BARRIERS AND BENEFITS: TACKLING INEQUALITIES IN HEALTH THROUGH VOLUNTEERING
Volunteering can make a significant contribution to individual and community health and wellbeing and to supporting health and care systems.

However, in general, those who could benefit most from volunteering are the least likely to be able to take part in it – mirroring the inverse care law affecting other types of health and social care interventions.

What can statutory and voluntary and community sector (VCS) organisations do to start addressing the equity issues in volunteering, giving everyone fair access to volunteer opportunities:

- Develop a locally driven strategic approach to volunteering. This would entail a wider debate within an area and agreement to work across sectors and organisations to address volunteering and equity.

- Map the existing contribution of volunteering within the health and care system and better promote the diversity of those people who are already volunteers, recognising why they do it and what they gain from it.

- Recognise and expand existing entry points into volunteering for members of underrepresented communities, while at the same time taking a whole community approach which looks at processes and messages that are accessible to all, not only ‘target groups’.

- Ensure that the statutory sector and VCS work together in a more ‘volunteer centred way’. This includes supporting volunteers based on their interests and needs rather than those of an organisation.

- Effectively measure the impact of volunteering on health and wellbeing and to local health and care systems. This will support better promotion and decision making regarding volunteering. Use a combination of national research evidence, which outlines overall benefits, alongside lighter-touch local measurement, where it may be sufficient to just capture scale and activity rather than track and attribute outcomes.

Introduction

There is a broad consensus on the positive contribution of volunteering to individuals’ health and wellbeing. Increasingly, health strategies and policies recognise its importance in terms of population health – supporting the health of communities and the distribution of health within those communities. It is therefore crucial to recognise and understand how access to volunteering relates to significant inequalities across the life course. Many of those who could benefit the most, are precisely those who are least likely to be involved. Although population health approaches to volunteering have the potential to reduce health inequalities, their potential will go un-realised unless inclusion is designed-in at local level.

This paper is based on the available research evidence and Volunteering Matters’ strategic discussions with VCSE organisations and statutory partners nationwide and on a regional basis. It sets out:

- the health and wellbeing benefits of volunteering to individuals, communities and systems
- the scope of volunteering to address health inequalities
- a summary of the barriers to volunteering
- suggested ways to harness the full potential of volunteering to support health and wellbeing and to address health inequalities
Volunteering has potential as a population level intervention to support better health and wellbeing. Over the past fifteen years, just over a quarter of adults in the UK have regularly taken part in formal volunteering and nearly half have volunteered occasionally. Given the potential scale of activity, promoting volunteering has the potential to increase wellbeing at a population level.

Volunteering has a role in addressing social exclusion and inequalities and therefore fits within a social determinants approach to public health. Whether it is lunch clubs for older people, assisted gardening schemes or young play leaders, volunteers make an important contribution to improving places for communities. There is evidence of the contribution of volunteering in providing routes out of poverty through the acquisition of skills and confidence, social integration and employment benefiting those at the margins of the labour market, such as recent migrants or people with disabilities.

The health system cannot achieve its goals without the active support of volunteers. Across local government and the NHS, there is increasing interest in, and uptake of, approaches that seek to work in genuine partnership with communities. Many of these approaches depend on volunteers – as Health Champions, as advocates, as helpers, as representatives, as peer supporters, as community organisers and as active citizens[6].

Volunteers can be powerful connectors, extending the reach and uptake of public health programmes and opening up other opportunities for others to get involved. Volunteers often build trust and are seen as approachable; getting to the places and people where there may be barriers to professional services. Volunteers strengthen social networks, social support and community capacity, which are important determinants of health.
The benefits of volunteering to health and wellbeing

Volunteering is time given freely for the benefit of others. It can take many forms and takes place through organisations (formal) or with friends and neighbours (informal). In England and Wales, just over a quarter of adults regularly take part in formal volunteering and nearly half volunteer occasionally[1].

In giving time through volunteering, there is a benefit to the recipient, the volunteer themselves and to society health and care systems (figure 1). These benefits are interconnected.

Volunteers are engaged across a wide range of contexts and through their volunteering can bring them health and wellbeing benefits. These widely reported

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<th>Caring responsibilities</th>
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**Personal Resources**: Health, social, and financial conditions may influence the capacity of individuals to volunteer.

**View of volunteering**: The nature of the activity, the knowledge volunteering/roles and the different conceptualisation of volunteering may be factors influencing participation.

**Caring responsibilities**: Factors such as caring responsibilities, not having children, and not being married may influence volunteering.

