ALIGNS volunteer workstream

Literature Review

Title: The Value of the Voluntary Sector Microbiome in Integrated Care Systems

Reference: Leyshon C, et al. National Association for Voluntary and Community Action (2025)

Summary: Exploring how the 'microbiome' of the smallest, often unregistered, voluntary and community groups can be supported in the new landscape of public service design and delivery in England.

Key themes:

- While lived experience from community groups is invaluable in shaping services and tackling structural issues like housing or transport, integrating these voices remains a challenge. Often, participation depends on residents attending formal meetings organised in the working day by local authorities or NHS bodies, without support for time off work, travel time and costs, or caring responsibilities—barriers that exclude many community members.
- Small-scale voluntary organisations delivering community activities (e.g. chat cafes, hobby groups, community fridges, support for mental health, to name but a few) are different to large anchor organisations or voluntary sector alliances with some permanent staff participating in service delivery, strategy discussions and commissioning.
- 80% of registered charities are small or micro (less than £10k income) plus an additional unregistered 335,000 in the microbiome
- Thinking about the VCSE as a microbiome supports commissioners and ICBs to use systems thinking (an approach which avoids isolating a problem to just one factor and understanding as the outcome of many factors)
- Lived experience from community groups invaluable in shaping services, but integrating these voices a challenge

Innovation is critical. Bravery is a prerequisite. Some long-held assumptions about how things work will have to be let go of. But if we get it right, this is also a once-in-a-generation opportunity for individuals, communities, and voluntary sector organisations of all shapes and sizes nationwide to play an active part in improving the quality of life for all

Title: Trained volunteers to support chronically ill, multimorbid elderly between hospital and domesticity – a systematic review of one-on-one-intervention types, effects, and underlying training concepts

Reference: Goehner et al. BMC Geriatrics (2019)

Summary: Objectives of this systematic review were to (1) identify evaluated approaches with trained volunteers supporting chronically ill, multimorbid elderly oneon-one at the interface between hospital and domesticity; (2) investigate the patient-related effectiveness of the approaches; (3) present the characteristics of the supporting volunteers; and (4) present the underlying teaching and training concepts for the volunteers.

Key themes:

- Few studies exist that have evaluated one-on-one-volunteer support following hospitalization, and the effects are inconsistent.
- There's a clear evidenced need for addressing incoming health challenges with an ageing population
- The interface between inpatient and outpatient care of the elderly with multimorbid or chronic conditions requires special attention, as risk factors and a lack of supportive resources can lead to a discontinuation of care and, as a consequence, to hospital readmissions.
- A lack of systematic knowledge on whether, and how, chronically ill, multimorbid elderly can benefit from one-on-one support by trained volunteers at the interface between hospital and domesticity.
- The main implication of the review findings is that psychosocial–coordinative support, physical– cognitive activation, and assistance with medication intake may be effective volunteer-based interventions in the one-on-one support of multimorbid, chronically ill elderly at the interface between hospital and domesticity (offered by a non-formalized volunteer service).
- Needs-oriented emotional, informational, and instrumental support offered through 4 30-minute phone calls during the intervention period (following a hospital stay). (in the event that ambiguity arose, support was offered in consultation with professionals.) These showed small to medium positive effects on anxiety and colorectal symptoms.
- Following a hospital stay, weekly home visits by volunteers, each lasting 2–4 h (with support including organizational support (e.g., accompanying patients to a doctor's visit, providing bureaucratic support, and aiding in the search for professional support), psychosocial support (e.g., emotional/social support through conversation) and leisure activities (e.g., walks or sports)) showed small to medium positive effects on social participation, self-efficacy expectations and the need for support.
- Volunteers completing two home visits per week (after a hospital stay), each lasting about one hour, wherein volunteers offered standardized activation, comprising physical training (warm up, six standardized strength exercises with an elastic band, and repetitions, individualized as required), a nutritional program (a discussion of one nutritional issue at each home visit), and social support (conversation or cognitive training) - showed medium positive effects on fear of falling, quality of life (activities), physical activity, and physical performance.
- Weekly home visits by volunteers (in a domestic setting), wherein they assisted with a videotape with warm-up exercises, which included 11 strengthening exercises using thera-bands, a cool-down, and cognitive behavioural strategies (e.g., a motivational video), had a positive effect on (health-related) quality of life.
- Weekly physical training by volunteers comprised of 15 standardized exercises also confirmed positive effects on (health-related) quality of life and physical functioning.
- Two studies evaluated assistance with medication intake following a hospital stay. One was based on three home visits (each lasting about 2 h) and three phone calls (each of about 0.5 h in duration). During the first home visit, the volunteer coached the participant using a manual and reminder sticker. During second and third home visits, participants were reminded of their prescriptions and safety behaviours. Support for prescription adherence was also offered through phone calls. This resulted in small to medium positive effects on medication safety knowledge, and several components of medication safety behaviour.

