The impact of volunteering on health and wellbeing, in particular for volunteers of a Black, Asian or ethnic minority (BAME) background

60-74 years of age	8
75+	0
Prefer not to say	2

18. What is your gender?

Female	15
Male	5

FULL REPORT

The impact of volunteering on health & wellbeing
September 2021 – FULL REPORT
Final Version

Contents

Version & Revision Record

Version	Date	Author	Checker / Approver	Description
Final version: Full Report	30/09/21	ML	KL	FULL REPORT: FINAL

Disclaimer and acknowledgements

The views expressed in this report are those of the author and are not necessarily shared by the commissioners. This document has been prepared for the titled project. MLR accepts no responsibility or liability for the consequence of this document being used for a purpose other than the purposes for which it was commissioned.

The hyperlinks / website references in this report are correct at the time of writing. Some graphics used on the cover are adapted from those used on Citizens Advice websites.

Many thanks to Susana Carvalho and Emma Nibbs for project management, and all the CAL volunteers who took part for their time and valued perspectives.

1. INTRODUCTION

Background

1.1   In 2019 Citizens Advice Liverpool (CAL) secured funding from The National Lottery Community Fund to deliver a four-year Equalities Programme. The programmes long term aim is to improve health and economic wellbeing for ethnic minority communities in Liverpool. A key aspect of the project is to promote health and wellbeing of volunteers, in particular those from a BAME background.

1.2   Understanding how volunteering improves health and wellbeing, and learning lessons about what works in volunteer support, is an important step in developing improvement planning activities – with CAL ultimately seeking to establish good practice and then share notable practice with other organisations.

1.3   This reporting builds on existing work that CAL undertakes around wellbeing, including ongoing surveys that are circulated to volunteers leaving CAL, to explore if volunteering had improved their wellbeing. Since 2020 a question has been asked around the five measures of wellbeing, requiring participants to score on a scale of one to four whether their CAL volunteering had led to improvement in any of the wellbeing measures. However only a relatively small number of volunteers who have left the service completed the exit survey (24 at the start of this project). CAL managers were keen to build on that work and find out more primarily from both existing volunteers, and also those who had recently left, about the impact of volunteering on various aspects of health and wellbeing.
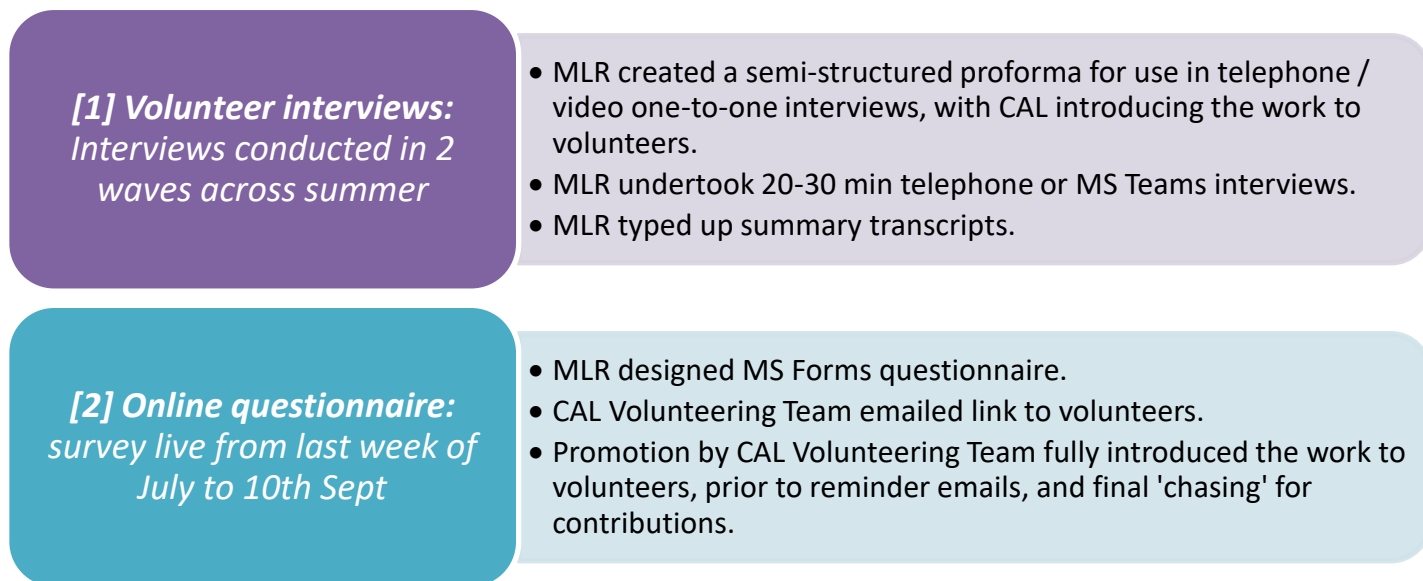
Approach & delivery stages

1.4   In June 2021 MLR was brought in to work with CAL managers to explore several key research questions around the health and wellbeing of volunteers - including:
   - ***Does volunteering at CAL improve the health and wellbeing of volunteers?***
   - ***In what ways does volunteering improve health and wellbeing?***
   - ***What is the impact on health and wellbeing specifically for BAME volunteers?***
   - ***What more can CAL do to improve the health and wellbeing of our volunteers?***

1.5   MLR set out to ensure a range of perspectives and backgrounds were considered and captured, to highlight notable practice and areas for improvement required to ensure organisational development.

1.6   In devising a methodology based around volunteer consultation over the summer of 2021, the research was designed to:
   - **Inform multiple audiences:** with reporting and associated material designed around the needs of a variety of audiences – including the management team, to support future business development activities.

- **In one place:** bring together fieldwork and report files in an 'evidence of impact' microsite, located on the MLR website. This provides access to key project resources - an easy way to signpost people to project information.

1.7 The two main consultation fieldwork 'stages' to the work are summarised below:

Figure 1: Two fieldwork stages in the project

[1] Volunteer interviews: *Interviews conducted in 2 waves across summer*	• MLR created a semi-structured proforma for use in telephone / video one-to-one interviews, with CAL introducing the work to volunteers. • MLR undertook 20-30 min telephone or MS Teams interviews. • MLR typed up summary transcripts.
[2] Online questionnaire: *survey live from last week of July to 10th Sept*	• MLR designed MS Forms questionnaire. • CAL Volunteering Team emailed link to volunteers. • Promotion by CAL Volunteering Team fully introduced the work to volunteers, prior to reminder emails, and final 'chasing' for contributions.

1.8 The combination of quantitative (survey) and qualitative (interviews) elements sought the most rounded answers to the four main research questions, allowing collection of clear metrics (via the survey) and further depth to the themes (via interviews).

Survey Methodology Notes:

1.9 A key consideration in survey design was length of questionnaire and time spent to complete it. Keeping the survey to less than 20 questions was seen as critical to encourage more people to complete it, and including a majority of closed scoring questions (particularly near the start) meant that people would rapidly advance through the form. Questions on personal characteristics of the respondents were purposefully left to the end to ensure those preferring not to input that information wouldn't be put of completing the questionnaire.

1.10 Standardised health and wellbeing questions (such as those found in the Wellbeing Measures Bank[1]) were incorporated to enable comparison where possible with other survey results and ensure this first in-depth CAL survey on health and wellbeing would be a straightforward 'baselining' questionnaire for future exercises. Sources of question include:

---

[1] https://measure.whatworkswellbeing.org/measures-bank/

- 'ONS4'[2] – sourced from the Office for National Statistics (ONS), four measures capture three types of well-being: evaluative, eudemonic[3] and affective experience[4]. These measures ask people to evaluate how satisfied they are with their life overall, asking whether they feel they have meaning and purpose in their life, and asks about their emotions during a particular period.
- Shorter Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) - comprising 7 items from WEMWBS, that relate more to functioning than to feeling.

