Strengthening the Volunteer Landscape in Cambridgeshire and Peterborough

A Scoping Literature Review

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1.0 Introduction

Volunteers play a crucial role in health and social care by, for example, helping to improve patient experiences, building a closer relationship between services and communities, along with tackling health and social care inequalities. However, over the last few years we have seen significant changes in the volunteering landscape both in its nature and patterns of engagement. Therefore, the purpose of this literature review is to examine the nature of these changes nationally and consider their impacts at the regional level within Cambridgeshire and Peterborough (C&P). The insights from this literature review will inform the collaborative research being undertaken by ARU and C&P Integrated Care Board (ICB) to identify the barriers and enablers that strengthen the value and experience of health, community and social care volunteering in C&P. The learning gained from this literature review and the findings from the research will inform the development of a workable strategy that supports the future sustainability of volunteering in the region[1].

This review begins by providing an overview of how the literature was searched and analyzed. The findings from the literature review are then presented next. This begins with a background and context to the volunteer landscape in C&P, which then leads to a review of the impact of Covid-19 on volunteering nationally and regionally. Motivations, benefits and barriers that affect volunteering are then considered and finally methods to improve volunteering rates and experiences are presented. This review then concludes with key messages the literature raises.

2.0 Methodology

The following section provides a brief overview of the methods used to conduct the scoping review component of this study. A scoping literature review can be broadly described as, 'a type of evidence synthesis that aims to systematically identify and map the breadth of evidence available on a particular topic, field,

[1] Volunteering in this context refers to formal volunteer roles that involves giving unpaid help within an organisation that includes public, private and voluntary organisations, rather than informal volunteering that typically involves giving unpaid help that is not coordinated by an organisation or an institution.

concept, or issue, often irrespective of source (i.e., primary research, reviews, non-empirical evidence) within or across contexts' (Munn et al., 2022).
For this review, a structured search strategy was developed to systematically identify relevant literature on the evolving volunteer landscape with particular attention around motivations, benefits and barriers to volunteer and incentives to encourage volunteering nationally and potential impacts and application within C&P.

The search was conducted across multiple academic databases, including PubMed, Scopus, and Google Scholar, alongside grey literature sources such as government reports, policy documents, and local organisational publications. Keywords were used to refine the search, including terms such as "volunteering AND health and social care," "barriers to volunteering," "volunteer engagement strategies," and "volunteering AND well-being." To ensure a comprehensive scope, inclusion criteria focused on studies published in English within the last ten years that addressed volunteer engagement in the C&P region or provided broader insights into volunteering in the UK health and social care sector. In instances where there was limited literature specifically covering C&P or UK health and social care, a broader approach was taken to include research on the UK volunteer context more generally. Studies not available in full text, those unrelated to the research questions, and opinion articles without empirical data were excluded.

Following the identification of relevant literature, data extraction was conducted using a charting framework (Younas, 2021; Pollock et al., 2024), capturing details such as publication year, study design, key findings, and thematic relevance. The extracted data was then analysed using a qualitative thematic analysis approach (Braun and Clarke, 2006). A narrative synthesis was used to summarise the findings, ensuring that both national and local evidence from the C& P ICB area were incorporated. This iterative process helped map existing knowledge, highlight gaps in the literature, and inform the subsequent data collection phases of the project.

3.0 Background and Context

3.1 The relationship between Integrated Care Boards and the VCSE

The NHS C&P ICB is the statutory NHS organisation which serves the C&P region, situated within the East of England. The ICB comprises NHS organisations, local authorities and other organisations such as those in the voluntary sector, which take collective responsibility for planning services, improving health and reducing inequalities across geographical areas (NHS, 2021).

Following the passage of the 2022 Health and Care Act, ICBs were formalised as legal entities with statutory powers and responsibilities which include improving outcomes in population health and health care, tackling inequalities in outcomes, experience and access, enhancing productivity and value for money and helping the NHS to support broader social and economic development. These targets are set in the context of record demand for health and social care services, with an ageing population, and inflation placing increasing pressure on the UK's health and social care systems (UK Parliament, 2024).

Additionally, austerity measures introduced in 2012 have significantly weakened health and social care capacity, including mental health services (Nuffield Trust, 2023; Cummins, 2018). As a result, healthcare services must explore alternative, cost-effective ways to deliver the health and social care needed by their local population. Governments have stressed the importance of strengthening voluntary contributions in areas where public solutions prove inadequate (Andfossen, 2016). It is within this context that ICBs increasingly look towards the VCSE sector and volunteers to help them reach their statutory objectives.

3.2 Local Demographics in Cambridgeshire and Peterborough

The Cambridge and Peterborough area is home to almost 950,000 people who live in diverse communities from urban centres such as Peterborough to rural Fenland in the North down to Cambridge and Royston in the South (Cambridgeshire & Peterborough Integrated Care System, 2025). The demographics of individuals who use the healthcare service also vary widely across the 585,000 people in the North of the ICB (Peterborough, Fenland and Huntington) and the 464,000 people South (Cambridge, South and East

Cambridgeshire) (CPICS, 2025). In Peterborough 14.3% of service users are Asian and 4.1% Black whereas in Cambridge the figures are 5.8% and 1.4% (CPICS, 2025b). This contrasts to Fenland where just 4.1% of people identify as being from non-white groups.

In addition to its diverse ethnic backgrounds within the region, the area also exhibits significant socio-economic variation. Fenland, in particular, experiences relatively high levels of deprivation, with an Index of Multiple Deprivation 2019 score of 25.4—substantially higher than Cambridgeshire's score of 13.9 (where a lower score indicates less deprivation). Life expectancy at birth in Fenland is 78.5 years for males and 82.2 years for females, both notably lower than the England averages of 79.4 years and 83.1 years, respectively (JNSA, 2021). The area also experiences health inequalities. Approximately 112,000 of the population (13%) reside in the 20% most deprived quintile nationally. Of these, approximately 107,000 (95%) live in the North of the system concentrated in and around Peterborough and Fenland, with pockets of deprived areas within Cambridge City (CPICS, 2025c). These variations across the region are important to consider when reflecting on how to strengthen the volunteer landscape within Cambridge and Peterborough.

Despite the diverse communities within the UK, volunteer research has traditionally focused on "theories of volunteering," emphasising "the preconditions, motivations, and consequences of volunteering" (Ma & Konrath, 2018, p. 1148) rather than the challenges different demographics face. Hustinx et al. (2023, p. 1) argue that 'volunteer inequality' should also be explored. They call for researchers to develop 'alternative epistemological, methodological, and analytical tools to challenge both the inequalities that characterise the field of volunteering and also those that characterise the production of knowledge on volunteering' (p. 33). This, they suggest, would not only help 'improve' the organisation of volunteering but also encourage a deeper reconsideration of 'what is entailed in the equalising aspirations of volunteering.' Given the varied ethnic and socio-economic backgrounds and diverse communities within the area, as outlined above, this consideration is particularly important for this study.

3.3 The Local Volunteer Landscape

According to the Charity Commission, Cambridgeshire and Peterborough has over 3,500 registered charities with a combined income of £2.7 billion. The majority, around 80%, are small organisations with income of less than £100,000 a year. There are also many smaller un-constituted community groups. Cambridgeshire and Peterborough's VCSE organisations reflect the communities of identity, interest and geography they serve. In Peterborough the VCSE sector is dominated by community groups representing the 100s of different nationalities that exist in the city (Support Cambridgeshire, 2023).

A 2024 survey of VCSE groups in Cambridgeshire received 296 responses, revealing that 61% of organisations operate within a single district within C&P. Among these, 20% work in Cambridge, 12% in South Cambridgeshire (SCDC), 11% in East Cambridgeshire (ECDC), 41% in Huntingdonshire, and 16% in Fenland. Only 21% of organisations serve all five districts (Support Cambridgeshire, 2024, p. 11). The survey also underscored the critical role of volunteers. The vast majority of responding groups reported using volunteers in some capacity, with just 6% stating they did not rely on volunteers at all. Additionally, 35% of organisations had 20 or more volunteers. When asked about changes in volunteer numbers over the past year, 51% reported no change, while 24% saw an increase and 25% a decrease (Support Cambridgeshire, 2024, p. 14). Many survey respondents highlighted a growing demand for their services, with one stating, *"The tsunami of needs has no end in sight, and we are becoming more of a blue-light service than we should be" (p29).* Additionally, several respondents emphasised the critical role of volunteers in sustaining their operations, underscoring this with remarks such as, *"Volunteers are the lifeblood of our charity; we could not run without them" (p34).*

While little is known specifically about the impact of socio-economic status and geographical location on volunteering in Cambridgeshire & Peterborough (C&P), national data provides some insight. According to the Government's Community Life Survey (2024), adults in rural areas (36%) are more likely to volunteer at least once a month, both formally and informally, compared to those in urban areas (32%). Socio-economic status also plays a role, with adults from the highest decile (least deprived) being the most likely to volunteer monthly (37%), while those from the lowest decile (most deprived) were the least likely (28%) (Gov.UK, 2024).