- In the other study evaluating assistance with medication intake following a hospital stay, volunteers offered participants an in-hospital visit at discharge day, followed by weekly, manualized telephone calls (each lasting about 15 min). At the hospital, the volunteers reviewed the patients' medications and advised each patient to schedule appointments with their cardiologist. Within 24–48 h after discharge, the first phone call took place, and the patient's progress and results were shared with the cardiologist. This intervention showed small to medium positive effects on readmission for heart failure.

Title: Care co-ordination for older people in the third sector: scoping the evidence

Reference: Abendstern M, et al. Health and Social Care in the Community (2018)

Summary: Key findings included that:

- a minority of literature focused specifically on older people and that those doing so described only one care co-ordination approach;
- third sector services tended to be associated with independence and person-centred practice;
- and working with the statutory sector, a prerequisite of care co-ordination, was challenging and required a range of features to be in place to support effective partnerships.

Key themes:

- Papers describing agency-directed care co-ordination activities described a variety of services. They included those that undertook all or a wide range of care co-ordination activities and others that stated that co-ordination was just one of the services undertaken.
- Describing agency-direct services, one survey of care management agencies noted that care managers undertook 'functional, social and financial assessments; ongoing monitoring; evaluation for community-based care or institutional placement; planning, referral and co-ordination of services; assistance with form completion; and hiring/monitoring of staff from other agencies' Other studies noted a variety of activities ranging from the provision of comprehensive information, interpretation of policy, support for those appealing decisions, mediation and pre-presentation assessment, care planning, brokerage and advocacy; and selecting and supervising 'enabling volunteers' to provide direct support and introduce clients to new services. Where outcomes were reported, these tended to be positive with agency-directed and SDS third sector service input resulting in improvements in a range of quality of life measures.
- One paper found that a particular element of their service ('enabling volunteers' providing information, advice, companionship and support) resulted in high levels of take-up of a range of support services, while another resulted in anecdotal evidence of a reduction in the use of intensive services, with their inherent costs, as a result of the preventative services being evaluated.
- In one paper, formal networks (of which third sector services were a part of) were found to have reduced emergency hospital admissions.
- Where the literature considered the views and experiences of older people, it was reported that they valued services that targeted them specifically and that provided

long-term support with a named worker. It has been noted previously that older people's experience of social care services is poorer when they are not tailored to them.

Title: Allied Health Professions - Quick guide to volunteering

Reference: AHP quick guide to volunteering.pdf

Key themes:

- Over and above having clearly defined roles and procedures for volunteers, the need for integrated models of care was mentioned. This would involve the development of integrated models of care combining different workforces (i.e. professionals and volunteers). A way of clarifying roles involved applying the following criteria to the design of job roles:
    - Action that, depending on the level of patient need, may require skilled therapy/nursing input at one end of the continuum; to assistance provided by volunteers with appropriate competencies, at the other end. (for example, mobilisation, feeding).
    - Action that offers scope for volunteers to enhance care practices while stimulating practice change toward providing holistic care to patients (engaging in social and stimulating activities for which volunteers can offer a unique contribution).
- It was also important to clarify issues like 'patient information sharing' between staff and arrangements for selecting patients to be seen by volunteers.

Title: Expanding volunteering roles to create career opportunities

Reference: NHS Employers (2023), Expanding volunteering roles to create career opportunities.

Summary: Bradford District Care NHS Foundation Trust used volunteers to support their allied health professionals, offering a first step into an NHS career.

Key themes:

- During the volunteer recruitment process the trust engaged with local communities, which is crucially important when working within an area of high deprivation levels and a large amount of diversity
- Volunteers were able to 'try before you buy' and see which career might suit them in the future. If they had directly entered through a job application, they might have decided the role was not for them and have left the NHS, but the flexibility of volunteering allowed them to see what roles suited them.
- The trust was surprised to find the positive impact that this had on staff beyond the practical support that volunteers can offer. Staff who worked with volunteers enjoyed supporting them with that first step into an NHS career and took an active role in supporting and mentoring.
- The trust originally noted some resistance from certain members of staff who were concerned about the practical aspect of having a volunteer in their team and how safety would be maintained. Beyond the element of formal training, it was also beneficial that many staff had worked with volunteers before and championed the advantages they can bring to their colleagues.

Title: The Third Sector in Integrated Care: Partner, Provider, or Both?

