LEEDS BECKETT UNIVERSITY

Volunteering, inequalities and barriers to volunteering: a rapid evidence review

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Contents

Acknowledgements

Executive summary

Volunteering makes a major contribution to health and social care, and to community life. Volunteering is associated with a number of positive health and wellbeing outcomes for individuals and communities. Formal volunteering refers to giving unpaid help through groups, clubs or organisations, whereas informal volunteering is about unpaid help given as an individual to people who are not relatives. In England, 27% of people over the age of 16 take part in regular formal volunteering and 42% take part in occasional formal volunteering. There are questions about how to ensure that all groups, and especially those who experience disadvantage or social exclusion, can benefit from volunteering and how to maximise the contribution of volunteering to health improvement.

Aims

This report presents findings from a rapid review of evidence on volunteering and inequalities, with a focus on what helps and hinders people taking part in volunteering. This review draws on published academic research, relevant grey literature from the UK and national policy/data sources. The report covers what is known about volunteering and inequalities, patterns of volunteering across different population groups and barriers to volunteering for groups most at risk of social exclusion.

The review was commissioned by Volunteering Matters as part of their 'Pathways to maximise the contribution of volunteering to public health' strand of work, which intends to raise debate about the links between volunteering, inequalities and public health and to identify actions that maximise the public health potential of volunteering.

Methods

A rapid evidence assessment of key literature on health inequalities and volunteering was conducted with a particular focus on the barriers to volunteering. The 'protected characteristics' set out in the Equality Act 2010 were used as the basis of a framework to examine the multitude of exclusionary forces acting on potential volunteers.

Searches identified 6,094 research articles and reports. After screening, 98 studies were reviewed; of these, 20 were from the UK. Relevant data from recent iterations of the Community Life Survey (2014-2015) and Citizenship Survey (2009-2010) (and associated 'Community Action Report: A report on the 2009-2010 Citizenship Survey' (Department for Communities and Local Government, 2011) document), concerning regular formal and informal volunteering, were used to aid understanding of volunteering patterns in England. Descriptive statistics have been taken from these data sets. The 'Community Action Report' reports regression analysis performed on the Citizenship Survey (2009-2010) data. These findings are reported here, where relevant, but no additional analysis was performed.

Findings

The findings of the scoping review are presented alongside relevant survey data under topic headings derived from the Equality Act 2010 protected characteristics; Age, Disability, Gender, Pregnancy/Maternity, Ethnicity, Relationship (marital) status, Religion, Sexual Identity, and also Social Exclusion.

The findings suggest volunteering reflects broader exclusionary forces inherent to contemporary social structures; as well as barriers operating at an individual-level, there are cross-cutting issues that affect groups of people between and across generations.

Age

Twenty seven papers relating to age and volunteering were identified. The identified literature and survey data both indicate that volunteering rates change across the life-course; the transition from adolescence to adulthood is associated with a decline in volunteering followed by a steady increase in volunteering with age up until older-old age, where volunteering rates decline again. Among older people, poor health and physical functioning, poverty, stigma, lack of skills, poor transport, time constraints, inadequate volunteer management and other caring responsibilities are highlighted in the identified literature as potential barriers to volunteering. For younger people, a lack of institutional support and not being socialised into volunteering roles are barriers identified in literature. The literature also indicates that younger people may have negative perceptions of volunteering, as well as not having time to volunteer. The relationship between volunteering and age is described as being compounded by a number of other factors, including gender, ethnicity, socio-economic status, family background and education level.

Disability

Survey data indicate that the difference between the proportion of people with and without disabilities taking part in formal and informal regular volunteering is small. However, the six identified papers concerning disability and volunteering describe a number of barriers that people with a disability, including physical and mental impairments as well as long-term or life-limiting mental and physical health conditions, may face to volunteering. A significant barrier to volunteering for people with a disability can be the disablist attitudes of others, including a stigma associated with impairment and perceptions that people with a disability have very little to offer or that supporting someone with a disability to volunteer will be too much effort. Some research literature suggested that people with a disability may themselves express concerns about participating outside of 'safe' spaces and may sometimes require additional skills development to take part in volunteering.