1.11   See graphic that follows for the standardised questions.

Figure 2: Wellbeing questions and topics covered in the CAL survey:

Domain	*Topic*	*Question*	*Source*
Personal/ Subjective wellbeing	Life satisfaction	Overall, how satisfied are you with your life?	ONS4*
	Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?	ONS4*
	Happiness	Overall, how happy did you feel yesterday?	ONS4*
	Anxiety	Overall, how anxious did you feel yesterday?	ONS4*
Mental & Emotional Wellbeing	Optimism	I've been feeling optimistic about the future	SWEMWBS
	Worth	I've been feeling useful	SWEMWBS**
	Peace of mind	I've been feeling relaxed	SWEMWBS**
	Resilience	I've been dealing with problems well	SWEMWBS**
	Competence	I've been thinking clearly	SWEMWBS**
	Autonomy	I have been feeling close to other people	SWEMWBS**
	Relationships	I've been able to make my own mind up about things	SWEMWBS**

ONS4 = Office for National Statistics four measures of personal / subjective wellbeing.
*** SWEMWBS = Shorter Warwick-Edinburgh Mental Wellbeing Scale*

1.12   In addition to the standardised scoring questions several statements were included in question 10, that explored proven mechanisms of change in volunteer wellbeing – including questions around connectedness, appreciation and social connections.

---

[2] Tinkler, L., & Hicks, S. (2011). Measuring subjective well-being. Office for National Statistics
[3] For more on types of wellbeing, see:
https://www.research.manchester.ac.uk/portal/files/31961964/FULL_TEXT.PDF
[4] For more on affective experience, see: https://www.sciencedirect.com/topics/psychology/affective-well-being

1.13   Reminder emails and promotion of the survey was led by the CAL Volunteering Team - as it was considered more likely that volunteers would be persuaded to take part if contacted by people they know compared to 'cold' chasing from an external consultant.

Interview Methodology Notes:

1.14   To explore in more depth perspectives and outcomes around personal growth and development, and in particular subjective wellbeing impacts, one-to-one interviews were conducted in two 'waves' in July and late August/September. These tackled barriers and drivers of health and wellbeing, and the one-to-one format was chosen because topics such as loneliness or mental health may make people feel socially stigmatised, and experience is best drawn out in one-to-one interview settings. Anonymity was stressed, with recordings/transcripts not circulated beyond the MLR office.

1.15   Both the survey and interview proformas are included on the project microsite set up for this research project – see the last page of this report for more.

1.16   The final step in the project was to work alongside project managers to develop the final report – MLR circulating a draft for comment, prior to final amendments, and circulation of final report to managers.

2. FINDINGS

2.1 This section of the report presents:
- A brief overview of national research - highlighting recent literature (and policy developments) around health and wellbeing relevant to this project, from a desktop review in summer 2021.
- Project findings - survey results from completed MS Forms questionnaires, and feedback from interviewees, identifying common themes and areas for further investigation.

National research

'...the advantages of being a volunteer are that it supports a deeper, more sustainable psychological resilience in a time of crisis and that a higher level of volunteering contributes to a more cohesive and resilient local area'

(Abrams et al., 2021, p.43)

2.2 Health and wellbeing has been in the media spotlight regularly of late, including a significant amount of emerging evidence on the potential health and wellbeing benefits from volunteering.

2.3 In July 2021 HM Treasury published new Green Book Supplementary Guidance on Wellbeing Guidance for Appraisal[5]. It marks an important step in underlining the importance of wellbeing analysis as a lens through which to inform policy and provides the step-by-step guidance to implement in practice.

2.4 In June 2021 *'Volunteering and wellbeing in the pandemic'*[6] was released by the Welsh Centre for Public Policy, exploring the relationship between volunteering and individual and community wellbeing. That report highlights positive and negative experience of volunteering during the pandemic. *'Connecting with others, doing something purposeful, and feeling appreciated are hallmarks of the pandemic volunteer experience for many. It has provided crucial distraction at a challenging time'.*[7]

2.5 *'Community, Connection and Cohesion During COVID-19: Beyond Us and Them'* also cast a light on the volunteering experience of many during the pandemic in 2021. Amongst a wealth of findings, the authors reveal that: *'People who are volunteering are more protected from some of the worst effects of the pandemic than others. They reported greater connection with family and friends (10.5% higher on average), greater general political trust (10.6% higher), a greater sense of neighbourliness (16.5% higher) and were less likely to perceive their local area as deprived (6.5% lower). They also expressed greater trust in other people (to respect COVID-19 restrictions; 12.2% higher), higher subjective wellbeing (5.3% higher) and greater optimism for the future (5.6% higher)'*[8].

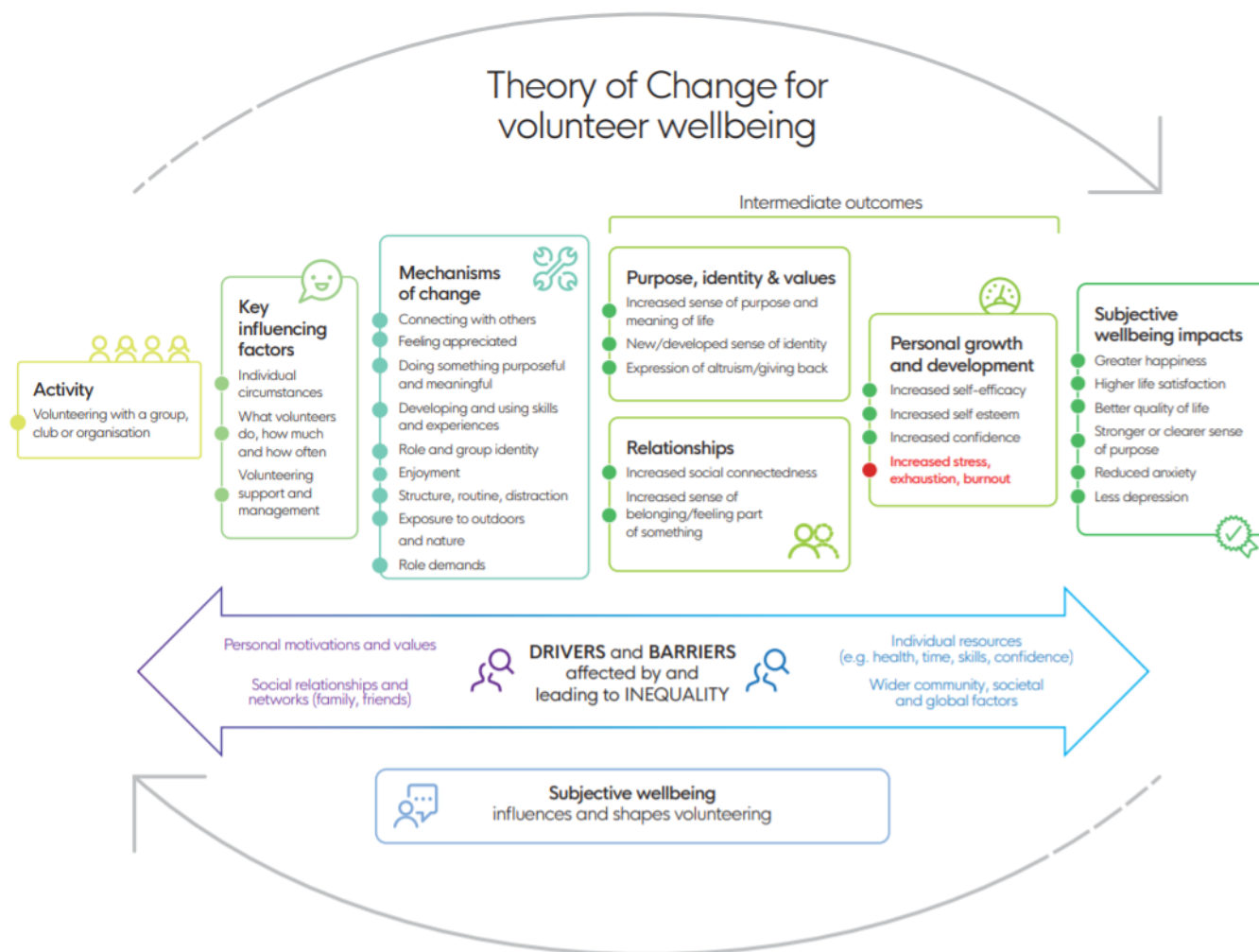[5] https://www.gov.uk/government/publications/green-book-supplementary-guidance-wellbeing

[6] Volunteering and wellbeing in the pandemic, Emma Taylor-Collins et al; Wales Centre for Public Policy and Leeds Beckett University June 2021. Reports include: https://www.wcpp.org.uk/wp-content/uploads/2021/06/Volunteering-and-wellbeing-in-the-pandemic.-Part-1-Learning-from-practice.pdf

[7] Ibid, p5 of the Rapid Evidence Review: https://wcva.cymru/wp-content/uploads/2021/06/Volunteering-and-wellbeing-in-the-pandemic.-Part-2-Rapid-evidence-review.pdf

[8] Abrams, D., Lalot, F., Broadwood, J., & Davies, K. (2021). Community, Connection and Cohesion During COVID-19: Beyond Us and Them Report. https://www.belongnetwork.co.uk/wp-content/uploads/2021/02/Belong_InterimReport_FINAL-1.pdf

2.6   Casting back slightly further, to the end of 2020, how and why volunteering might lead to changes in subjective wellbeing for volunteers was well-publicised by the release of an important publication by the 'What Works' Centre – see the graphic that follows.