The lack of regional specific data highlights gaps in knowledge regarding the local volunteering landscape in C&P.

Health and social care volunteering in particular remains underexplored. Nationally, the NHS Volunteer Taskforce has been established to strengthen links between volunteer programmes in and outside the NHS in England and to develop consistent and appropriate measures to track the number of NHS Volunteers NHS England, 2023). The NHS volunteer workforce data collection was introduced as mandatory for all NHS trusts in April 2024. It is a collection of metrics that aim to understand the number of volunteers, the number of hours volunteers contribute and equalities data about those volunteers that aligns with workforce data. However, the NHS is not the only organisation where people in Cambridgeshire and Peterborough can engage in health and social care volunteering with lots of NGOs of various sizes providing support within this field.

4.0 The Impact of Covid-19 on Volunteering

4.1 Initial Response

Some early reports on volunteering during COVID-19 were optimistic about the effect the pandemic might have on volunteer engagement. National media outlets reported 'countless acts of kindness and solidarity' worldwide (Solnit, 2020), NHS England reported recruiting 750,000 volunteers in just a few days in March 2020 (NHS England, 2020), and one systematic review of 27 peer-reviewed papers published between January and October 2020 concluded that there had been an "outpouring of community spirit and voluntarism" (Mao, et. al., 2021, p. 9). However, more recent media coverage (The Guardian, 2023) and academic reports (Nichols, 2024) reflect newer claims that volunteering has declined 'sharply' as a direct result of the pandemic.

The uplift in volunteering in 2020 may not be an entirely new phenomenon. 'Convergent volunteerism', where large numbers of unexpected volunteers arrive at the scene of a large-scale emergency incident, has been seen in response to terrorist activity (Cone, Weir, & Bogucki, 2003) and natural disasters like tornadoes (Lodree Jr. & Davis, 2016). Therefore, the early surge in volunteering as a direct response to COVID-19 may have been a form of volunteer convergence.

Ultimately however, no more than 3.4% of the British population engaged in formal volunteering as a direct response to COVID-19, and the overall rate of decline outweighed this uplift effect (Dederichs, 2023).

4.2 Declining Volunteering Rates

The most comprehensive statistical data on volunteering in the U.K. is captured by the Community Life Survey (CLS). The CLS is an annual household self-completion survey for those aged 16 and older on behalf of the Department for Digital, Culture, Media and Sport and yields at least 10,000 responses after data cleaning (Kantar Public, 2021). The survey utilises a stratified sampling method to collect a statistically effective sample size from within the Royal Mail postcode address index covering 99% of the UK (Kantar Public, 2021). The most recent CLS report from 2023/24 confirms, as shown in Figure 1, that rates of formal volunteering have been falling or stagnating year on year since 2013/14, but rates began to fall more sharply during and after the pandemic (Department for Culture, Media & Sport, 2024). This means that data on the decline in volunteering because of COVID-19 should be considered within the context of a pre-existing longer-term decline. Nichols (2024) posits that one reason for this persistent decline is a wider societal shift away from collective values and towards individual social priorities, as well as the replacement of social values with market values. However, this argument is largely theoretical in nature and suggests that the whole of the U.K. population's altruistic motivation to volunteer is being eroded, which is not supported by data. The most common reason respondents to the CLS 23/24 gave for participating in formal volunteering was "I wanted to improve things/help people" (47%), along with other altruistic reasonings (Department for Culture, Media & Sport, 2024).

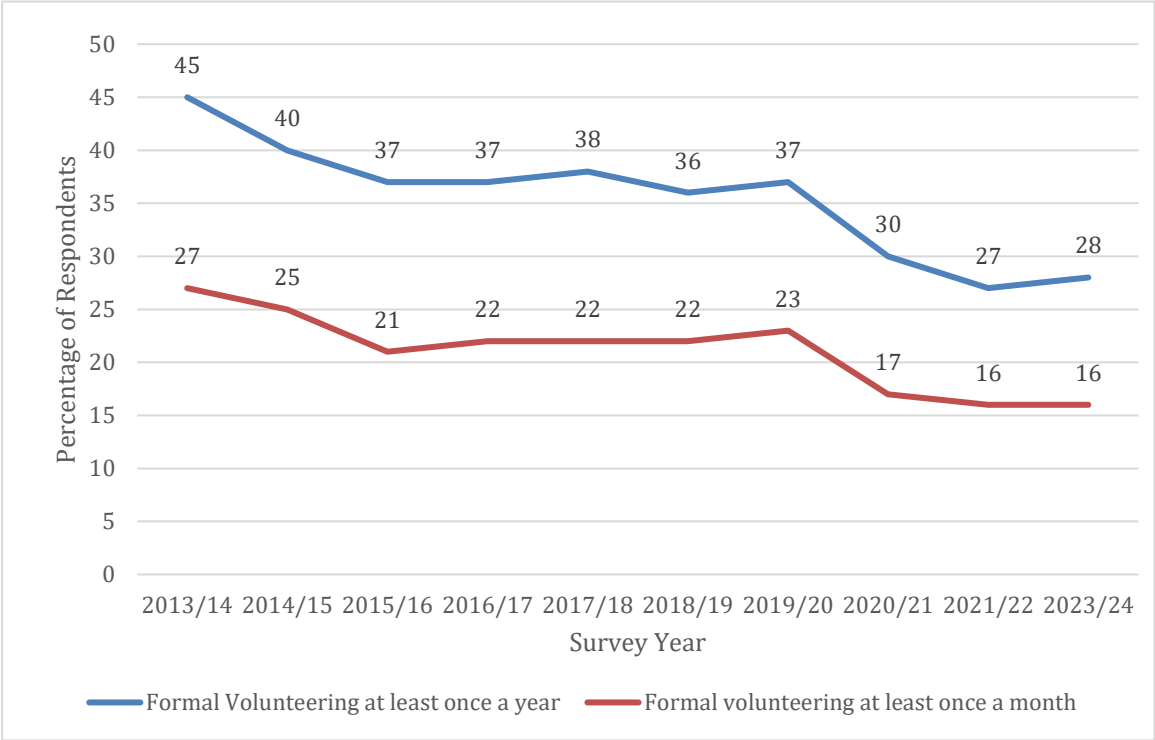

Figure 1: Graph showing formal volunteering participation rates. Taken from CLS Data.

4.3 Volunteering Demographics and Relationship with Declining Trends

Understanding who volunteers in the U.K. may help to determine if the decline has been uniform across all groups and if the reasons differ. CLS data across all survey years concludes that the demographic characteristic with the most variation in volunteering participation is age (Department for Digital, Culture, Media & Sport, 2020) (Department for Culture, Media & Sport, 2024). Adults aged 25-34 were the least likely to participate in formal volunteering at least once a month (11% of respondents in this age group) (Department for Culture, Media & Sport, 2024). Adults aged 65-74 were most likely to have participated in formal volunteering at least once a month (23%), closely followed by adults aged 75 and over (21%). There were no statistically significant differences in rates of participation between sexes (male vs. female) nor between participants who did or did not have disabilities. Adults whose gender identity was different to their sex registered at birth were more likely to participate in formal volunteering at least once a month (20%) compared to those whose gender identity was the same as sex at birth (16%). Adults who selected the 'other' sexual orientation classification were more likely (22%) to participate once a month, compared to any other classification (17-18%).

Jewish adults (28%) and adults who selected the 'any other religion' category (25%) were more likely to participate than all other religious groups. There was a fair range of participation percentages in the ethnicity classifications between 11-22%, although no one group stood out as having particularly high or low participation[2]. In the socio-economic classifications, adults from the higher managerial, administrative and professional occupations had higher rates of participation (21%) than all other categories, including adults who had never worked or were long-term unemployed (12%). Adults in the least deprived (as according to the index of multiple deprivation) decile had higher rates of formal volunteering participation once a month (22%), and adults from the most deprived decile were the least likely to have participated in formal volunteering (10%). Finally, relating to geographical differences, adults from rural areas (21%) were more likely to have formally volunteered once a month compared to adults from urban areas (15%). The East of England region (17%) was very close to the national average participation for all respondents (16%), being lower than the Southwest (20%) and South East (18%), but higher than the North East (13%), North West (14%) and Midland regions (15%). Now with a broad understanding of the profile that typifies those that volunteer an examination of key socio-demographic characteristics are reviewed to ascertain if the decline in volunteering has been uniform across all groups.