Gender

The identified survey data and papers suggest that volunteering patterns differ between men and women; a greater proportion of women in England volunteer formally and informally compared to men. Thirteen papers concerning gender and barriers to volunteering were identified, describing a complex relationship between gender and volunteering. Men and women may have different motivations for volunteering and all identified barriers to volunteering appear to have a gender element. The identified papers suggest women are constrained to a greater extent than men by housework and additional caring responsibilities (for children and elderly relatives) and are likely to receive less support from employers. Women are also required to devote a greater proportion of their 'free time' in order to volunteer than men.

No literature or survey data concerning barriers to volunteering associated with transgender or gender reassignment were identified in this review.

Pregnancy/Maternity

No research or data on volunteering and pregnancy/maternity (or paternity) was found in this review, although having (school aged) children in the household was found to be positively associated with both formal and informal volunteering in three identified papers and in survey data. The identified papers suggest that those raising children may be more aware of volunteering opportunities (i.e. through schools and youth groups/activities) and may be influenced by a societal expectation to socialise children into socially responsible roles.

Ethnicity

Survey data indicate that there is a recent trend for volunteering to increase among people from minority ethnic groups in England. Fourteen papers discussing ethnicity and volunteering were identified, describing a complex relationship between ethnicity and volunteering. The papers suggest that different cultures may think about and value volunteering differently. People from minority ethnic groups may also experience limited access to volunteering infrastructures, feel alienated or excluded within volunteer organisations and environments, have fewer skills and resources to volunteer, and experience fewer positive outcomes from volunteering.

Relationship Status

Survey data in England indicate a positive relationship between being divorced and participation in regular informal volunteering. This is at odds with the findings of the six identified papers discussing volunteering and relationship (marital) status, which generally suggest a positive relationship between marriage and volunteering. The identified papers also highlight how a changing backdrop of family structures may be affecting the relationship between marriage and volunteering, particularly for women in terms of paid employment, having fewer children and having additional family care responsibilities.

The identified literature focuses on heterosexual marriage and no literature was identified specifically in relation to same-sex marriage or civil partnerships.

Religion

Being religious has been found to be positively associated with volunteering in English survey data and within the seventeen identified publications discussing religion and volunteering. Church (or equivalent) attendance, in particular, is an influential factor in volunteering, possibly creating larger social networks and more opportunities to engage in volunteering. However, survey data and the identified publications indicate that the relationship to volunteering varies between religious affiliations. Some of the identified research warns that religion may form exclusionary boundaries around who can volunteer and what kind of activities are undertaken.

Sexual Identity

No literature concerning barriers to volunteering and sexual orientation was identified in the review. Survey data indicate that an equal proportion of people identifying as 'heterosexual' or 'gay/lesbian/bisexual' in England participate in formal volunteering regularly; however, a greater proportion of people identifying as 'gay/lesbian/bisexual' take part in informal volunteering regularly.

Volunteering and Social Exclusion

Both survey data and the eighteen identified papers concerning volunteering and 'social exclusion' found that volunteering, like many other activities, has a social gradient with people from more disadvantaged areas less likely to volunteer. Factors related to broader exclusionary processes and social, human, cultural and economic capital have been identified in the research literature and survey data as key to participation in volunteering. The literature suggests that while volunteering is a mechanism for individuals to boost their personal, social, financial and cultural resources in order to overcome exclusion, volunteering also consumes one's resources. This means that those with less personal and social resources are less able to volunteer and gain the associated benefits.

Research gaps and policy implications

This rapid review has not provided a fully comprehensive picture of volunteering and inequalities, rather an overview of some pertinent issues. A number of research gaps have been identified. There is a need for a full systematic review of the available evidence concerning barriers to volunteering, especially those faced by socially excluded groups. Further primary research and secondary data analysis of the barriers to volunteering, including those experienced by different demographic groups in a UK context, would be beneficial.

To date, issues around volunteering and health inequalities have been largely hidden in UK policy discourse. This report has raised several areas for consideration. It appears that a version of the inverse care law applies to volunteering in which those with the greatest need are least likely to be able to take part. This suggests that strategies should address exclusionary processes by fostering human, economic and social capital, rather than 'target' groups.

The report makes a number of recommendations to stimulate wider debate on volunteering and inequalities. Addressing access issues, including providing supportive enabling environments, is important. There remains a need to ensure people are volunteering in ways where the most benefit can be had, with consent, within diverse organisations and communities.