Figure 3: Theory of change for volunteer wellbeing, taken from the October 2020 review by the What Works Centre for Wellbeing[9]

2.7   The publication by Stuart et al in October 2020 provided a comprehensive review of the outcomes that link volunteering to changes in subjective wellbeing, including 'steps' leading to wellbeing. The mechanisms for change and influencing factors, summarised in the Theory of Change, informed the design of questions in the CAL online survey and also the semi-structured proforma questions, enabling a broad review of health and wellbeing to be undertaken of CAL volunteering in summer 2021.

[9] Stuart, J., Kamerāde, D., Connolly, S., Ellis Paine, A., Nichols, G. and Grotz, J. (2020) The Impacts of Volunteering on the Subjective Wellbeing of Volunteers: A Rapid Evidence Assessment, What Works Centre for Wellbeing and Spirit. Here: https://whatworkswellbeing.org/wp-content/uploads/2020/10/Volunteer-wellbeing-technical-report-Oct2020-a.pdf

CAL survey and interview findings

2.8   The following project findings are sub-divided under five main headings, as follows:
1. ***Characteristics of those taking part***
2. ***Introductory questions – motivation, training, support and appreciation***
3. ***Health and wellbeing***
4. ***Perceived barriers and improvement ideas***
5. ***Satisfaction and promotion***

2.9   The project sought to gather a range of volunteering experiences and variety of 'volunteer journeys'. For example:

- Some of those participants were trainees, with very little track record of volunteering and who had only experienced remote working. Others had over five years of experience, having volunteered in CAL prior to the pandemic, and were able to provide a comparison of volunteering practice both pre-COVID-19 and post-pandemic.
- Most volunteers were local – though one was interviewed from her home in West Yorkshire, where she was able to work remotely.
- A couple had left CAL, and were looking back at their journeys from positions of employment.
- several BAME volunteers were approached by the CAL Volunteering Team and encouraged to take part, to help explore whether there were any particular differences in the volunteering impact on health and wellbeing.

I.   Characteristics of those taking part

The online questionnaire link was sent to the entire volunteer cohort, and the anonymous nature of it meant there was no way to influence who might complete it. The request to take part in interviews also went to all volunteers in 'wave 1' in July, before a selection of volunteers were also approached directly by the CAL Volunteering Team in August for 'wave 2' interviews

2.10   At the outset a range of perspectives were considered important when seeking the views of volunteers, though anonymity was stressed to survey and interview participants alike:

- The online questionnaire link was initially sent to the entire volunteer cohort, and the anonymous nature of it meant there was no way to influence who might complete it and therefore what cross section of roles participated.
- However the sample of interviewees participating was more 'purposive' in nature: whilst the request to take part went to all volunteers in 'wave 1' in July, a selection of volunteers were also approached directly by the CAL Volunteering Team in August for 'wave 2' interviews, selected so as to input a particular viewpoint (for example, someone recently left or someone with a distinctive 'volunteer journey'). All conversations were confidential and all reporting anonymized so that names and identifying comments are not used in reports.

Demographics

2.11   Three questions sought feedback on participants characteristics in both the survey and interviews – asking people to specify an age, gender and ethnicity.

2.12   The latest snapshot on volunteer ethnicity from the CAL staff database (updated to 7th September 2021) reveals that there are 38 volunteers registered with CAL, of whom 65% self-identified as 'white' (including white Irish, white other), 32% self-identified as BAME and 3% didn't register an answer when asked.

2.13   Of those taking part in the project survey and interviews:
- 70% of those completing questionnaires self-identified as 'white' (n = 14), 20% as BAME (n = 4), and 10% preferred not to say (n = 2).
- A higher number of those taking part in interviews classified themselves as from a minority ethnic group: 47% of interviewees identified as BAME (n=7) and 53% 'white' (n = 8). Several volunteers were approached to take part, to meet the Equalities Programme remit.

2.14   Questions 17 and 18 on the questionnaire asked for peoples age and gender. Comparison with interview findings and CAL volunteer data reveals:
- When asked *'what age band you put yourself in'* a third of interview participants were under 30 years of age (33.3%, n=5), the majority aged between 30 and 59 years of age (40%) and the remainder being over 60. The main contrast with the survey is the higher number of young people taking part in the interviews, with only 15% (n = 3) of those completing the questionnaire being under 30 years of age. In comparison, 28% of all CAL volunteers are under 30 years old.
- Five men took part in interviews, the same number as completing the questionnaire - that equates to a third of interviewees being male, and a quarter of those completing the questionnaire (putting that in context, 25% of active volunteers in CAL in September 2021 are male). 15 of the 20 survey respondents are female, as are 10 of the 15 interviewees.

> Three questions sought feedback on participants characteristics in both the survey and interviews – asking people to specify an age, gender and ethnicity.

Role, length of service and future plans

2.15   Questions one to three on the survey questionnaire asked respondents to indicate what their main volunteer role is, how long they have been volunteering at CAL and how many hours per week they volunteer. The frequency and amount of volunteering undertaken affects the wellbeing outcomes of involvement. As Stuart et al (October 2020) highlight, *"higher frequency volunteering is associated with higher subjective wellbeing compared to lower frequency volunteering. However, there is a limit to this and too much volunteering has diminishing returns".*[10]

2.16   In answer to these first three survey questions:

- Of the 20 survey respondents, the large majority (75%) classified themselves as advisers or telephone advisers. This is in line with the volunteering role split at CAL as a whole, with September 2021 statistics revealing that 79% of volunteer roles are advisers (8 EUSS advisers and 23 other advisers)[11].

- Length of volunteering varied greatly amongst survey respondents – seven had volunteered at CAL for five years or more (up to nine years in one case) whilst at the other extreme four had volunteered at CAL for less than a year.

---

[10] Ibid, page 7
[11] Statistics supplied by Volunteering Team w/s 27th Sept'21

Just under one in three respondents had volunteered for between one and two years – taking in the 'pandemic years' and requirement for remote working.

- Over half of the survey respondents work between five and 11 hours (n = 11) with a third working between 11 and 20 hours.

2.17   Near the end of the questionnaire respondents were asked to indicate their future intentions to volunteering, looking ahead to the next one or two years. They were asked whether they planned to stop volunteering, do the same amount, volunteer less or volunteer more. It is worth noting that:

- Four volunteers planned to stop volunteering or do less. All four noted that they had been fully supported by supervisors / managers, and all four had volunteered at CAL for 2 years or less. Interestingly those who planned to stop volunteering had a couple of notable similarities – they had:
    o   the same high anxiety score when asked 'overall, how anxious did you feel yesterday?' – scoring 8 (on the scale 1=not at all anxious and 10 = completely anxious) when the average score in the survey was 4.6.
    o   answered 'rarely' when asked if they'd been feeling useful.

> Almost a third of respondents planned to volunteer more in the next couple of years. Not surprisingly they scored highly when asked how satisfied they are with their experience of volunteering with CAL, and all six are extremely likely to recommend volunteering at CAL to a friend or colleague ('Promoters')

- Almost a third of survey respondents (six volunteers) planned to volunteer more in the next couple of years. Not surprisingly they scored highly when asked how satisfied they are with their experience of volunteering with CAL, and all six are extremely likely to recommend volunteering at CAL to a friend or colleague (question 15 on the survey) – therefore being classed as 'promoters' using that Net Promoter Score (NPS) question. Other similarities include:
    o   They all agreed or strongly agreed that supervisors / managers give enough thanks and appreciation;
    o   They all agreed or strongly agreed that they had enough opportunities to connect with other people through volunteering;
    o   They all agreed or strongly agreed that volunteering at CAL made them feel less lonely and/or less isolated;
    o   For the 'ONS4' questions on personal or subjective wellbeing (questions five to eight on the survey) the six 'promoters' scored highly on:
        ▪   life satisfaction - averaging 8.2 compared to the overall average of 7.2.
        ▪   doing worthwhile things - averaging 8.5 compared to the overall average of 7.7.
        ▪   happiness - averaging 8.5 compared to 6.9 overall average.
        ▪   It is interesting to note that the six 'promoters' averaged the same for the 'anxiety' question as the entire cohort – masking extreme variations in scoring given by the promoters, with two scoring 9 and two scoring 1.

