The management of volunteers supporting patients with dementia and cognitive impairment on acute hospital wards: developing the NURTURe model.

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Abstract

Volunteers are widely used in hospital NHS Trusts to provide support to patients with dementia on acute hospital wards. There appear to be variations across organisations in how volunteers are managed with little recognition of this unique context.

This paper will describe the development of the NURTURe model to manage volunteers who support these patients. The design is developed using systems theory and findings from PhD research exploring the role of volunteers in this setting. Methods include qualitative in-depth, one-to-one and dyadic semi-structured interviews, and reflective diaries. Managers, staff, volunteers, former volunteers, patients and carers were recruited from a large NHS hospital trust in England and participated in a single interview. Volunteers kept a reflective diary following the interview. A thematic analysis was undertaken of the data.

The NURTURe model is an alternative approach to managing hospital voluntary services in this setting. It considers leadership; communication; the needs of volunteers, patients, carers, ward teams and the wider organisation; funding; and protecting the rights of paid workers. It has successfully underpinned the management of a youth volunteer project in this setting.

implications for practice

- hospital volunteers occupy a variety of roles which can be managed by Registered Nurses
- The NURTURe model is a new way of managing hospital volunteers in acute dementia care wards
- staff, patients, and carers can receive extra support from volunteers managed by the NURTURe model
- addressing the needs of stakeholders in this setting has the potential to improve ways of working, and maximise volunteer retention
- the model components address the safety concerns expressed from a multi-stakeholder perspective

Background

There are an estimated 3 million volunteers working in health and social care in England (Galea et al, 2013). Approximately 78,000 volunteers work in hospital trusts in England contributing more than 13 million hours per year (Galea et al, 2013). Volunteer numbers in each trust vary between 35 to 1300 volunteers, averaging 471 volunteers per trust (Galea et al, 2013). Recent initiatives by organisations such as Helpforce (2018a) and Step-up-to-Serve (iwill.org, 2019) aim to encourage hospital volunteering.

The essential characteristics of volunteering are that it should be formally organised (Ellis Paine, Hill, and Rochester, 2010): not be undertaken primarily for financial reward; undertaken without

coercion; and the activity should benefit someone other than the volunteer (Davis Smith, 1999). Hospital volunteers are recruited to work in a variety of roles, these include ward and clinic assistance; signposting, guidance, and 'meet and greet'; hospitality and activity support entertainment, and providing administrative support (Galea et al, 2013). They receive mandatory training in manual handling, values and behaviours, bullying and harassment, fire safety, infection prevention, safeguarding vulnerable adults and children, information governance, health and safety, and mealtime assistance (Charalambous, 2014).

There is a need for hospital patients with dementia to engage in occupation and social interaction to maintain personhood, avoid loneliness and boredom, and prevent delirium (NICE, 2010). Volunteers are well situated to facilitate psychosocial interventions, such as assisting older people with cognitive impairment in general hospitals with activities (Gladman et al, 2012). There is a well-established evidence base to support the Hospital Elder Life program model (HELP) which involves volunteers as part of a multi-component, non-pharmacological approach to prevent delirium (Hshieh et al, 2018).

However, there are arguments against wide scale recruitment of members of the public interacting with patients in this setting around safeguarding risks. Undoubtedly, there are people who should not be allowed to volunteer with vulnerable patients. Indeed, in the aftermath of the Jimmy Savile case, The Lampard Inquiry highlighted the need for stringent management of volunteers in NHS organisations to safeguard patients, including screening and careful recruitment procedures (Lampard & Marsden, 2015). Risks around deploying volunteers as a cost cutting exercise could impact on the job security of paid staff. Nevertheless, volunteering is seen as a growth area (Galea et al, 2013).