Age

In a change from established trends, the decline in volunteers between the first lockdown and March 2021 was more significant in older people (Dederichs, 2023), who were more likely to be at risk of severely negative health outcomes from COVID-19 (Starke, et al., 2021). Older volunteers in the NHS during COVID-19 were 'stood down' on account of their personal health risk assessments (Churchill, 2020). Being told that the risk to personal health was too high by organisations and the government – or directly told not to attend - likely tipped the cost-benefit analysis of volunteering during that time towards older people deciding not to volunteer. Other sources concur that older people were disproportionately

[2] Participation ranged for adults who identified as mixed White and Black African (22%), African (21%), Irish (20%), White British (17%), Chinese (11%), mixed White and Black Caribbean (12%), 'any other' Asian background (12%), 'any other' White background (13%), Pakistani (13%), Indian (14%).

likely to stop volunteering during the early stages of the pandemic (Dederichs, 2023). In addition, volunteering during the pandemic ebbed and flowed as restrictions were tightened and then relaxed (Speed, Crawford, & Rutherford, 2022). This suggests that the risk of the virus itself and the resulting restrictions were partly responsible for the suppression of volunteering participation at a steeper rate than the pre-existing decline, especially in that they disproportionately affected the older age group who have higher rates of participation under normal circumstances.

Gender

The CLS 23/24 reported that there was not a statistically significant difference in the rates of volunteer participation between men and women. However, literature also notes that women in the U.K. are already statistically more likely to have higher levels of caring responsibilities and took on disproportionately more during the pandemic (Herten-Crabb & Wenham, 2022), leaving less free time available for volunteering. Looking more closely at the CLS data shows that although the difference is not always statistically significant, in most years a higher percentage of women volunteer as compared to men, with the occasional year where the rates are the same but never lower (see figure 2 below). Downward et. al. (2020) found in a longitudinal study that men have more flexibility in how they allocate their free time, and in whether and how they choose to volunteer compared to women due to women's additional constraints on their time. Therefore, the differential effects of gendered care responsibilities for children and relatives on available free time may have caused the more significant decline in women volunteers during the first lockdown (Dederichs, 2023).

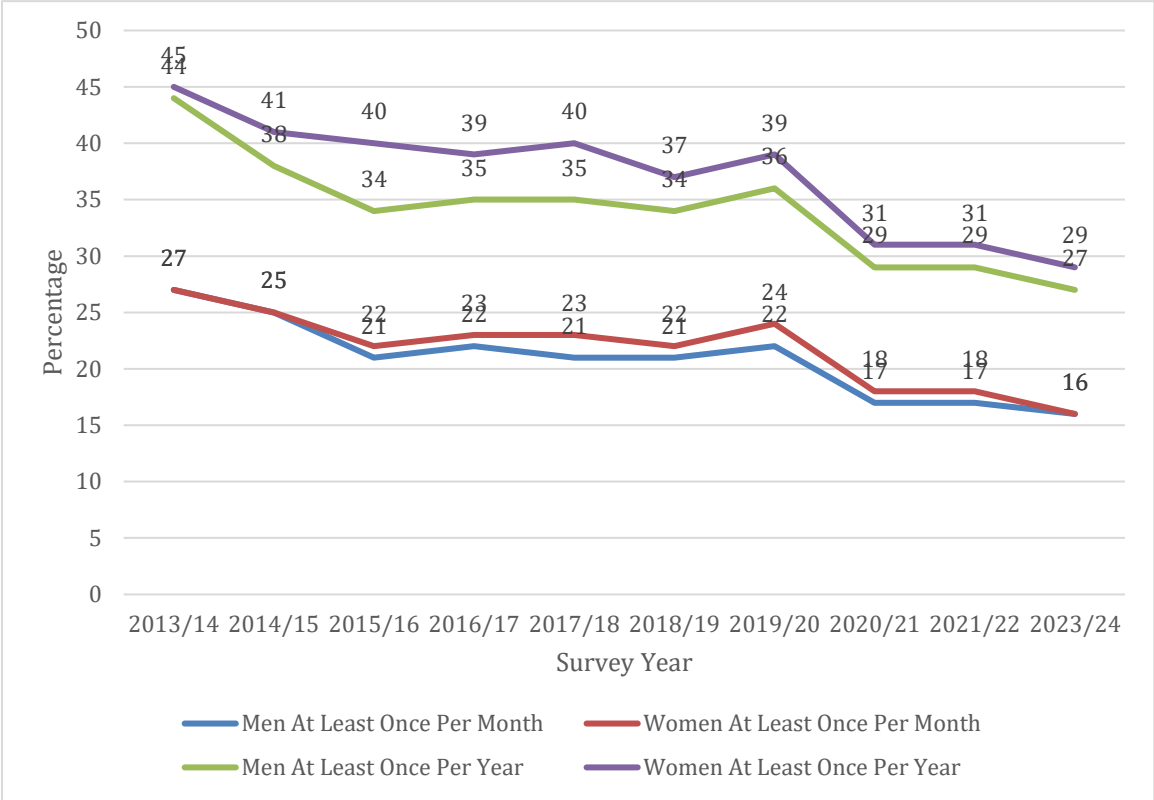

Figure 2: Rates of formal volunteering participation by survey year, gender, and frequency of participation. Data from CLS reports.

Socio-Economic Resources

The finding that those who are more economically disadvantaged, have lower levels of educational attainment, and lower skill-level socio-economic employment classifications volunteer less continues to be consistent year on year in the CLS (Department for Digital, Culture, Media & Sport, 2020) (Department for Culture, Media & Sport, 2024). In addition, the Community Research Index of 2023/24 found that the most common answer respondents gave to being asked what their community most needed support with was the 'rising cost of living' (30% of respondents) (The National Lottery Community Fund, 2024). Volunteers who stopped volunteering since COVID-19 predominantly cited changes in personal circumstances and less free time as the reason (National Council for Voluntary Organisations, 2023). The exact link between the pandemic and the current cost of living crisis is not yet well understood, but it is known that the concurrent effects of the two have worsened inequalities in the U.K. and affected already socio-economically disadvantaged groups disproportionately (Dorling, 2023) (Tayib, 2024) (Hill & Webber, 2022). Previous times of collective

hardship, such as the 2008 financial crisis, have also resulted in a depression in volunteer engagement, and the decline was more significant in socio-economically disadvantaged communities (Lim & Laurence, 2015). In essence, this means participation in formal volunteering for those already disadvantaged becomes disproportionately harder as a result of times of collective hardship, such as the pandemic. Nichols (2024) concurs that increasing inequality and a reduction in available free time are likely to have contributed to the ongoing decline in volunteering in the long term.

Marginalised Groups and Intersectionality

Those already on the margins of society, who perhaps have the most to gain from volunteering, experience the most barriers to participating (Southby, South, & Bagnall, 2019), and these were only intensified by the pandemic. The preceding data, taken together, indicates that some groups who normally volunteer at higher rates were disproportionately likely to be more affected by the negative effects of the pandemic and therefore to stop volunteering. For other groups, who were already less likely to have the access and resources to engage in volunteering, the pandemic has intensified these barriers. More than this, identity is multi-layered and where marginalised identities or disadvantage overlap in a single individual, the negative effect on volunteering participation can compound intersectionally (Southby & South, 2016). It should also be recognised that the exclusionary processes that make it harder for some groups to participate in volunteering are largely structural in nature, rather than owing to individual choice, reflecting broader patterns of inequality in society (Southby, South, & Bagnall, 2019).

4.4 Changing Forms of Volunteering

The Time Well Spent survey is collected by YouGov via online panel, and the 2023 report was drawn from data collected between November and December 2022 with 7,006 participants aged 18 and over in a quota sampling method representative of geographical region, social grade, age, gender, and education level (NCVO, 2023). Similarly to the CLS, this survey reported a reduction in formal volunteer participation in activities such as raising money and taking part in sponsored events (from 11% in 2019 to 6% in 2022), organising activities (from 14% in 2019 to 7% in 2022), and campaigning (from 8% in 2019 to 4% in 2022). However,

31% of respondents reported doing at least some of their volunteering online or over the phone in the 12 months preceding the survey (National Council for Voluntary Organisations, 2023). This suggests that the forms of volunteering that people are participating in may have shifted because of COVID-19.

The Charity Digital Skills Report 2021 surveyed 365 charity professionals from organisations across a range of income groups (from under £100,000 per year to over £1 million) between April and June 2021. The report found that 83% of organisations surveyed changed their services in response to demand during the pandemic, and 78% used digital services to reach new audiences. However, 45% had to provide devices, data, or support to users to access online services and 20% cancelled services because they didn't have the skills or technology to deliver them. This may help to explain why the Respond, Recover, Reset Project found that between March 2020 and May 2021, 24% of organisations surveyed reported an increase in their numbers of volunteers, and at the same time 36% reported a decline (King, et al., 2022). This statistic was calculated from the collection of monthly reports from 697 organisations between October 2020 and December 2021 (GMCVO, 2022) and was carried out by Nottingham Trent University, Sheffield Hallam University, and the National Council for Voluntary Organisations (NCVO) (Nottingham Business School, 2024). This suggests that the changing way that organisations are delivering services, and what services they are offering, may be impacting the availability of volunteering roles and the digital skills the volunteers need to have to participate.