Reference: Nelson MLA, et al. International Journal of Integrated Care (2022)

Summary: Participants at the World Café workshop at the 2023 International Conference on Integrated Care explored perspectives on the overarching question: *How do we characterize the role of the Third Sector in Integrated Care Systems? Are they Partners, Service Providers, Both or Neither?* The discussion was organized around two predominant questions: i) What role do TSOs currently play in your integrated care systems or services? ii) What are some facilitators and barriers to engaging with TSOs, and what examples can you share with us?

Key themes:

- Meaningful engagement within integrated care is possible but requires attitudinal shifts, new working methods, rebalancing power within the relationships, and sufficient resources to support the collaboration.
- Creative approaches to facilitating positive engagement of TSOs within integrated care systems can address long-standing barriers and misunderstandings.
- Sharing and learning through research, evaluations, and networks is essential to achieve integrated care systems based on trust and committed collaboration.

Title: Examining the Role of Third Sector Organization Volunteers in Facilitating Hospital-to-Home Transitions for Older Adults – a Collective Case Study

Reference: Nelson MLA, et al. International Journal of Integrated Care (2024)

Summary: With increasing attention to models of transitional support delivered through multisectoral approaches, third-sector organizations (TSOs) have supported community reintegration and independent living post-hospitalization. This study aimed to identify the core elements of these types of programs, the facilitators, and barriers to service implementation and to understand the perspectives of providers and recipients of their experiences with the programs.

A collective case study collected data from two UK-based 'Home from Hospital' programs. An inductive thematic analysis generated rich descriptions of each program, and analytical activities generated insights across the cases.

Key themes:

- Studies included supported older adults (55+) transitioning home from the hospital post-discharge and recruited volunteers from their respective communities to support the clients.
- The programs were designated as time-limited services, lasting up to eight weeks from time of discharge from hospital. Services were provided within the clients' homes and communities. Each intervention was tailored to the goals and needs of the clients to support their return to independence and social participation.
- Services provided in Program 1 included shopping, light housework, aid to attend healthcare appointments, collecting prescriptions, emotional support, and signposting to other services.
- Services provided in Program 2 included assistance with meal making, dog walking, gardening, shopping, collecting prescriptions, transportation to appointments, seated exercises, and befriending.
- Participants in both programmes reported feeling more supported through the services provided by volunteers

- As part of intake, clients underwent risk assessments, including health and well-being assessments at home and environment/safety checks.
- A key finding of our research was the value older adults placed on not relying on family and friends to meet these needs and the perception that this benefited their family members.
- Participants from one program identified the program's effect on reducing social isolation and, consequently, hospital readmissions.
- In the context of strained health system resources, this study contributes evidence that TSOs and their volunteers can provide many of the non-clinical aspects of care essential to successful hospital-to-home transitions consisting of psychosocial-coordinative support, physical-cognitive activation, and assistance with medication administration.
- Volunteer-based interventions can effectively extend the reach of public sector-funded services and provide programs and services most responsive to the needs of their community members.
- Volunteers within TSOs are most often from the communities they serve and thus possess a unique understanding of the needs of their community members as well as community resources. Additionally, with knowledge of the available community assets, volunteers are well-positioned to match older adults to community resources required to live independently and with meaning.
- Volunteers in our study also provided peer support grounded in their own lived experiences. The benefits of peer-client relationships based upon shared experiences have been found to validate the recipient.

Title: Frail2Fit study protocol: a feasibility and acceptability study of a virtual multimodal intervention delivered by volunteers to improve functional outcomes in older adults with frailty after discharge from hospital

Reference: Meredith SJ, et al. BMJ Open (2023)

Summary: We aim to evaluate the feasibility and acceptability of training hospital volunteers to deliver an online intervention, comprising exercise, behaviour change and nutrition support, to older people with frailty after discharge from hospital.

Key themes:

- Hospital volunteers were trained to deliver an online, 3-month, multimodal intervention to frail (Clinical Frailty Scale ≥5) adults ≥65 years after discharge from hospital. Outcome measures were primarily the feasibility and acceptability of the intervention and secondarily included physical function, appetite, well-being, quality of life, anxiety and depression, self-efficacy for managing chronic disease and PA. Outcomes were measured at baseline, 3 months and 6 months.
- Only protocol – no results within the literature – not yet published?

Title: Reablement services for people at risk of needing social care: the MoRe mixed-methods evaluation

Reference: Beresford, B, et al. Health Services and Delivery Research (2019)

Summary: To describe reablement services in England and develop a service model typology; to conduct a mixed-methods comparative evaluation of service models investigating outcomes, factors that have an impact on outcomes, costs and cost-effectiveness, and user and

practitioner experiences; and to investigate specialist reablement services/practices for people with dementia.