1   Introduction

Volunteering makes a major contribution to community life in the UK and is recognised as a means to promote better health and wellbeing that many individuals can be involved in (O'Donnell et al., 2014, National Institute for Health and Care Excellence, 2015, Cabinet Office, 2015b). Just over a quarter of adults (27%) in the UK volunteer formally at least once a month (Cabinet Office, 2015a); and many do so in areas that directly and indirectly impact on health and wellbeing, such as sport, culture, education, work with young people, neighbourhood groups, safety and the environment (Department for Communities and Local Government, 2011). Volunteering is an activity that brings benefits to those who volunteer, as well as to the recipients of volunteering. However, those who have most to gain from volunteering are not always able to take part (NNVIA - The Network of National Volunteer-Involving Agencies, 2011). Despite the acknowledged value of volunteering for population health and wellbeing (Department of Health, 2011, O'Donnell et al., 2014), the potential impact on health and health inequalities has not been fully realised. This report deals with questions about who participates in volunteering and how to ensure that all groups, but especially those who experience disadvantage or social exclusion, can benefit from volunteering.

Box 1: What is volunteering?

'Volunteering' is a generic term that encompasses many different types of "helping activity" (Lee and Brudney, 2012). Defining features are that the activity is freely chosen, does not involve remuneration, and helps or benefits those beyond an individual's immediate family or the environment (Cattan et al., 2011, Windebank, 2008, NCVO, 2016). The National Council of Voluntary Organisations (NCVO) define volunteering as:

> "any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives" (NCVO, 2016).

Distinctions are made between 'formal volunteering' taking place through a public or private group, club or organisation, and 'informal volunteering' occurring outside of an institutional framework (Low et al., 2007, NCVO, 2015, Stephens et al., 2015).

Volunteering at least once a month is thought of as 'regular volunteering', less than once a month but more than once a year as 'occasional volunteering', and less than once a year as 'episodic volunteering' (Low et al., 2007, NCVO, 2015).

Volunteering can be distinguished from 'social action', which has been defined as 'time freely spent with others to tackle local problems, negotiate with public services, and improve conditions that benefit all' (People and Communities Board, 2016: 15). Social action involves independent collective action, often carried out by community groups, and can be aimed at improving health and wellbeing or building more resilient communities (Cabinet Office, 2015b).

Box 2: Volunteering as a public health issue

A broad literature supports the use of volunteering in health and social care to achieve health goals, increase community and organisational capacity, and improve services (Paylor, 2011, Neuberger, 2008, Mundle et al., 2012). Volunteering and social action are identified as key enablers in the six principles for new NHS care models (People and Communities Board, 2016) and there is cross government support for building greater levels of social action (Department of Health, 2011, Cabinet Office, 2015b). At a societal level, volunteering is seen to provide both social and economic value, and has been valued at contributing £50 billion per year to the economy (Haldane, 2014).

Notwithstanding the broad contribution of volunteering, there are some specific reasons why volunteering is a matter for public health. These relate both to participation in volunteering, which is the focus of this report, and groups who are the recipients of volunteering:

- **Volunteering has potential as a population level intervention to support better health and wellbeing**. There is consistent evidence of a strong positive association between being a volunteer and better health and wellbeing, with reported outcomes for individuals including lower risks of mortality (Jenkinson et al., 2013) and improvements in physical and mental health, quality of life, behaviour change and social support (Casiday et al., 2008, von Bonsdorff and Rantanen, 2011, Jenkinson et al., 2013, Cattan et al., 2011). The causal direction is not firmly established, as those who are healthier and more socially advantaged tend to be more likely to volunteer in the first place (Jenkinson et al., 2013, Nazroo and Matthews, 2012).
- **Volunteering can provide positive pathways for those experiencing social exclusion**. There is a role for volunteering in addressing social and health inequalities, both for volunteers drawn from less advantaged groups and for the recipients of volunteering (O'Brien et al., 2010, Altogether Better, 2013, South et al., 2013). Participation may also provide routes out of poverty, benefiting those at the margins of the labour market, such as recent migrants or people with disabilities (Flanagan and Sadowksi, 2011). However, volunteering does not always guarantee inclusion and there may be a range of practical, organisational and personal barriers for socially excluded groups (Farrell and Bryant, 2009, NNVIA - The Network of National Volunteer-Involving Agencies, 2011).
- **Volunteers are part of the wider workforce in public health**. Recent NICE guidance on community engagement (National Institute for Health and Care Excellence, 2016) and the Public Health England and NHS England guide to community-centred approaches for health and wellbeing (Public Health England and NHS England, 2015) highlight the role of volunteers and peer workers in promoting health and wellbeing. Volunteers are recognised as a vital part of the wider public health workforce (Public Health Resource Unit and Skills for Health, 2008) and roles such as health champions offer a route for individuals to support and lead health promotion in their communities (Royal Society for Public Health, 2014).
- **Volunteers can connect to at-risk groups**. Volunteers can be powerful connectors, extending the reach and uptake of public health programmes and opening up other opportunities for others to get involved (Royal Society for Public Health, 2014, South et al., 2010). There is a growing evidence base on the effectiveness of peer support in health and wellbeing (NESTA and National Voices, 2015, Harris et al., 2015). Volunteering can also impact on population health through strengthening social networks, social support and reducing social isolation (Public Health England and UCL Institute of Equity, 2015, The Marmot Review, 2010).

The report presents findings from a rapid review of evidence on volunteering and inequalities, with a focus on what helps and hinders people taking part in volunteering. This review draws on published academic research, relevant grey literature from the UK and national policy/data sources. The report covers what is known about volunteering and inequalities, patterns of volunteering across different population groups and barriers to volunteering for groups most at risk of social exclusion.

The review was commissioned by Volunteering Matters as part of their 'Pathways to maximise the contribution of volunteering to public health' strand of work, which intends to raise debate about the links between volunteering, inequalities and public health and to identify actions that maximise the public health potential of volunteering, including addressing the health gap. The underpinning principle for the work led by Volunteering Matters is that volunteering needs to be understood in the context of significant inequalities across the life course (The Marmot Review, 2010). Whatever the causal pathways, the public health implications are to address inequalities in access to volunteering and to ensure that all population groups, but particularly those most at risk of poor health, can gain health benefit from participation. This report has informed a short proposition paper produced by Volunteering Matters that summarises the key issues and poses questions for wider debate around volunteering as a public health issue.

Structure of report

The report is set out in six sections. Following this introduction, section two describes the rapid review methodology used, including a description of the framework adapted from the Equality Act 2010 'protected characteristics' used to structure the review and a justification of data sources on volunteering. Section three presents relevant volunteering data and barriers to volunteering identified in the review for each demographic group; Age, Disability, Gender, Pregnancy/Maternity, Ethnicity, Relationship Status, Religion, and Sexual Identity. The review also identified a number of cross cutting themes with regard to barriers to volunteering. These are discussed in section four in relation to Social Exclusion. Section five provides a summary of the identified evidence and highlights gaps in our knowledge. Finally, implications for policy and practice resulting from the review are presented.

2 Methodology

Policy decisions are best made following an assessment of the best available evidence. Systematic reviews are often considered the preeminent aid to policy making, providing a 'short cut' to the pool of research knowledge (Gough and Elbourne, 2002) by identifying as many relevant studies as possible, including/excluding papers and assessing their reliability in a transparent way. Such systematic review processes can be time and resource intensive, however. This report is based on an alternative Rapid Evidence Assessment (REA) technique, which offered a compromise between rigorous and timely synthesis of evidence (Thomas et al., 2013).

Box 3: Stages in the rapid review process

1. Search strategy developed. This involved identifying key terms and synonyms, inclusion and exclusion criteria, and agreeing relevant databases.
2. Search conducted using Leeds Beckett University library's 'Discover' portal.
3. Call for evidence to identify significant 'grey' literature.
4. Screening to identify the most relevant papers and reports concerning barriers to volunteering.
5. Review of identified papers, reports and other significant texts. Information extracted on key fields.
6. Synthesis of findings in relation to the barriers to volunteering for different demographic groups.
7. Peer review of draft report and evidence-based statements.

Review initiation and review team

The Centre for Health Promotion Research at Leeds Beckett University were commissioned by Volunteering Matters to undertake the review. The Centre for Health Promotion Research are experienced in conducting reviews and evidence synthesis concerning a range of health and wellbeing related topics. The review was undertaken by two researchers from the Centre (KS, JS) with consultative support provided by another (AMB).

