# THE VOLUNTEER RESPONSE TO COVID

## SUMMARY 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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## Introduction

**This is the Summary Report highlighting select responses of interest. Please consult the Full Report for more in-depth information, more responses and other useful insights not covered here.**

**Aims:** This research was funded by NHS England and forms part of the NHS Volunteer Responders Embedding and Evaluating Project being carried out across England.

| Understand local NHS VR usage | Understand usage of other local Voluntary Responses to COVID | Identify Potential Opportunities | Identify Challenges and Lessons Learnt |
|---|---|---|---|

**Where:** the NHS Integrated Care System (ICS) of Humber, Coast and Vale and its comprising "Places" as shown on the map:

**Who:** the different stakeholders involved in the voluntary response to COVID (144 responses):

**Beneficiaries**

The people who needed help during the COVID pandemic, who benefited from the support of Volunteers.

**Referrers**

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.
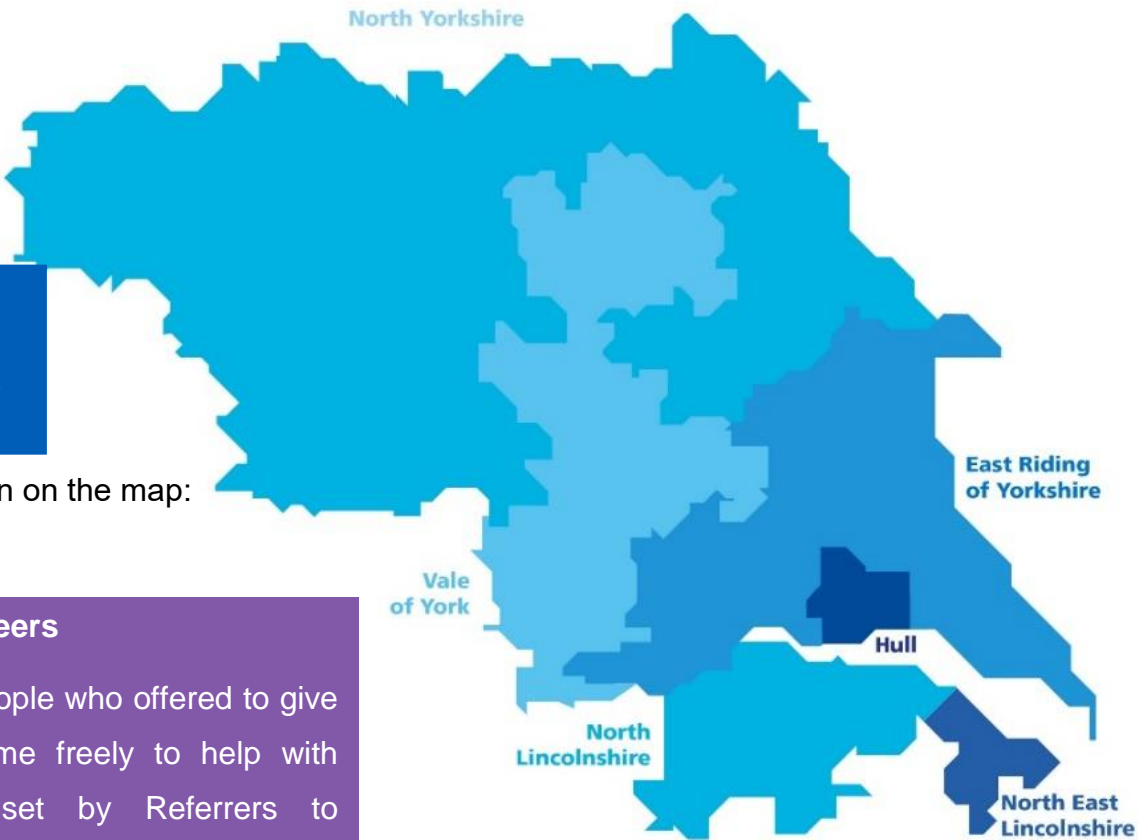
**Volunteers**

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.

**What:** each of the following different Volunteer Programmes involved in COVID-response:

| 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 |

**How:** Online Survey

**When:** mid-February to May 2021 so responses are representative of that time.

## Overall Conclusions and Recommendations

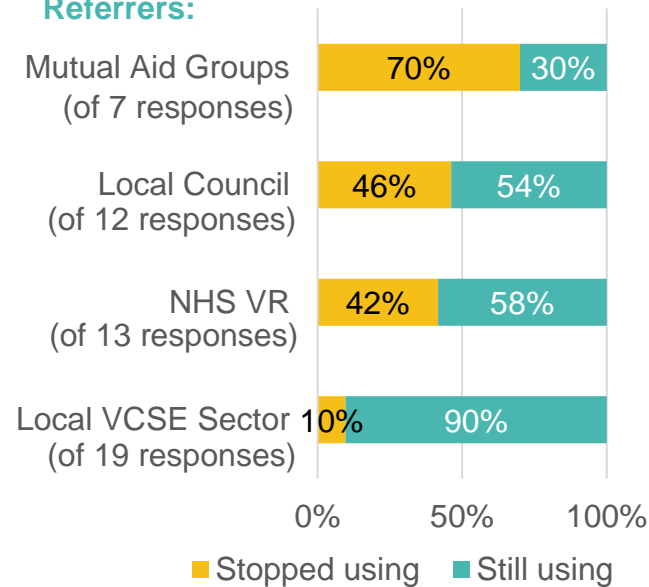| | | | |
|---|---|---|---|
| **Local VCSE Sectors' responses are the most relied upon** | Referrers were most reliant on the VCSE Sector for support during COVID and have now become even more solely reliant on the VCSE Sector as COVID has gone on. The VCSE Sector has also been the best at retaining 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**<br><br>**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.<br><br>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.<br><br>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**<br><br>**or**<br><br>**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.<br><br>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 and 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.<br><br>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. |

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# The local VCSE Sector's response is the most relied upon

The heat-mapped Venn-diagrams show the percentages of usage of each possible combination of Volunteer Programmes.
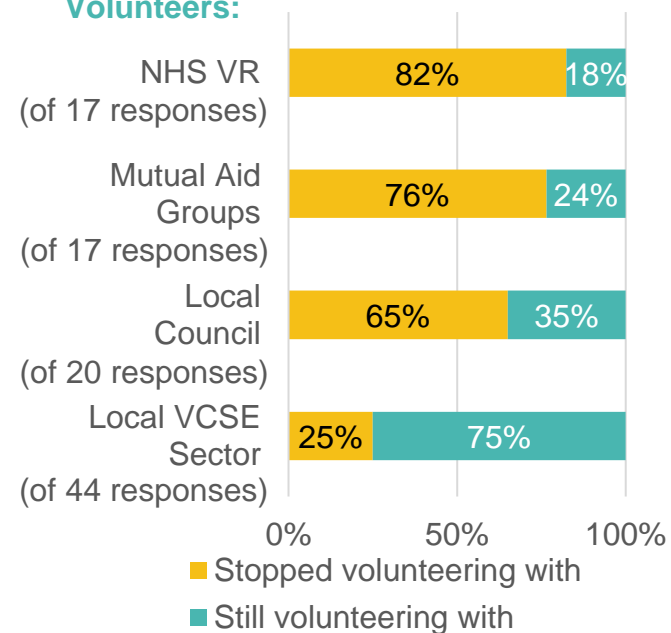
Most ——— Least

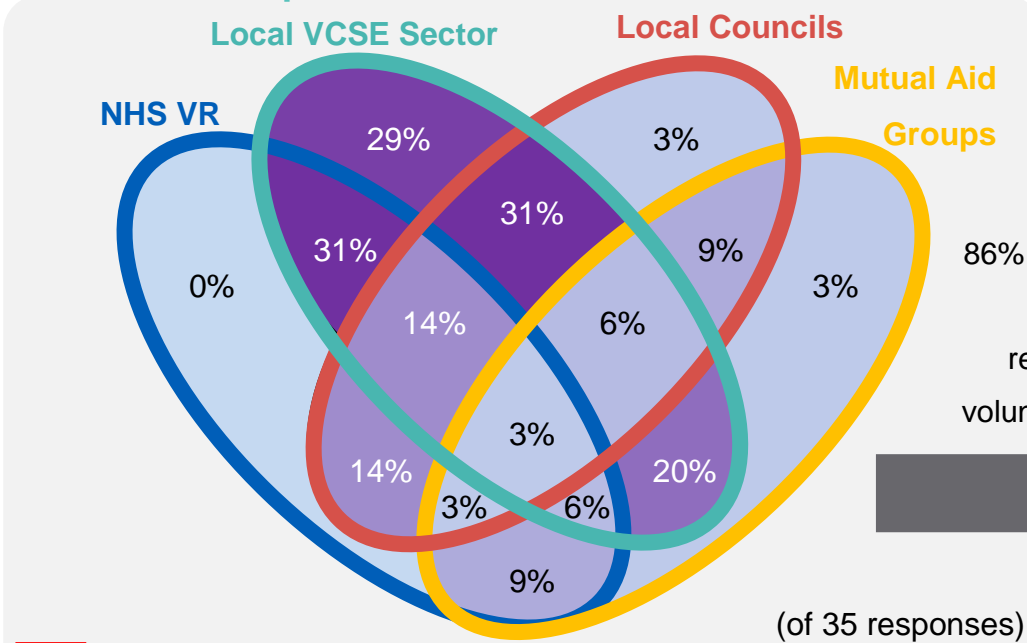Expressed another way: below is each programme's retention.

## Referrers:

**Mutual Aid Groups** (of 7 responses): Stopped using 70% | Still using 30%

**Local Council** (of 12 responses): 46% | 54%

**NHS VR** (of 13 responses): 42% | 58%

**Local VCSE Sector** (of 19 responses): 10% | 90%

0% — 50% — 100%

■ Stopped using   ■ Still using

## Volunteers:

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

**Mutual Aid Groups** (of 17 responses): 76% | 24%

**Local Council** (of 20 responses): 65% | 35%

**Local VCSE Sector** (of 44 responses): 25% | 75%

0% — 50% — 100%

■ Stopped volunteering with   ■ Still volunteering with

## Referrers

### During COVID

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

29% | 3% | 31% | 31% | 9% | 3% | 0% | 14% | 6% | 3% | 14% | 3% | 6% | 20% | 9%
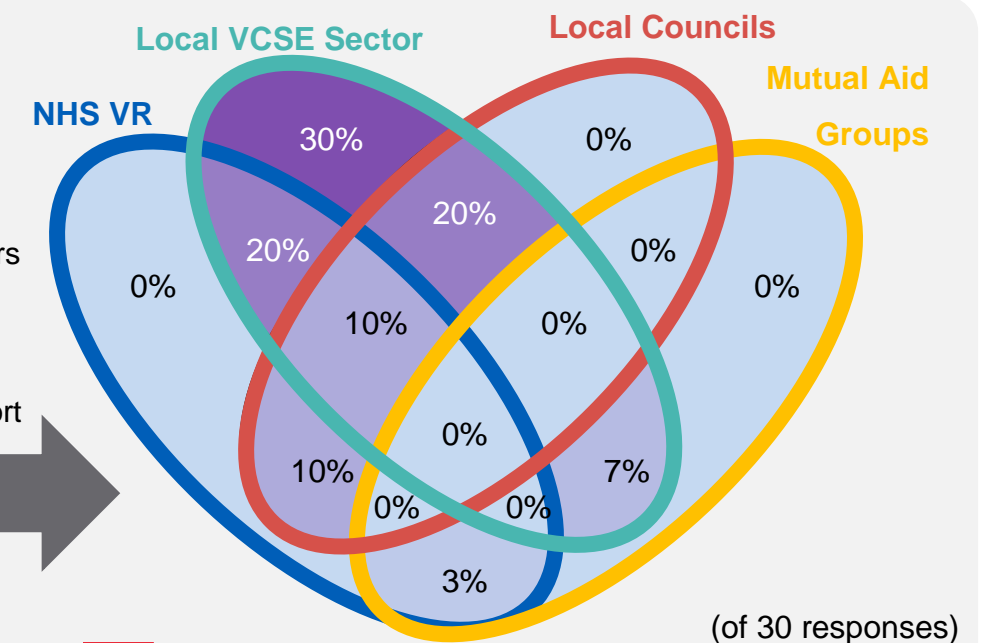
(of 35 responses)