In the case of a health and social care organisation specifically, the NHS estimates that around 100,000 people were volunteering within trusts before the pandemic (NHS England, 2023). Of the 750,000 who signed up to the NHS Volunteer Responders program, 400,000 went 'on duty', doing tasks such as making friendly phone calls and picking up prescriptions (British Future, 2021), which is what Neil Churchill, the Director for Experience, Participation and Equalities at NHS England, calls 'micro-volunteering at scale' (Churchill, 2020). Micro-volunteering, characterised as actions that are limited in duration and require little or no lasting obligations on the part of participant, represent another emergent mode of volunteering (Heley, Yarker, & Jones, 2022). Therefore, new forms of volunteering may be able to address structural barriers to traditional

volunteering and offer opportunities for organisations to widen their volunteer base (Heley, Yarker, & Jones, 2022).

5.0 Motivations that Encourage Individuals to Volunteer

Various psychological, social, and structural factors influence individuals' decisions to volunteer. Intrinsic motivations like altruism and personal values, along with extrinsic incentives such as skill development and recognition, play key roles. Additionally, broader societal and cultural influences, such as community norms and social expectations, play a role in shaping volunteer behaviour. The latest national statistics on volunteer motivations (NCVO, 2023), based on a survey of 7,006 individuals in Great Britain, reveal that the leading reason for volunteering remains the desire to "improve things/help people" (40%). This is followed by a strong connection to the cause (34%) and having spare time (31%). These findings highlight the interplay between personal values and practical considerations in driving motivations to volunteer.

The same survey found that while a core motivation drives most volunteers, a one-size-fits-all approach is unlikely to attract prospective volunteers effectively, as different groups prioritise different factors. Among younger volunteers (18–24), career progression or gaining a recognised qualification is a key motivator, with 25% citing this reason. In contrast, older volunteers (55+) are more likely to be driven by a perceived need in their community (34%) or a direct request for help (26%), compared to just 19% and 12% of younger volunteers, respectively. Socioeconomic status also plays a role, those from more affluent backgrounds are more likely than those from less affluent groups to volunteer to improve things or help others (43% vs. 35%), though this remains a top motivator for both. Additionally, women are more likely than men to prioritise the importance of the cause (41% vs. 28%). These differences highlight the importance of understanding the motivations to volunteer within the specific demographics in C&P.

There is no regional data explicitly examining volunteer motivations across the diverse areas of Cambridge and Peterborough, nor data capturing these motivations by ethnicity, gender, or socio-economic status. Additionally, there is a lack of data specifically focused on formal volunteering within the health and

social care sector. In order to provide context to our study the following section explores the key general factors that encourage volunteerism, drawing from established theories and empirical research to provide a comprehensive understanding of why people choose to give their time to helping others.

5.1 Motivations to Volunteer in Health and Social Care

While motivations for volunteering in general have been explored extensively in the academic literature (see section below), there is limited research specifically addressing motivations for volunteering in the UK health and social care sector. Existing studies focus on the role of teamwork in fostering intrinsic motivation among health volunteers. Bidee (2017) found that volunteers experience greater intrinsic motivation when they feel part of a team, as a sense of inclusion enhances feelings of competence and social connection (p. 325). Other research has examined healthcare volunteering during the COVID-19 pandemic. Chow et al. (2021) identified key motivational factors including values, understanding, and enhancement. Their study highlighted that volunteers experienced positive personal and professional impacts, such as increased self-growth, greater societal awareness, and the development of leadership and team management skills (p. 5). Similarly, a study of healthcare volunteers in Taiwan (Huang, 2022) identified core motivations such as a desire to serve the community, improved well-being and health, recognition from peers and family, social connections, avoiding loneliness, and a sense of self-worth.

5.2 Intrinsic Motivations

Clary and Snyder (1998) explain that generally volunteers' motivations can be a matter of values (i.e., helping those in need to express altruistic and humanitarian values), understanding (i.e., new insights, knowledge, abilities), career (i.e., acquisition of new skills relevant for the future career), enhancement (i.e., personal growth), social (i.e., strengthening of social contacts), or protective (i.e., to reduce negative feelings and to protect the ego against difficulties of life). Intrinsic motivations, such as a sense of civic duty or a belief in the common good, are among the most common reasons for volunteering (Clary & Snyder, 1999). Civic-minded volunteers are driven by a belief that contributing to their community is the right thing to do (Shachar et al., 2019), which makes them highly intrinsically motivated (Cloyd, 2017). These volunteers are also more likely to

engage with organisations whose mission and programmatic goals reflect their personal values (Clary & Snyder, 1999). For instance, individuals concerned about the impact of austerity on the NHS may feel a personal responsibility to support the healthcare system, whether through direct volunteering or fundraising efforts. Dolcinar and Randle (2007) categorised volunteer motivations into three broad groups: "do something worthwhile, personal satisfaction, and helping others." Other scholars have differentiated between 'pro-social' and 'pro-self' motivations (Bussing et al., 2021). Pro-social volunteers view their service as an act of social responsibility, while pro-self-volunteers seek personal benefits from their involvement. Both types of motivation can drive individuals to volunteer in health and social care. In the case of pro-social motives, underlying motivations are often linked to a sense of compassion and a genuine intention to help others.

5.3 Cultural Awareness and Understanding Volunteer Motivations

The experience of volunteering is often appropriated by dominant groups in society (Hustinx et al., 2022). This is evident in the academic literature, where volunteerism is largely represented through the lens of privileged groups, particularly white people (Lough & Carter-Black, 2015). As a result, there is limited evidence on the volunteering experiences of marginalised and minoritised people, including their motivations for participating (Southby et al., 2019). This gap in knowledge is significant, as understanding motivations to volunteer requires considering cultural backgrounds and values.

Different communities may have distinct motivations influenced by religious, social, and historical factors. The NCVO Time Well Spent (survey) found that 21% of global majority[3] volunteers said 'it's part of my religious belief/philosophy of life to help people' compared with 12% of volunteers overall. Over half (56%) of those who stated this as a motivation said they volunteer specifically for a religious organisation. Other common causes for those with this motivation include mutual aid groups (32%) and health, disability and social welfare (22%). For example, in the Muslim community, volunteering is often rooted in the concept of

[3] The global majority refers to the collective population of people from Africa, Asia, Latin America, and the Caribbean, representing approximately 85% of the world's population, and is often used to highlight the experiences and perspectives of people from these regions in contrast to historically dominant Western or European perspectives.

Zakat (charitable giving) and Sadaqah (voluntary charity), which are key pillars of Islamic faith (Alherbi, 2019). Helping others is seen as a moral and religious duty, with the expectation that this act not only benefits the recipient but also brings spiritual reward to the giver faith (Sunier, 2020; Peuker 2018, May, 2024). This means that Muslim volunteers may be motivated by a blend of religious duty (pro-social) and the personal fulfilment that comes from fulfilling their faith obligations (pro-self). Iqbal et al. (2023) explored the previously under-researched motivations of South Asians to volunteer in the UK. Their reflexive thematic analysis identified three key themes: (1) volunteering enhances individual well-being, (2) South Asian volunteers frequently encounter social injustice and marginalisation, and (3) their motivation to volunteer is strongly influenced by religious and cultural values. This demonstrates that what might motivate one community to volunteer might not work for another, even within the same city or region.

Additionally, individuals with refugee status or those seeking asylum may have distinct motivations for volunteering. Low and Shah (2023) found that "volunteering is used by refugee women as a way to counter everyday experiences of microaggressions and negative discourses about refugees and to create spaces for relational, civic, and economic embedding" (p.76). Volunteering may also serve as a platform for building social networks and exchanging social support (Wilson, 2012). In the C&P area, approximately 2,000 people are currently seeking asylum (EELGA, 2024), and the East of England has accommodated over 10,000 Ukrainian refugees (County Councils Network, 2023). This highlights the importance of understanding the unique motivations of communities from diverse migratory backgrounds.

Similarly, the importance of cultural competence in understanding volunteer motivations is highlighted locally through the example of the Roma community. Within the C&P area there is a significant Roma population in Peterborough and the East of England, estimated at between 10,000 and 12,000 people (EELGA, 2024) yet little is known about the motivations of the Roma community to volunteer in the UK, aside from the work of Ryder and Cemlyn (2017). It also remains unclear to what extent the Roma community engages in formal health and social care volunteering either locally or nationally speaking to the

importance of cultural awareness in volunteer research. As such there is a significant demographic within the area who may not respond to a 'one size fits all' approach to volunteer recruitment and for whom we do not fully understand their perceptions of volunteering nor their motivations.