Volunteers are currently managed mainly through two recognised models: 'home-grown' and 'modern' (Zimmeck, 2000). The home-grown model is informal, based on shared values and ideals, equal distribution of authority, and with an emphasis on enjoyment (Zimmeck, 2000). In contrast, the modern model is formal, structured, with bureaucratic rules, policies and procedures; it operates with direct, formal control, is process based, places an emphasis on risk management and the division of specialist labour, and volunteers are subordinate to employees in this hierarchical structure (Zimmeck, 2000). The modern management model for hospital voluntary services is more suitable for large organisations (such as the NHS), as trusts strive to manage large numbers of volunteers in risk averse cultures. There appears to be a trend for organisations to use a formal model of volunteer management more suitable to the management of paid employees (Rochester, Ellis Paine, and Howlett, 2010). A key driver for this is the need for organisations, especially public services, to demonstrate effectiveness to access further funding for services (Rochester, 2006).

The modern management approach has three components: standardisation, formalisation, and 'professionalization' (Zimmeck, 2000). It is characterised by policies and procedures; job descriptions; Disclosure and Barring Service (DBS) checks; formal training; and an increased level of audit, monitoring, and surveillance (Zimmeck, 2000).

The need for a new model of management arose from clinical work (Charalambous, 2014) and PhD research findings.

Methods

The aim of the study was to understand volunteerism in the care of people with dementia and cognitive impairment in acute hospital wards from a multi stakeholder perspective. The study was underpinned by an interpretivist approach which recognises that individuals construct meaning which is socially and culturally bound in a specific context (Berger and Luckman, 1967).

Potential participants were identified by staff and through paper and email letters of invitation, and information packs. Posters and flyers were displayed in public ward areas. Those who expressed an interest were asked to make contact directly by telephone, email, post, via a member of staff, or in person. Ethical approval was granted by Yorkshire & the Humber - Bradford Leeds Research Ethics Committee on 13th January 2017 [Ref: 16/YH/0498] and informed consent obtained from participants. The final number of participants recruited was as follows:

Participant interview	**Number**
Management	8
Ward based staff	11
Volunteers	14
Former volunteers	1
Dyads (patients and carers)	2
Individual carers	5
Total number of participants	43
Total number of interviews	41
Currently active volunteers recording diaries	8

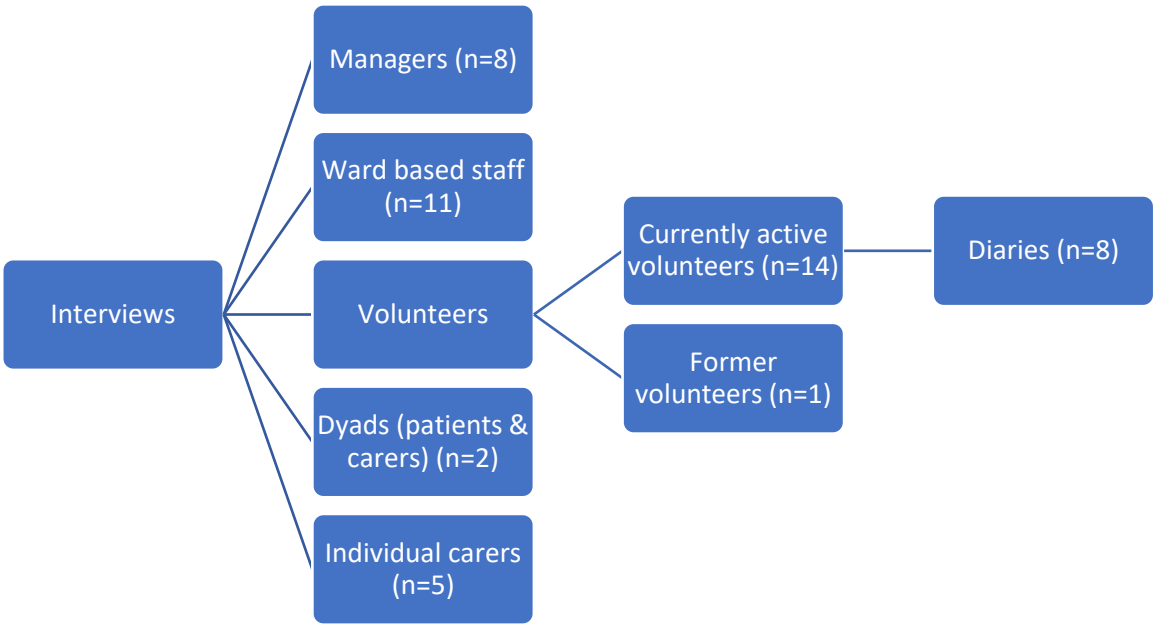

Diagram 1: number of participants

Prior to obtaining consent, patients were assessed using the Mental Capacity Assessment (MCA, 2005). Consultee agreement was not required as both recruited patients were assessed as having capacity. Data collection tools included interviews and diaries. Interviews are purposeful