- 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

86% of Referrers are still requesting voluntary support

### By May 2021

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

30% | 0% | 20% | 20% | 0% | 0% | 0% | 10% | 0% | 0% | 10% | 0% | 0% | 7% | 3%
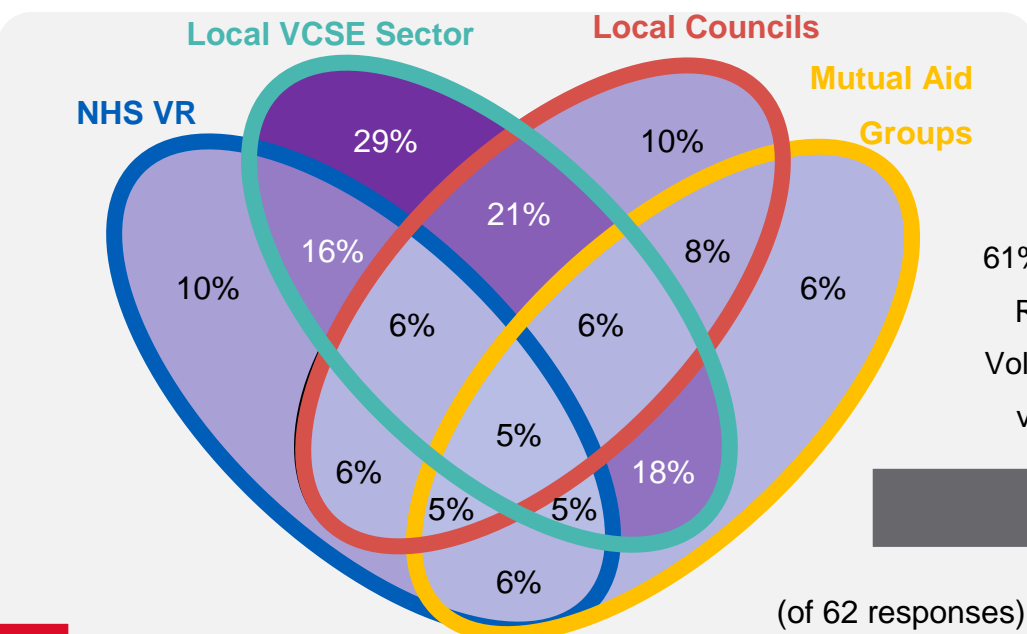
(of 30 responses)

- 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

## Volunteers

### During COVID

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

29% | 10% | 16% | 21% | 8% | 6% | 10% | 6% | 6% | 6% | 5% | 5% | 18% | 6%
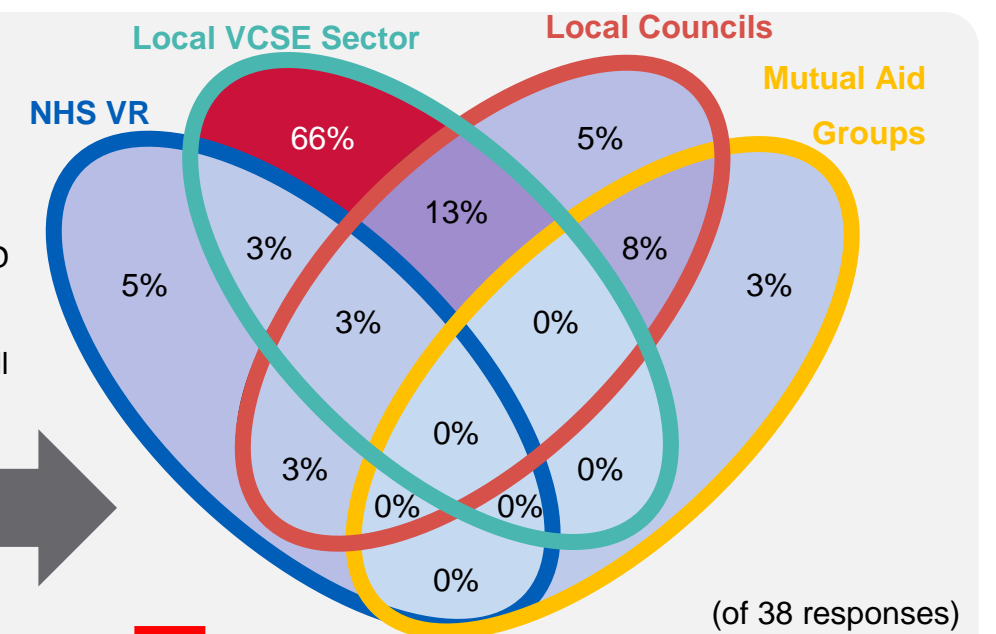
(of 62 responses)

- 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**

61% of COVID Response Volunteers still volunteer.

### By May 2021

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

66% | 5% | 3% | 13% | 8% | 5% | 3% | 3% | 0% | 3% | 3% | 0% | 0% | 0% | 0%

(of 38 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**

## The Local VCSE Sector have the best expertise to coordinate quality volunteer responses

Referrers and Volunteers showed a clear preference towards the local VCSE Sector in the "The VCSE Sector's Response was the most relied upon".

The importance of the VCSEs local coordination and local expertise is also explored in "Local Coordination, National Backing" and contributes to this finding too.
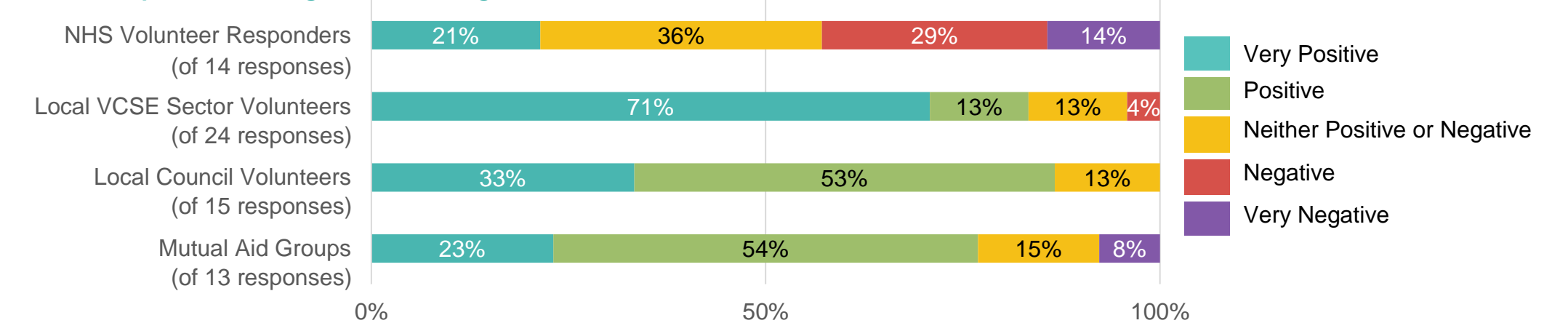
### Positivity of Volunteers' Experience

NCVO research found eight key features to a quality volunteer experience[7]. Two more that were of specific importance during COVID were added. Volunteers were asked how much they agree or disagree with twenty statements that explore these ten features.

It should be expected for the "voluntary sector" (VCSE) to be the experts in quality volunteering however they often had no additional funding or resource for COVID-response.

The heat-mapped table above shows that Local VCSE Sector organisations did indeed offer the highest quality volunteer experience, with the highest overall positivity score.

More information can be found in the Full Report.

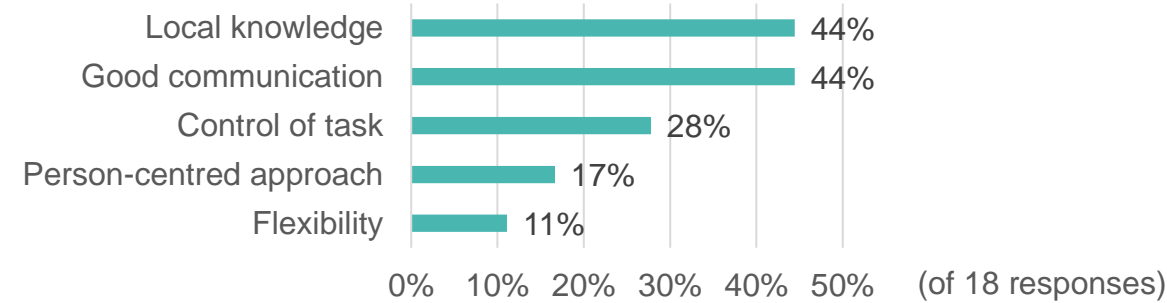**Referrers' experiences using Volunteer Programmes**

| Programme | Very Positive | Positive | Neither Positive or Negative | Negative | Very Negative |
|---|---|---|---|---|---|
| NHS Volunteer Responders (of 14 responses) | 21% | 36% | — | 29% | 14% |
| Local VCSE Sector Volunteers (of 24 responses) | 71% | 13% | 13% | 4% | |
| Local Council Volunteers (of 15 responses) | 33% | 53% | 13% | | |
| Mutual Aid Groups (of 13 responses) | 23% | 54% | 15% | 8% | |

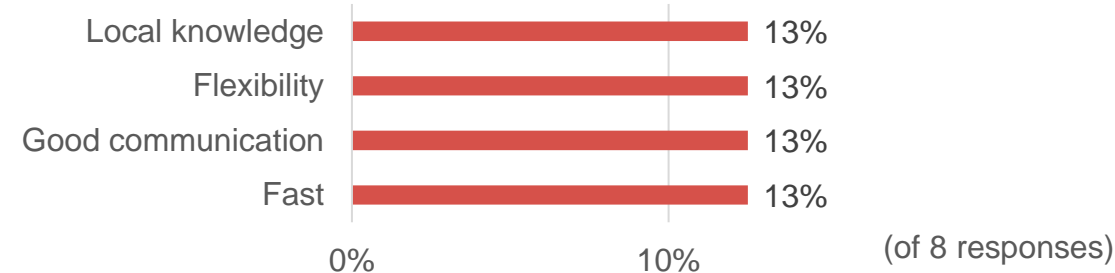| Feature | Statement | NHS VR | Local VCSE Sector | Local Councils | Mutual Aid Groups |
|---|---|---|---|---|---|
| Balanced / Inclusive | It was easy to sign-up as a volunteer. | 77% | 84% | 83% | 82% |
| Balanced | I was able to start volunteering quickly after expressing my interest in volunteering. | 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%** |

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## Local Coordination, National Backing