2.18   The next section of this report summarises what motivates CAL volunteers, and what they think of training, CAL support and appreciation.

II. Introductory questions – motivation, training, support and appreciation

2.19 To help build rapport in the interviews and gradually introduce more detailed and potentially sensitive questions around health and wellbeing in the survey, a series of introductory questions were posed at the start of both exercises to put the participant at ease. All are linked to wellbeing, either as mechanisms or enablers.

Motivation

2.20 Several research studies have identified how volunteering can bring volunteers a sense of 'mattering' and a feeling they are giving something useful back, therefore exploring with volunteers what motivates them helps unearth potential drivers behind some people's sense of wellbeing. For example, Volunteer Ireland's qualitative study in 2017[12] highlighted how 'giving back' and 'contributing to their community' was a key element for volunteers in their increased sense of wellbeing through volunteering.

> Research identifies how volunteering can bring volunteers a sense of 'mattering' and a feeling they are giving something useful back - exploring with volunteers what motivates them helps unearth potential drivers or factors behind some people's sense of wellbeing

2.21 The interviews revealed a distinct split in motivations between volunteers – many citing an initial need to 'do something', to fill their time (after a period of unemployment, forced inactivity after arriving int the country, or retirement) whilst others were immediately more driven by the need to help people, particularly the vulnerable, and help the community they live in. Ultimately most mentioned a mixture of the personal and altruistic drivers. Taking each in turn:

- Interviewees for whom volunteering initially met personal goals to become busier or more sociable include one interviewee who stated volunteering was primarily *"a way to get out of the rut of unemployment after a long spell as a carer".* Another noted *"it's something to do, and more people to meet… I found lockdown quite lonely";*
- Those whose primary motivation was contributing to their communities include one interviewee who stated "*I always like helping people; helping community is important";* whilst another summed up their experience as: *"It's all about having a purpose in life – fulfilling a role. And the job satisfaction - well, I can't recall having the same in any paid role I ever had".*

Training and support

2.22 Research has shown that organisational support, adequate training and ongoing management care are directly associated with increased volunteer commitment and indirectly related to improvements in mental health. Tang et al's (2010)[13] longitudinal study, of adults aged 50 and over, linked organisational support to subjective wellbeing, specifically to mental health, including life satisfaction measures.

---

[12] Volunteer Ireland (2017) The impact of volunteering on the health and well-being of the volunteer, Volunteer Ireland – here: https://www.volunteer.ie/wp-content/uploads/2017/08/Volunteer_Ireland-Report_FINAL.pdf

[13] Tang, F., Choi, E. and Morrow-Howell, N. (2010) Organizational Support and Volunteering Benefits for Older Adults, The Gerontologist, 50 (5) – here: https://academic.oup.com/gerontologist/article/50/5/603/558799

2.23 Question 4 of the survey asked respondents to judge how much they agree or disagree with a series of statements, including whether:

- Training enabled them to confidently commence the role they were undertaking
- They have been fully supported by supervisors / managers in their volunteering role

2.24 In answer to those questions:

- 75% (n=15) of respondents agreed or strongly agreed that training enabled them to confidently commence the role they were undertaking. 15% (n=3) disagreed.
- 90% (n=18) of respondents agreed or strongly agreed that they have been fully supported by supervisors / managers in their volunteering role at CAL, with the other two respondents neither agreeing or disagreeing. This positivity towards the support received is reiterated in interviews, and links neatly with the next section on appreciation.

Appreciation

2.25 A range of research and studies suggest that feeling appreciated is linked to the subjective wellbeing of volunteers and is a key mechanism in influencing wellbeing – whilst unappreciated volunteers did not gain the wellbeing benefits experienced by appreciated volunteers. For example, McMunn et al's (2009)[14] analysis of the English Longitudinal Study of Ageing found that volunteers who felt appreciated for their volunteering reported significantly better quality of life and life satisfaction compared to those who did not feel appreciated.

> The statement *'CAL supervisors / managers give me enough thanks and appreciation for what I do'* provoked 55% of respondents to strongly agree and 45% to agree - the only question where every volunteer agreed or strongly agreed.

2.26 One of the statements in survey question 10 and interview question 5 asked participants about whether they got enough thanks and appreciation for what they do.

2.27 The statement around appreciation, asked as part of question 10 in the survey, was the only question where every volunteer agreed or strongly agreed. The statement '*CAL supervisors / managers give me enough thanks and appreciation for what I do*' provoked 55% of respondents to strongly agree and 45% to agree. That positive endorsement of recognition is important – given a facilitator which supports the attainment of health and wellbeing impacts includes giving thanks and appreciation for what volunteers do.

2.28 The interviewees spoken to all backed that up – stating how well supervisors and other CAL staff thanked them and made them feel appreciated. Example quotes include:

- *"They've always said 'well done' and I've got encouragement, which is important especially in last few months".*
- *"…They go the extra mile… they're a very supportive organization, and I've felt very valued".*

---

[14] McMunn, A., Nazroo, J. Wahrendorf, M and Breeze, E., Zaninotto, P. (2009) Participation in socially-productive activities, reciprocity and wellbeing in later life: baseline results in England, Ageing and Society, 29 (5), - Abstract here: https://www.cambridge.org/core/journals/ageing-and-society/article/abs/participation-in-sociallyproductive-activities-reciprocity-and-wellbeing-in-later-life-baseline-results-in-england/C0553E73DE7D8C65E9EA30B69DC54285

- *"… my supervisor is great and constantly thanking me for my effort".*

2.29 There are of course always areas for improvement, and the issue of remote working once again comes to the fore for those who had experience of office working prior to pandemic lockdowns – as one volunteer noted: "*When in the office they say thanks when leaving… that was appreciated. But since working from home not had that, as working on own initiative, with little contact with office*".

III. Health and wellbeing

2.30 The bulk of the survey and half of the interview questions focused on health (physical and mental health) as well as wellbeing.

Overall health and wellbeing

When asked to what extent they agree or disagree with the statement: '*Volunteering at CAL has improved my health and wellbeing'* 80% of respondents either strongly agreed or agreed

2.31 An early introductory question in the survey (within Question 4) asks respondents to what extent they agree or disagree with the statement: '*Volunteering at CAL has improved my health and wellbeing'*. 30% strongly agreed (n=7), half of the respondents agreed (n=10, 50%) whilst one strongly disagreed and two neither agreed or disagreed.

2.32 This is a simple preliminary scoring question, prior to delving deeper into questions on the survey around wellbeing, physical health, mental health and isolation / loneliness.

Subjective / personal wellbeing – 'ONS4' Wellbeing Measures

2.33 Several research studies have used ONS4 measures to track impact on volunteers – including
- Sport England volunteering fund evaluation: interim report[15]
- Residents as volunteers. Final evaluation report[16]
- 'I feel fitter and better being outside': green gym evaluation report[17]

2.34 The four ONS measures were included in this CAL survey as they provide consistent tracking metrics on wellbeing for future Equalities Programme surveys on subjective wellbeing.

---

[15] Sport England volunteering fund evaluation: interim report. Sport England, CFE research, 2020. Here - https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-02/Volunteering%20Funds%20-%20Interim%20Evaluation%20Report.pdf?aRf8BrzC1hJt0jUJ6_C93qHpkWMAsNiX

[16] Residents as volunteers. Final evaluation report. NCVO, Abbeyfield, Big Lottery Fund, September 2018. Here - https://www.ncvo.org.uk/images/documents/policy_and_research/volunteering/ResidentsAsVolunteers_2018_Evaluation_Report_final.pdf

[17] . "I feel fitter and better being outside": green gym evaluation report. The Conservation Volunteers, Green Gym, NEF Consulting, April 2016. Here - https://www.tcv.org.uk/wp-content/uploads/2012/04/green-gym-national-evaluation-2016-full.pdf

2.35 Advice from the 'What Works' Centre[18] states that when using the ONS4 personal subjective wellbeing measures, you can use thresholds to group your respondent scores, as follows:
  - o 'very high' = score of 9 or 10 for life satisfaction, worthwhile and happiness; above 6 for anxiety;
  - o 'high' = 7 or 8 for life satisfaction, worthwhile and happiness; 4 or 5 for anxiety;
  - o 'medium' = 5 or 6 for life satisfaction, worthwhile and happiness; 2 or 3 for anxiety;
  - o 'low' = 4 or below for life satisfaction, worthwhile and happiness; 1 for anxiety.