conversations which aim to collect information about a particular topic (Leonard, 2003) by accessing the thoughts and perspectives of participants. Diaries are used as a research tool for participants to regularly complete a firsthand, detailed, and contemporaneous account with the intention of capturing experiences and events over a period of time (Symon, 1998). Minimal details of participants were recorded as characteristics (such as age) were not considered to impact on their ability to provide support because of the recruitment and selection process. All participants were invited to a single semi-structured interview with currently active volunteers only invited to keep a reflective diary following the interview (n=8). All interview and diary data were transcribed and analysed using thematic analysis (Braun and Clarke, 2006). The main themes identified were the environment, image and identity, role and ways of working.

Findings

Firstly, the findings highlighted the challenging environment in which volunteering took place,

'I think it's not easy to walk into a ward as a volunteer first off and try and work out where you fit into this…jungle.' (Gladys, Volunteer).

The role and ways volunteers work were valued by participants, but there was a recognition that the service must be carefully managed to address potential risks,

'You have to handle it, you've got to be careful' (Olive, Manager).

Managers highlighted the potential for improving the service, including accessing funding; developing a collaborative and long term strategy to understand the needs of key stakeholders and streamline the service; and developing the role by increasing volunteer integration, offering information and support to staff, and further volunteer training. Volunteers were motivated by altruistic, social, and other reasons. They were both motivated and deterred by the opportunity to support frail older people with dementia.

'…being able to help […] really makes me glad to be a volunteer' (Ella, Mealtime Volunteer Diary).

'I noticed that after five minutes he started to repeat himself […] I was left feeling that I hadn't done an awful lot of good, but I suppose I hadn't done any harm either […] an enjoyable chat but for the umpteenth time I wondered what I was doing there' (Leo, Volunteer Diary).

Secondly, the image and identity of volunteers were seen as of value, providing an opportunity for patients and carers to access extra help and support. It appears that the longer volunteers work in the role, the more familiar and recognisable they become to staff,

'They're very much part of the team and they do help, considerably at times […] they came week in, week out, year in, year out, like anything else, you build your bond and your trust […] and they just become part of our [name of ward] family' (Lily, Ward Staff).

Volunteers were seen as a type of friend to patients, a relationship different to that of a clinician or family member. The diversity of volunteer demographics, including age, was seen as contributing to how they were seen by others. Volunteers saw themselves as an advocate for patients. Wearing a uniform elicited a variety of responses, generating discussion about the influence on identity, with no universal agreement on whether or not it was beneficial or detrimental. Some volunteers had other identities which sometimes presented them with challenges when navigating their role.

Thirdly, the role and ways of working highlighted the complexities of volunteers in the team. Despite being described as 'The oil in the machine that's smoothed the working' (Greg, Manager), there were concerns over safety with participants highlighting the dangers of volunteers. Concerns expressed by managers included a loss of control over volunteers '…empires get grown and you can't, no one can infiltrate them' (Ivy, Manager), as well as staff '…you've got to be very careful although these people are giving their time freely, which is lovely, but you-you do have to screen them rigorously […] they come to work with our most vulnerable people' (Rose, Ward Staff).