Referrers and Volunteers showed a clear preference towards the local VCSE Sector in the "The VCSE Sector's Response was the most relied upon" and had the best experience with local responses in "The Local VCSE Sector have the best expertise to coordinate quality volunteer responses". Respondents were asked open questions, themes were defined from the responses and the percentages of responses that included each theme are shown below. Recurring themes are highlighted here; more response themes for each question can be found in the Full Report.
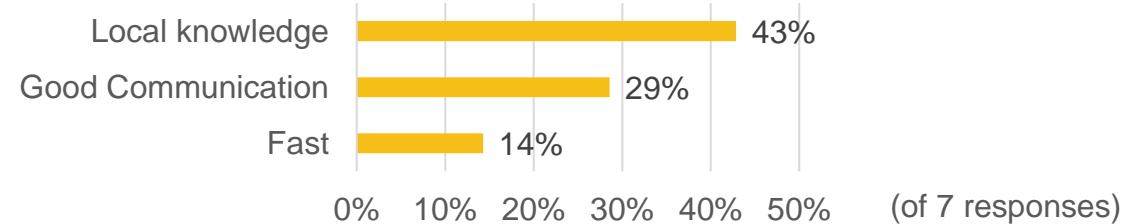
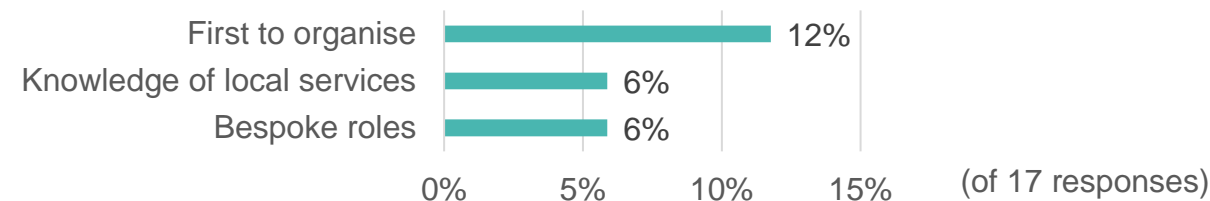### What works well with the Local VCSE Sector's Volunteer Support for Referrers?

| Theme | % |
|---|---|
| Local knowledge | 44% |
| Good communication | 44% |
| Control of task | 28% |
| Person-centred approach | 17% |
| Flexibility | 11% |

(of 18 responses)

### What works well with Local Councils' Volunteer Support for Referrers?

| Theme | % |
|---|---|
| Local knowledge | 13% |
| Flexibility | 13% |
| Good communication | 13% |
| Fast | 13% |

(of 8 responses)

### What works well with Mutual Aid Groups' Volunteer Support for Referrers?

| Theme | % |
|---|---|
| Local knowledge | 43% |
| Good Communication | 29% |
| Fast | 14% |

(of 7 responses)

### Why did Referrers use the Local VCSE Sector?

| Theme | % |
|---|---|
| First to organise | 12% |
| Knowledge of local services | 6% |
| Bespoke roles | 6% |

(of 17 responses)

### What works well with Mutual Aid Groups' Volunteer Support for Referrers?

| Theme | % |
|---|---|
| Very local volunteers | 50% |

(of 4 responses)
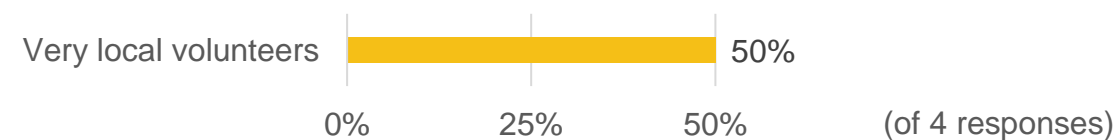
### What works well Volunteering with the Local VCSE Sector?
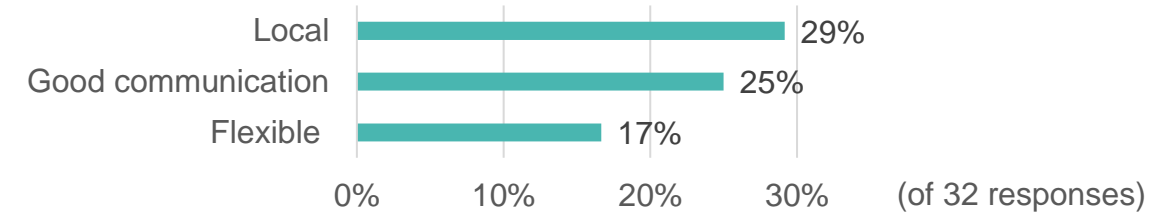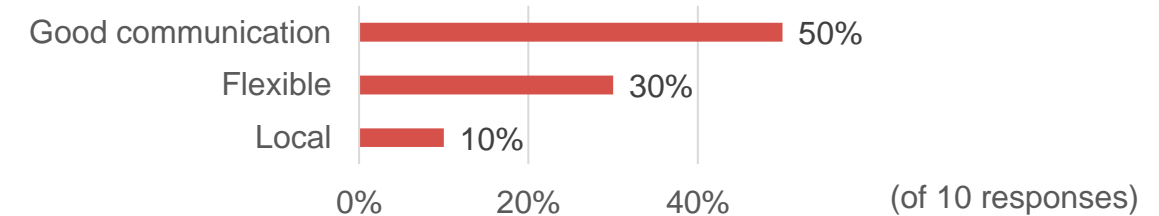
| Theme | % |
|---|---|
| Local | 29% |
| Good communication | 25% |
| Flexible | 17% |

(of 32 responses)

### What works well Volunteering with Local Councils?

| Theme | % |
|---|---|
| Good communication | 50% |
| Flexible | 30% |
| Local | 10% |

(of 10 responses)

### What works well Volunteering with Mutual Aid Groups?

| Theme | % |
|---|---|
| Local | 83% |
| Good communication | 17% |
| Flexible | 17% |

(of 6 responses)

### Why did respondents volunteer through their Local VCSE Sector?

| Theme | % |
|---|---|
| Local Benefit | 19% |
| Bad Experience with NHS Responders | 6% |

(of 32 responses)
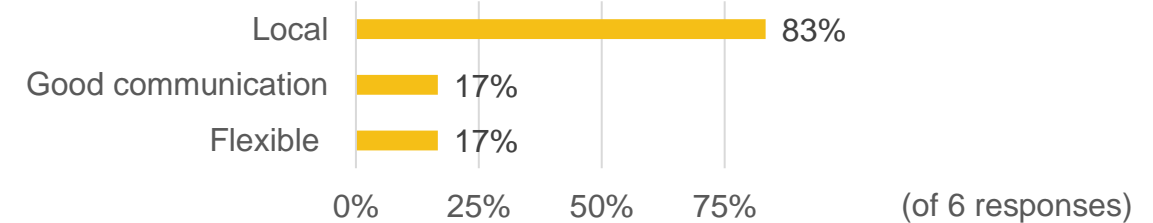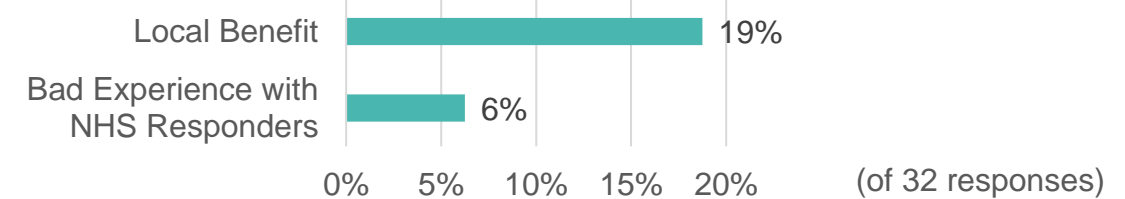
### Why did respondents volunteer through Local Councils?

| Theme | % |
|---|---|
| Local Benefit | 8% |
| Bad Experience with NHS Responders | 8% |

(of 12 responses)

### Why did respondents volunteer through their Local VCSE Sector?

| Theme | % |
|---|---|
| Local Benefit | 44% |

(of 9 responses)
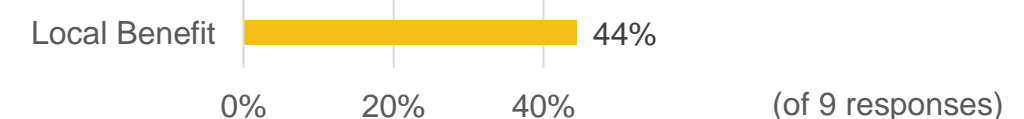
Voluntary response programmes being local, fast, having good communication and having flexibility (to local needs) were recurring important themes for Referrers and Volunteers. These themes recurred in feedback on what was missing or needed improvement in the national response.
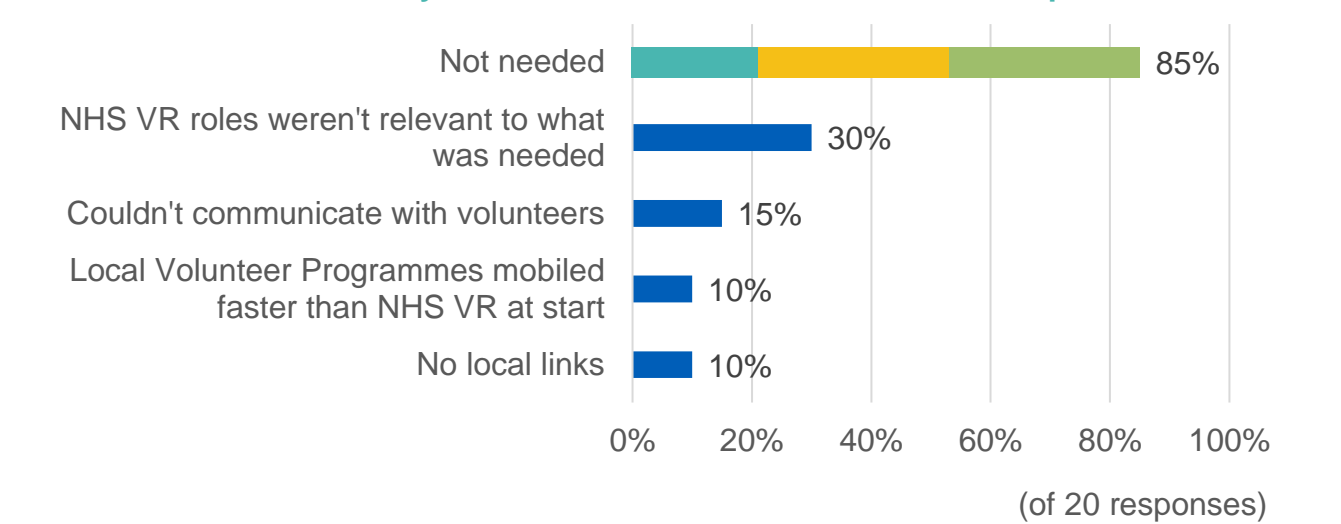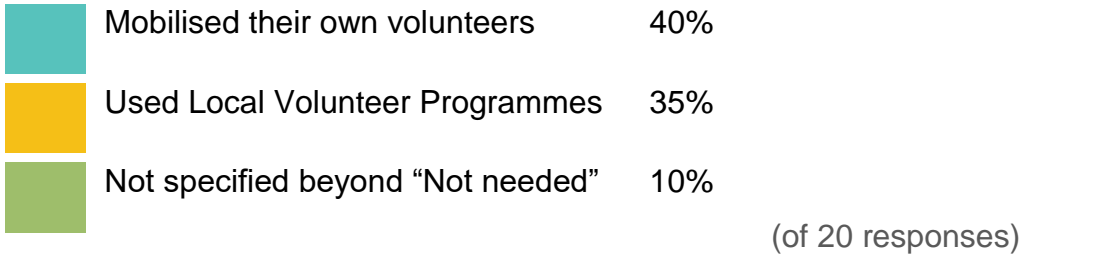
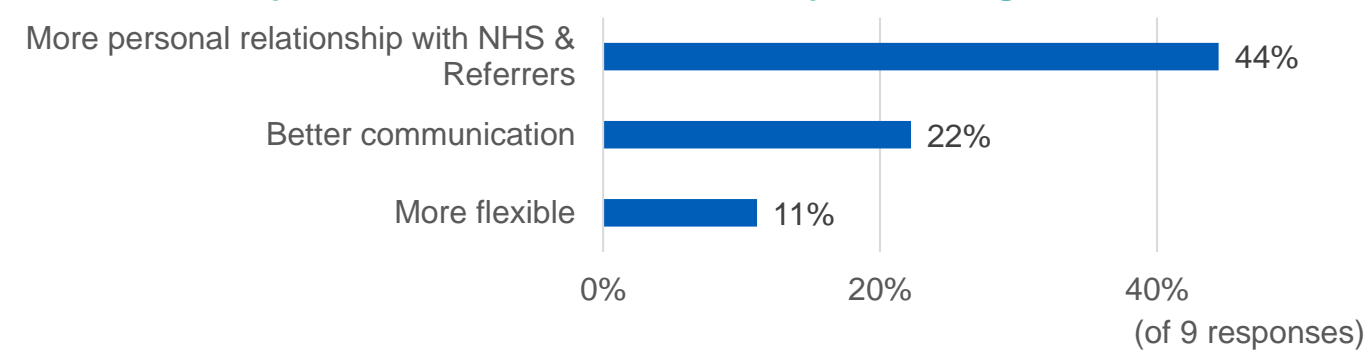## What could be improved with the NHS Volunteer Responders Programme for Referrers?