Key themes:

- Reablement is an intensive, time-limited intervention for people at risk of needing social care or an increased intensity of care. Differing from home care, it seeks to restore functioning and self-care skills.
- Significant improvements in mean score on outcome measures were observed at 6 months post discharge for self-reported functioning only.
- Service users expressed satisfaction with reablement and identified two core impacts: regained independence and, during reablement, companionship.
- Despite some areas of dissatisfaction with the practicalities of service delivery, our interviewees were typically extremely positive about their experience of receiving reablement and the outcomes it achieved. The role of reablement workers in motivating service users, encouraging them to take responsibility and giving them confidence, and the impact on reablement outcomes, is reported.
- Regular home visits by, typically, a positive and friendly workforce were often enjoyable. For some service users, the visits addressed an issue of loneliness and social isolation. Importantly, data reveals that the nature, or quality, of relationships with their reablement workers was identified as having an impact on service users' engagement with the intervention, matching with other studies where worker/therapist–user/patient relationship plays a significant role in securing engagement with an intervention.

Title: A realist evaluation of social prescribing: an exploration into the context and mechanisms underpinning a pathway linking primary care with the voluntary sector

Reference: Bertotti M, et al. Primary Health Care Research & Development (2018)

Summary: Evaluates a social prescribing pilot in the areas of Hackney and City in London, unpacking the contextual factors and mechanisms that influenced the development of this pilot for the benefits of GPs, commissioners and practitioners.

Key themes:

- Although social prescribing shows significant potential for the benefit of patients and primary care, several challenges need to be considered and overcome, including 'buy in' from some GPs, branding, and funding for the third sector in a context where social care cuts are severely affecting the delivery of health care.

Title: HOspitals and patients WoRking in Unity (HOW R U?): telephone peer support to improve older patients' quality of life after emergency department discharge in Melbourne, Australia—a multicentre prospective feasibility study

Reference: Lowthian JA, et al. BMJ Open (2018)

Summary: The objectives of this study were to ascertain the feasibility and acceptability of the HOW R U? programme, a novel volunteer-peer post discharge support programme for older patients after discharge from the emergency department (ED).

Key themes:

- Peer support was delivered by a trained hospital volunteer through weekly telephone calls, within 72hours of discharge home, for up to 3 months.
- Many participants liked the convenience of telephone support (as opposed to having in-person commitments)
- Overall, participants acknowledged that taking an interest in people who may be socially isolated, lonely or showing symptoms of depression can really make a difference.
- At the end of the 3-month study, it was observed that 53% of participants experienced a statistically significant reduction in the level of loneliness, 68% of participants experienced statistically significantly fewer depressive symptoms and while 59% of participants experienced an increase in health-related quality of life, this was not statistically significant.
- The positive feedback echoes findings from an evaluation of UK's Call in Time telephone 'befriending' service for older people; indicating a major impact on quality of life, with participants reporting that they felt a sense of belonging, that life was worth living and they valued knowing that 'there's a friend out there'.

Title: Supporting discharge using a volunteer scheme

Reference: Rivers, S. (2015). Nursing Times, 111 (23/24), 22.

Key themes:

- Volunteers work alongside NHS staff on wards to identify patients who would benefit from support on discharge; volunteers help facilitate the discharge process, including preparing their homes in advance of arrival (heating and lights on and kitchen essentials).
- volunteers can offer companionship and carry out simple tasks such as helping with shopping, collecting prescription medication and providing transport to medical appointments.
- The volunteers aim to help rebuild older people's confidence, enabling them to pick up the reins of their old lives. Volunteers can refer on to other services and help plan longer-term social and practical help, for example suggesting community transport, repairs, adaptations and benefits advice.
- Six week service, then get support through good neighbours scheme
- Only 8% of patients re-admitted to hospital within 60 days (compared to 15% national average)

Title: Partnership working across sectors: a multi-professional perspective.

Reference: EL-FARARGY, N., 2019. Partnership working across sectors: a multi-professional perspective: Managing Community Care. Journal of Integrated Care, 27(4), pp. 328-345.

Key themes

- Majority of respondents from NHS; experience of working with the third sector positively highlighted, however there were limited opportunities to fully engage. Formal education and training welcomed – workforce development needs mostly related to fostering relationships and building mutual trust.

- Benefits of working with the third sector included increased flexibility, utilising links with communities and strengths based approach to care, can do attitude, knowledge of local communities
- Some challenges highlighted around funding for third sector and stability of services and if they have been 'approved' by NHS
- Enabling cross sector working could be achieved through better information sharing, shared learning, networking opportunities, agreeing shared outcomes/goals.