**Social exclusion**: Factors such as lack of social capital, lack of cultural capital, lack of economic capital, and lack of human capital may influence participation.

In the table above, the presence of an 'X' indicates a potential cross-cutting barrier for all groups.
inequalities often reflect other forms of social and economic disadvantage. The report covers what is known about volunteering and health inequalities, patterns of volunteering and barriers to volunteering for groups at risk of social exclusion.

The findings suggest that as well as individual barriers, there are cross-cutting social and economic issues that affect people between and across generations.

**Summary of key challenges**
Based on the findings of the Leeds Beckett review, the key challenges to maximising the benefits of volunteering to public health are:

- The equivalent of an inverse (care) law applies to volunteering – in general those who could benefit most are least likely to be able to take part.
- Volunteering may have a negative reputation among some groups who struggle to ‘recognise themselves’ in mainstream volunteering practices. Some groups may be anxious about putting themselves forward for fear of stigma or isolation.
- Without addressing access issues, calls to increase volunteering and social action could actually increase inequalities.
- Research gaps mean that we do not know enough about the barriers to volunteering that some groups face.

**Seizing the potential of volunteering to improve health and wellbeing and to tackle the health gap**

Given the strong evidence of benefit, many key strategy documents emphasise the need to harness volunteering as a means of improving the health and wellbeing of individuals and communities. These include the 5 Year Forward View, Guidance to the NHS Vanguard sites and NICE Guidance.

The power of volunteering is being recognised as a mechanism for tackling inequalities in health and wellbeing. For example, the Voluntary, Community, and Social Enterprise Investment Review states that NHS settings should develop more high-quality, inclusive opportunities for volunteering, particularly for young people and those from disadvantaged communities.

**Widening participation in volunteering as an intervention to tackle inequalities**
Volunteering is good for health and wellbeing and for health systems, and so there is much to be gained from broadening participation in volunteering. However, this cannot be done without acknowledging and addressing equity issues in accessing opportunities and ensuring that all population groups can benefit. This needs to be understood in the context of significant inequalities across the life course.

**Volunteering, inequalities and public health overview of issues**
The Volunteering, Inequalities and Public Health – Rapid Evidence Review report by Leeds Beckett University provides an overview of pertinent issues[7]. It recognises that volunteering is an activity that can bring benefits to those directly involved and broader benefits for communities and society, but that not everyone volunteers their time equally. Those
Recommendations

Based on the available research evidence and strategic discussions with VCSE organisations and statutory partners nationwide and regionally (See Section ‘What We Did’), we propose a number of ways to address the equity issues in volunteering.

A local partnership issue

Local health and social care system leaders recognise the power of volunteering and the need to address access barriers. There is broad agreement that this can be achieved most effectively through partnership working between sectors.

However, we cannot assume that there is an automatic shared understanding of volunteering or that organisations and services recognise what they can and should do with regard to the health and care system and wider society. Critically, it cannot simply be left to the local Voluntary and Community Sector to bridge the access gaps for particular ‘target groups’. This is a systems and partnership challenge.

A locally driven strategic approach to volunteering would entail a wider debate within a region seeking to address:

- What contribution can volunteering make to the area?
- Where does it work well and what can we learn from that experience?
- Do volunteers come from all our communities and how can we address this?
- Do those working with our volunteers have the right skill sets to support volunteers from different communities? If not, how can we address this?
- How can we convert the people who benefit from support of volunteers (beneficiaries) into volunteers themselves?

Perception of volunteering

A negative perception of volunteering is a potential barrier particularly men and younger people. More can be done to promote the value of volunteering based on the particular needs and motivations of different groups. There is evidence on why different population groups choose to volunteer, and we need to make better use of that evidence.

View of volunteering

Caring Responsibilities

Employment

Some characteristics, such as ‘age’, ‘disability’ and ‘gender’, appear to be linked to a greater number of barriers to volunteering. However, this may also be more reflective of the amount of research undertaken in these areas.

The key areas where there appear to be most barriers come under the broad headings of institutional factors and personal resources. These affect a wide number of different groups; and many of them are amenable to change.

The research points to barriers regarding stigma and perceptions of volunteering. On the one hand, older and younger people, women, and people with disabilities may be prevented from accessing volunteering opportunities because they are viewed negatively. Other groups on the other hand, such as men, younger people, and people from some ethnic minority groups, may themselves hold negative views of volunteering. - anxiety about rejection for the former, lack of identification for the latter.

Access to volunteering opportunities is a key factor cited by different age groups, for women, people with disabilities and for different ethnic groups.

