclusive	11%

(of 9 responses)

What were the reasons why respondents didn't volunteer as NHS Volunteer Responders?

Category	Value
Already Volunteering via another programme	20% / 2% / 2% (44%)
Didn't feel they had enough time to volunteer	12%
Wasn't aware of this programme	12%
Restrictions on signing up	10%
Seemed badly organised	10%
No relationship with the organisation	5%
Age restrictions	5%
Employed in COVID-relief organisation	5%
Was Shielding	5%
Don't have a smart phone	2%
Roles available didn't appeal	2%
Health/disability restrictions	2%
Didn't drive	2%
Seemed like they had enough people helping	2%

- Already Volunteering via Local VCSE programmes
- Already Volunteering via Local Council
- Already Volunteering via Mutual Aid Group

(of 41 responses)

What could be improved with the NHS Volunteer Responders Programme?

Category	Value
No tasks / shifts offered	44%
More personal relationship with NHS & Referrers	44%
Better communication	22%
More support - PPE	22%
Better coordination - beneficieries weren't expecting or needing help	22%
More flexible	11%
Better training	11%
Offer specific tasks to other people I know	11%

(of 9 responses)

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Did respondents who hadn't volunteered as NHS Volunteer Responders plan to do so in future?

Yes	Not sure	No
7%	38%	55%

0%   20%   40%   60%   80%   100%

■ Yes ■ Not sure ■ No

(of 55 responses)

Further comments included:

Comment	%
Maybe if I had more free time	30%
Rather volunteer with the local VCSE	20%
If they responded to my application	20%
If there is enough need	20%
If it didn't require a smart-phone	10%
If the role could be done from home	10%
Not unless it changed	10%

0%   5%   10%   15%   20%   25%   30%
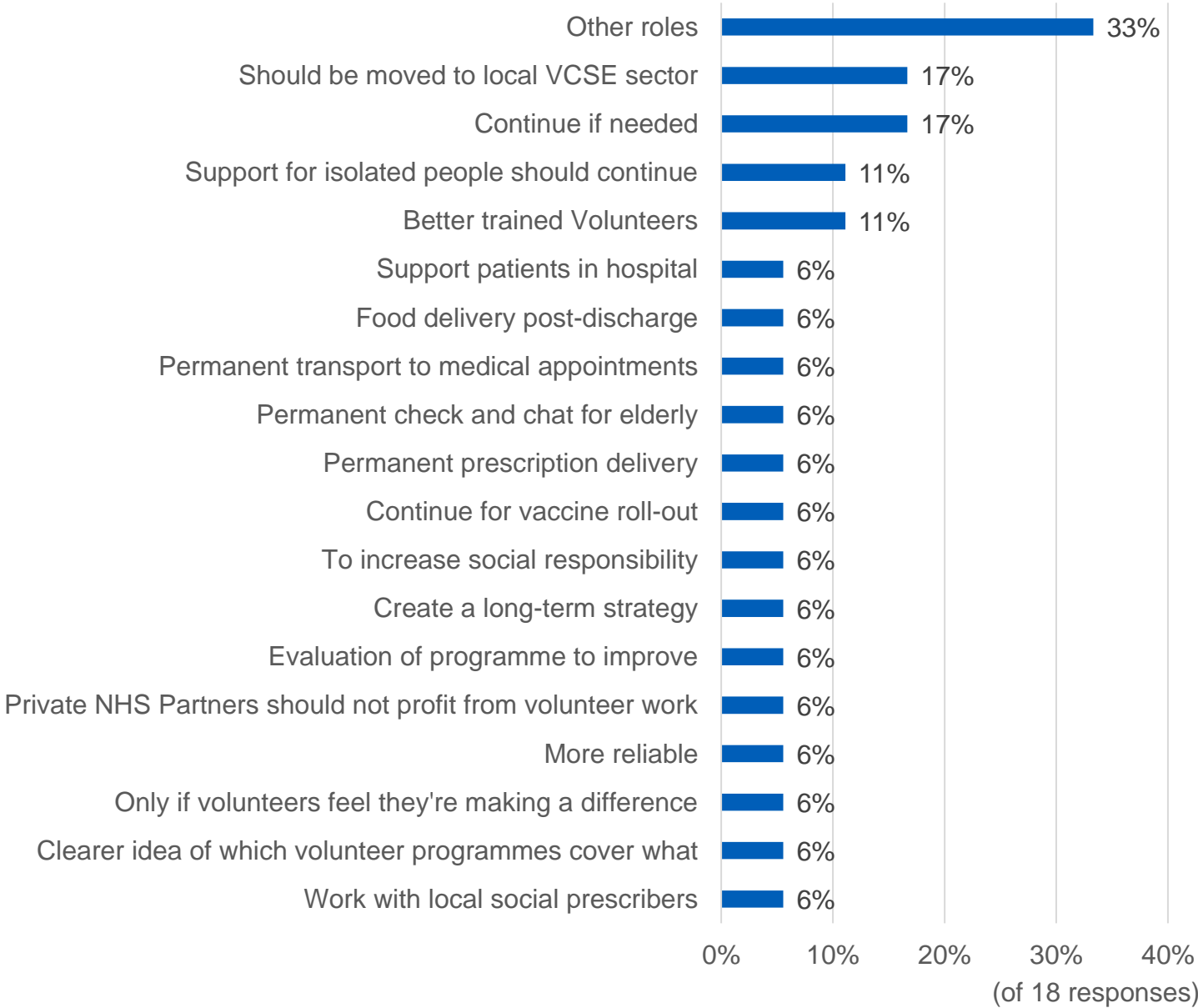
(of 10 responses)
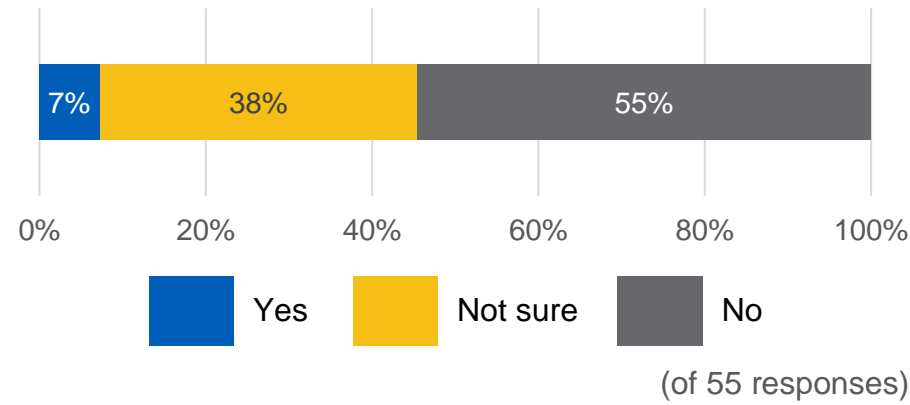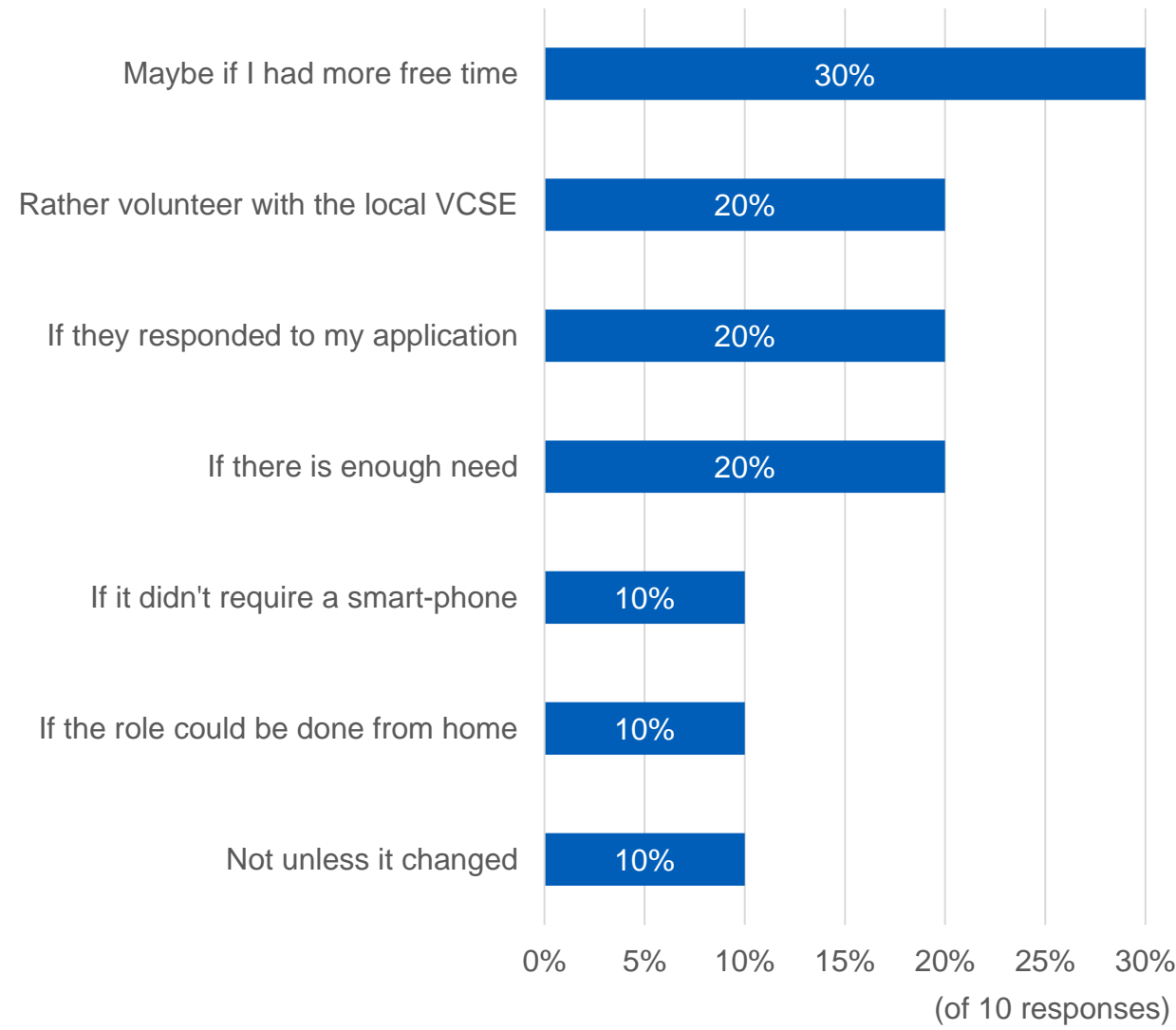
Legacy of the NHS VR Programme?