2.36 Results for the 20 respondents who answered the four questions reveal the following:

Figure 4: Average scores against ONS4 measures – all respondents

ONS 4 question	Overall, how satisfied are you with your life nowadays?	Overall, to what extent do you feel that the things you do in your life are worthwhile?	Overall, how happy did you feel yesterday?	Overall, how anxious did you feel yesterday?
Average score	**7.2**	**7.7**	**6.9**	**4.6**

> Using ONS4 wellbeing measures, volunteer wellbeing scores are 'high' for life satisfaction, worthwhile and anxiety measures, and 'medium to high' for happiness.
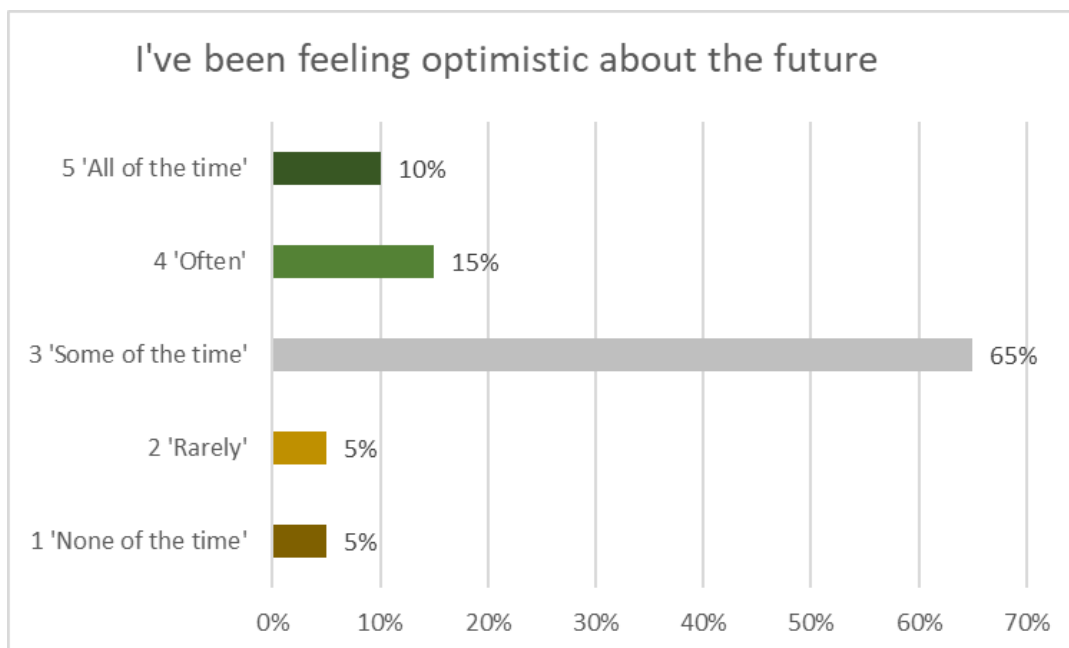
2.37 Therefore at present, for the 20 respondents, when applying the 'What Works' Centre thresholds the volunteer wellbeing scores are 'high' for life satisfaction, worthwhile and anxiety measures, and 'medium to high' for happiness.

2.38 As with many studies with volunteers, future 'before and after' surveys are unlikely to be able to report results for statistical significance, hindered by small sample sizes. However these ONS4 measure will enable a comparison of results over time that will help strategic managers – and inform the impact assessment of the Equalities Programme on subjective wellbeing. More on the BAME results is included in the Conclusion.

Mental & Emotional Wellbeing – SWEMWBS measures

2.39 Question 9 on the survey used the seven SWEMWBS (Shorter Warwick-Edinburgh Mental Wellbeing Scale) statements on mental and emotional wellbeing, asking the respondent to score on a scale of 1 to 5, where 1 is 'none of the time' and 5 is 'all of the time'. The full results are included for the CAL Volunteering Team on the microsite – with an example graphic shown next:

---

[18] See thresholds on the Analysing and Interpreting Results page here:
https://measure.whatworkswellbeing.org/analysing-and-interpreting-your-results/

Figure 5: SWEMWBS question on optimism – breakdown of scores

I've been feeling optimistic about the future

Score	Percentage
5 'All of the time'	10%
4 'Often'	15%
3 'Some of the time'	65%
2 'Rarely'	5%
1 'None of the time'	5%

> Mental & emotional wellbeing questions (SWEMWBS measures) reveal most positive scoring around relationships, competence, resilience and worth.

2.40   In summary, scoring against each of the seven measures is as follows:

Figure 6: SWEMWBS seven questions – percentage of respondents scoring at either end of the spectrum

SWEMWBS '7' statements:	Topic	All of the time [5] or Often [4]	None of the time [1] or Rarely [2]
1. I've been feeling optimistic about the future	Optimism	25%	10%
2. I've been feeling useful	Worth	60%	15%
3. I've been feeling relaxed	Peace of mind	25%	20%
4. I've been dealing with problems well	Resilience	60%	10%
5. I've been thinking clearly	Competence	75%	5%
6. I have been feeling close to other people	Autonomy	50%	15%
7. I've been able to make my own mind up about things	Relationships	85%	0%

2.41   The results show most positive scoring around relationships, competence, resilience and worth. 'Some of the time' was the most common answer when volunteers were asked about optimism and peace of mind.

Physical health

2.42 Volunteering can improve physical health through, for example, healthy behaviours such as exercise and helping people cope with personal illness. But conversely demanding roles can have adverse impacts on physical health - causing fatigue and stress.

2.43 Question 10 of the questionnaire asked respondents whether they agree or disagree that volunteering has a positive impact on their physical health. Half either strongly agreed (n=5, 25%) or agreed (n=5, 25%) that volunteering had physical health benefits, and question 4 of the interview asked how volunteering affected their health. Interviewees noted several positives, noting that "*volunteering was instrumental in a general uplift in my wellbeing and attitude to physical activity*" and "*since starting volunteering, which entailed a more social approach to life, I have been far less lethargic and complacent about my health and appearance and this has helped me to lose two stone in weight and I feel generally healthier".* Others highlighted how their physical health is interconnected with their mental health and wellbeing – "*when I'm mentally low I'm encouraged to do nothing, lose interest in other things… so getting ready to go to the office you have to travel, and I enjoy the office lifestyle, so it picks me up".*

2.44 A quarter of survey respondents (n=5) disagreed that volunteering had a positive impact on their physical health, and three interviewees mentioned negative effects of volunteering. Remote working is mentioned as a potential driver of negative physical health behaviour. For example, it was mentioned by several interviewees that its very hard to cut off from work when at home – "*sometimes if I work too much (say work late) I get stressed".* Another volunteer highlighted the stress caused by clients being stressed: "*I do feel a bit of pressure and stressed. On telephone you get people who are a bit rude, because they're stressed in their situation – so they take it out on you".*

Mental health, isolation and loneliness.

2.45 Research into volunteering reveals that volunteers can benefit from enhanced mental health (including the alleviation of depression, and reduced anxiety) but for some it also can have adverse effects ('burnout', emotionally challenging roles causing stress). Volunteering can be important for those who are retired, are marginalised in society (such as asylum seekers) and those who have low wellbeing and mental health.

2.46 Two questions on the interview proforma asked whether volunteering had any effect on mental health, and whether volunteering had affected how lonely or isolated they feel.