- Improve communication between Referrers and Volunteers — 40%
- Coordination by Local Experts — 20%

(of 6 responses)
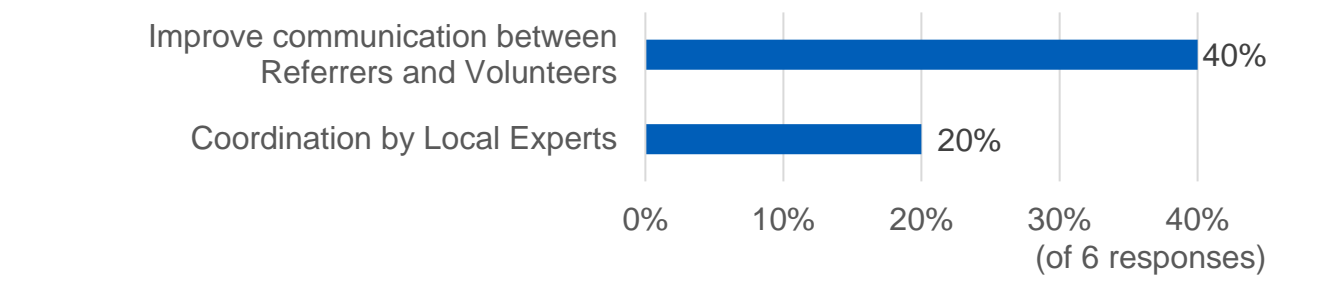
## What were the reasons why Referrers didn't use NHS Volunteer Responders?

- Not needed — 85%
- NHS VR roles weren't relevant to what was needed — 30%
- Couldn't communicate with volunteers — 15%
- Local Volunteer Programmes mobiled faster than NHS VR at start — 10%
- No local links — 10%

(of 20 responses)

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

- Mobilised their own volunteers — 40%
- Used Local Volunteer Programmes — 35%
- Not specified beyond "Not needed" — 10%

(of 20 responses)

## What could be improved with the NHS Volunteer Responders Programme for Volunteers?

- More personal relationship with NHS & Referrers — 44%
- Better communication — 22%
- More flexible — 11%

(of 9 responses)

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

- Volunteer through VCSE equivalent instead — 33%

(of 9 responses)

## What did Referrers think the Legacy of the NHS VR Programme should be?

- 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%
- All Volunteers under 'City Volunteers' umbrella — 5%
- Continue, coordinated with social prescribers — 5%

(of 20 responses)

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The national response had some notable successes though:

**Funding:**

**What works well with the NHS Volunteer Responders Programme for Referrers?**

Well Funded — 14%

(of 7 responses)

**What did Referrers think the Legacy of the NHS VR Programme should be?**

Funding should go to local infrastructure organisations — 15%

(of 20 responses)

**What could be improved with Local VCSE Sector Volunteering for Referrers?**

More funding / resources — 17%
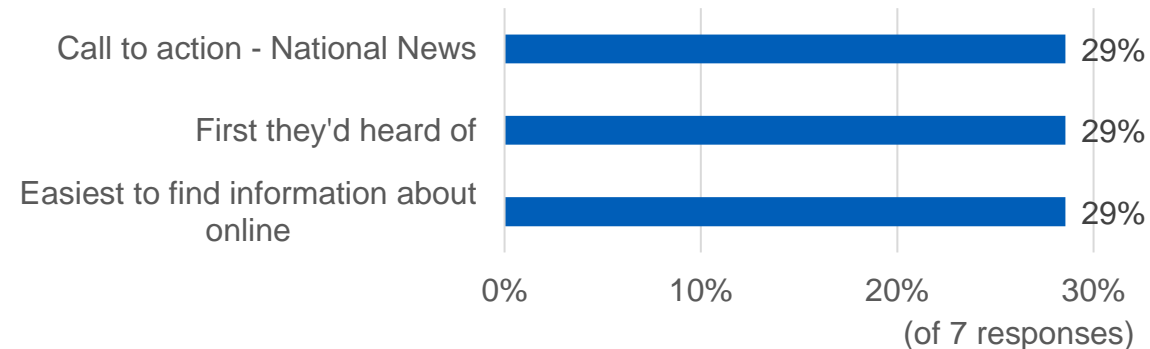
(of 11 responses)

Vs

The national response had been funded directly by the government. At the time of publishing, no announcement has been made as to how much the NHS Volunteer Responders Programme cost. Local VCSE Sector programmes received no additional funding, with some commissions, trusts, funds and bids specifically focused on COVID-response or support for organisations most negatively impacted by COVID beginning to be introduced further into 2020. As the VCSE response was so successful comparatively to the national response with relatively little funding it shows what local coordination might be able to achieve with national funding as suggested above. As "The local VCSE Sector's response is the most relied upon" (as discussed in that section), there is an argument for national funding to be diverted proportionately to the most relied upon service.

**Promotion:**

**Why did Referrers use the NHS Volunteer Responders Programme?**

Well publicised — 20%
Trusted - NHS Brand — 10%

0% 10% 20% 30%
(of 10 responses)
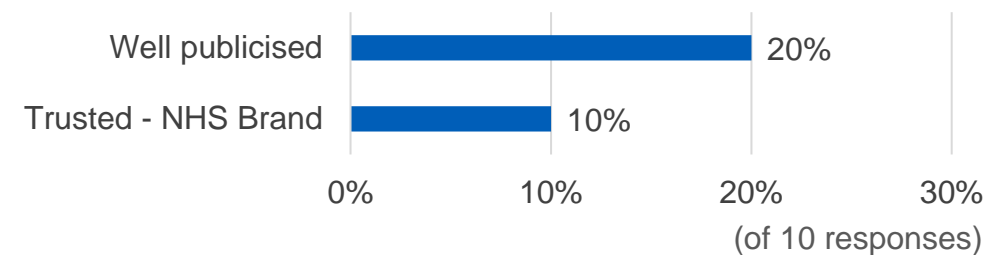
**Why did respondents volunteer as NHS Volunteer Responders?**

Call to action - National News — 29%
First they'd heard of — 29%
Easiest to find information about online — 29%

0% 10% 20% 30%
(of 7 responses)

Vs

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

Not aware — 35%

(of 17 responses)

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

Not aware — 16%

(of 19 responses)
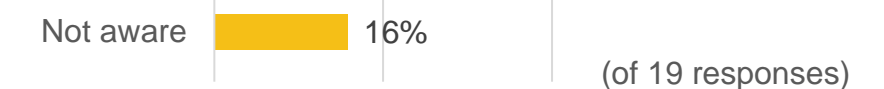
**What were the reasons why respondents didn't volunteer through the Local VCSE Sector?**

Wasn't aware of this programme — 23%

(of 13 responses)

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

Wasn't aware of this programme — 19%

(of 31 responses)

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

Wasn't aware of this programme — 24%

0% 5% 10% 15% 20% 25%
(of 29 responses)

National promotion and communications were very successful for recruiting volunteers whereas local responses were unknown to some respondents. Locally coordinated responses would benefit greatly from national promotion.
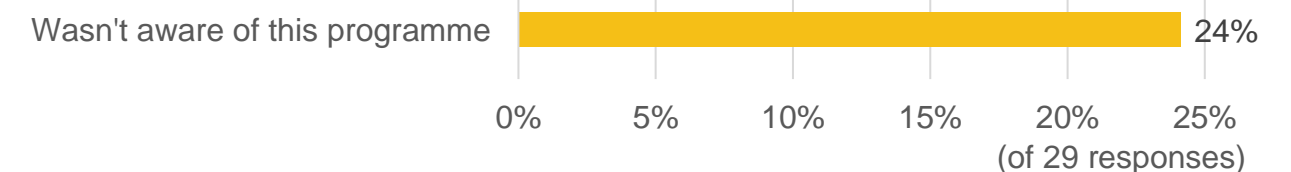
## One Point of Coordination

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

| 22% | 39% | 11% | 22% |
|---|---|---|---|

0%  50%  100%

- Yes - alot
- Yes
- Not sure
- No

(of 18 responses)

Respondents' further comments including the following themes:

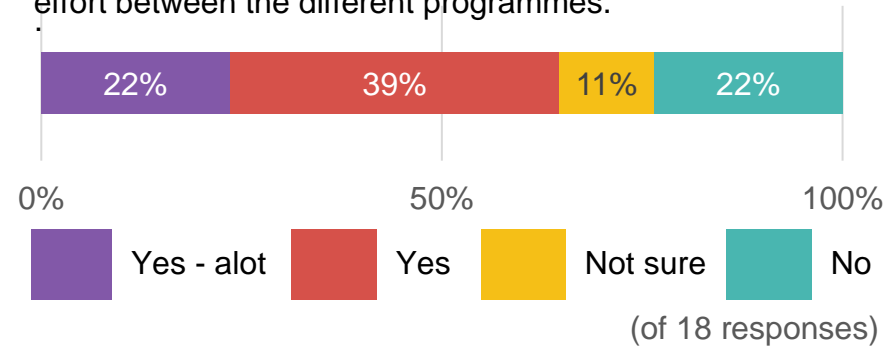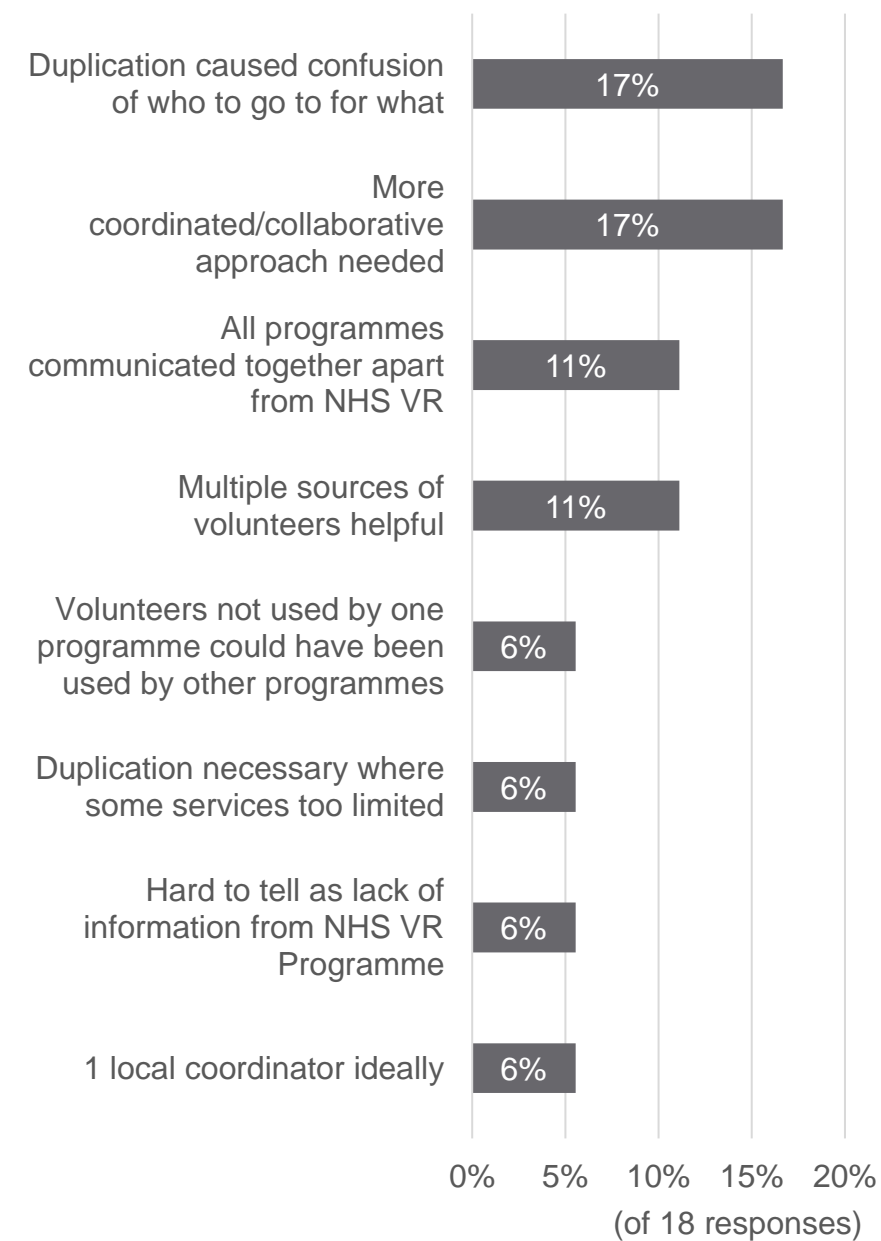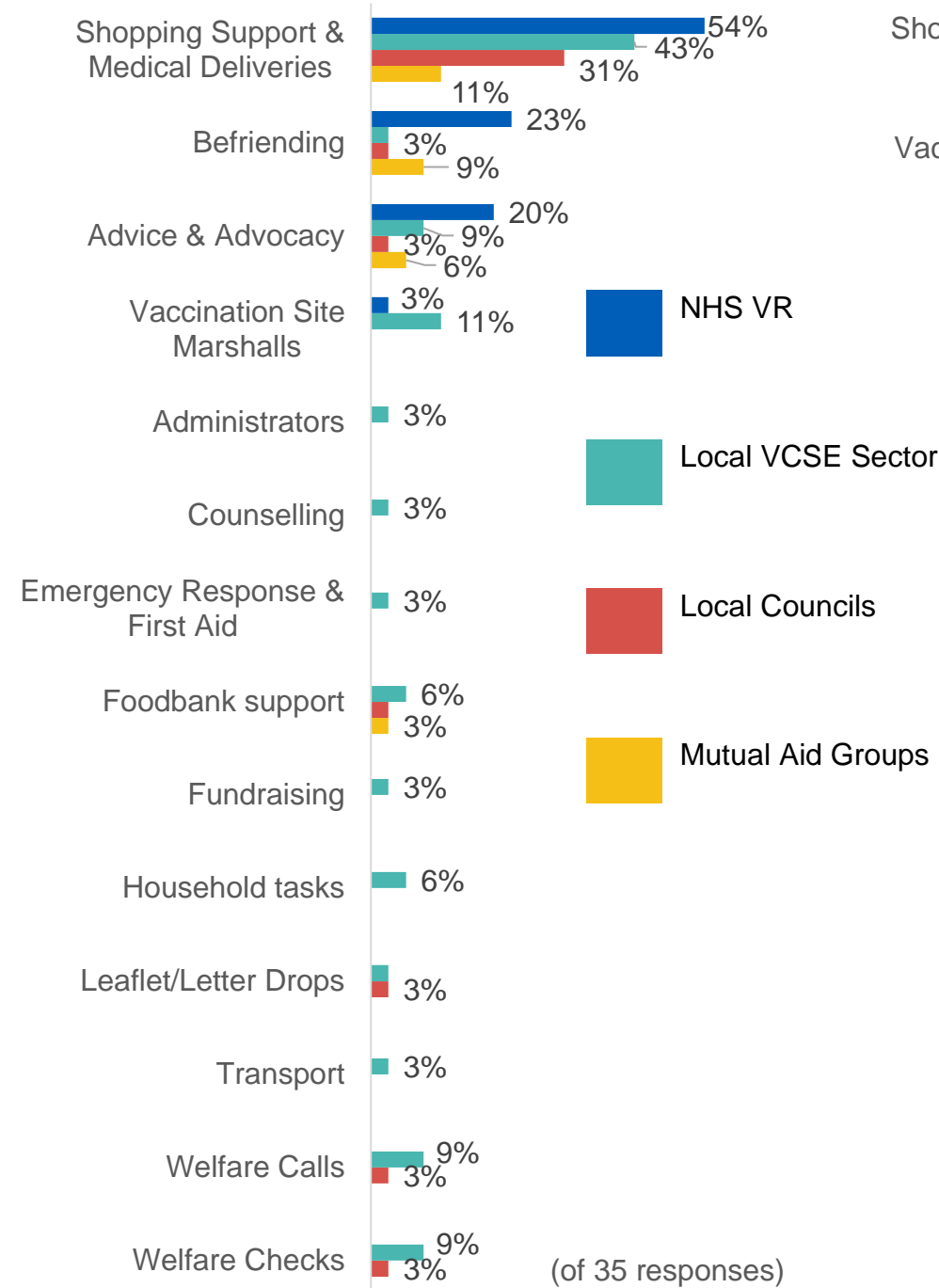| Theme | % |
|---|---|
| Duplication caused confusion of who to go to for what | 17% |
| More coordinated/collaborative approach needed | 17% |
| All programmes communicated together apart from NHS VR | 11% |
| Multiple sources of volunteers helpful | 11% |
| Volunteers not used by one programme could 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% |

0%  5%  10%  15%  20%
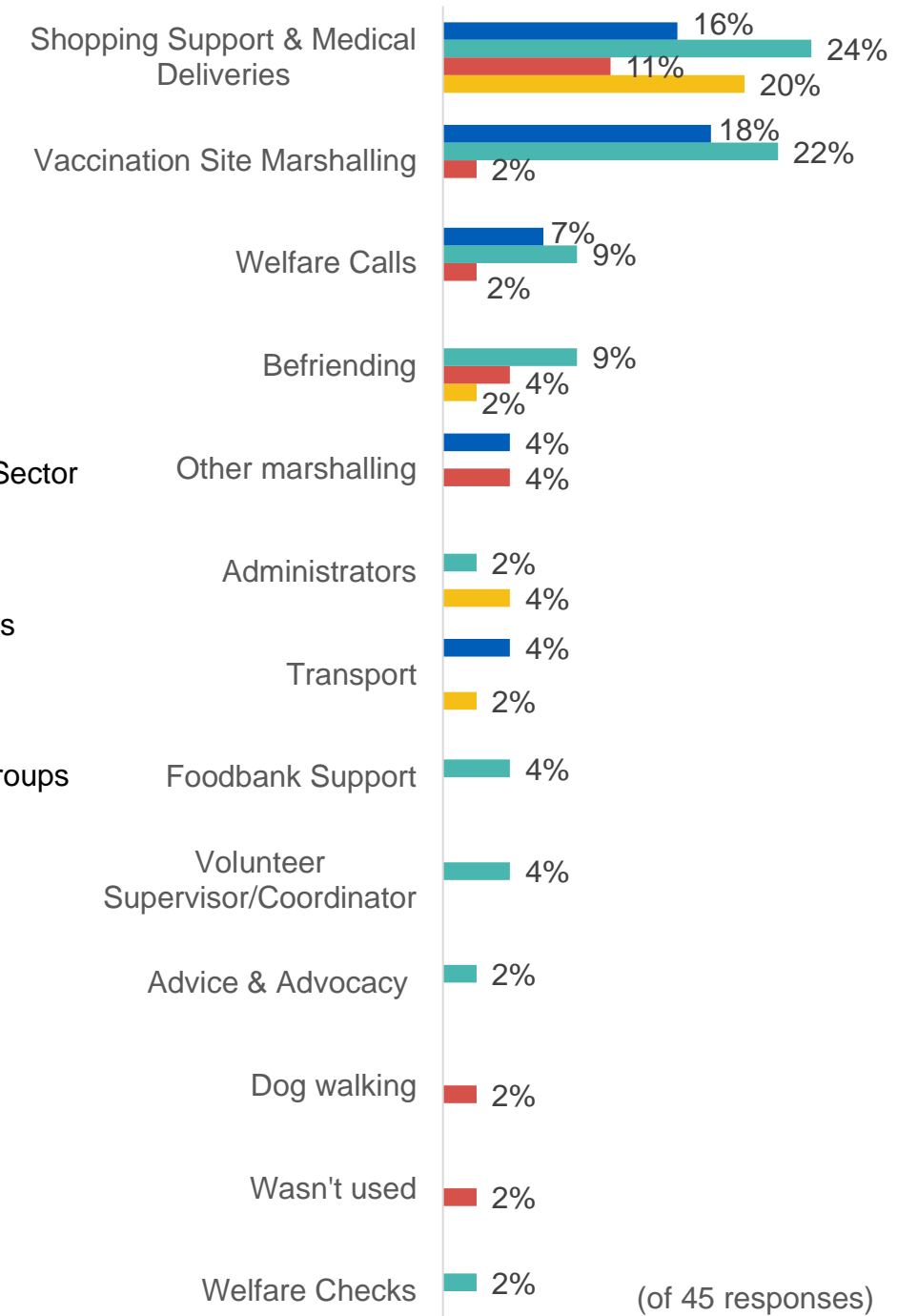(of 18 responses)

## 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%, 43%, 31%, 11%
Befriending: 23%, 3%, 9%
Advice & Advocacy: 20%, 9%, 3%, 6%
Vaccination Site Marshalls: 3%, 11%
Administrators: 3%
Counselling: 3%
Emergency Response & First Aid: 3%
Foodbank support: 6%, 3%
Fundraising: 3%
Household tasks: 6%
Leaflet/Letter Drops: 3%
Transport: 3%
Welfare Calls: 9%, 3%
Welfare Checks: 9%, 3%

Legend:
- NHS VR
- Local VCSE Sector
- Local Councils
- Mutual Aid Groups
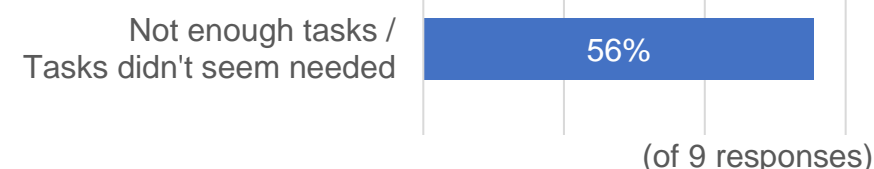
(of 35 responses)

## 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: 16%, 24%, 11%, 20%
Vaccination Site Marshalling: 18%, 22%, 2%
Welfare Calls: 7%, 9%, 2%
Befriending: 9%, 4%, 2%
Other marshalling: 4%, 4%
Administrators: 2%, 4%
Transport: 4%, 2%
Foodbank Support: 4%
Volunteer Supervisor/Coordinator: 4%
Advice & Advocacy: 2%
Dog walking: 2%
Wasn't used: 2%
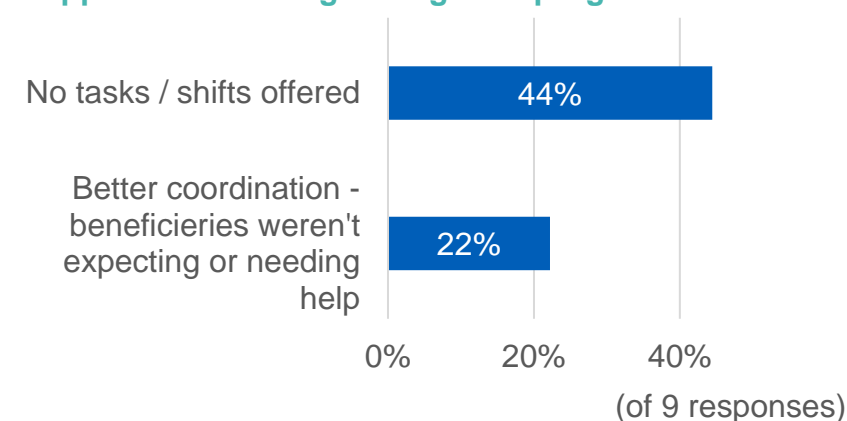Welfare Checks: 2%

(of 45 responses)

We know referrers used combinations of voluntary responses (see: "The local VCSE Sector's response is the most relied upon" section) and that many voluntary responses covered the same tasks, which could be explained by the theme: "Duplication necessary where some services too limited" (left) or suggests more volunteers were needed. This is explored on the next page.