All Volunteers from any programme were asked whether they thought the NHS Volunteer Responder Programme should continue after the COVID pandemic. They were then asked, based on that answer what they thought the legacy should be after COVID?

Yes	Not sure	No
43%	48%	9%

0%   50%   100%

■ Yes ■ Not sure ■ No

Further comments included:

Comment	%
Other roles	33%
Should be moved to local VCSE sector	17%
Continue if needed	17%
Support for isolated people should continue	11%
Better trained Volunteers	11%
Support patients in hospital	6%
Food delivery post-discharge	6%
Permanent transport to medical appointments	6%
Permanent check and chat for elderly	6%
Permanent prescription delivery	6%
Continue for vaccine roll-out	6%
To increase social responsibility	6%
Create a long-term strategy	6%
Evaluation of programme to improve	6%
Private NHS Partners should not profit from volunteer work	6%
More reliable	6%
Only if volunteers feel they're making a difference	6%
Clearer idea of which volunteer programmes cover what	6%
Work with local social prescribers	6%

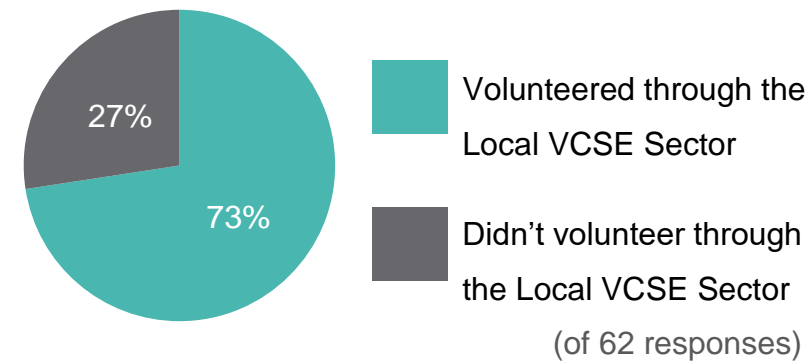0%   10%   20%   30%   40%

(of 18 responses)

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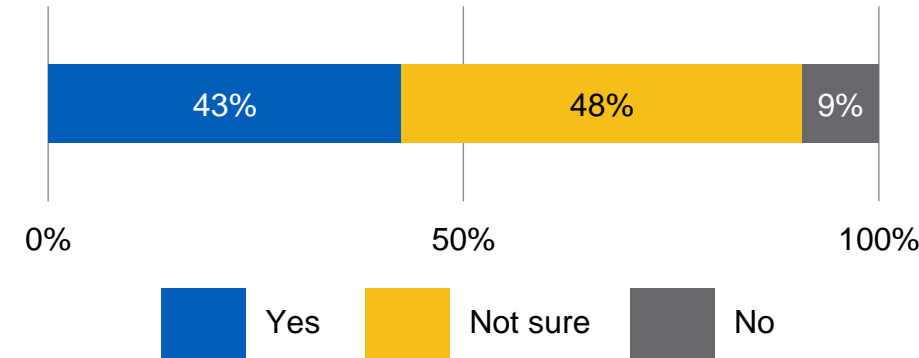
Local VCSE Sector

The Local VCSE Sector comprises of local charities, voluntary organisations, community groups, social enterprises, Volunteer Centres, Centres for Voluntary Services (CVSs) or similar volunteer-involving organisations or groups. For the sake of this report we're not including local councils, local authorities or Mutual Aid Groups in this definition.
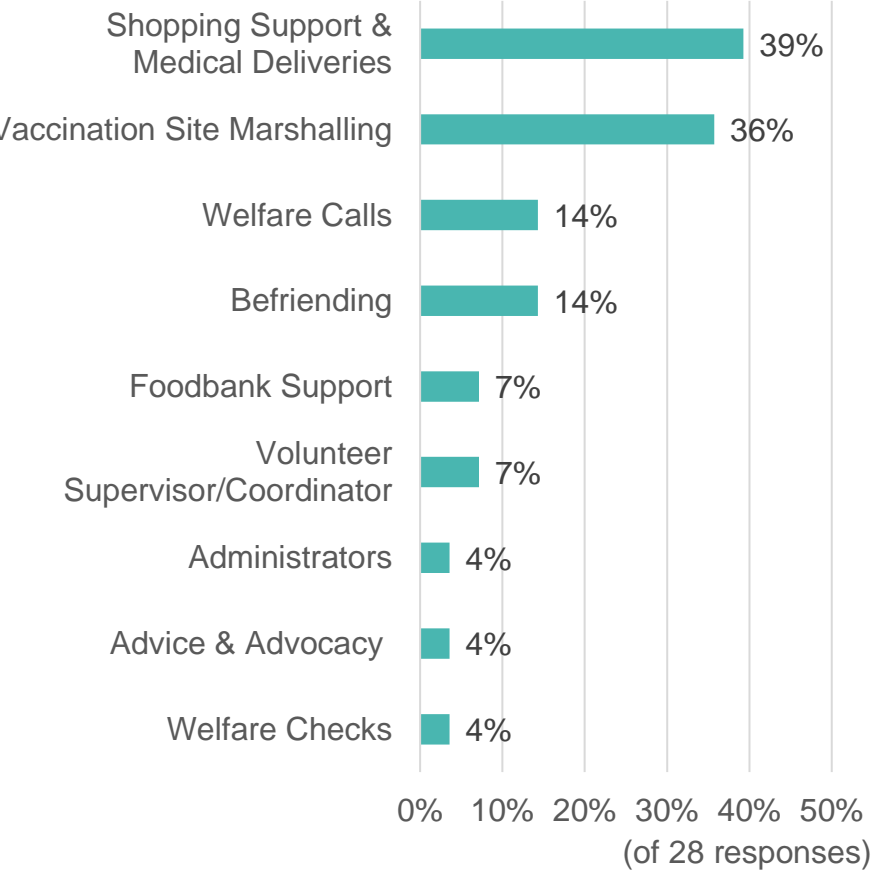
Volunteers may have volunteered with a VCSE organisations, helping their service-users specifically or those organisations took on other tasks or projects to support the wider COVID-response effort. They may have volunteered at Vaccination Sites and other projects which they found through their local Volunteer Centre / CVS or equivalent.