5.4 Extrinsic Motivations

In addition to values, beliefs and morals external factors also encourage people to volunteer. While some volunteers may appear to act solely out of a sense of social responsibility (pro-social) or personal benefit (pro-self), in reality, these motivations frequently overlap and coexist within the same individual (Antoni, 2009). As such, motivations for volunteering are often complex and cannot be neatly divided into purely pro-social or pro-self-categories (Finkelstein, 2009). For example, a person volunteering in a healthcare setting, for instance, may wish to improve patient outcomes (pro-social) while also seeking to enhance their professional experience or broaden their network (pro-self). This blend of motivations indicates that volunteering is not a zero-sum activity, helping others and helping oneself are not a mutually exclusive binary but can reinforce each other. Recognising this overlap is important for designing volunteer programmes that address both altruistic and self-interested motivations, thereby increasing volunteer retention and satisfaction.

Clary et al. (1998) identified several extrinsic motivations for volunteer work, including the potential to advance one's professional career through networking and strengthening a CV by listening the volunteer role. They also highlighted the social benefits of volunteering, noting that it may reflect the expectations of important others, such as family and friends. Additionally, they recognised that volunteering can enhance self-esteem and serve as a protective factor against negative emotions by providing a distraction from worries. This research led to the development of the *Volunteer Functions Inventory*, which includes five statements for each function. Volunteers rate the importance of each statement in motivating their voluntary work, similar to how the NCVO survey operates in the UK today. Like all groups, people from the global majority do not only volunteer for intrinsic reasons. NCVO (2023) Career-related motivations are more common among global majority volunteers, especially younger ones. 14% of global majority volunteers cited improving their career or gaining qualifications as

a motivation compared to 9% of volunteers overall. This may be linked to the younger age profile of global majority volunteers. Global majority volunteers aged 18–24 are particularly motivated by career and qualifications. 1 in 5 (21%) volunteers in this age group cite career related motivations as a reason for volunteering.

Extrinsic motivations can also change across the life course, for example Chapman et al. (2022)'s study exploring the core motivations for higher education students revealed that the students noted engaging in the pursuit of monetary gain and the acquisition of skills and experience were important with most students focused on gaining general employability skills, with a minority identifying specific skills and experience (p.148). Whereas older adults value highly the social life and affiliations with others in addition to their connection with the place where they volunteer (Ling et al. 2023, p. 482) other motivations for older adults include maintaining a sense of purpose and meaning in life (Dávila & Díaz-Morales, 2009; Le and Aartsen, 2024). In summary, motivations to volunteer clearly vary and these diverse reasons are represented in Figure 3 below.

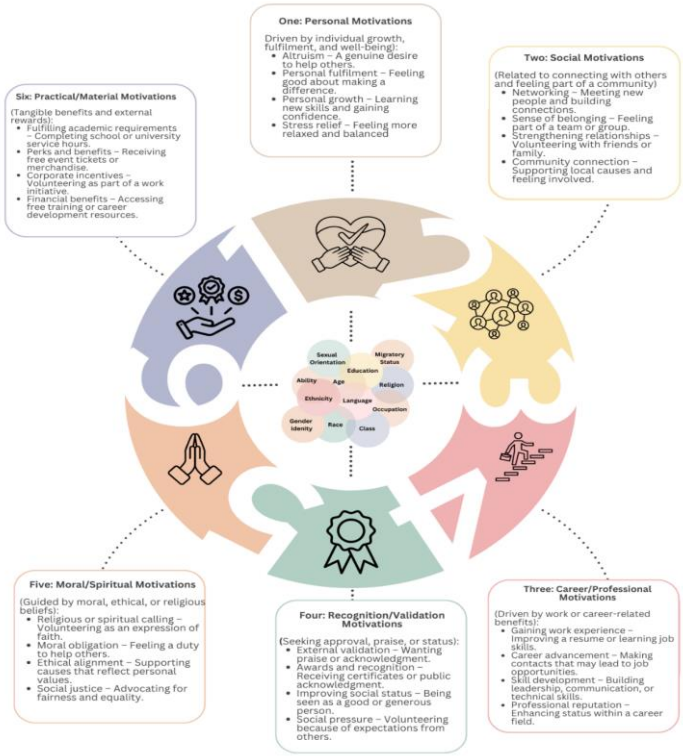

Figure 3: Motivations to volunteer

6.0 Benefits of Volunteering

Volunteering has increasingly been recognised as a meaningful contributor to both individual and community well-being (Nichol et al., 2024; Burr et al., 2021; Yeung, 2018). A growing body of literature highlights its positive influence on multiple dimensions of health, including mental and physical health (Piliavin, 2007; Burr, 2011, 2016), life satisfaction and self-esteem (Morrow-Howell et al., 2003; Brown, 2012), happiness (Borgonovi, 2008; Binder, 2015), reduced depressive symptoms (Kim, 2010), and even lower mortality rates (Ayalon, 2008). Much of this research has focused on specific life course stages, particularly retirement and later life (Bjälkebring et al., 2021; De Witt et al., 2022, 2023; Burr, 2021; Matthews & Nazroo, 2021) while fewer studies have examined the health impacts of volunteering among younger populations (Nakamura, 2025; Luque-Suárez et al., 2021; Fenn et al., 2022).

Although the health benefits of volunteering are often framed in terms of individual outcomes, there is growing recognition of the structural and systemic factors that influence both motivations and access to volunteering (see barriers section below). Despite this, the literature remains limited in its exploration of how the health benefits associated with volunteering are experienced by marginalised and minoritised groups, with the notable exception of studies focusing on individuals with refugee status (Panter-Brick et al., 2024; Sveen, 2023). The following section examines current literature linking volunteering to health outcomes, with a particular focus on how these benefits are distributed across diverse socioeconomic and demographic groups.

6.1 Physical Health Benefits

Volunteering has been increasingly linked to improved physical health outcomes, particularly among older adults (de Wit, 2022), although the physical health benefits remain less thoroughly researched than the mental health impacts (Nichol, 2024). Studies indicate that individuals who engage in regular volunteer activities report better self-rated health, higher levels of physical activity, and lower prevalence of chronic conditions such as hypertension and cardiovascular disease (Burr et al., 2011; Kim et al., 2023). Notably, volunteering appears to exert a potentially "calming" effect on the cardiovascular system and has been

associated with a reduced risk of hypertension, lipid dysregulation, chronic inflammation, heart failure, and other cardiovascular conditions (Bell et al., 2022; Burr et al., 2015, 2018; Kim & Ferraro, 2014). In the UK, cardiovascular disease (CVD) disproportionately affects certain groups, with individuals of South Asian, Black African, or Black Caribbean descent experiencing higher rates of CVD compared to their White European counterparts (Heart Foundation, 2021). Moreover, those with lower socioeconomic status (SES) are significantly more likely to experience both cardiovascular disease and premature mortality (Zhang et al., 2021). Despite these stark disparities, existing studies on the health benefits of volunteering rarely account for variations in ethnicity or socioeconomic status and instead focus on homogeneous volunteer samples.

Longitudinal studies suggest that volunteering may also help maintain mobility and functional independence in later life (Morrow-Howell et al., 2003) and may slow physical decline by promoting more active lifestyles and increased social engagement (Piliavin & Siegl, 2007). These positive outcomes appear to be particularly pronounced among individuals who engage in volunteering consistently over time, indicating a cumulative benefit from sustained involvement. However, regular participation is not always feasible for older adults with limited physical ability or chronic health conditions. Much of the existing research on the health benefits of volunteering has focused on individuals who are already in relatively good health, with few physical limitations, leaving a gap in our understanding of how volunteering impacts the health of those with disabilities or mobility-related health conditions. Sellon (2023) addresses this gap by examining the motivations and experiences of older adults with mobility-limiting disabilities who engage in volunteer work. The study found that for those with disabilities who are interested in volunteering, the activity can serve as a meaningful form of health promotion and a valuable avenue for social inclusion and community participation. This highlights that volunteering is not only a strategy for maintaining health among already-healthy older adults, but also offers important psychological, social, and physical health benefits for individuals who have already experienced health decline.

In addition to the promotion of good physical health, volunteering has been linked to reduced mortality risk. Ayalon (2008) found that older adults who

volunteered regularly were less likely to die over a seven-year follow-up period, even after adjusting for baseline health and demographic variables. This association is thought to be mediated by improvements in physical activity, social integration, and health behaviours. While much of the evidence focuses on older adults, emerging research also points to physical health benefits for younger volunteers, including increased physical activity and healthier lifestyle choices (Luque-Suárez et al., 2021). However, more research is needed to fully understand how these physical health benefits are distributed across different age groups and social backgrounds. It remains unclear to what extent individuals from marginalised and minoritised communities might benefit from volunteering, or conversely, what health advantages they may be excluded from when structural barriers limit their participation.