Finally, motivations were found to vary between volunteers, and from the motivations of paid staff. Volunteers were mainly motivated by altruism, 'Today I fetched some hand cream and toothpaste for a lady in one of the side rooms. These little actions seem to make such a difference to the patients and they are often so grateful. Being able to help in such a way really makes me glad to be a volunteer' (Ella, Mealtime Volunteer Diary). they were also motivated by a need for social contact, 'Looking at four walls, and feeling down in the dumps, fed up with housework, gardening and shopping, so why not go down and take the dinners around to people who are worse off than me, 95% of the patients are nice, and the odd few grumpy ones cannot help it (we are all different) and I come out feeling ten foot tall, go home watch a bit of television and go to bed, feeling satisfied (and that's why I went on Tuesday)' (Shane, Mealtime Volunteer Diary).

The findings highlight the challenges of managing volunteers in this context, namely issues around the environment, role definition, motivations and expectations of volunteers and staff, funding and streamlining voluntary services with existing NHS services. In view of the models of volunteer management currently in use, there appears to be a need for a management model which addresses these findings.

The NURTURe model was developed to synthesise the findings. The design of the model is drawn from systems theory which has a wide range of applications across a variety of different disciplines, and has roots in natural sciences (Bertalanffy, 1950; Dekkers, 2017). It proposes that whole systems are made up of separate parts. Systems theory recognises that a system can be either open or isolated, the complexity and interdependence of relationships within it, and how the interacting and interdependent parts contribute towards the whole (Bertalanffy, 1950). Therefore the boundaries of this model are loose, being part of the wider hospital voluntary service and organisation, which means it is defined as an open system and so there can be an exchange of energy, resources, and information between the voluntary services and the wider organisation. This is important in view of the current national drivers to recruit more volunteers and may subsequently influence what happens at local level (Helpforce, 2019). The benefits include the potential to increase efficiency through the sharing of good practice.

The acronym NURTURe refers to each section of the model (Needs, commUnication, RighTs, fUnding, and leadeRship) (figure 1) to provide a comprehensive strategy with which to maximise and streamline voluntary services and facilitate the process of volunteers supporting patients in this context.

The model offers a holistic and contextualised approach to the management of volunteers in this setting. It considers the modern and home grown models of volunteer management (Zimmeck, 2000; Rochester, Ellis Paine, and Howlett, 2010), and builds on the guidance from NHS England (2017) on how to recruit and manage NHS volunteers by incorporating the principles of inclusivity, collaboration, and a culture of partnership (Public Participation Team NHS England, 2017). The components of the model align with the recommendations from King's Fund report on the role of volunteers in the NHS namely, that all NHS acute care trusts have an adequately resourced formal

volunteering strategy; be proactive in extending the range of current roles by learning from other trusts; ensure implementation of good practice guidance for recruiting and managing volunteers; ensure frontline staff are empowered and trained to have supportive working relationships with volunteers; develop clear lines of communication between staff and volunteers; clarify the supplementary role of volunteers; recognise and reward the contribution of volunteers (Ross et al, 2018).

Arguments against the claim for a new model of volunteer management to maximise effective voluntary services to provide extra support comes from Zimmeck (2000) herself who highlights the paradoxical relationship between theory and practice. She suggests that good theory does not always make for good practice, and good practice often has no theory at all (Zimmeck, 2000). Furthermore, as the decision to volunteer lies solely with the volunteer themselves, they are not driven by remuneration but a range of motivations, it is possible that any suggested model of management may have little or no influence over their decision to continue and no guarantee of success. Indeed, Rochester, Ellis Paine, Howlett (2010) warn against the drive towards increasing formalisation, fearing this will damage the spirit and characteristics of volunteering yet argue for the need to develop new models of volunteer management tailored to different contexts. In this setting there is undoubtedly a need to manage risk and to safeguard patients, staff, and volunteers yet the existing model is experienced by some volunteers as too bureaucratic.

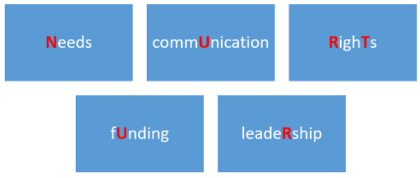

fig 1 the NURTURe model

The component parts which make up the whole systems model include:

Needs: of the wider organisation, ward teams, volunteers, patients, and carers. The logistics of how these needs are managed would be an iterative process and regularly evaluated to develop the service.