Volunteers were asked open questions. Themes were defined from the responses. The percentages of volunteers' responses that included each theme are shown on the following pages.
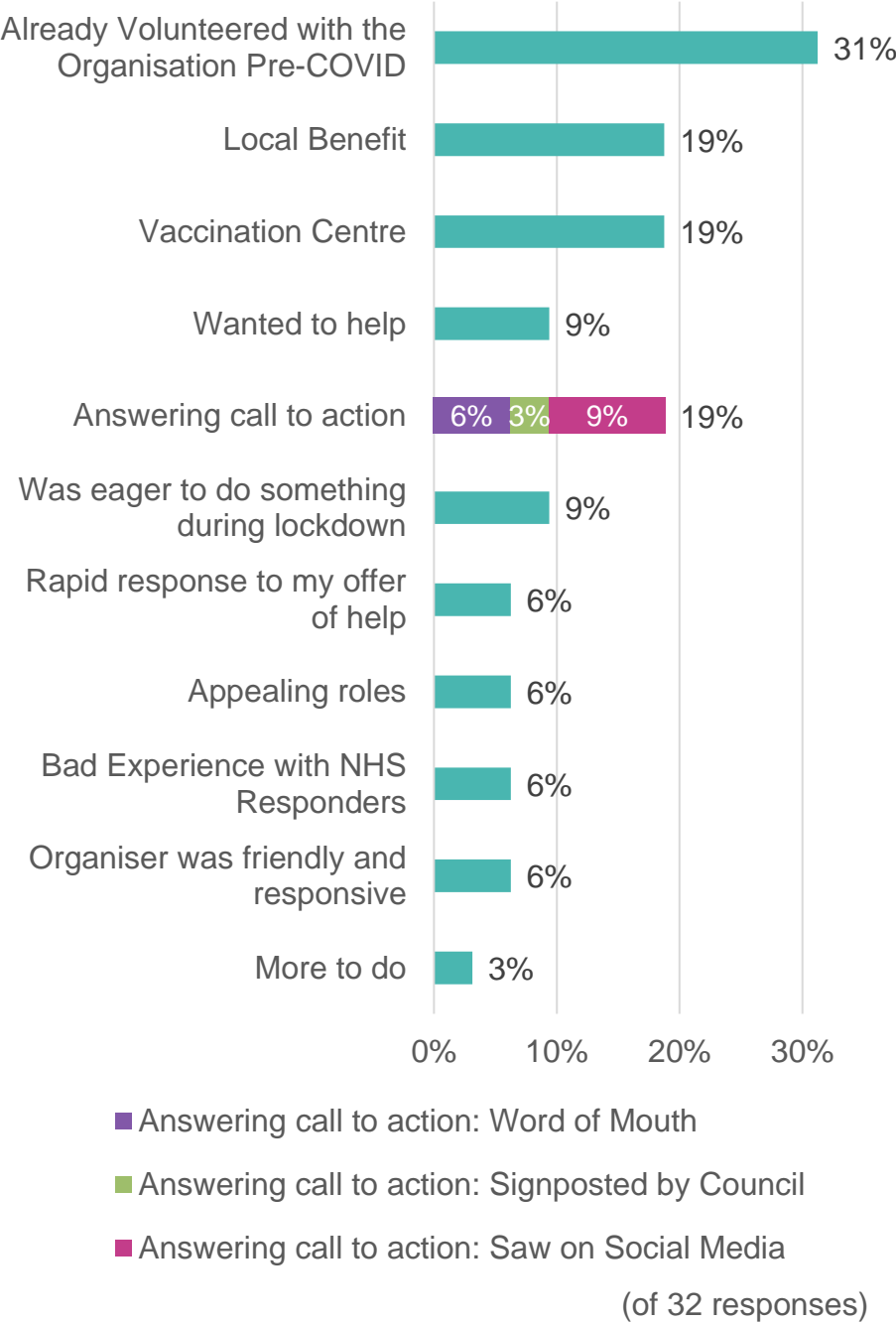
Ratio of all Volunteers who volunteered through their Local VCSE Sector

- 27% — Didn't volunteer through the Local VCSE Sector
- 73% — Volunteered through the Local VCSE Sector

(of 62 responses)

What tasks did Local VCSE Sector Volunteers do?

Task	%
Shopping Support & Medical Deliveries	39%
Vaccination Site Marshalling	36%
Welfare Calls	14%
Befriending	14%
Foodbank Support	7%
Volunteer Supervisor/Coordinator	7%
Administrators	4%
Advice & Advocacy	4%
Welfare Checks	4%

(of 28 responses)

Why did respondents volunteer through their Local VCSE Sector?

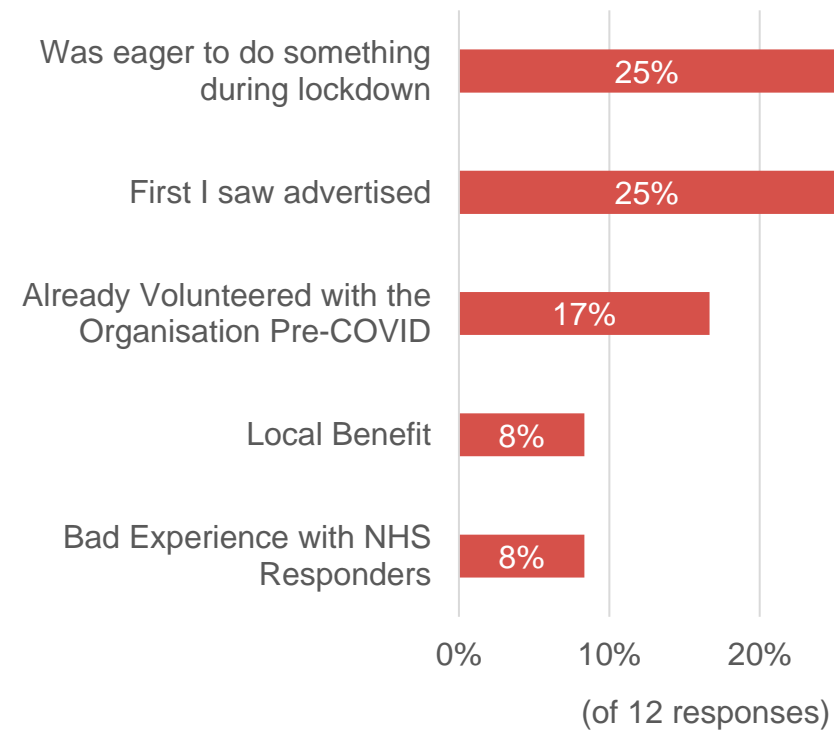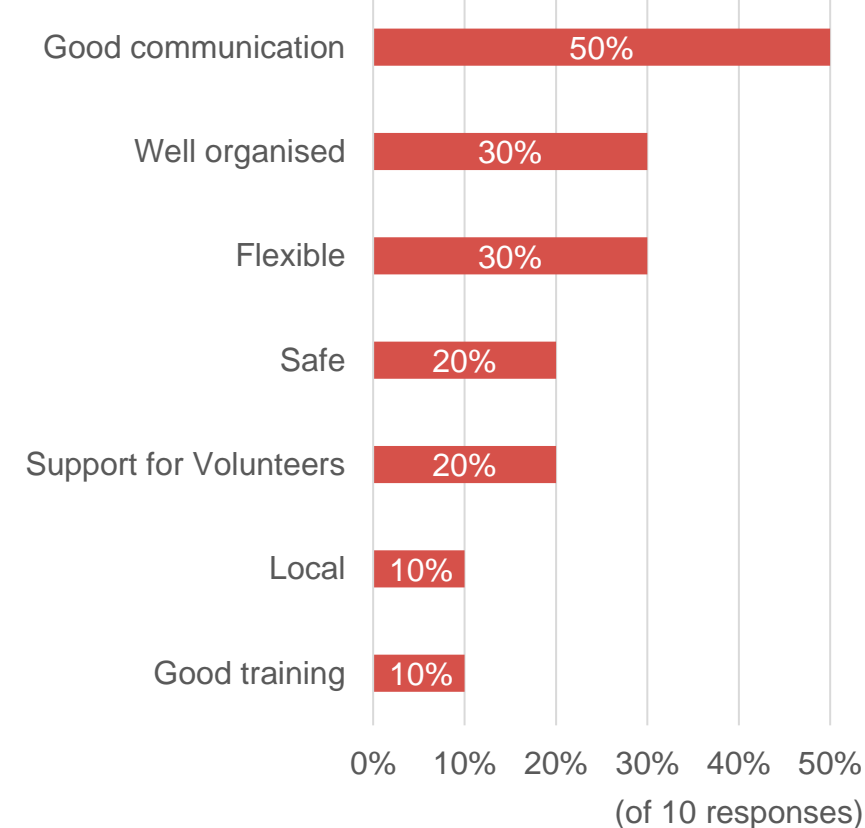| Reason	%
Already Volunteered with the Organisation Pre-COVID	31%
Local Benefit	19%
Vaccination Centre	19%
Wanted to help	9%
Answering call to action	19% (Word of Mouth 6%, Signposted by Council 3%, Saw on Social Media 9%)
Was eager to do something during lockdown	9%
Rapid response to my offer of help	6%
Appealing roles	6%
Bad Experience with NHS Responders	6%
Organiser was friendly and responsive	6%
More to do	3%