The research was guided by a steering group convened by Volunteering Matters. The research team remained in contact with the steering group throughout the review process in order for decisions made along the way to be discussed.

Review question

The specific aim of this review evolved over time. Following initial discussions between the research team and steering group, some broad questions concerning the outcomes of, and processes involved in, volunteering were identified:

- How does volunteering enhance health and wellbeing, and promote the social inclusion both of volunteers and of those citizens with whom they engage?
- What is the relationship between volunteering and health inequalities?
- How can statutory services and the voluntary and community sector (VCS) reach out and engage with marginalised or excluded individuals/groups as volunteers?

Through further discussion, and following preliminary literature searches, the review became focused on inequalities in volunteering. The research question guiding this review has been: *what helps and hinders people – especially those at risk of social exclusion – from taking part in volunteering?*

Search strategy

A search strategy was designed by the research team. This involved identifying key terms and synonyms, inclusion and exclusion criteria, and agreeing relevant databases. Following a trialling of key terminology, the resultant search strategy provided a balance of sensitivity and precision.

This review was primarily concerned with the experience of those people most likely to face barriers to, and not take part in, volunteering. In order to ensure the enquiry was broad and encompassed different types of inequalities, it was decided that characteristics protected under the Equality Act 2010 would be used as a framework for exploring the multitude of exclusionary forces acting on potential volunteers. Where necessary, the protected characteristics (i.e. Age, Disability, Sex, Render reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sexual orientation) have been adapted to include a broader range of research evidence (see Table 1):

- 'Gender reassignment' – of which there was no identified research – and 'sex' are combined into the broad category of 'gender'
- 'Disability' includes all long-term or life-limiting conditions or impairments, including physical and intellectual impairments, and mental health conditions
- 'Marriage and civil partnership' is broadened out to 'relationship status'
- 'Race' is renamed 'Ethnicity' in accordance with Policy Press Editorial and Production Guidelines concerning non-discriminatory language (Policy Press, 2016).

Protected Characteristic under the Equality Act 2010	Descriptor used
Age	Age
Disability	Disability
Gender reassignment	Gender
Sex	
Marriage and civil partnership	Relationship status
Pregnancy and maternity	Pregnancy/maternity
Race	Ethnicity
Religion or belief	Religion
Sexual orientation	Sexual orientation
	Social exclusion (including social capital, human capital, economic capital)

Table 1 Adapted protected characteristics (Equality Act 2010) framework

The search was conducted using Leeds Beckett University Library's Discover portal, which searches over 120 academic databases, including health specific databases (i.e. MEDLINE, PsycINFO, ScienceDirect, SPORTDiscus), in February 2016. A 'volunteer' search string was combined with one or more 'demographic descriptor' search string(s) (see Appendix 1 for full search strategy). Results were limited to English language publications, and academic journals. No date restriction was applied.

To identify any relevant 'grey literature', in January 2016 Volunteering Matters put out a call for evidence via the Network of National Volunteer-Involving Agencies (NNVIA). Members were asked to forward any reports, evaluations or publications concerning barriers to volunteering, particularly for groups thought to be at risk of social exclusion.

Screening and data extraction

The results of the search were screened by one researcher (KS). This involved reading the identified papers' titles and abstracts to decide their relevance for the review. Relevant papers were included for data extraction and irrelevant papers excluded. Papers were deemed relevant if they discussed actual or potential barriers to volunteering or if they discussed inequalities in volunteer rates in the context of one or more of the demographic descriptors used in this review. A large body of identified research explored motivations for volunteering. Of these, papers were deemed relevant if they discussed how psychological factors (i.e. motivations) prevent or discourage volunteering. Where it was not clear as to the relevance of papers from titles and abstracts, they were put forward for data extraction.

Papers from a non-UK context have been included in this review. This was deemed appropriate considering the review intended to broadly identify potential barriers to volunteering rather than specific barriers experienced by those in the UK.