6.2 Mental Health Benefits

Volunteering is widely acknowledged for its beneficial effects on mental health and emotional well-being. A recent systematic review of existing research (Nichol, 2023) highlights numerous studies linking regular volunteering to reduced symptoms of depression and anxiety, greater life satisfaction, and enhanced psychological resilience. Mental health improvements are frequently attributed to enhanced social connection, a stronger sense of purpose, and engagement in meaningful activities, all of which help reduce feelings of loneliness (Dunn, 2022; Williams, 2024). Volunteering also provides structure and routine, which can help regulate mood and alleviate stress, particularly during transitional life stages such as retirement or bereavement (Anderson et al., 2014; Choi & Kim, 2011). Jiang (2019) observed that longer durations of volunteering were linked with greater increases in life satisfaction over a four-year period. However, Huo (2022) notes that health benefits may not be sustained when older adults transition out of volunteering, suggesting a potential discontinuity in mental health gains if a volunteer were to leave their volunteer position.

In some cases, volunteering has been found to offer unique mental health benefits compared to professional support. Grönlund and Falk (2019) highlight that recipients often report increased feelings of participation, self-esteem, and self-efficacy due to the more reciprocal and less hierarchical nature of volunteer

relationships. However, while these benefits are notable, volunteering should not be considered a substitute for professional mental health care.

Importantly, Nichol (2023) cautions that the quality of evidence linking volunteering to improved mental health remains inconsistent. It is often unclear whether the observed mental health outcomes are a result of volunteering, or whether individuals with better mental health are more inclined to volunteer in the first place, a concern echoed by Stuart et al. (2020) and Thoits and Hewitt (2001). This issue of reverse causality is further problematised by Lawton et al. (2021), who argue that studies frequently overestimate the effects of volunteering on wellbeing due to a failure to fully control for pre-existing mental health and self-selection bias. As a result, the reliability of such evidence for policymaking and economic valuation requires further exploration (Lawton et al., 2021, p. 619).

6.3 Volunteering as a Social Determinant of Health

Despite the well-documented health benefits of volunteering laid out above, inclusion health groups (NHS England, 2025) and marginalised or minoritised groups often face significant barriers that limit their participation in volunteering, thereby excluding them from these potential gains. These barriers include structural inequalities such as poverty, insecure housing, lack of access to childcare, poor physical or mental health, and discrimination based on race, ethnicity, disability, or immigration status (UK Government, 2025). As such, researchers have pointed to deeper issues related to access and equity within the volunteering landscape. Southby et al. (2019) argue that volunteer/health literature often overlooks the structural and intersectional barriers that prevent many individuals, especially those experiencing socio-economic disadvantage, from participating in volunteering. Southby et al.'s review highlights persistent inequalities in both access to and participation in volunteering, which are strongly linked to socio-economic position. While pro-social activities such as volunteering are increasingly promoted as solutions to social isolation and poor mental health, their success depends on addressing the underlying social inequities that restrict access. Without doing so, such initiatives risk reinforcing existing health disparities rather than alleviating them (Southby et al., 2019, p. 917).

Given these disparities, volunteering itself may act as a social determinant of health - an activity through which health advantages are unevenly distributed across society. Those with the resources, time, and social capital to volunteer are more likely to access its health-enhancing benefits, while those facing structural disadvantage are left behind, reinforcing existing health inequities. This raises important ethical and policy questions about how volunteering opportunities are designed, supported, and made accessible, and whether health-promotion strategies that rely on volunteering risk inadvertently widening health gaps among already underserved populations.

7.0 Barriers to Volunteering

Barriers to volunteering can be broadly defined as factors that prevent or discourage individuals from participating in volunteer activities, such as lack of time, insufficient information, financial constraints, or feeling unqualified. Compared to literature about motivations, relatively fewer studies have explored the barriers to volunteering.

Based on qualitative interviews with environmental volunteers in the UK, O'Brien and colleagues (2010) categorised these barriers into two main types: (a) barriers to starting involvement and (b) barriers to maintaining involvement. In the 2023 NCVO Time Well Spent Survey found that the main barriers for the overall population of non-volunteers were related to time and commitment whilst concerns about skills, worries they won't fit in, and not being aware of opportunities are ranked higher by global majority non-volunteers (NCVO, 2023b). As highlighted by Southby et al. (2019), discussions about barriers to volunteering also need to be set within the wider context of structural inequalities. Wilson (2012) supposes that volunteerism is based on a combination of one's subjective dispositions (i.e. individual personality traits, motives, attitudes, norms, and values), personal resources, life course experiences, and social context. Similarly, Wilson and Musick (1997) suggest that entry into the volunteer labour force requires three different kinds of resources: human, social, and cultural capital. Clearly, a complex interaction of variables influences why volunteers do what they do and why others decline to volunteer.

Despite the significant role and prevalence of volunteers in the UK's health and social care sector (see Section 1.1), there is limited research specifically examining the barriers individuals face when trying to volunteer in this field. While some studies touch on barriers as part of broader research on healthcare volunteering (Mundle et al., 2013; Naylor et al., 2013; Kharicha et al., 2025), a focused exploration of these challenges remains lacking. Therefore, the following section will examine the general barriers to volunteering that diverse populations within the C&P ICB may encounter when seeking to engage in voluntary activities, with particular attention to how intersectional factors may influence these experiences.

7.1 Structural and Institutional Barriers

Structural and institutional barriers to volunteering may include limited time (Anderson et al, 2018, Dyson et al, 2017) lack of awareness of opportunities (O'Brien, 2010; Martinez et al, 2011), perceived lack of skills (O'Brien et al), and inadequate support and transportation issues (O'Brien, 2010; Martinez et al, 2011). Geographical location connected to transport need can also be a factor, a review of studies on palliative care volunteering identified significant challenges faced in rural settings compared to urban areas. These include long travel distances, social isolation, inadequate healthcare services and infrastructure (Whittall et al., 2016).

Southby et al's review (2019) also highlights several barriers to volunteering among different demographic groups. For older people, key challenges include poor health and physical limitations, financial hardship, stigma, lack of relevant skills, poor transport options, time constraints, inadequate volunteer management, and other caregiving responsibilities. For younger people, barriers include a lack of institutional support and limited exposure to volunteering roles. Additionally, younger individuals may have negative perceptions of volunteering or feel they lack the time to participate. However, focusing on a single characteristic, such as age, offers only a partial understanding of why individuals may encounter challenges when volunteering.

It is now acknowledged that structural barriers can have a greater impact on individuals with overlapping marginalising factors, similar to the way social

determinants of health create unequal health outcomes. When multiple forms of disadvantage, such as race, gender, disability, or socioeconomic status, intersect, they can compound and intensify the challenges individuals face in accessing opportunities, including volunteering. Southby et al.'s systematic literature review on barriers to volunteering among potentially disadvantaged groups found that barriers associated with specific demographic groups were compounded (and/or mitigated) by multiple socio-economic factors (p 912). For example, the barriers to volunteering experienced by different age groups were found to be affected by the gender, ethnicity, disability, socio-economic status, family background, and education of potential volunteers (Cramm 2015; McNamara and Gonzales, 2011; Mason, 2011). This means that an older person, living rurally from a lower socio-economic background may be less likely to volunteer than a middle-class person of the same age from an urban centre.

7.2 Socio-Economic and Class Barriers

Socio-economic and class barriers can also significantly influence an individual's ability to engage in volunteering, particularly in the context of the ongoing cost of living crisis and the legacy of austerity in the UK. Financial instability is a major challenge for working-class individuals, as the need to prioritise paid employment over unpaid voluntary work has become even more pressing due to rising living costs and stagnant wages (UK Government, 2024). The increasing cost of essentials such as food, energy, and housing may mean that many people are left with limited time and resources to engage in volunteering. NCVO's Time Well Spent survey (2023) found that volunteers are increasingly concerned about the costs associated with volunteering. The number of people who are worried about being out of pocket if they volunteer has risen from 5% in 2019 to 14% in 2023. A study by Charity Times (2025) similarly found that around one in five fundraisers and volunteers have stopped taking part in fundraising or giving up their time for good causes since the start of the cost-of-living crisis and that 18% of volunteers have ceased working for charities.

Furthermore, certain volunteering roles require specific skills or experience, which can exclude those who have not had access to higher education or professional training, inequalities that have been deepened by cuts to education and social services under austerity policies (Clancy, 2020; Kaye, 2024). Financial

instability also reinforces structural inequalities tied to class and access to resources, as the need to prioritise paid work often leaves working-class individuals with little time or energy for volunteering (Wilson & Musick, 1997). This creates an uneven playing field where individuals from lower socio-economic backgrounds face additional hurdles in accessing volunteering opportunities.

Middle-class individuals, by contrast, often benefit from greater social capital and more extensive networks, making it easier for them to learn about and secure volunteering opportunities (Wilson, 2020). They are also more likely to have the time and financial security to engage in unpaid work. Some volunteering roles require specialised skills or experience, further excluding those without access to higher education or professional training (Hustinx et al., 2010). The combined effects of financial strain, reduced public services, and unequal access to resources have widened the gap between those who can afford to volunteer and those who cannot, highlighting the need for more inclusive and accessible volunteer programs.