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The previous page said "multiple sources of volunteers were helpful" suggesting more volunteers were needed. This seemed to be the case from responses in the chart to the right. However that contradicts with volunteer experiences (below) where there wasn't enough to do. The suggestion that "Volunteers not used by one programme could have been used by other programmes" (previous page) may have solved this with one point of coordination.
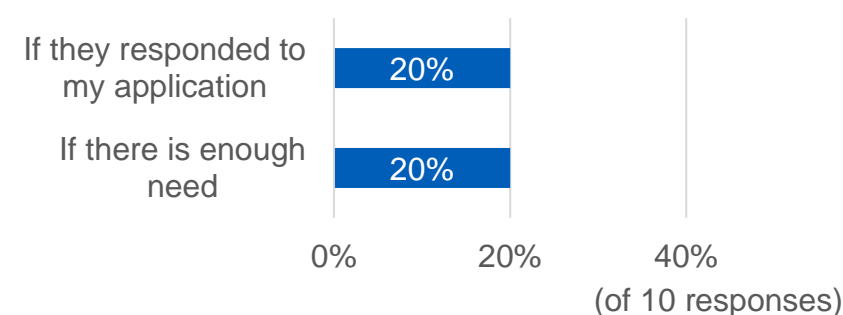
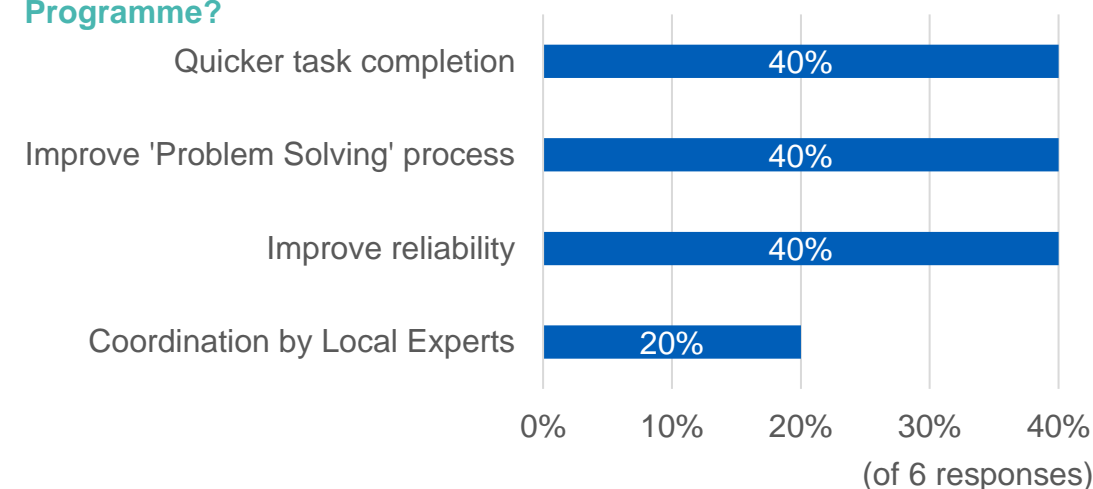### What could be improved with the NHS Volunteer Responders Programme?

| | |
|---|---|
| Quicker task completion | 40% |
| Improve 'Problem Solving' process | 40% |
| Improve reliability | 40% |
| Coordination by Local Experts | 20% |

0%  10%  20%  30%  40%

(of 6 responses)

### What could be improved with the NHS Volunteer Responders Programme?

| | |
|---|---|
| Not enough tasks / Tasks didn't seem needed | 56% |

(of 9 responses)

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

| | |
|---|---|
| No tasks / shifts offered | 44% |
| Better coordination - beneficieries weren't expecting or needing help | 22% |

0%  20%  40%

(of 9 responses)

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

| | |
|---|---|
| If they responded to my application | 20% |
| If there is enough need | 20% |

0%  20%  40%

(of 10 responses)

### What could be improved volunteering with Local Councils?

| | |
|---|---|
| No tasks / shifts offered | 29% |

(of 7 responses)

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

| | |
|---|---|
| Tried but didn't get a response | 10% |

(of 31 responses)

### What could be improved volunteering with Mutual Aid Groups?

| | |
|---|---|
| More to do | 40% |

(of 5 responses)
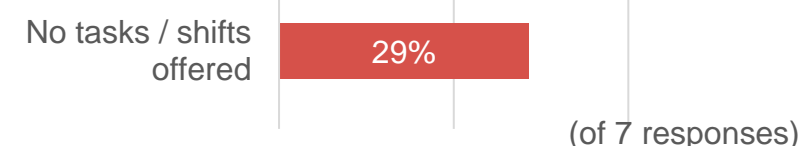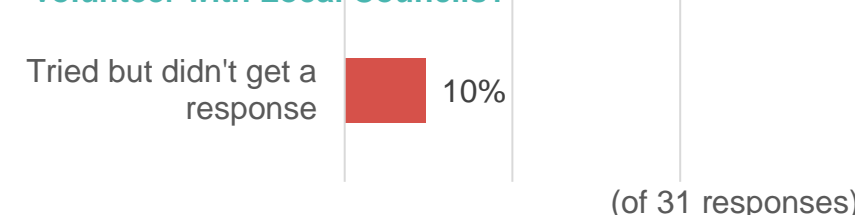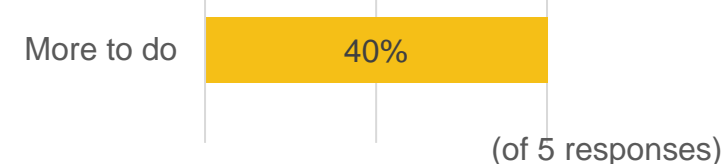
### What were the reasons why Volunteers stopped volunteering through Mutual Aid Groups?

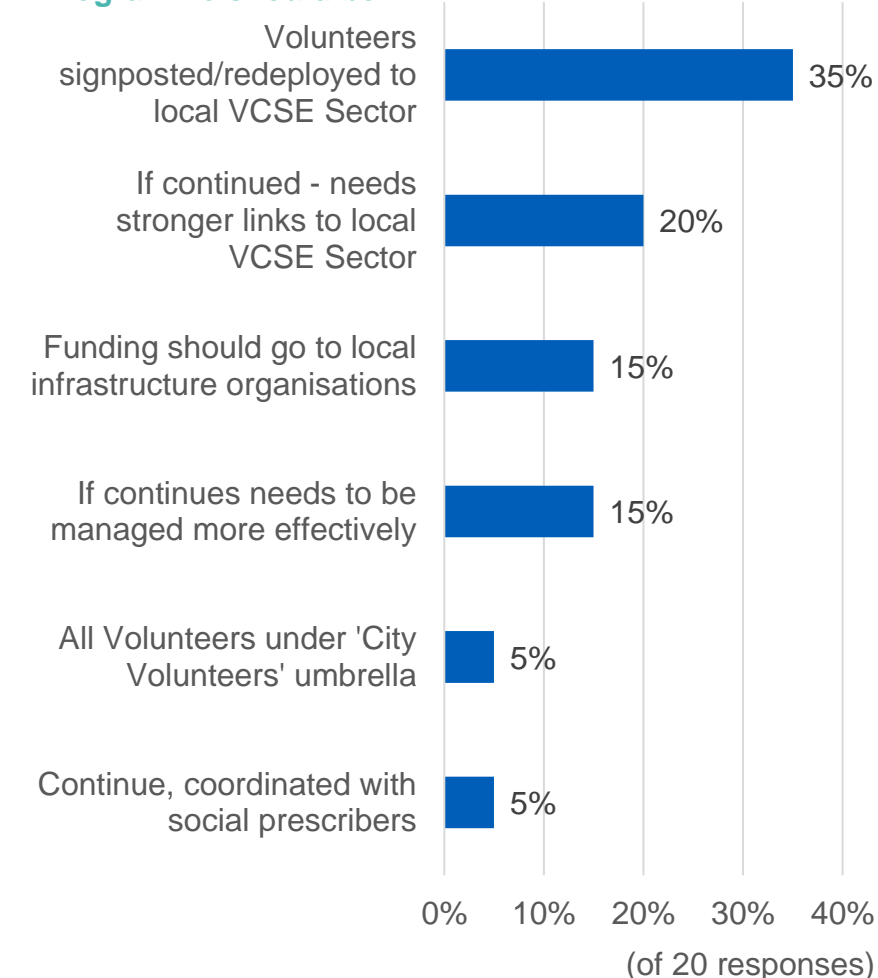| | |
|---|---|
| Not enough to do | 60% |

(of 4 responses)

If not One Point of Coordination, then:

### Better Collaboration

A consistent theme throughout the research was respondents need for better collaboration between response programmes and organisations.