Included papers, reports and other grey literature were then read in full and relevant data (i.e. research findings, analysis, comments, conclusions) extracted. Where papers referred to other relevant work, these publications were also sought and data extracted. In total, 98 papers have been included in the review (see Figure 1).
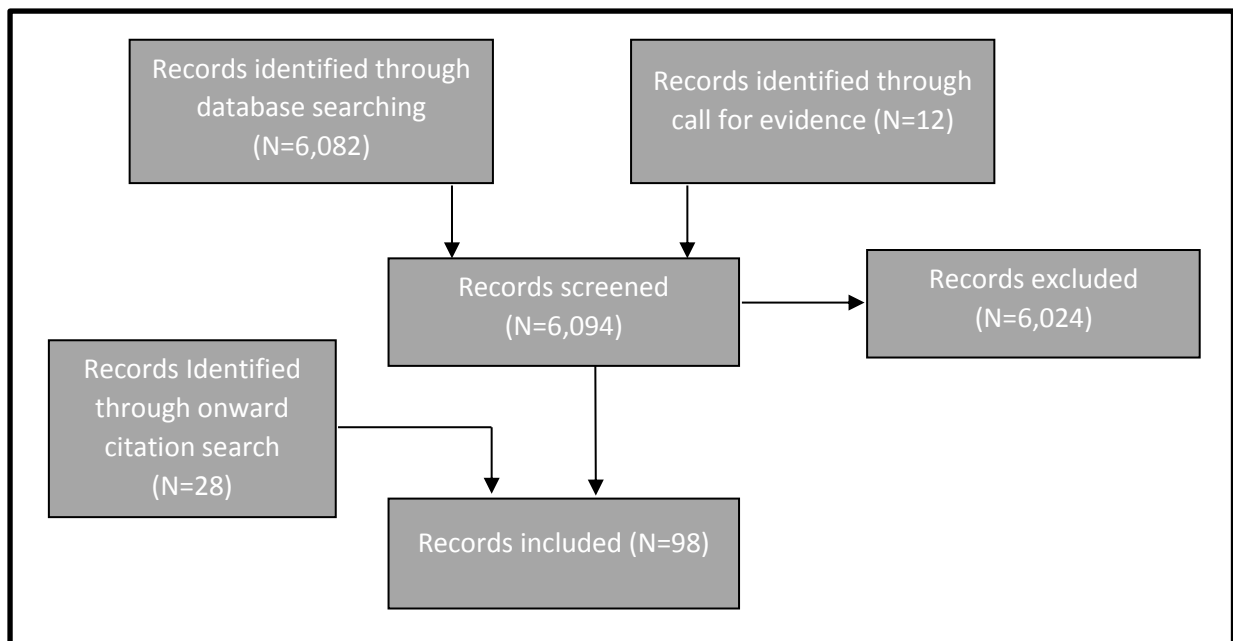
Figure 1 Flowchart of literature search procedure

Synthesis

Extracted data were then synthesised. This involved grouping together similar findings in relation to barriers to volunteering for each demographic descriptor. Two researchers (JS, KS) were involved in this process. Synthesised findings were written into a draft report, which was shared with the steering group for feedback.

Limitations

The methodology employed for this review does have limitations, meaning the results are not entirely comprehensive. Firstly, as with all literature reviews – systematic or not – there has been a trade-off between completing quickly and being exhaustive. Secondly, the search strategy was limited and no-hand searching was done through references lists of included papers. Thirdly, indexing within research databases is generally not as good in social policy contexts as in clinical areas, resulting in an over reliance on free-text searching.

National survey data

Where possible, data about regular formal and informal volunteering in England are presented in relation to relevant demographic descriptors in order to provide context. Data have been taken from the 2009-2010 round of the Citizenship Survey (The National Archives, 2016) and accompanying 'Community Action in England: A report of the 2009-2010 Citizenship Survey' report (Department for Communities and Local Government, 2011), and the 2014-2015 wave of the Community Life Survey (Cabinet Office, 2016).

Box 4: About the survey data

The Citizenship Survey was carried out by the Department for Communities and Local Government (DCLG) and had rounds in 2001, 2003, 2005, 2007-2008, 2008-2009, 2009-2010, 2010-2011. The Citizenship Survey was intended to inform and evidence a number of policy areas, including cohesion, community empowerment, ethnic equality, and volunteering and charitable giving. The survey was based on a nationally representative sample of approximately 10,000 adults in England and Wales with additional boosts of around 5,000 adults from ethnic minority groups and 1,200 Muslim adults. The Citizenship Survey was discontinued in March 2011.