- Answering call to action: Word of Mouth
- Answering call to action: Signposted by Council
- Answering call to action: Saw on Social Media

(of 32 responses)

What works well Volunteering with the Local VCSE Sector?

Theme	%
Social / Team Spirit	58%
Training	46%
Support for Volunteers	38%
Well organised	38%
Local	29%
Good communication	25%
Making a difference	25%
Working with public	21%
Positivity	17%
Feel appreciated	17%
Flexible	17%
Safe	13%
Inclusive	8%
Quick sign-up process	8%
Quality service delivered	4%
Good to get out the house	4%

(of 32 responses)

What could be improved with Local VCSE Sector Volunteering?

Category	Percentage
More funding / resources	17%
Less dependency on digital skills	17%
Better coordination - beneficieries weren't expecting or needing help	17%
Build a better team connection	17%
Better training	17%
Quicker training	8%
Less Vetting	8%
More to do	8%
More volunteer representation in planning	8%
More structure / better organised	8%
Better communication	8%
More support - PPE	8%
Less reliance on volunteers	8%
Sharing of volunteers between vaccination sites to reduce travel	8%

(of 12 responses)

The following comment themes are in relation to NHS services that Volunteers either volunteered with, supported or came in to contact with via their local VCSE sector volunteering programmes:

Category	Percentage
Volunteering with pharmacies felt like paid job replacement	17%
Volunteers didn't feel appreciated by CCG	8%
Pharmacies were unfriendly to volunteers	8%

(of 12 responses)

What were the reasons why Volunteers stopped volunteering through the Local VCSE Sector?

There were not enough responses to answer this question.

What were the reasons why respondents didn't volunteer through the Local VCSE Sector?

Category	Percentage
Didn't feel they had enough time to volunteer	46%
Wasn't aware of this programme	23%
Already Volunteering via another programme	23%
Was Shielding	8%
Didn't feel it was safe to volunteer during COVID	8%
Employed in COVID-relief organisation	8%

(of 13 responses)
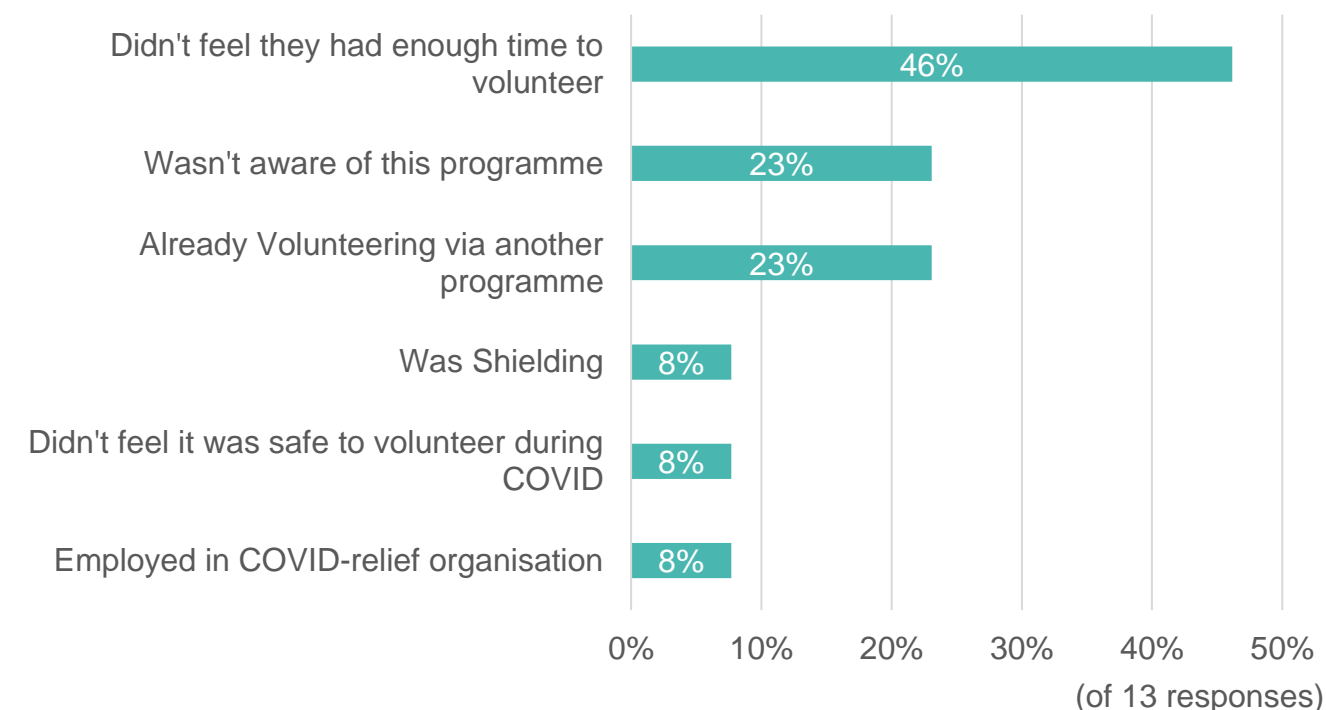
Did respondents who hadn't volunteered through the Local VCSE Sector plan to do so in future?
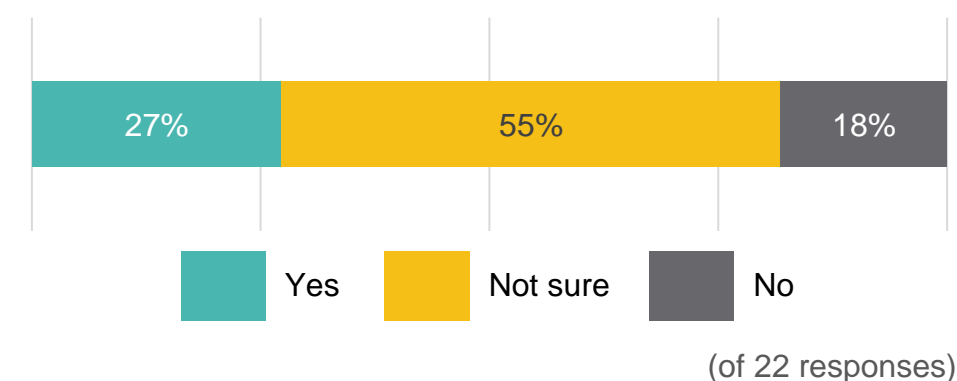
Yes	Not sure	No
27%	55%	18%