7.3 Race and Barriers to Inclusion

Racial and ethnic discrimination remains a significant barrier to volunteering within the NHS and non-governmental organisations (NGOs). Individuals from ethnic minority backgrounds often face both overt racism and subtle microaggressions in volunteer spaces, which can discourage participation and create feelings of alienation (Musick, 2000; Low 2023; Wilson, 2024). Studies have shown that volunteers from minority backgrounds may encounter stereotyping, tokenism, and a lack of recognition for their contributions, leading to lower engagement and retention rates (Musick & Wilson, 2008). Yet a survey of 1003 volunteers in the UK by the Human Appeal (2023) found that there are three stand-out areas where BAME volunteer more on average than non BAME volunteers, healthcare, childcare and education. The survey found that of the BAME volunteers surveyed, some 16 percent volunteered specifically in hospital and medical centres as opposed to 9 percent of non-BAME volunteers. This means that a lack of cultural representation in volunteer settings can create additional barriers but the willingness to volunteer within HSC is there. When the leadership and organisational culture of NHS and NGO spaces fail to reflect the diversity of the communities they serve, potential volunteers from minority

backgrounds may feel unwelcome or disconnected (Handy & Greenspan, 2009). Language barriers, differences in cultural practices, and a perceived lack of understanding of religious or social norms can further deter participation (UK Government, 2025). Ensuring that volunteer programmes are culturally inclusive, through multilingual resources and culturally sensitive training, can help address these barriers and increase participation rates among underrepresented groups (Smith et al., 2021).

Immigration status can significantly limit opportunities for volunteering. Non-citizens or individuals with uncertain immigration status may be restricted from formal volunteering or claiming expenses for doing so due to legal or policy barriers (UK Government, 2025). Fear of scrutiny or potential repercussions related to immigration status can deter individuals from seeking volunteer positions, even when they are technically eligible. Providing language training and developing volunteer roles that accommodate linguistic diversity can help to reduce these barriers and promote more inclusive participation (Volunteer Centre Sheffield, 2025).

7.4 Additional Barriers

Gendered expectations around care work create additional barriers to volunteering, particularly for women. Women are often expected to take on caregiving alongside volunteer roles, which can create additional burdens alongside paid employment and unpaid domestic work (Seedat, 2021). There is no identified literature specifically addressing barriers related to sexual orientation or pregnancy/maternity and volunteering. This gap may reflect a lack of research rather than an absence of barriers for these groups (Southby et al 2019 p.911). There may also be additional barriers for people who are disabled, for people with disabilities, a significant barrier can be the discriminatory attitudes of others, including stigma surrounding impairments and the perception that individuals with disabilities have little to contribute or that supporting them to volunteer would require excessive resources. Additionally, some people with disabilities may feel hesitant about participating outside of familiar or 'safe' spaces and may need further skills development to engage effectively in volunteering (Southby et al, 2019).

7.5 Digital Exclusion

Literature shows that both volunteer roles and recruitment increasingly require people to be digitally proficient with the ability to access the internet and use computers seen as desirable (Piatak, 2018). This has the potential to alienate older people who prefer face to face contact or who do not feel digitally confident. Ackermann however argues that volunteering in a digital world might become more socially equal because online volunteering is able to attract people with a profile different from offline volunteers, especially in terms of resources and networks. Similarly, Kamerāde et al (2024) found that disabled adults are more likely to engage in online volunteering, because it can make volunteering more accessible for those with physical impairments. While online volunteering can still pose challenges, disabled adults show greater interest in these opportunities compared to non-disabled people. Digital inclusion is crucial for enabling disabled individuals to participate in volunteering and realise its benefits for wellbeing. Frequent Internet use is linked to higher chances of volunteering, highlighting the importance of digital connectivity (P32).

The literature reviewed above highlights that a wide range of intersectional factor, including socio-economic class, ethnicity, geographical location, physical ability, and gender, shape the barriers people face when trying to volunteer. It is important to avoid assuming that individuals from the same demographic will experience the same barriers. For example, a university-educated, digitally literate person from a refugee background living in a city centre may find volunteering easy to access, while another person with similar qualifications from a refugee background who lives in a remote area without internet access may encounter significant obstacles. Similarly, the same factors can present both challenges and opportunities for different groups. For instance, online volunteering may exclude some older people due to digital literacy issues, while simultaneously opening up opportunities for disabled volunteers by allowing them to engage from home. The literature underscores the importance of adopting intersectional approaches when analysing the barriers people face to volunteering and when designing solutions to overcome them.

8.0 Methods to Improve Volunteering Engagement

Volunteer engagement and retention are a complex phenomenon, as multiple interwoven factors impact whether volunteers continue volunteering (Gaber et al, 2022; Holtrop, 2024). Two key components of volunteer retention are individuals' initial motivation for volunteering and satisfaction with the volunteer role (Bidee et al., 2017; Chevrier et al., 1994). Volunteer engagement is shaped by a range of structural and social factors, including socio-economic status, race, gender, physical ability, and geographical location. Research highlights that these factors do not operate independently but intersect to create unique challenges for different demographic groups (Smith et al., 2021; Musick & Wilson, 2008). This section examines the existing literature on improving volunteer engagement. Given the limited research specifically focused on volunteer engagement within the field of health and social care (Hudson, 2021; Moghaddam et al, 2018; Fredriksen, 202; Woolford, 2021), the analysis will also draw on broader volunteer research that is relevant to this study. This approach allows for the identification of key factors and strategies that could be applied to the health and social care context, while highlighting gaps where further research may be needed.

8.1 Volunteer Retention

Broadly volunteer engagement involves both recruitment and retention, which are essential for building and sustaining a strong volunteer base. Recruitment is the process of attracting and bringing in new volunteers, while retention focuses on keeping volunteers engaged, satisfied, and committed overtime. In an in-depth analysis of volunteer recruitment and retention, Wymer and Starnes (2001) argued that recruitment and retention are inextricably linked; the two tasks form a self-reinforcing system. Poor recruitment practices could lead to accepting unqualified individuals and poor performing volunteer matches, which results in a high turnover environment that is demoralising for those who stay. Conversely, good recruitment practices improve the likelihood of retention, and good retention strategies reduce the need for continued (and costly) recruitment (Wymer & Starnes, 2001, pp. 66–67). Arnon et al. (2023) further expand on the idea of retention through the concept of "engageability," which refers to the ability of volunteer-employing nonprofit organisations to engage, motivate, and manage

volunteers in a way that maximises their potential and sustains the volunteering human resource.

The concept of engageability complements two well-established frameworks: volunteerability (which considers motivations and barriers as per the sections above) and recruitability (Arnon et al., 2023, p. 1633). Reflecting this, Shachar et al. (2019) argue that much of the existing research on volunteering focuses on its antecedents or consequences, while the actual management and practices of volunteer engagement remain a "black box." Literature that does exist often focuses on improving volunteer engagement, much of it framed within management theory (McBey, 2017; Hudson, 2021; Mullen, 2021; Einolf, 2018).

The issue of volunteer retention is particularly critical, as many nonprofit organisations struggle with volunteer shortages (Curran et al., 2016). The NCVO survey (2023) found that volunteers who are unlikely to continue volunteering tend to cite practical, rather than experiential, reasons for doing so. Over a third (37%) of those unlikely to continue volunteering mentioned "having less time due to changing circumstances" as a reason. Only 10% reported they would stop volunteering due to dissatisfaction with how their volunteering is organised or managed. Reasons relating directly to the volunteer experience and management were less frequently mentioned; only 8% cited not being happy with the way their volunteering was managed as a reason for being unlikely to continue. However, those who said they were dissatisfied overall were much more likely to cite this reason (30%) than those who were satisfied (4%). The same survey also found that 69% of global majority volunteers said that they were fairly or very likely to continue volunteering compared to 77% of volunteers demonstrating a potentially higher dissatisfaction rate. Of course, it is worth noting that some people may not have felt comfortable to be truthful or to disclose reasons why they were dissatisfied with a voluntary organisation for fear of looking unsupportive or uncharitable.

Literature also shows that effective retention strategies go beyond mere engagement; ensuring that volunteers feel valued, supported, and connected to the organisation's mission. Key strategies that will be explored in this section include providing meaningful roles, recognising contributions, offering

opportunities for skill development, and fostering a sense of belonging (Brudney & Meijs, 2014). Bortree and Waters (2014) suggest that increasing volunteer engagement requires nonprofit leaders to design volunteer roles around meeting volunteers' needs, which, in turn, fosters engagement and enhances sustainability. Similarly, Chiniara and Bentein (2016) propose that leaders who prioritise empowerment over power-driven and self-interest leadership styles cultivate a culture of trust, motivation, and improved volunteer performance. Successful retention strategies must also consider intersectional factors such as race, age, class, ability, and gender to create a truly inclusive and welcoming environment (Musick & Wilson, 2008; Bortree, 2014; Stefanick, 2018).