The Community Life Survey was commissioned in 2012 by the Cabinet Office to track trends and developments annually in areas that encourage social action and empower communities, such as volunteering, charitable giving, local action, and networks and wellbeing. The 2014-2015 Community Life survey was the third wave, following on from 2012-2013 and 2013-2014. The survey consists of a national representative sample of approximately 2,000 adults (aged 16 years and over) in England. A number of measures are incorporated from the Citizenship Survey such that some issues can continue to be tracked over time.

Both surveys are utilised in order to provide a blend of detail and current data. The Citizenship Survey was a larger survey than the Community Life Survey in terms of numbers of respondents and questions; the volunteering measures in the Community Life Survey are not as detailed in relation to demographic and socio-economic factors as the Citizenship Survey. Importantly for this review, the Citizenship Survey asked respondents directly what barriers they face to volunteering.

Data from the 2009-2010 round of the Citizenship survey are used here (rather than the 2010-2011 round) as it is the last round to report detailed findings concerning participation in, and barriers to, volunteering and produce an accompanying 'action report'. 'Community Action in England: A report of the 2009-2010 Citizenship survey' reports data concerning volunteering, including logistic regression of socio-demographic and attitudinal factors associated with volunteering, concerning community action. Whilst the Citizenship Survey included participants in England and Wales, the 'Community Action in England' report only draws on data from respondents in England in order to reflect government policy responsibilities. Data from the 2014-2015 wave of the Community Life Survey were the most up-to-date data at the time of writing.

3   Barriers to volunteering

Our starting point for this report is an understanding that whilst volunteering is an activity that can bring benefits to those directly involved and broader benefits for communities and society, not everyone volunteers their time equally. Across Europe, a ten-fold variation in the rate of volunteering has been identified (Plagnol and Huppert, 2010). In England, over the past fifteen years, the percentage of the adult population volunteering regularly (at least once a month) has ranged from 25% to 29%, and less regularly (at least once a year) from 39% to 44% (Cabinet Office, 2016) (see Figure 2).
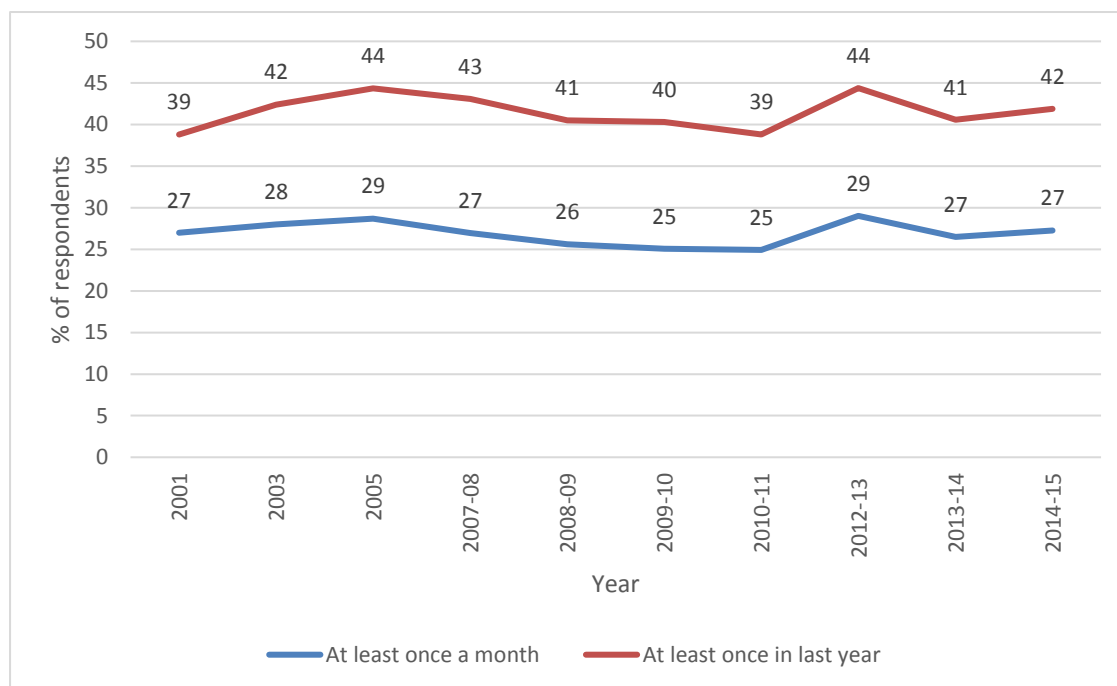
Figure 2 Community Life Survey 2014-2015, Table 1 (Cabinet Office, 2016), Participation in formal volunteering between 2001 and 2015