(of 22 responses)

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Local Councils

Ratio of all Volunteers who volunteered through Local Councils

- 34% Volunteered through Local Councils
- 66% Didn't volunteer through Local Councils
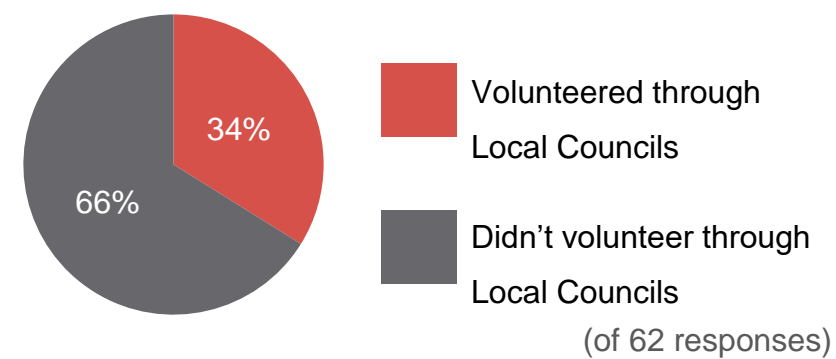
(of 62 responses)

Volunteers were asked open questions. Themes were defined from the responses. The percentages of volunteers' responses that included each theme are shown on the following pages.

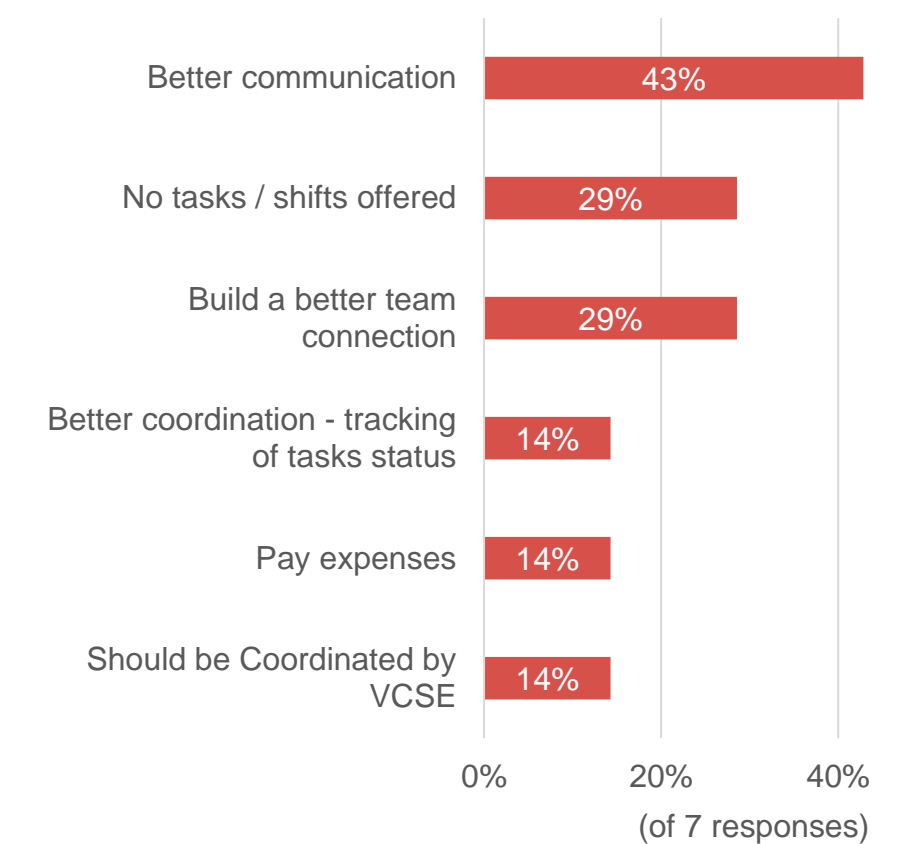### What tasks did Local Councils' Volunteers do?
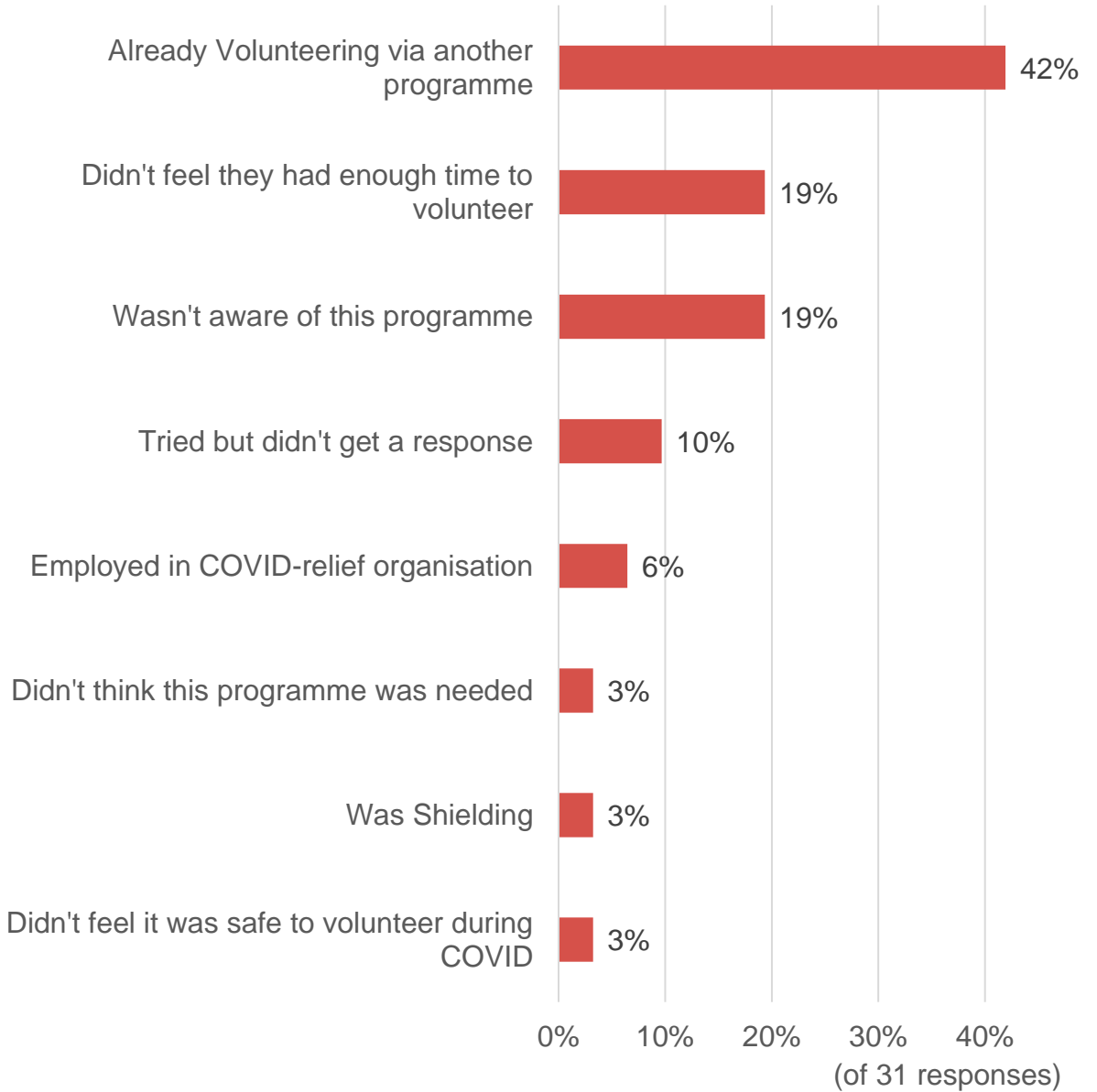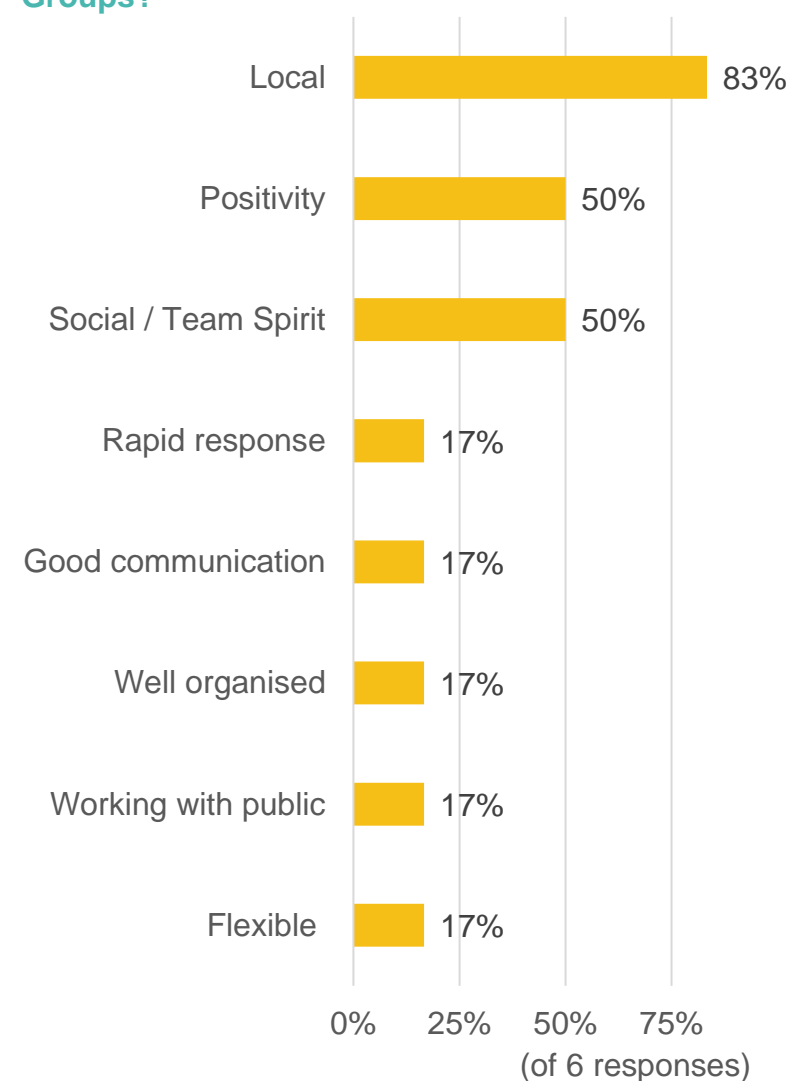