Firstly, the needs of the wider organisation, or hospital is assessed by management to determine how best to deploy volunteers. This might include extending current roles and areas of engagement including seasonal tasks, such as those tasks associated with winter pressures, and asking volunteers to work in those areas most in need in addition to their contribution to the support of older patients.

Secondly, the needs of ward teams can be determined at ward level between staff with the recognition that each ward will have different requirements, and decisions then made as a team to determine how this can be implemented in relation to volunteering.

Thirdly, an assessment of volunteer needs considers the range of individual motivations which drive each volunteer. One-to-one interviews at recruitment would determine what the volunteer wants from the experience, and what opportunities the organisation can provide to achieve this. This can be followed up at a mutually agreed time point with the voluntary services management team to ensure the aims are met.

Lastly, the needs of patients and carers will be assessed by clinicians as part of the nursing process and comprehensive geriatric assessment process (Welsh, Gordon, and Gladman, 2014) on admission, and throughout their hospital stay. Volunteers could then be assigned complementary, non-clinical

tasks tailored to each individual patient as an integral part of the care plan with the aim of enhancing patient recovery and potentially accelerate discharge.

Communication: includes establishing a universally agreed definition of volunteers and promoting the role and identity of volunteers across the whole organisation to inform all stakeholders of the nature of the voluntary service. In view of the lack of clarity of the image and identity of volunteers, and in view of the uncertainty over role boundaries, it is important that any new model is underpinned by good communication to achieve this.

Brand development affords one way of challenging and changing the image of volunteering. Despite the challenges in reaching a consensus (Rochester, Ellis Paine, and Howlett, 2010) and despite the possibility that patients with dementia, and carers may not fully comprehend the identity of volunteers due to personal barriers, there is the possibility that this could be maximised through effective communication strategies taught at staff and volunteer training sessions. For example, a universal understanding of what volunteers can and cannot do is likely to lead to a more streamlined way of working and subsequently maximise effective support for people with dementia in acute hospitals.

Rights: It is important that the rights of paid workers are considered when determining what tasks volunteers can do, how the volunteer role is implemented, and role boundaries. This would include the protection of accountable practitioners to ensure organisations develop volunteer roles and tasks which only include non-clinical work to maintain safety. Organisations must secure an assurance that rights of paid workers are protected, and comply with union and workforce regulations which state that volunteers should only be deployed to undertake supplemental activity, they are not a cost free option to paid staff, and they should not be used to replace the work of paid staff at times of industrial action (Unison, nd; Trade Union Council, 2009). Therefore, all components of the nurture model must be in line with employment law and trade union regulations (Unison, n.d; Trade Union Council, 2009).

Funding: This considers how the service is funded, future funding, and details around the costs of voluntary services. It is likely that details around costings would inform and support long term strategies for the voluntary service.

Leadership: would establish administrative management of volunteers, include recruitment, training, ongoing support, and consideration of workplace culture. One person could be designated as a facilitator to provide individualised support to volunteers at ward level. This would also include developing new volunteer roles, such as developing the role of mobility volunteers to increase physical activity of hospital patients, a role which is in need of further development and evaluation (Baczynska et al, 2016)

Discussion

The strength of this study is that it is real world research and, to the authors knowledge, the first study to explore the role of volunteers who support patients with dementia and cognitive impairment in acute hospitals from multi-stakeholder perspectives. It is well timed in view of current national drives to integrate volunteers into health and care services in England. One of these is to recruit and deploy tens of thousands of volunteers into acute hospital NHS trusts with the aim of improving the quality of healthcare services for patients, staff, volunteers, and organisations (Helpforce, 2018a). Other national projects include the step up to serve campaign which aims to engage more young volunteers (IWill.org, 2018). An increased number of hospital volunteers will inevitably have implications on the voluntary services infrastructure, resulting in extra

administration and management. This model has recently been used to design and implement a youth volunteer project and was successful in terms of recruitment and retention, as well as staff, volunteer, and patient satisfaction (Charalambous, 2020) and developing new roles (Charalambous, 2019).