### What did Referrers think the Legacy of the NHS VR Programme should be?

| | |
|---|---|
| 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% |
| All Volunteers under 'City Volunteers' umbrella | 5% |
| Continue, coordinated with social prescribers | 5% |

0%  10%  20%  30%  40%

(of 20 responses)

Referrers also highlighted collaborative approach as one of the things that worked well with their favoured response:

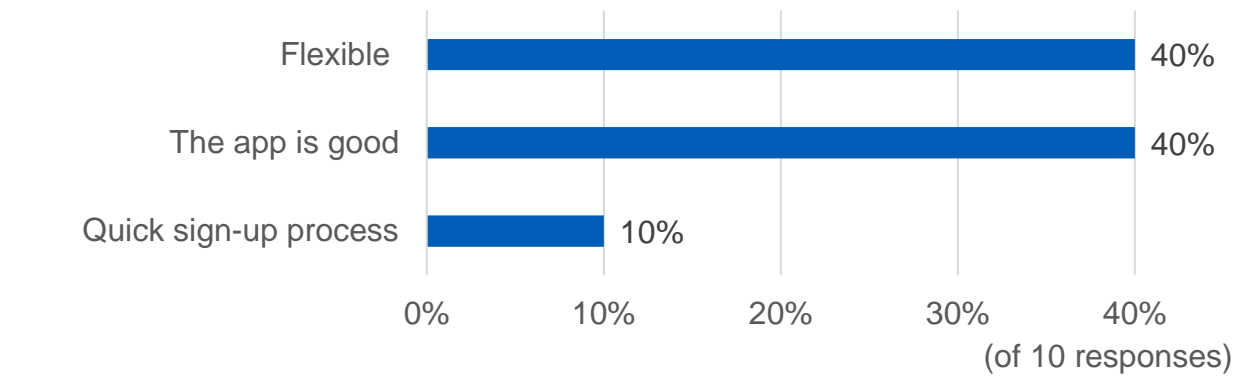### What works well with the Local VCSE Sector's Volunteer Support?

| | |
|---|---|
| Collaborative approach | 22% |

(of 18 responses)
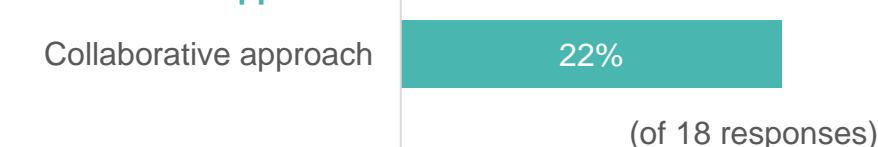
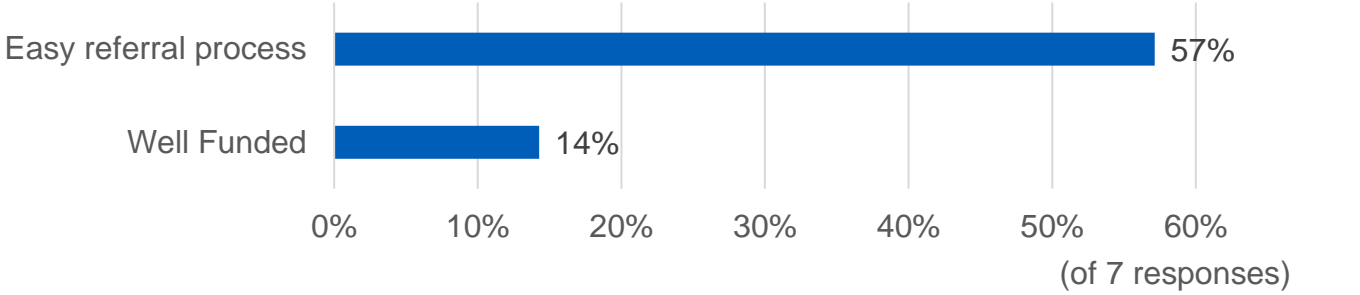## Transactional Volunteering is not a 'Magic Bullet'

Transactional Volunteering is having one-off tasks that volunteers can sign-up for. It was the main style of volunteering for NHS Volunteer Responders in particular but Mutual Aid Groups and a few VCSE organisations used it too. It's being hailed by many as the new best way to do volunteering based mostly on NHS VR recruitment figures, but is that a correct assumption?

### Flexible and Easy

**What works well with the NHS Volunteer Responders Programme for Volunteers?**

| Category | Value |
| --- | --- |
| Flexible | 40% |
| The app is good | 40% |
| Quick sign-up process | 10% |

(of 10 responses)

**What works well with the NHS Volunteer Responders Programme for Referrers?**

| Category | Value |
| --- | --- |
| Easy referral process | 57% |
| Well Funded | 14% |

(of 7 responses)

### Positivity of Volunteers' Experience

| 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% |
| 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% |

NHS VR scored lowest for flexibility, but this may be due to the wording of the statement, where NHS Volunteer Responders had little contact with volunteer organisers/coordinators. Flexibility appears as a need in the graph below though. This may be in relation to the limits on when Volunteer tasks can be accepted, pharmacy opening hours, types of role, etc.

### Poor Connections and Communication

**What could be improved with the NHS Volunteer Responders Programme?**
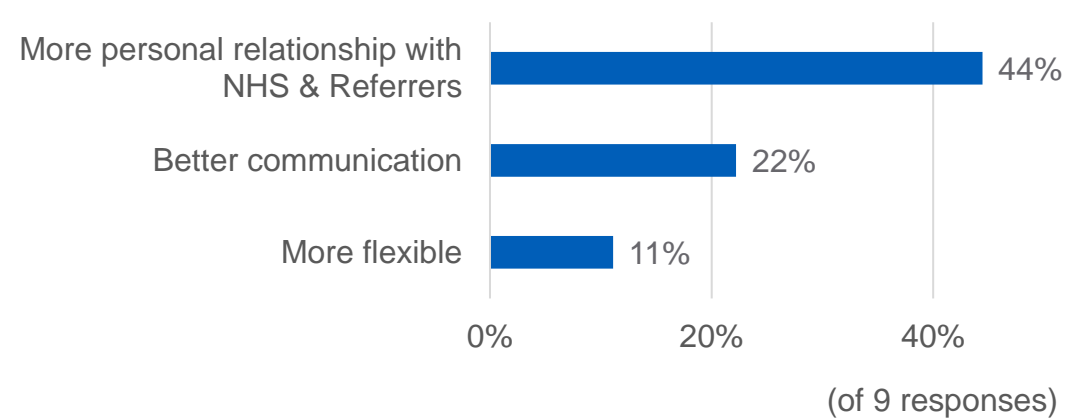
| Category | Value |
| --- | --- |
| More personal relationship with NHS & Referrers | 44% |
| Better communication | 22% |
| More flexible | 11% |

(of 9 responses)

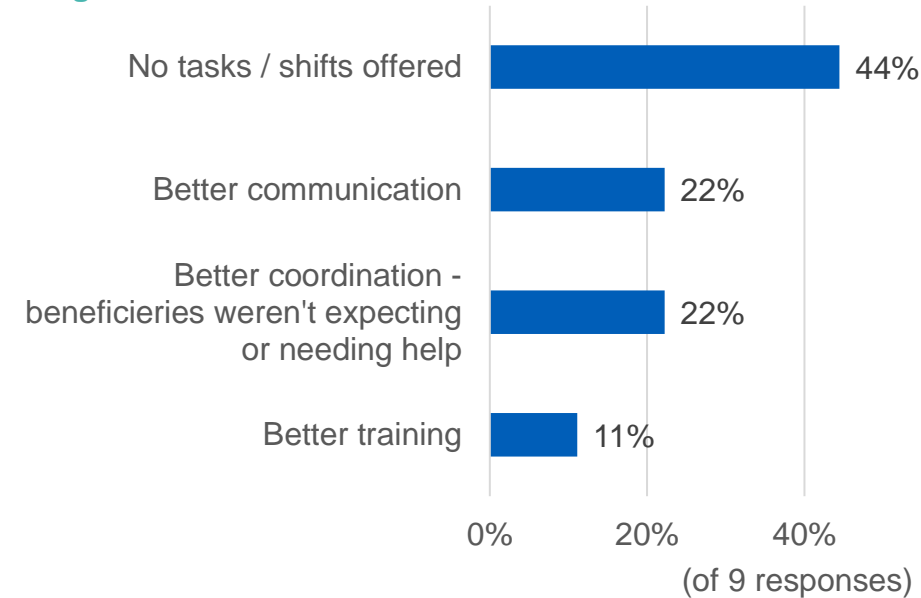### Positivity of Volunteers' Experience

| Feature | Statement | NHS VR | Local VCSE Sector | Local Councils | Mutual Aid Groups |
| --- | --- | --- | --- | --- | --- |
| 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% |

**Poor Reliability**

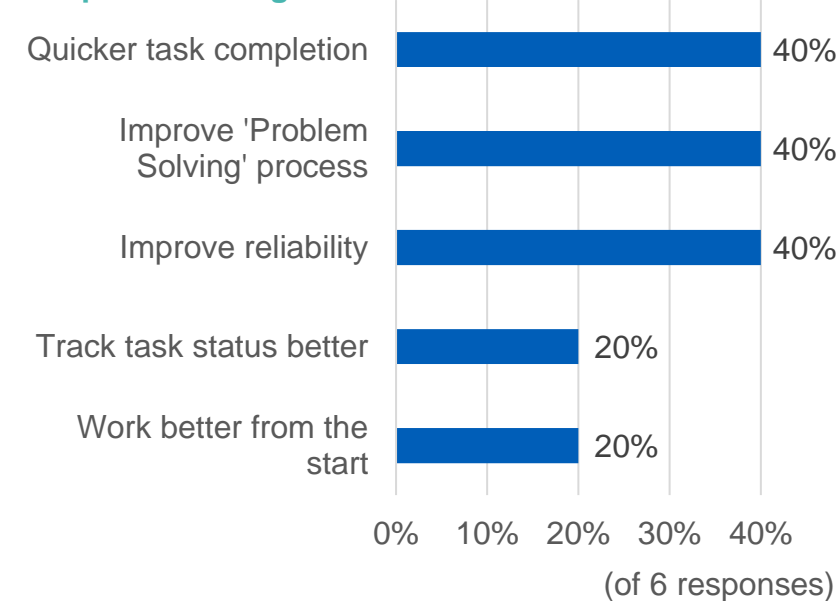**What could be improved with the NHS Volunteer Responders Programme for Volunteers?**

| Category | Value |
|---|---|
| No tasks / shifts offered | 44% |
| Better communication | 22% |
| Better coordination - beneficieries weren't expecting or needing help | 22% |
| Better training | 11% |

0%    20%    40%
(of 9 responses)

**Positivity of Volunteers' Experience**

| Feature | Statement | NHS VR | Local VCSE Sector | Local Councils | Mutual Aid Groups |
|---|---|---|---|---|---|
| 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% |

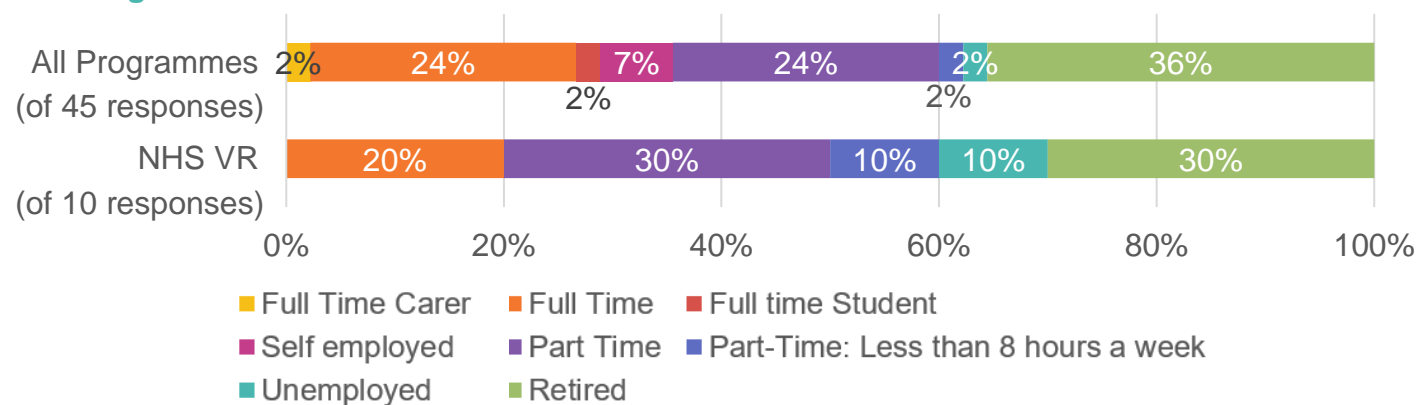**What could be improved with the NHS Volunteer Responders Programme for Referrers?**

| Category | Value |
|---|---|
| Quicker task completion | 40% |
| Improve 'Problem Solving' process | 40% |
| Improve reliability | 40% |
| Track task status better | 20% |
| Work better from the start | 20% |

0%   10%   20%   30%   40%
(of 6 responses)

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

| Category | Value |
|---|---|
| Difficulties with the app | 11% |
| Lack of volunteer support / training | 11% |