8.2 Aligning Roles to Motivations

A key strategy for volunteer retention is ensuring that roles are both meaningful and aligned with personal motivations. Volunteers are more likely to remain engaged when they see a tangible impact from their work and feel that it resonates with their interests and values (Lorente, 2024; Fernandes & Matos, 2023). This is especially important when considering intersectional factors, as different demographic groups often have distinct motivations for volunteering (see Section 2.0). For example, older adults may be drawn to volunteering for social connection and a sense of purpose in retirement, while younger volunteers may prioritise skill development and career advancement (Sellon, 2014). Similarly, migrants may seek community-focused roles that foster a sense of belonging in their new environment (Handy & Greenspan, 2009). However, engagement levels can vary within these groups. Sellon (2014) found that while formal volunteering is often promoted for older adults due to its physical and emotional health benefits, those from underrepresented backgrounds are less likely to participate and may miss out on these advantages. To address this, a review of best practices for engaging older adults in formal volunteer work highlighted seven key strategies: personal invitations, role flexibility, stipends, social interaction, staff support, meaningfulness, and recognition (Sellon, 2014, p. 437). By contrast, Carolissen (2022) found that leadership quality was the most significant factor influencing student volunteers, with efficiency, support, and growth opportunities playing a crucial role in their engagement.

Misalignment between a volunteer's motivations and their assigned role can lead to dissatisfaction and disengagement. For instance, an older volunteer placed in a remote or work from home role with little social interaction may lose motivation, while a younger volunteer looking to enhance their CV might feel frustrated in a social but repetitive role with limited training opportunities. By understanding these diverse motivations, organisations can design roles that better cater to volunteers' needs, enhancing retention and ensuring that individuals find value in their contributions. Likewise, organisations can refine their recruitment strategies by targeting volunteers whose goals align with the roles they offer.

8.3 Creating an Inclusive and Supportive Volunteer Community

Similarly, creating an inclusive and accessible volunteer environment is another vital retention strategy. Building a strong sense of community and belonging is integral to volunteer retention. Research has shown that volunteers who feel socially connected within an organisation are more likely to continue their involvement (Wakefield, 2022). When volunteers feel they are part of a cohesive team or community, it enhances their commitment and satisfaction, as they are more likely to perceive their role as meaningful. Studies have shown that these social factors can make volunteers become more engaged in volunteer activities (Mcdougle et al., 2011). In the study of Kragt et al. (2018) on emergency services volunteers, camaraderie or belonging to a team is one of the most common reasons for becoming a volunteer.

Creating a culture of collaboration and mutual support ensures that volunteers have a space where they can develop meaningful relationships with their peers and leadership, which reinforces their commitment to the organisation. Furthermore, literature highlights the importance of recognition within these community-building strategies. Volunteers who receive positive reinforcement and acknowledgement for their contributions are more likely to feel a sense of belonging, making them less likely to disengage. This is supported by studies such as those by McDougle et al. (2011) and Haski-Leventhal et al (2020), which stress the critical role of social connections and leadership support in enhancing volunteer retention.

Implementing measures to support volunteers' individual needs is crucial for encouraging retention. Volunteers with disabilities, for instance, may encounter physical or systemic barriers that limit their full participation in volunteer activities. Providing reasonable adjustments, such as accessible facilities, flexible scheduling, and assistive technology, ensures that all volunteers can contribute effectively and remain engaged (NCVO, 2025; Volunteer Scotland, 2022). While some individuals may require remote roles, it is essential to assess each person's specific needs. For example, within the disabled community, 1.4 million people do not use the internet (NCVO, 2024). As a result, organisations may need to offer support in facilitating internet access, which could, in turn, encourage long-term volunteering.

Literature also shows that volunteers' mental health and wellbeing needs to be supported to ensure volunteer retention, this includes acknowledging the impacts of burn out and vicarious trauma[4]. The NCVO survey (2023) found that Since 2019, there has been an increase in the proportion of volunteers citing "It causes me too much stress" as a reason for not continuing, rising from 9% in 2019 to 14% in 2023. By 2023, an increasing number of volunteers reported feeling burdened by unreasonable expectations, potentially linked to fatigue and burnout from the pandemic years. These experiences appear to be contributing to heightened stress levels, which, in turn, are affecting volunteer retention (Trent, 2019). Additionally, factors such as inadequate training, role ambiguity, and younger age have been associated with higher rates of burnout and compassion fatigue - a more complex form of burnout that considers the emotional toll of caring for others (Morse et al., 2020).

To mitigate burnout, organisations can implement strategies such as fostering open communication, offering flexible arrangements, encouraging self-care, and recognising volunteer contributions, all of which help create a supportive and understanding environment (Community First Yorkshire, 2022). However, these general strategies may not be sufficient for volunteers with lived experience of

[4] Vicarious trauma is a psychological response to learning about or witnessing the trauma of others. It can affect anyone who engages with trauma survivors, such as doctors, therapists, and other professionals and volunteers (BMA, 2025 - https://www.bma.org.uk/advice-and-support/your-wellbeing/vicarious-trauma/vicarious-trauma-signs-and-strategies-for-coping)

the challenges faced by those they serve, as they may require more tailored support (Mind, 2025). Despite its significance, this aspect of lived-experience volunteer well-being remains underexplored in the literature.

8.4 Support, Training and Volunteer Growth

Volunteer training and development are essential for retention, as they ensure volunteers feel confident, capable, and valued in their roles. Proper training helps clarify responsibilities, reducing role ambiguity—one of the key contributors to volunteer dissatisfaction and burnout (Morse et al., 2020). Additionally, ongoing development opportunities, such as skills-building workshops and leadership training, enhance engagement by fostering personal growth and a sense of progression (Hopkins, 2022; NCVO, 2021). Research suggests that volunteers who perceive their roles as opportunities for learning and development are more likely to remain committed to an organisation (Newton et al, 2014; Benevene, 2020). Furthermore, well-trained volunteers tend to be more effective in their roles, leading to greater impact and job satisfaction, which reinforces their motivation to continue (Studer & von Schnurbein, 2013). By investing in structured training and development programs, organisations can create an environment where volunteers feel supported and empowered, ultimately improving long-term retention.

8.5 Expenses and Financial Support

As discussed in previous sections, the cost-of-living crisis has become a significant barrier to volunteer engagement, as more individuals prioritise work and financial stability over unpaid commitments. Within this context, Stefanick et al. (2018) explored volunteer retention in an era of precarious employment, finding that unstable work contracts and shift work present major obstacles to sustained volunteering, challenges that will likely continue to impact retention rates. Similarly, NCVO's Time Well Spent research (2023) highlights growing financial concerns among volunteers, with the proportion of individuals worried about out-of-pocket expenses rising from 5% in 2019 to 14% in 2023. Recognising these financial barriers, Volunteer Scotland's best practice guide (2025) emphasises that "ideally, volunteers should never be out-of-pocket while volunteering. You should also never assume that individuals can afford to

volunteer. You should always look for different ways to encourage people to claim volunteer expenses. Remember that reimbursing volunteers' out-of-pocket expenses (including travel) is key to making any volunteer experience more inclusive and to ensure retention." Additionally, research by Yoo and Urrea (2024) suggests that investments in technology and financial stipends are among the most effective strategies for enhancing volunteer productivity. This indicates that nonprofit organisations should prioritise resource allocation toward supporting volunteers, as modest financial investments can significantly improve engagement and retention.

Implementing the volunteer retention practices recommended in the literature requires both time and financial investment. Providing adequate training and support demands staff capacity, while addressing challenges such as vicarious trauma, particularly for volunteers with lived experience, may necessitate interventions like clinical supervision or peer support. Therefore, volunteers should not be viewed as a cheap, quick-fix solution but rather as part of a long-term capacity-building strategy that benefits both the organisation and the volunteers themselves. As NCVO (2025) states, "financial investment in volunteering is not just a cost but an investment in the future. By enhancing the volunteer experience, increasing inclusivity, and building community trust, organisations strengthen their ability to achieve their mission.

9.0 Key messages

This scoping literature review, on the evolving volunteer health and social care landscape nationally and regionally within Cambridgeshire and Peterborough, raises several key messages. These are:

- Since Covid-19 volunteerism has been on a steady decline, whilst the reasons are multifactorial, they are strongly related to increasing inequality and reduction in available free time.

- Motivations to volunteer are intrinsically connected to sociodemographic and individual lifestage.

- Volunteering is strongly associated with individual and community benefits, but not all groups will experience these benefits equally as some are more likely to face barriers to volunteering.

- When multiple forms of disadvantage, such as race, gender, disability, or socioeconomic status, intersect, they can compound and intensify the challenges individuals face to volunteer.

- Intersectional approaches are required when analysing the barriers people face to volunteering and in designing solutions to overcome them.

- The diverse communities and socio-economic variation that makes up Cambridgeshire and Peterborough will require diverse approaches to strengthening and widening its health and social care volunteer base.

- Implementing measures to support volunteers' individual needs is crucial for encouraging retention.

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