2.47 Most volunteers were able to explain positive effects on mental health – often outlining intermediate outcomes or 'steps' along the path where volunteering leads to wellbeing, as summarised in the Theory of Change diagram on page 8 of this report. This includes personal growth and development factors – for example: "*Mainly positives: my confidence has*

There can be a fine balance between a challenging role having a negative effect and the challenge being an enjoyable experience: *"To a certain extent I enjoy the adrenalin, but it comes to a point where I burn out… I loved the buzz of it – whilst other times felt like crying!".* Interviewee

grown – speaking on phone, and dealing with unusual problems. I've become more relaxed", whilst another volunteer explained*: "I've become more confident; speaking to new people, and open".* This in particular seemed a benefit associated with younger CAL volunteers. As Burgess and Durrant (2019)[19] found, participation had positive effects on those who had little history of volunteering or engagement with community groups with the 'key pathways to health' associated with improved confidence as well as social participation and reduced loneliness. The impact on depression and anxiety was also communicated back by a couple of volunteers:

- *"prior to volunteering I was at home with a baby in a small space, so my anxiety came down when I started volunteering and I felt more productive".*
- *"Very largely beneficial – gives me a purpose in life. Previously I've had problems with depression - helping other people it disappears. I get fulfilment from it – I cant wait to get stuck into the work!".*

2.48   Negative effects on mental health are evident when talking to interviewees, particularly when volunteers are providing advice on complex issues. The emotional costs associated with advice and support roles for vulnerable groups has been flagged in past research (for example in Thornton, and Novak, 2010[20]) and the example interview quotes that follow reveal the stress and strains of particular CAL roles on mental health:

- *"I had a client for 4 months, and I did so much, dedicated myself to them, but it burnt me out – I got right result in end, and they got the correct benefits, but my mental health suffered".*
- *"Recently negative: as 80% of clients have moderate to severe MH issues, and nearly all difficult discrimination cases… people's expectations are very unrealistic. Employers often have their own lawyers for tribunal cases, and clients get torn to shreds".*
- *"It's knackering!... some people can be challenging and have difficult issues to deal with. Some who don't have English as first language, and need three-way conversations via Language Line, can be hard – they're vulnerable and it can be challenging".*

> 85% (n=17) of survey respondents either strongly agreed or agreed that volunteering has made them feel less lonely and/or isolated.

2.49   For one volunteer there was a fine balance between a challenging role having a negative effect and the challenge being an enjoyable experience:
"*To a certain extent I enjoy the adrenalin, but it comes to a point where I burn out… I ended up as a supervisor, which is incredibly stressful, with loads of problems thrown at you. But I loved the buzz of it – whilst other times felt like crying!".*

[19] Burgess, G. and Durrant, D. (2019) Reciprocity in the Co-Production of Public Services: The Role of Volunteering through Community Time Exchange?, Social Policy and Society. Abstract here - https://www.cambridge.org/core/journals/social-policy-and-society/article/abs/reciprocity-in-the-coproduction-of-public-services-the-role-of-volunteering-through-community-time-exchange/F8642AEB5C1274F7027BA5B9B4DFB3E7

[20] Thornton, L. A. and Novak, D.R. (2010) Storying the Temporal Nature of Emotion Work Among Volunteers: Bearing Witness to the Lived Traumas of Others, Health Communication. Abstract here - https://pubmed.ncbi.nlm.nih.gov/20677047/

2.50   When survey respondents were asked whether volunteering at CAL has made them feel less lonely and/or less isolated (in Question 10) volunteers overwhelmingly pointed to the positive effects of volunteering: 85% (n=17) either strongly agreed or agreed volunteering has made them feel less lonely and/or isolated.

2.51   Asked to explain how volunteering impacted on loneliness or isolation, several volunteers were able to clarify how their experience at CAL enabled them to connect with others, develop social networks beyond the family, particularly when in caring roles. For example:

- *"having adult conversation is very different to several days just talking to kids".*
- *"…as a full-time carer I like going into the office, mixing in a social environment".*
- *"during lockdown I was in daily contact talking to colleagues and clients, so I've not felt nearly as isolated".*

2.52   Having people easily contactable during lockdown, who could be reached out to, helped several volunteers. CAL helped with their proactive programme of support. For example*: "CAL set up lunchtime sessions, so we can talk to people, and that's done a lot to help… we're all able to support each other".*

> Language barriers, a fear that they lack appropriate skills and knowledge, and lack of awareness of opportunities were cited as potential barriers as to why certain groups and minorities might not volunteer.

IV.   Perceived barriers and improvement ideas

Barriers to volunteering

2.53   Some groups miss out on the benefits of volunteering due to barriers they face and inequalities in access to opportunities. Ill health, childcare and disability are cited as particular barriers in many research reports. Question 11 on the questionnaire asked people to identify any barriers to volunteering they had experienced or witnessed. This was explored in more detail in interviews.

2.54   For BAME volunteers several common themes are evident regarding potential barriers and challenges – quotes from BAME volunteers follow:
- **Language**:
  - *"it's a barrier because a lot of foreign people cannot speak or read English very well".*
  - *"accents are so different, so even those who speak English struggle. Especially when they speak fast! Can use Language Line, which helps – but have to ask people to speak slower".*
  - *"For refugees language can be a barrier".*
- **Fearing a lack of appropriate skills and knowledge**: for example: *"The lack of knowledge about UK life and laws can make some people to think that they need to have that knowledge to volunteer in CAL"* and one noted *"the lack of digital skills"* as a worry for those when assessing CAL

volunteering opportunities. *"People newly arrived in this country may not know they can volunteer. I just took a risk and asked. More promotion is needed".*

2.55   The requirement to move to remote learning during lockdown created many challenges for CAL, and a considerable amount of effort has gone into supporting volunteers during this time. A full review is included in the 2020/21 CAL report of activity 'Volunteer Recruitment and Training'. Not being able or willing to continue their role remotely was the main reason for volunteers leaving or not re-joining the service in 2020/21 (24% cited this on leaving) and whilst a couple of volunteers stressed the positives of working away from the office the majority of interviewees highlighted negative aspects of remote working. For example: -

- *"Telephone delivery is a barrier for many…I got good support from IT team, so got up running quickly - but rapidly it became evident that it's a key barrier for many".*
- *"older people can find digital technology quite daunting, together with case systems, Teams, emails, 'three rings'. I find it daunting myself, a real struggle to keep up to date with all the passwords and things. There's also so much to record – it can be off putting."*
- *"Seen numbers drop since worked remotely. Several retired people I know are very wary about working from home. In Garston [office] we can share info – we're not experts, so need people to bounce off. People didn't want to be on their own, and are terrified about giving wrong advice".*
- *"Lockdown changed relationships – only seeing people remotely. I miss face to face. I had to learn new telephone skills, to help clients".*

2.56   One of the volunteers saw remote working as a major positive: *"The remote programme I've done helps overcome barriers: it's flexible, so people could work around childcare. Homeworking may also overcome barriers to access offices for those with disabilities. CAL could promote those positives of remote working more!"* But ultimately, for many, volunteering is completely different when not in the office, dealing with clients or interacting with colleagues in person. As one put it*: "MS Teams huddles are ok, but it's not the same as face to face".*

Improvement ideas

2.57   The last question in the interviews asked the volunteer to think about their whole 'volunteer journey' (from the early days starting out through to where they are now) posing the question: '*If you could change one thing, that would make your volunteering experience at CAL better, what would it be?'* The following are improvement ideas put forward by volunteers, and require careful assessment by CAL management – as some may already be in the process of happening in 2021/22, others may have been considered and rejected, whilst some may be new.

2.58   Volunteer suggestions for improvement include:

- **Invest more in interactive and face-to-face training**, where possible. Whilst there has been considerable effort in supporting volunteers to engage with remote working services, a pervading theme in many conversations is

that people are keen to re-balance their working lives with more face-to-face contact whenever safe to do so, and if remote training is to be the primary format then it needs to be more interactive. This issue was raised by three of the BAME volunteers. Example quotes follow:

> Whilst there has been considerable effort put in by CAL to support volunteers in engaging with remote working, a pervading theme is that people are keen to re-balance their working lives with more face-to-face contact whenever safe to do so, and if remote training is to be the primary format then it needs to be more interactive.