Limitations to the study are, despite the efforts to recruit the planned number of participants, only one former volunteer and two patients came forward to be interviewed. To address this, currently active volunteers were asked to explore reasons why they might leave, and voluntary services were also contacted to explore why volunteers leave. As the study was advertised via gatekeepers and posters, it was not possible to determine the number of non-responders. It is possible that the views of those who chose to take part in the study were different from the views of those who chose not to. Nevertheless, the views of all those who participated were relevant.

Secondly, it is important to note that the author has been involved in volunteer services over a number of years as part of their clinical role, and continued to do so in the role of youth volunteer project manager while completing the thesis. Despite efforts to guard against bias by exercising reflexivity, it is possible that this may have subsequently introduced unconscious bias in the interpretation of the data. Only one researcher analysed the data which may have resulted in bias; however, supervisors oversaw the analysis.

Thirdly, the data were collected at a single site in a large teaching hospital and as such the views of stakeholders might differ from those in smaller or rural hospitals, hospitals in countries other than England, or those hospitals with less well established voluntary services.

Conclusion

In conclusion, hospital volunteers occupy a variety of roles to provide a range of services, one of which is to support acutely ill patients with dementia at mealtimes and through social interaction. Yet the findings of this study and current evidence suggests that there appears to be scope for improving the ways volunteers are managed in order to mitigate the risks and maximise the benefits of the service to ensure what happens in practice meets expectations. While it is also possible that any model may fail to promote effective management, it is possible that a move away from modern, formalised models of voluntary management towards a more bespoke model suitable to address the needs of stakeholders in this setting might improve ways of working, and so maximise volunteer retention. The NURTURe model proposes an evidence-based approach to hospital voluntary services for the support of patients with dementia in acute wards as it considers the rights and needs of stakeholders, communication, funding, and leadership. The model has been successfully implemented in a youth volunteer service and has the potential to be of benefit in a range of other voluntary services.

Current guidelines and policies do not appear to be evidence based but have developed in response to perceived need for supplemental support. National drives exist to deploy more hospital volunteers into NHS hospitals. In view of the different expectations of the service and lack of clarity around the role and identity of volunteers, there appears to be the potential to resolve identified tensions and improve the ways volunteers work by adopting a different approach to managing the service.

References

Babine, R.L., Hyrkäs, K.E., McKenzie, C.G., and Wierman, H.R. (2018). Mobilizing Older Adults: A Multi-site, Exploratory and Observational Study on Patients Enrolled in the Hospital Elder Life Program (HELP). Geriatr Nurs. 000(2018) 1-7 (in press)

Baczynska, A.M., Lim, S.E.R., Sayer, A.A., and Roberts, H.C. (2016). The Use of Volunteers to Help Older Medical Patients Mobilise in Hospital: A Systematic Review. Journal of Clinical Nursing 25(21-22): 3102-3112.

Berger, P.L. and Luckman, T. (1967) The Social Construction of Reality: A Treatise in the Sociology of Knowledge. Garden City, NY: Doubleday.

Bertalanffy, L.V. (1950) The Theory of Open Systems in Physics and Biology. Science, vol 111, pp. 23-29.

Braun, V. and Clarke, V. (2006) Using Thematic Analysis in Psychology, Qualitative Research in Psychology, 3:2, 77-101.

Charalambous, L. (2014). The Value of Volunteers on Older People's Acute Wards. Nursing Times, 110(43), 12–14.

Charalambous, L. (2019) "Fitness Friends" youth volunteer role: to improve mobility, physical activity and reduce sedentary behaviour in a UK hospital setting. British Journal of Sports medicine weblog. Available at https://blogs.bmj.com/bjsm/2019/03/11/fitness-friends-youth-volunteer-role-to-improve-mobility-physical-activity-and-reduce-sedentary-behaviour-in-a-uk-hospital-setting/ [accessed 18th June 2020].