- Shopping Support & Medical Deliveries: 45%
- Befriending: 18%
- Other marshalling: 18%
- Vaccination Site Marshalling: 9%
- Welfare Calls: 9%
- Dog walking: 9%

(of 11 responses)

Why did respondents volunteer through Local Councils?

- Was eager to do something during lockdown: 25%
- First I saw advertised: 25%
- Already Volunteered with the Organisation Pre-COVID: 17%
- Local Benefit: 8%
- Bad Experience with NHS Responders: 8%

(of 12 responses)

What works well Volunteering with your Local Council?

- Good communication: 50%
- Well organised: 30%
- Flexible: 30%
- Safe: 20%
- Support for Volunteers: 20%
- Local: 10%
- Good training: 10%

(of 10 responses)

What could be improved volunteering with your Local Council?

- Better communication: 43%
- No tasks / shifts offered: 29%
- Build a better team connection: 29%
- Better coordination - tracking of tasks status: 14%
- Pay expenses: 14%
- Should be Coordinated by VCSE: 14%

(of 7 responses)

The following comment themes are in relation to NHS services that Volunteers either volunteered with, supported or came in to contact with via their local Council volunteering programmes:

- Volunteering with pharmacies felt like paid job replacement: 14%
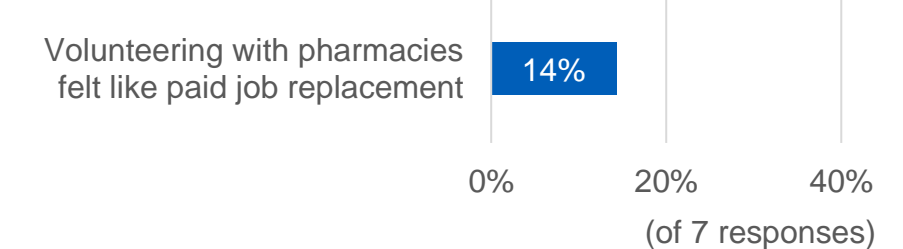
(of 7 responses)

What were the reasons why Volunteers stopped volunteering through their Local Council?

There were not enough responses to answer this question.

65% of Volunteers who signed up no longer volunteer.

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What were the reasons why respondents didn't volunteer with Local Councils?

Reason	%
Already Volunteering via another programme	42%
Didn't feel they had enough time to volunteer	19%
Wasn't aware of this programme	19%
Tried but didn't get a response	10%
Employed in COVID-relief organisation	6%
Didn't think this programme was needed	3%
Was Shielding	3%
Didn't feel it was safe to volunteer during COVID	3%

(of 31 responses)

Did respondents who hadn't volunteered through the Local Council plan to do so in future?

Not sure 45% | No 55%

Yes | Not sure | No
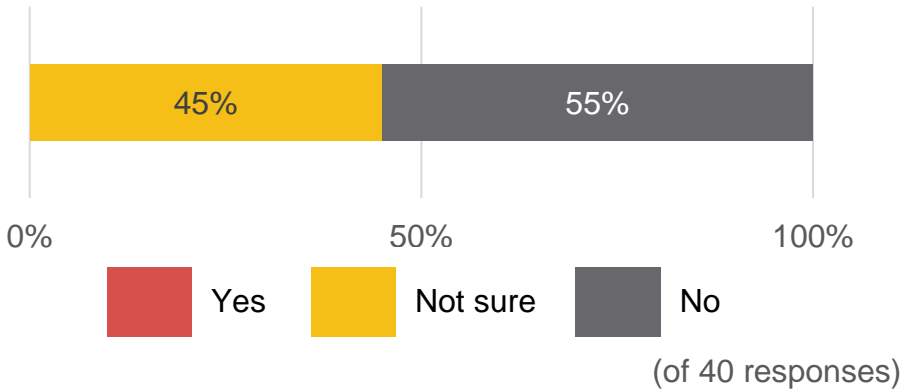
(of 40 responses)

Mutual Aid Groups

Ratio of all Volunteers who volunteered with Mutual Aid Groups

Volunteered with Mutual Aid Groups 27%

Didn't volunteer with Mutual Aid Groups 73%
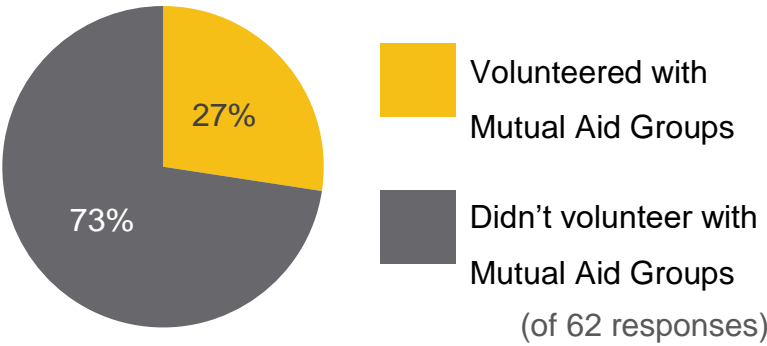
(of 62 responses)