0%                    20%
(of 9 responses)
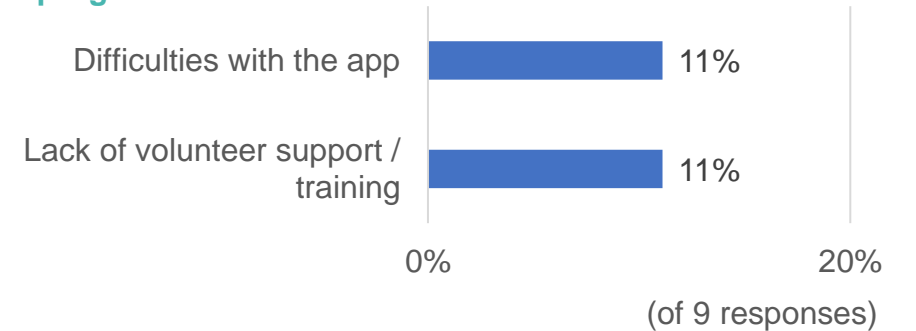
**More Appeal to younger or full time Volunteers?**
**Working Status**

All Programmes (of 45 responses): 2%, 24%, 2%, 7%, 24%, 2%, 2%, 36%
NHS VR (of 10 responses): 20%, 30%, 10%, 10%, 30%

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

- Full Time Carer
- Full Time
- Full time Student
- Self employed
- Part Time
- Part-Time: Less than 8 hours a week
- Unemployed
- Retired

**Age**

All Programmes (of 48 responses): 2%, 2%, 6%, 15%, 10%, 13%, 19%, 10%, 13%, 6%, 4%
NHS VR (of 10 responses): 10%, 30%, 40%, 10%, 10%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

- 16 to 17
- 18 to 20
- 21 to 29
- 30 to 39
- 40 to 49
- 50 to 54
- 55 to 60
- 60 to 64
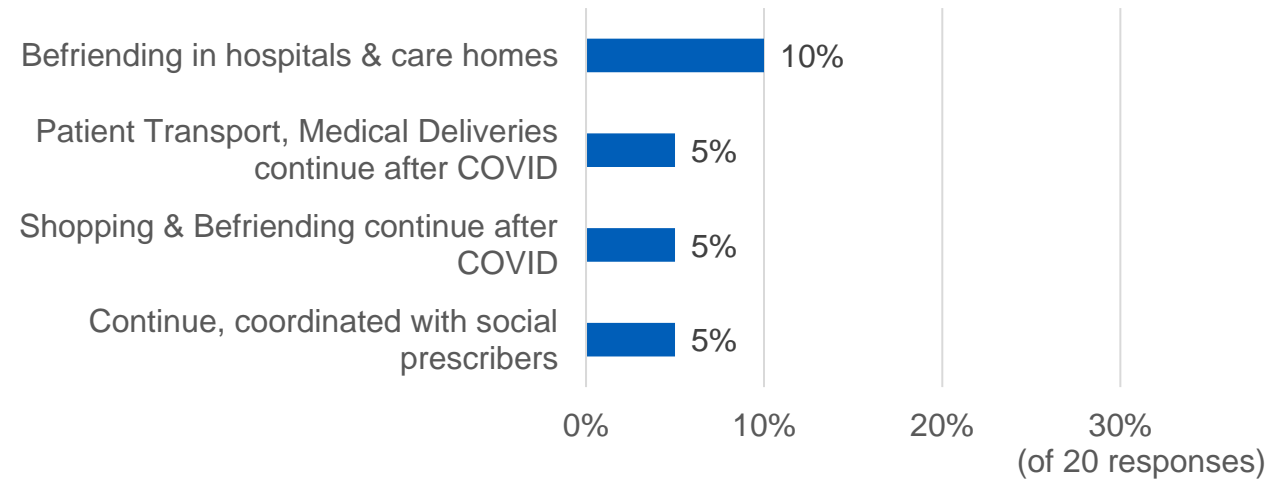- 65 to 69
- 70 to 74
- 75 to 79
- 80+

Transactional volunteering attracted more younger volunteers but there were more full-time workers for other programmes that had less transactional volunteering.

Transactional volunteering doesn't work for every situation and works better with known volunteers. It 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.
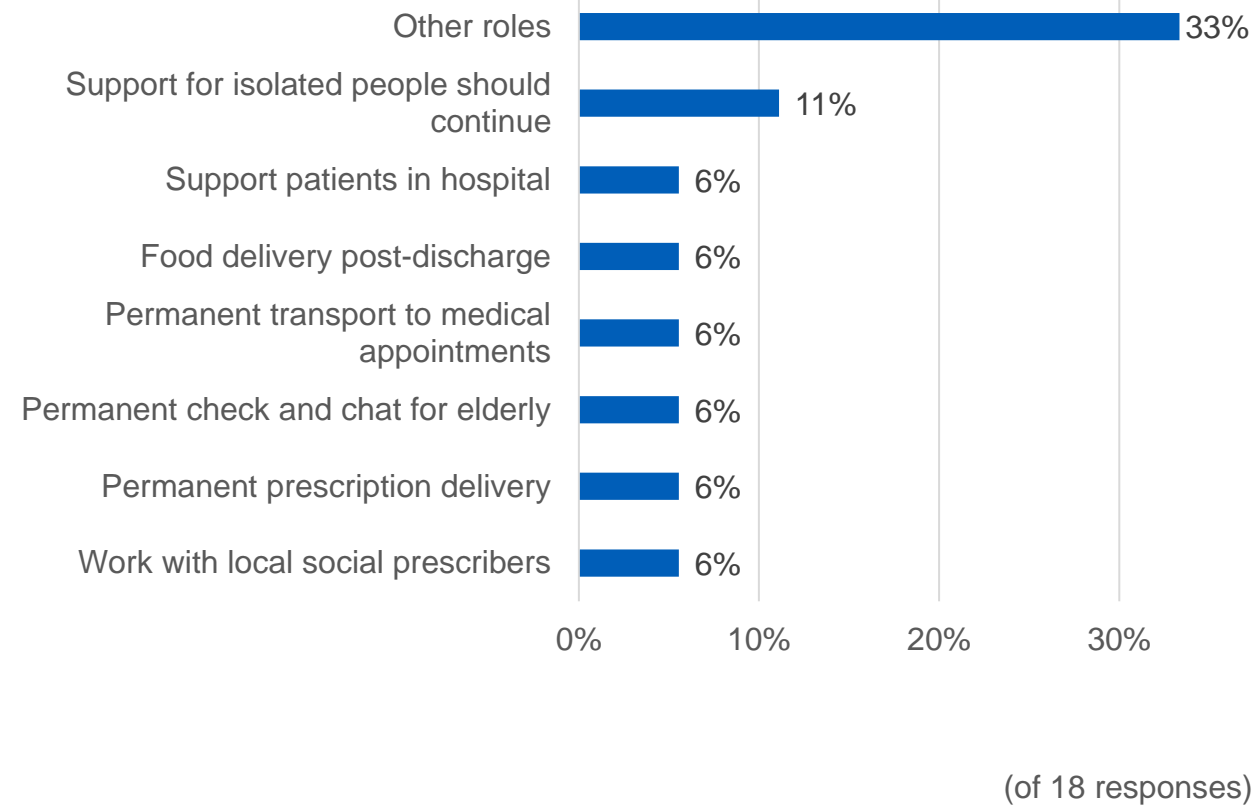
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## Support for isolated people needs to continue

### What did Referrers think the Legacy of the NHS VR Programme should be?

| Role | % |
|---|---|
| Befriending in hospitals & care homes | 10% |
| Patient Transport, Medical Deliveries continue after COVID | 5% |
| Shopping & Befriending continue after COVID | 5% |
| Continue, coordinated with social prescribers | 5% |

(of 20 responses)

### What did Volunteers think the Legacy of the NHS VR Programme should be?

| Role | % |
|---|---|
| Other roles | 33% |
| Support for isolated people should continue | 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% |
| Work with local social prescribers | 6% |

(of 18 responses)

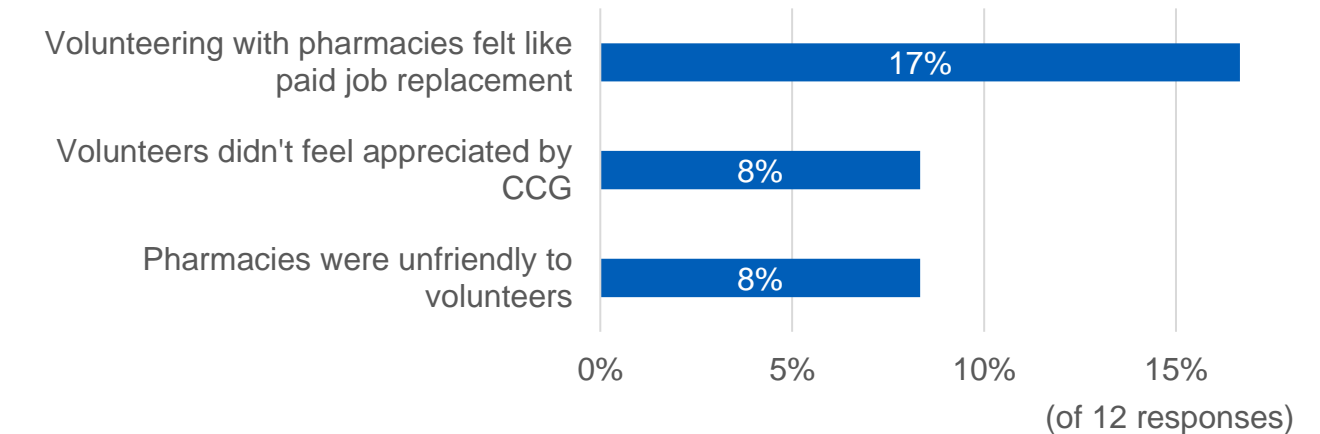### What other tasks require volunteer support?

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.
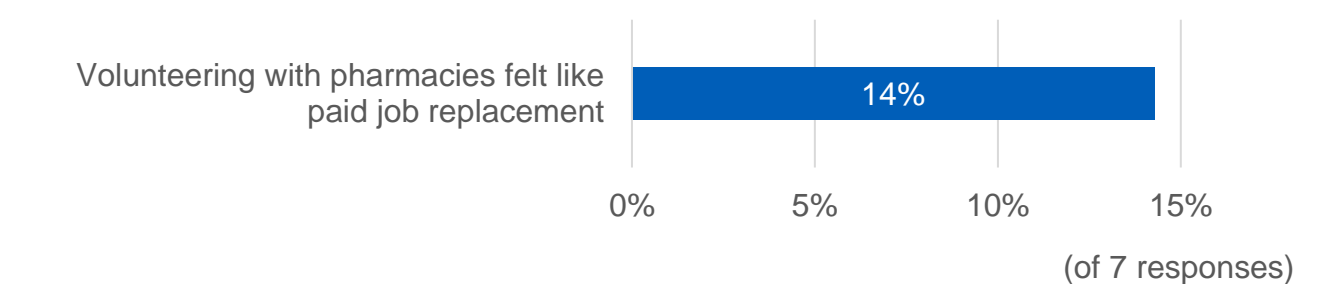
### Consideration for healthcare roles continuing:

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

Volunteers' local VCSE sector volunteering programmes:

| Theme | % |
|---|---|
| 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)

And Volunteers' local Council volunteering programmes:

| Theme | % |
|---|---|
| Volunteering with pharmacies felt like paid job replacement | 14% |

(of 7 responses)

Research conducted by York Centre for Voluntary Services

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As commissioned by the NHS Humber, Coast and Vale Health and Care
Partnership (Integrated Care System)

**NHS**