- o *"More investment in face to face training may go some way to showing a greater appreciation of volunteers, recognise their value and also their need for personal interaction and shared experience with peers. It would also give volunteers a much-needed opportunity to meet as a group, share stories and enjoy the process more".*
- o *"We need more varied ways in which we can engage with the training material. For instance, having interactive workshops on Teams to discuss learning material for a specific Enquiry area with other learners (led by a supervisor)".*
- o *"It will be better if the training were not just to read a 40 pages report but to do more interactive, maybe more group discussion and also to get more observation of other general adviser topics".*
- o *"Training: some of it is just theory, which is 30 pages plus. Needs someone to convert that to a smaller interactive summary of that topic. For example, GDPR.. it's complicated, and needs summary or an hour course, where can ask questions. Needs work on that. So have depth if needed and also more interesting summary".*

- **Forewarning trainee volunteers of processes and procedures**
  Several interviewees noted how making sure new volunteers are given a very clear understanding as to the scale of the rules and processes they have to follow (so they know what's involved before they start volunteering) could save a lot of time for them and also save resources and time of those training them. For example:
  - o *"Some think they can come straight in, but there are rules to follow. They do a couple of sessions then don't come back"*
  - o *"As for the systems and processes, alot is very good, but there's a lot of training to go through and complete (online courses and the like) that people find v daunting, especially if English is not your first language".*

- **Better feedback on job applications**:
  A couple of volunteers highlighted a lack of constructive feedback when they'd applied for new positions within CAL. For example:
  - o *"Never hearing back from applications means I can't improve how present myself, and don't get a chance to ask where I went wrong… sometimes they can't even find my application when I call them! Even an email back would help".*
  - o *"To get more appreciation when trying to get a job at CAL would be an improvement".*

2.59   A range of other improvement ideas were raised by individuals – including the need for more flexible working hours*: "We sign up to certain specified time shifts (ie 9-1; 1-5) and if have to pick up kids or the like, could be inflexible. Easier if could do 2 hrs in morning, and other times, so more flexible".*

V.   Satisfaction and promotion

Satisfaction score

2.60   Question 13 on the survey asked respondents to indicate how satisfied they are with their overall experience of volunteering with CAL – using a scale, from 1 'very dissatisfied' to 5 'very satisfied'. The average score for the 20 respondents is 4.3. The distribution diagram that follows shows the majority gave scores of 5 and 4, with only three respondents scoring less than 4.

Figure 7: Question 13 survey satisfaction scores

When asked how satisfied they are with their overall experience of volunteering with CAL, the average score was 4.3 (out of a maximum of 5).

The Net Promoter Score (NPS) for CAL in this survey is +45, with 12 'promoters' identified from the 20 respondents

Net Promoter Score (NPS)

2.61   The Net Promoter Score is a metric designed originally for measuring customer loyalty but that can be applied to understand more about workforce loyalty and engagement. It comes from the question, "*How likely is it that you would recommend (insert company or product/service) to a friend or colleague?*" and was asked in this survey in question 15.   The respondent is asked to select a rating on a 0-10 scale, with 0 being the least likely to recommend and 10 being the most. Once the responses come back, they are segmented into one of three groups, based on their rating: Promoters (9 or 10 rating), Passives (7 or 8 rating), and Detractors (0 through 6 rating). The NPS is calculated using the following formula: NPS= % of Promoters — % of Detractors. The resulting score can range from -100 to a high of +100.

2.62   According to Survey Monkey's global benchmark data[21], which summarises 150,000 organisation's NPS, the average score is +32. However there is huge variation across industries – therefore comparison with volunteer and third sector organisations would be better for any future benchmarking. The NPS for CAL in this survey is +45, with 12 promoters identified.

---

[21] https://www.surveymonkey.co.uk/curiosity/what-is-a-good-net-promoter-score/#:~:text=Here%E2%80%99s%20a%20closer%20look%20at%20the%20global%20benchmark,performers%29%20have%20an%20NPS%20of%20%2B72%20or%20higher.

3. CONCLUSION & NEXT STEPS

3.1 This section of the report concludes with a summary response to the four research questions posed at the start of the research, and suggestions for further work to enhance CAL understanding on health and wellbeing.

3.2 This is the first study to be completed at CAL focussed upon the Equalities Programme volunteering health and wellbeing outcomes – and as such provides many useful baseline measures, with future research exercises in the Programme required to cast a light on changes in health and wellbeing, particularly as CAL (hopefully) moves away from lockdown-restricted working practices.

3.3 A caveat to stress at this point is that the evidence collected via surveys and interview is from those willing to take part – and further work is needed in future to explore the experiences of those who may have fallen out of volunteering early or who don't engage with the CAL Volunteering Team. Further limitations regarding the small number of BAME respondents is documented later in this section.

3.4 With those caveats in mind, taking each of the research questions in turn – in summary:

(1) Does volunteering at CAL improve the health and wellbeing of volunteers?

3.5 The survey and interview evidence on the impact and associations between volunteering and health and wellbeing presents a mixed picture – revealing both positive and negative associations.

3.6 Much of the evidence presented in Section 2 of this report points to positive effects of volunteering at CAL. For example:

- When asked to indicate whether they agreed or disagreed with the statement '*Volunteering at CAL has improved my health and wellbeing'* 80% of survey respondents either strongly agreed or agreed with that statement.
- Regarding physical health, several interviewees highlighted how their physical health is interconnected with their mental health and wellbeing, and the positive wellbeing impact of volunteering on their physical health.
- Assessing the volunteer survey scores against the 'ONS4' measures, the 20 respondent's wellbeing scores are 'high' for life satisfaction, worthwhile and anxiety measures, and 'medium to high' for happiness. Whether that has changed due to their volunteering is unknown and should be the subject of further work.

3.7 However not all volunteers have positive experiences, and evidence collected highlights how some volunteering activities can lead to stress, 'burnout' and negative impacts. Much depends on roles and personal resilience.

3.8 Overall, as with national research findings presented in Stuart et al (2020), it is not possible to categorically conclude that volunteering at CAL has a causal effect on health and wellbeing: there appears a positive association,

> As found in national research (see Stuart et al 2020), it is not possible to categorically conclude that volunteering at CAL has a causal effect on health and wellbeing: however there appears a positive association, and there are many examples of CAL volunteering leading to improvements

and the qualitative evidence gathered from interviews (presented in section 2) in particular helps understand how CAL volunteering can help individuals deal with a range of issues (depression / anxiety for example) and heighten their sense of purpose in life. However volunteering will not always result in enhanced health and wellbeing, and indeed for some it might lead to heightened stress and burn-out.

(2) In what ways does volunteering improve health and wellbeing?

3.9   The ways in which volunteering improves health and wellbeing varies considerably according to personal characteristics, roles and volunteering experiences. The steps to enhanced health and wellbeing, documented in section 2 of this report, include:

- personal growth and development factors – for example, many citing confidence growth as they overcome fears of talking to different people, seeing that they can make a difference and learning that they can deal with challenging issues. This in particular seemed a benefit associated with younger CAL volunteers.
- participation had positive effects on those who had little history of volunteering or engagement with community groups – with social participation and reduced loneliness improving wellbeing for many.
- the positive impact on depression, anxiety and isolation was also communicated back by volunteers, particularly where previously they had childcare responsibilities that created quite isolating environments, and similarly with other caring responsibilities that hindered their ability to socialise with people outside of their family circle.

> The scale and format of this type of research means positive effects of volunteering may be overstated, as those with a more negative experience are less likely to be involved… it is recommended that the next wave of research is able to delve deeper into the experiences of a wider group of volunteers including those less likely to engage.

3.10   It should be stressed that an exercise of this nature may be open to the criticism that positive effects of volunteering are overstated, as those with a more negative experience are less likely to be involved in research of this type. As mentioned later in this section, it is recommended that the next wave of research associated with the Equalities Programme is able to delve deeper into the experiences of a wider group of volunteers including those less likely to engage, particularly as the number of volunteers within CAL increase from the present low base (in March 2021 there were 71 volunteers at CAL; at the time of writing in September 2021 this had fallen to 38).

(3) What is the impact on health and wellbeing specifically for BAME volunteers?

3.11   The limitations of this type of research study need to be flagged.at the outset to appreciate how hard it is to make any firm conclusions around the impact of volunteering specifically on BAME health and wellbeing. The low number of BAME volunteers responding to the survey (four) may make one-time or limited occurrences seem more common than they actually are, and similarly, relatively common occurrences may not show up at all during the study. Additionally, of the seven BAME interviewees, most filled in a questionnaire together with taking part in interviews – and therefore care is needed when interpreting both survey and interview findings due to the possibility of duplication in answers.