Charalambous L (2020) A nurse-led youth volunteering project to support older people on acute hospital wards. Nursing Management. doi: 10.7748/nm.2020.e1926

Davis Smith, J. (1999) Volunteering and Social Development: A Background Paper For Discussion At An Expert Group Meeting, New York, November 29-30, United Nations Volunteers. London: Institute for Volunteering Research.

Dekkers, R. (2017) Applied Systems Theory 2nd ed. Switzerland: Springer.

Ellis Paine, A., Hill, M. and Rochester, C. (2010) 'A Rose by any Other Name …' Revisiting the question: 'what exactly is volunteering?' Institute for Volunteering Research. Retrieved from http://www.ifrc.org/docs/IDRL/Volunteers/a-rose-by-any-other-name-what-exactly-is-volunteering.pdf [accessed 9th October 2018].

Galea, A., Naylor, C., Buck, D. and Weaks, L. (2013). Volunteering In Acute Trusts in England. Understanding the Scale and Impact. London: King's Fund.

Gladman, J., Porock, D., Griffiths, A., Clissett, P., Harwood, R.H., Knight, A., Jurgens, F., Jones, R., Schneider, J., and Kearney, F. (2012) Care of Older People with Cognitive Impairment in General Hospitals. Final report NIHR Service Delivery and Organisation programme; 2012.

Helpforce (2019) Get involved in your Local Helpforce, retrieved from https://www.helpforce.community/get-involved/ [accessed 29th March 2019].

Helpforce (2018a) What is Helpforce? Retrieved from https://www.helpforce.community/what-is-helpforce [accessed 12th July 2018].

Hshieh, T.T., Yang, T., Gartaganis, S.L., Yue, J., and Inouye, S.K. (2018). Hospital Elder Life Program: Systematic Review and Meta-analysis of Effectiveness. The American Journal of Geriatric Psychiatry.

Iwill.org (2019) About the campaign. Retrieved from https://www.iwill.org.uk/ [accessed 9th July 2019]

Lampard, K. & Marsden, E. (2015) Themes and Lessons Learnt from NHS Investigations into Matters Relating to Jimmy Savile. Independent Report for the Secretary of State for Health retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf [accessed 29th May 2019].

Leonard, M. (2003) Interviews, in R Miller and J Brewer, A-Z of Social Research, London: Sage.

NHS England (2017). Recruiting and Managing Volunteers in NHS Providers. A Practical Guide. NHS England.

NICE: National Institute for Health and Care Excellence (2010) Delirium: Prevention, Diagnosis and Management Clinical Guideline 103 London: NICE Retrieved from https://www.nice.org.uk/guidance/cg103 [accessed 24th September 2018]

Public Participation Team NHS England (2017) Patient and Public Participation Policy, London: NHS England.

Rochester, C. (2006), Making Sense of Volunteering: A Literature Review. Volunteering England: London.

Rochester, C., Ellis Paine, A. and Howlett, S. (2010) Volunteering and Society in the 21st Century. Hampshire: Palgrave Macmillan.

Ross, S., Fenney, D., Ward, D., Buck, D. (2018) The Role of Volunteers in the NHS: Views from the front line. London: King's Fund.

Symon, G. (1998) Qualitative Research Diaries, in Symon, G. and Cassell, C. Qualitative Methods and Analysis in Organisational Research: A Practical Guide. London: Sage.

Trade Union Council (2009) A Charter for Strengthening Relations Between Paid Staff and Volunteers. Retrieved from https://www.tuc.org.uk/research-analysis/reports/charter-strengthening-relations-between-paid-staff-and-volunteers {accessed 30th April 2019].

Unison (n.d.) Volunteers. Retrieved from https://www.unison.org.uk/content/uploads/2016/01/Volunteers.pdf [accessed 30th April 2019].

Welsh, T.J., Gordon, A.L., and Gladman, J.R. (2014). Comprehensive Geriatric Assessment-A Guide for the Non-Specialist. The International Journal of Clinical Practice 68(3): 290-293.

Zimmeck, M. (2000) The Right Stuff: New Ways of Thinking About Managing Volunteers, Institute for Volunteering Research: London.