What tasks did Mutual Aid Group Volunteers do?
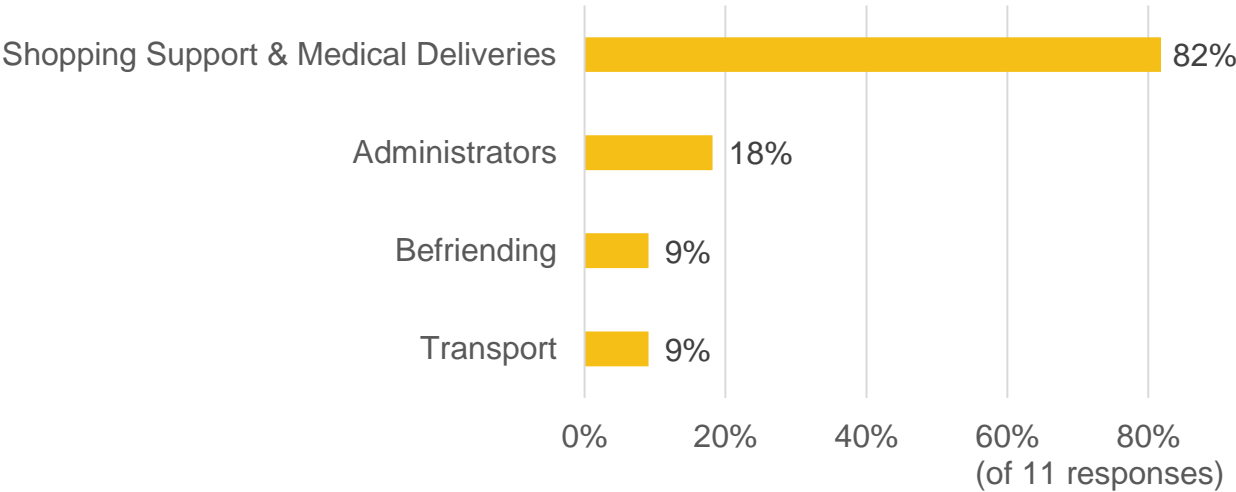
Task	%
Shopping Support & Medical Deliveries	82%
Administrators	18%
Befriending	9%
Transport	9%

(of 11 responses)

Volunteers were asked open questions. Themes were defined from the responses. The percentages of volunteers' responses that included each theme are shown on the following pages.

Why did respondents volunteer with Mutual Aid Groups?

Reason	%
Local Benefit	44%
Grass-roots	33%
Easy to sign up	22%
Wanted to help	11%
Answering call to action - Saw on Social Media	11%

(of 9 responses)

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What works well Volunteering with Mutual Aid Groups?

Local	83%
Positivity	50%
Social / Team Spirit	50%
Rapid response	17%
Good communication	17%
Well organised	17%
Working with public	17%
Flexible	17%
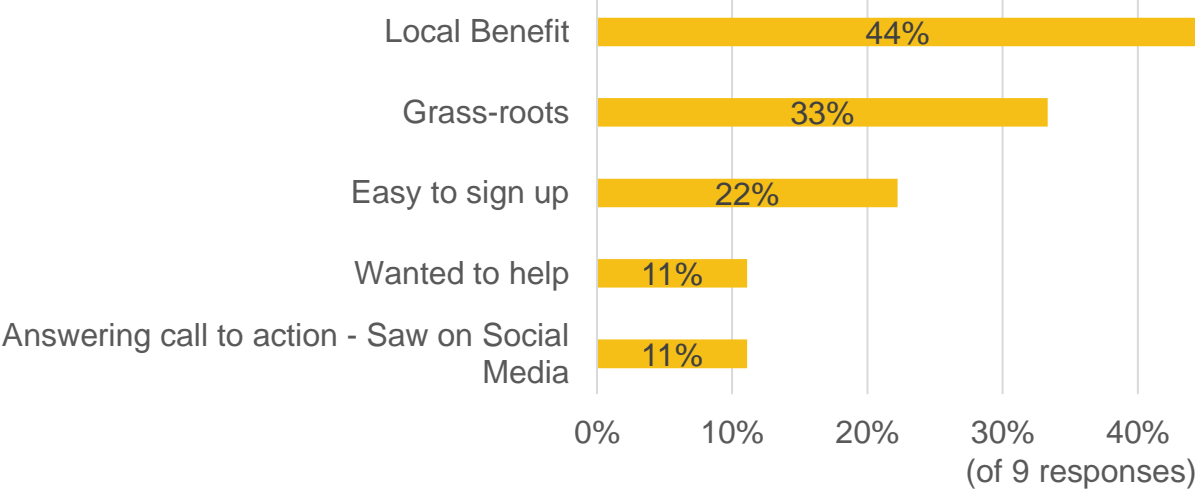
0%   25%   50%   75%
(of 6 responses)

"
The sense of Community and shared purpose. The rapid response. The effectiveness of being local and understanding the needs so being able to help quickly and easily.There are others to pick up the pieces if you can't do something.It's freindly and makes you feel connected to the neighbourhood.
"

What could be improved volunteering with Mutual Aid Groups?

More to do	40%
Less Vetting	20%
More structure / better organised	20%
More flexible	20%
Better communication	20%
Better training	20%
Better coordination - tracking of tasks status	20%
More inclusive	20%

0%   10%   20%   30%   40%
(of 5 responses)
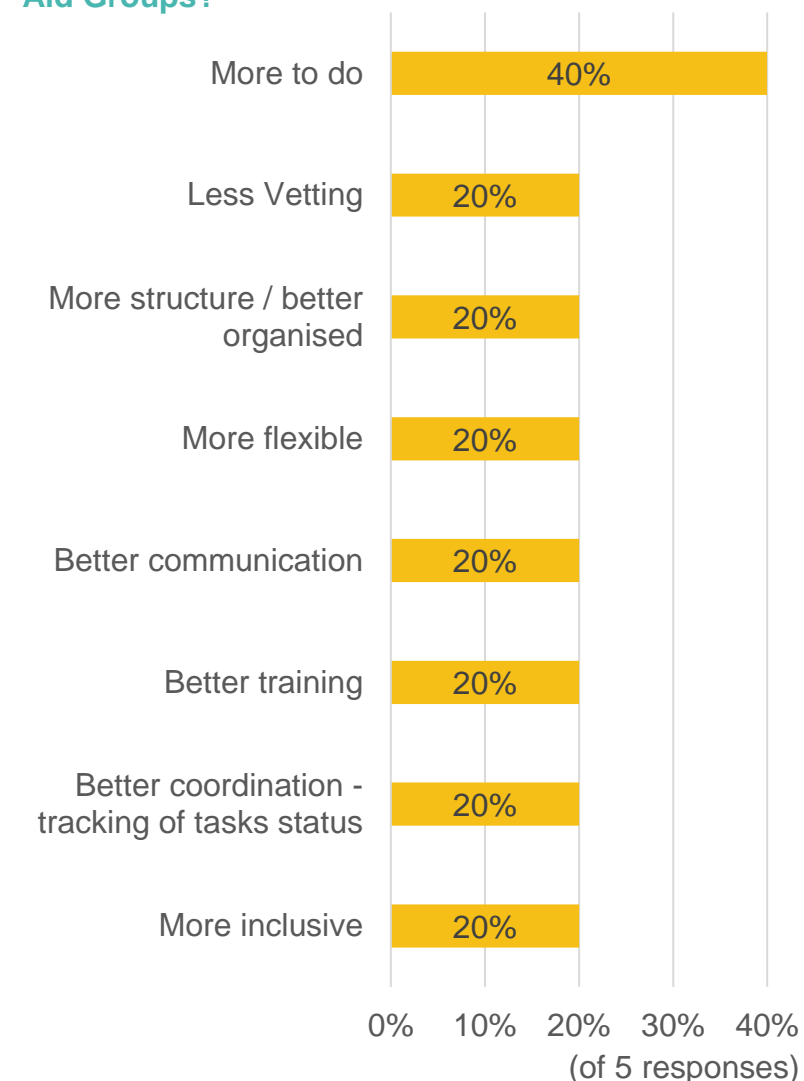
What were the reasons why Volunteers stopped volunteering through Mutual Aid Groups?