The most commonly cited reason why people with a disability do not take part in volunteering is because they have an illness of disability that prevents them. However, research also shows that stigma and attitudes of others can also be significant barriers to volunteering for people with a disability.

Volunteering, like many other activities has a social gradient with people from more disadvantaged areas less likely to volunteer. While volunteering can be a way for individuals to boost their personal, social, financial and cultural resources in order to overcome their exclusion, volunteering also requires access to some resources to take part.

These findings reflect how society is structured. As well as individual barriers to volunteering, there are cross cutting issues that affect people across the life course.

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WHAT WE DID

In 2016, Leeds Beckett University undertook a rapid evidence assessment on volunteering and inequalities that drew on published academic research, relevant grey literature from the UK and national policy/data sources. Their report titled Volunteering, Inequalities and Public Health – Rapid Evidence Review, covers what is known about volunteering and health inequalities, patterns of volunteering, barriers to volunteering for groups at risk of social exclusion and research gaps. As well as looking at social and economic factors, the review also examined barriers to volunteering for a number of groups in the context of the Equality Act.

The issues discussed in this paper, and the scope for removing the barriers to volunteering, were discussed at the Public Health England Conference in Autumn 2016. The research was also considered by the Network of National Volunteer-Involving Agencies (NNVIA) which brings together more than 80 national charities, who between them involve more than two million volunteers across the UK.

Additionally, workshops were undertaken in three regions: Greater Manchester, Hampshire and Sheffield to discuss the barriers identified in the rapid evidence review and to begin to identify potential solutions. The workshops comprised of local statutory and VCS partners.

We also held a one-day national seminar in June 2017, bringing together colleagues from local government, the NHS and the voluntary, community and social enterprise (VCSE) sectors to share and discuss the work and ideas in this paper. We presented learning from our discussions with colleagues in local public health and the VCSE in East Sussex, Manchester, Sheffield and Hampshire and debated how public health systems, in partnership with the VCSE, can take to identify and address the barriers to volunteering faced by people whose health and wellbeing would be improved by being able to participate more fully in society.

Access to volunteering

We need to ensure that everyone has access to volunteering opportunities. This includes, targeting support to individuals or groups who might be marginalised while at the same time addressing cross-cutting exclusionary processes.

People’s entry point to volunteering is often related to their community membership e.g. religion, ethnicity, or social interests. These entry points should be acknowledged but also expanded – greater cohesion between groups should be fostered to promote volunteering opportunities.

The challenge of offering and supporting volunteering in a person centred way

Population groups experience different barriers to their engagement in volunteering.

The statutory sector and VCS should offer and support volunteering in a much more person-centred way. This means working together to ensure that, as far as possible, potential volunteers are given opportunities based on their interests and needs rather than those of an organisation. Also, organisations should work together to support the beneficiaries of volunteering experiences to volunteer themselves.

Volunteers need support. With appropriate support, volunteers will gain the most from their experience, which in turn encourages people to come back to volunteering at different stages in their lives. Support for volunteers needs to be built into commissioning strategies and frameworks. This should focus on how appropriate support can be provided to facilitate the involvement of different groups, including young people, those with disabilities and those from ethnic minorities that are underrepresented in formal volunteering.

Measuring the impact of volunteering on wellbeing and health

There is widespread recognition that the impact of volunteering on health and wellbeing needs to be captured. Changes to systems and practices should be on the basis of good evidence, regularly refreshed and reviewed. Gathering evidence to refine how volunteers in designing messages and promoting opportunities for all.
are engaged to best effect – for both the volunteer and the beneficiary – is key.

Relevant and accurate data should be used to make good decisions regarding investment in volunteering. A lack of information on the value and contribution of formal and informal volunteering is often a barrier to commissioner investment in the first instance.

Shared metrics, so that evidence can be collected across organisations and volunteer groups, could in a meaningful way support good analysis and consistent development.

It is important to make better use of national research evidence of overall benefits and to be clear what added value local measurement brings. The case for volunteering’s benefits does not need to be remade. Where local systems are already designed on the basis of sound evidence, local measurement may be light touch, sufficient to capture scale and activity rather than track and attribute outcomes.

Leeds Beckett’s rapid evidence review highlights the gaps in research regarding the barriers to volunteering. Much of this information could be available at a local level.

**Report Authors**
This report has been written by Mandy James of Volunteering Matters, with the support of Jane South and Kris Southby from Leeds Beckett University, Dave Buck from the Kings Fund, and Duncan Tree, Volunteering Matters.