3.12 Despite these limitations there are several findings from the BAME participants that help develop understanding and should be explored in more depth in future research. For example, assessing factors of the volunteering experience that affect the wellbeing outcomes for volunteers, it is worth noting that for those BAME volunteers taking part in the survey, all surveyed either strongly agreed or agreed that:

- they have enough opportunities to connect with other people through volunteering.
- CAL supervisors / managers give enough thanks and appreciation for what they do.
- volunteering at CAL has made them feel less lonely and/or less isolated.
- volunteering has a positive impact on physical health

"...my mental health and sense of self were definitely positively impacted from day one of volunteering. CAL is full of 'broken' people in one way or another and this is reflected in the organisation's empathetic attitude and ethos."

BAME interviewee

3.13 Both white and BAME volunteers were positive overall about volunteering, feeling supported by the staff team at CAL - who are complimented by volunteers for their inclusive and warm approach to volunteers with diverse backgrounds, with several BAME volunteers noting how *"the staff at CAL are friendly and helpful. Interaction with them is encouraging"* and that *"the team is also very kind".* This positivity is reflected in answers given by BAME volunteers to the question '*How likely are you to recommend volunteering at CAL to a friend or colleague?*', using a scale of 0 'not at all likely' to 10 'extremely likely' – with the BAME average score being 9.75 compared to 8 for those identifying as 'white'. All of the BAME volunteers who took part in the survey are therefore classed as 'promoters' according to the Net Promoter Score, and their enthusiasm for CAL volunteering could provide opportunities for CAL recruitment, via for example exploring mentoring / peer / 'buddy' support roles or targeted promotional messages.

3.14 With only four respondents self-classifying as BAME, any statistical analysis has to be treated with caution. However, a comparison of the ONS4 measures, analysed for all volunteer respondents in section 2, is presented in the graphic that follows. When applying the 'What Works' Centre thresholds the BAME volunteer wellbeing scores are not very different from the entire cohort results – with BAME scores on average being 'high' for life satisfaction, worthwhile and happiness measures, and 'medium' for anxiety.

Figure 8: Comparison of BAME average scores with all respondent scores (ONS4)

ONS 4 question	Overall, how satisfied are you with your life nowadays?	Overall, to what extent do you feel that the things you do in your life are worthwhile?	Overall, how happy did you feel yesterday?	Overall, how anxious did you feel yesterday?
Average score – all surveyed	7.2	7.7	6.9	4.6
Average score - BAME	8.3	8.3	8	3

3.15 Comparative scoring for the BAME respondents against each of the seven SWEMWBS measures is presented in the graphic that follows, with BAME scores in box brackets:

SWEMWBS '7' statements:	Topic	All of the time [5] or Often [4]	None of the time [1] or Rarely [2]
8. I've been feeling optimistic about the future	Optimism	25% [BAME 75%]	10% [BAME 0%]
9. I've been feeling useful	Worth	60% [BAME 100%]	15% [BAME 0%]
10. I've been feeling relaxed	Peace of mind	25% [BAME 50%]	20% [BAME 25%]
11. I've been dealing with problems well	Resilience	60% [BAME 75%]	10% [BAME 0%]
12. I've been thinking clearly	Competence	75% [BAME 75%]	5% [BAME 0%]
13. I have been feeling close to other people	Autonomy	50% [BAME 50%]	15% [BAME 0%]
14. I've been able to make my own mind up about things	Relationships	85% [BAME 100%]	0% [BAME 0%]

3.16   All four of the BAME respondents either strongly agreed or agreed that volunteering at CAL had improved their health and wellbeing, in answer to question 4.

3.17   It is recommended future work to support the Equalities Programme explores:
- How ethnicity intersects with other factors such as gender, socio-economic status and religion in impacting on health and wellbeing.
- Whether BAME volunteers experience a range of microaggressions and racism when volunteering, for example from the wider public, which may differentiate how the volunteering experience impacts on wellbeing.

Future work to support the Equalities Programme could explore how ethnicity intersects with other factors (such as gender, socio-economic status and religion) in impacting on health and wellbeing, and whether BAME volunteers experience a range of microaggressions and racism when volunteering.

(4) What more can CAL do to improve the health and wellbeing of our volunteers?

3.18   The positive feedback on how CAL support volunteers indicates that any future planning to improve health and wellbeing will be building on strong foundations. Social activities such as away days, Christmas parties and lunchtime catchups are all mentioned as being popular and appreciated by volunteers during interviews. Whilst engagement levels might not at times be very high, managers should not be discouraged from continuing along a similar vein – particularly as the organisation (and country) transition from an extremely challenging period of lockdown restrictions and people feel able to interact and engage more.

3.19   Many of the wellbeing support activities put in place in 2020/21 have been well received. For example, the lunchtime catchup sessions *"are good ones to reach out to people don't usually contact – good opportunity".* Some specific improvements to activities were suggested from younger volunteers, who would like to explore opportunities to develop groups further – for example *"I would like the opportunity to get to know volunteers of my own age, so would be nice to get groups set up of university students for example. Be nice to hear from them…"*

3.20   The improvement ideas put forward by volunteers and summarised in section 2 of this report need careful consideration by CAL managers. Some are put forward from a very personal perspective and experience, and meet a specific need – for example: *"Specific training to deal effectively with mentally-ill clients would be very helpful. Ideally, this would occur after the volunteer has experienced mentally-ill clients and ideally role plays would be included in the training".* Many of the improvement ideas revolve around training improvements and the need for more face-to-face interactions: For example: *"I know when I started volunteering some bureaus offered weekly class based training sessions, I think these would have really help me if I had have been able to access them".* Others put forward suggestions to overcome some of the barriers that minority ethnic groups face. For example: *"maybe the flyers they use can be in different languages like Spanish, Portuguese, Slovak, etc."*

3.21   Future engagement exercises with volunteers around health and wellbeing could ask for critical assessment of wellbeing and other activities rolled out, and seek broad improvement ideas – such as how to design and layout the offices post-COVID to help promote wellbeing in the workplace. One interviewee picked up on the office environment as being particularly important: *"Office environments are sterile, serious and uninteresting. CAL could introduce such things as plant life (all studies suggest this has multiple benefits for health, wellbeing, productivity and more) at offices. This would also assist the telephone advice office space in that there is apparently an acoustics problem at the moment. Plants are known to help muffle acoustics and this would be a more visually pleasing, natural and healthy environment to work in. Volunteers do not tend to like everyone being able to hear them as they train and/or advise. A major problem at the moment is getting people to return to the office way of life so such strategy would help with this".*

Future tracking of health and wellbeing trends

3.22   Having now recorded the first raft of participants' wellbeing and health scores, the use of thresholds or categories in future will help derive meaningful trends and help with interpretation of any changes recorded between the start (this survey) and end of the Equalities Programme, if future health and wellbeing surveys are carried out.

3.23   Planning ahead to the end of grant reporting will require careful consideration of how frequently volunteers are to be engaged with around health and wellbeing, as well as other key outcomes. If a repeat or several repeated surveys are undertaken, measuring changes in wellbeing will require comparing the mean scores for each outcome at baseline (this survey) and endline. These can be reported as percentages or as point scores, with comparison of the 'group' of before scores with the 'group' of after scores.

3.24   There are numerous other ways to supplement this reporting, to build on the initial findings and develop more depth around the themes emerging. Suggestions for further work in 2022/23 include focus / discussion groups – convening small discussion groups, recruited from the CAL contacts database, to explore in more depth the issues raised in this reporting. Where possible the groups should reflect the varied scale and experience of the volunteer community – so one group may be made up of experienced

There are numerous other ways to supplement this reporting, to build on the initial findings and develop more depth around the themes emerging. Suggestions for further work in 2022/23 include focus / discussion groups

volunteers, whilst another comprising of BAME volunteers new to volunteering. Groups could also be set up to differentiate between those who primarily work from home and those who transition back to the offices, if the pandemic restrictions continue to recede in coming months and flexible working methods are adopted at CAL. This segmentation of volunteer experiences would help identify particular facets and differences around the impacts, barriers or challenges that may exist for certain volunteers regarding their health and wellbeing.

Author contact details
Michael Lloyd,
Principal Researcher and owner,
Michael Lloyd Research (MLR)
Email: Michael@researchMLR.co.uk

NOTE:
The project microsite has all analysis and templates uploaded to it on 1st October following review on 30/9/21 with CAL Volunteering Team. Access the microsite here