Not enough to do	60%
Difficulties with the organisation	20%

0%   30%   60%
(of 4 responses)

What were the reasons why respondents didn't volunteer with Mutual Aid Groups?

Already Volunteering via another programme	41%
Wasn't aware of this programme	24%
Didn't feel they had enough time to volunteer	7%
Kept in touch with neighbours anyway	7%
Lack of trust in the programme	3%
Was Shielding	3%
Didn't feel it was safe to volunteer during COVID	3%
Seemed badly organised	3%
Doesn't like the platform (social media)	3%
Seemed like they had enough people helping	3%

0%   10%   20%   30%   40%
(of 29 responses)

Did respondents who hadn't volunteered with Mutual Aid Groups plan to do so in future?

2%	51%	47%

0%   20%   40%   60%   80%   100%

🟡 Yes   🟧 Not sure   ⬛ No

(of 43 responses)
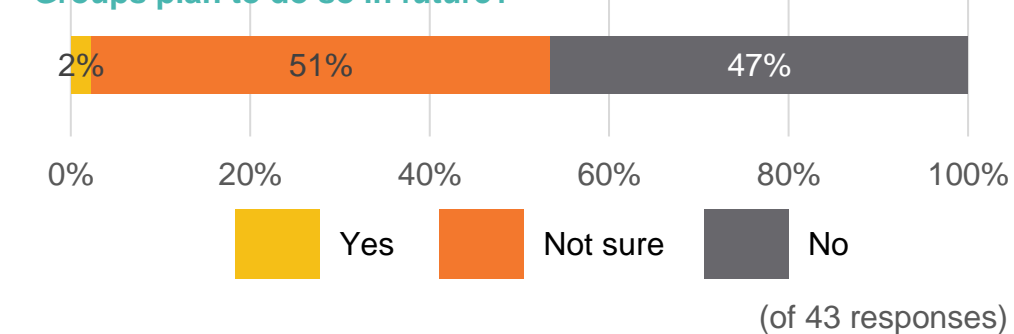
Overall Conclusions and Recommendations

Local VCSE Sectors' responses are the most relied upon	Referrers were most reliant on the VCSE Sector for support during COVID and have now become even more solely reliant on the VCSE Sector as COVID has gone on. The VCSE Sector has also been the best at retaining Volunteers. National funding should be directed to the voluntary response that is most relied on.	**The Local VCSE Sector have the best expertise to coordinate quality volunteer responses.**	The Local Voluntary (VCSE) Sector offered the best overall quality of volunteering which resulted in the highest volunteer retention. Alongside being the least likely programme for Referrers to stop using, the local VCSE Sector is the most maintainable voluntary response.
Local Coordination **National Backing**	Local responses were faster to set up, had established relationships with Organisations, Referrers, Volunteers & Beneficieries and could offer bespoke and localised services that could be more flexible. These benefits would have only been greater with funding. National schemes' funding and communications directed to local coordination would have been better. More work needs to be done on building relationships and trust with national and local government and health services to direct funding and communications to local coordination.	**Transactional Volunteering is not a magic-bullet**	Whilst Volunteers reported transactional volunteering to be flexible with minimal time-commitment and appealed to younger volunteers, there were more full-time workers for programmes like the Local VCSE Sector programmes with more diverse volunteering approaches. The main theme Volunteers highlighted were there weren't enough tasks offered, and it was a lower quality volunteering experience that was un-sustainable, with high volunteer drop-out rates. Referrers found the initial referral process easy but transactional volunteering slow and unreliable. Respondents highlighted the importance of a relationship between the Referrer and the Volunteer for transactional volunteering to work best. Transactional volunteering should be one of many methods of volunteering; a more diverse range of volunteering methods and activities resulted in a more diverse range of volunteers.
One Point of Coordination **or** **Better Collaboration**	Respondents said it was confusing to know where to go for what. It would have been preferable to have a single point where Referrers/Volunteers could go to, either by one programme coordinating everything or all programmes collaborating better and having a more joined-up approach. Volunteers reported they didn't have enough to do; one point of coordination could have redeployed unused volunteers where they'd be needed. If NHS VR is to continue successfully and address the challenges evidenced in this report it needs to become more localised (perhaps with its coordination moving to ICS rather than national level) and rely on the expertise and relationships of local VCSE Sectors. If the NHS is to rely on support from local VCSE sector (e.g. recruiting volunteers and providing services) it needs to invest in the organisations providing support and into better methods of communication, collaboration and linking with the VCSE Sector on a local level, e.g. between ICSs and CVSs (and their equivalents). A Volunteering Strategy, co-produced by the Humber, Coast & Vale ICS and local CVSs (and equivalents) within the ICS, would be a good starting point towards this.	**Support for isolated people needs to continue**	Referrers and Volunteers highlighted that people can be isolated for many other reasons than COVID and that the support given over COVID would be highly beneficial to these people and so should continue, whether within the remit of the NHS or not. If NHS VR is to continue people feel it should be support for patients but there is a substantial concern about job-replacement from both Volunteers and Referrers and the treatment of volunteers again suggesting a need to invest in local VCSE support around volunteering best-practice.

Improvements for the Research

More responses. Overall there were 144 responses. There were only a few questions where there were not enough comments to generate themes to include in this report but more responses would have made the results more reliable. This was particularly true when it came to Beneficiaries who were harder to reach.

More participation from the NHS. 2% of respondents who were Referrers worked in the NHS; this is suspected to be proportionately low. Understandably it was still a busy time for all involved in COVID-response which will have impacted on responses. 27% of respondents who volunteered had volunteered for NHS VR; if the NHS Volunteer Responders Programme Embedding and Evaluating Project could have made our survey available to NHS Volunteer Responders through their volunteering app, there may have been more responses from volunteers too.

More participation from Mutual Aid Group Volunteers. Many Mutual Aid Groups had shut down their groups by February 2021 and as such it was harder to target Mutual Aid Group Volunteers in particular.

A non-digital method of providing information to collect more information from digitally isolated individuals (especially beneficiaries). People were encouraged to go through it with beneficieries or volunteers who they know who are digitally isolated but it is unclear how much this happened.

LIKERT style statements with "Strongly agree" to "strongly disagree" rather than Yes/No/Not Sure questions may have yielded more useful responses than a lot of "Not sure" responses.

A question around furlough status to go alongside working status to better understand volunteers' availability.

Refrerences

(1) The World Health Organisation: https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update
(2) The Guardian: https://www.theguardian.com/world/2021/jan/26/covid-in-the-uk-how-first-cases-exposed-flaws-in-response
(3) The Institute for Government: https://www.instituteforgovernment.org.uk/sites/default/files/timeline-lockdown-web.pdf
(4) The NHS: https://www.england.nhs.uk/2020/03/your-nhs-needs-you-nhs-call-for-volunteer-army/
(5) The NHS: https://www.england.nhs.uk/2020/03/250000-nhs-volunteers/
(6) The NHS: https://www.england.nhs.uk/2020/04/nhs-volunteer-army-now-ready-to-support-even-more-people/
(7) NCVO Time Well Spent Report (2019): https://www.ncvo.org.uk/images/documents/policy_and_research/volunteering/Volunteer-experience_Full-Report.pdf

Acknowledgements

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Humber, Coast and Vale

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NHS