For those that volunteer regularly in a formal capacity, their activity is concentrated within certain fields, principally sports clubs, hobbies/social activities, religion, and school/children's activity organisations (The National Archives, 2016) (see Figure 3). These patterns reinforce the position that the individual benefits of volunteering are not being availed equally, and the maximal impact of volunteering to all communities and groups of society may not be being gained.
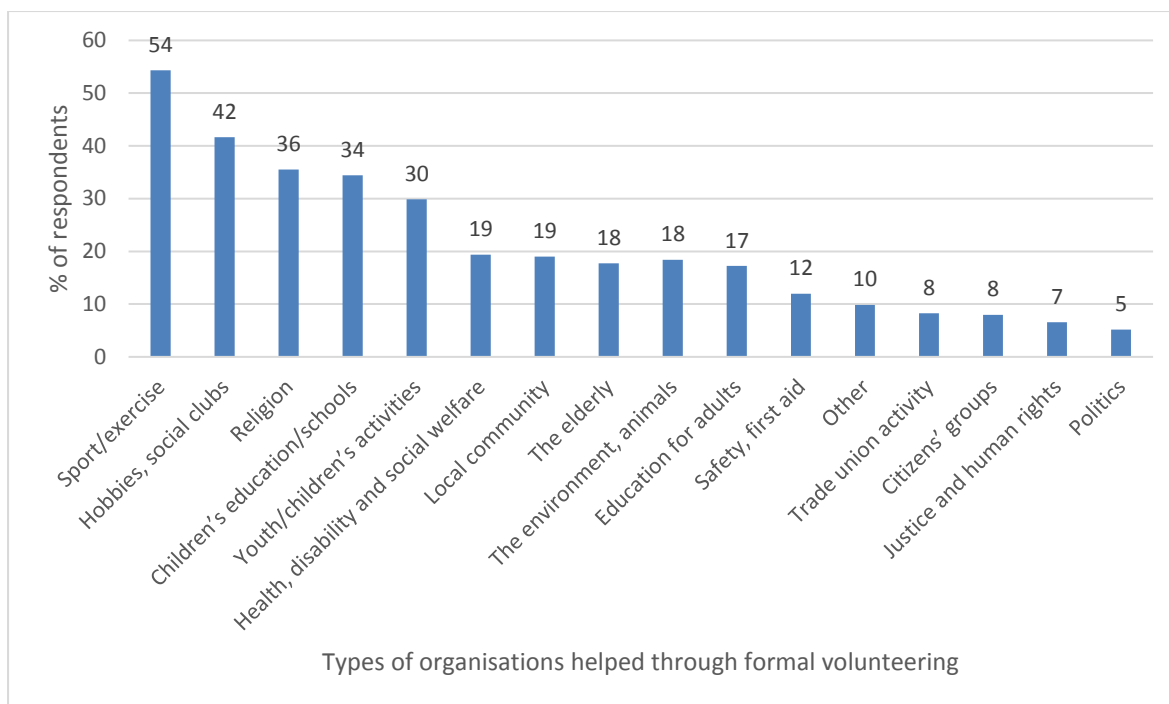
Figure 3 Citizenship Survey 2009-2010, Table K.1 (The National Archives, 2016), 'Type of organisation helped regularly (at least once per month) through formal volunteering'

It has been recognised by central government that "there can be significant barriers that stop people from volunteering" (Office of the Third Sector, 2005:8). The most frequently cited reason for not volunteering regularly in a formal capacity in England is work commitments (The National Archives, 2016) (see Figure 4). Other reasons include childcare commitments and looking after the home, doing other things, not knowing about volunteering opportunities, study commitments, looking after an elderly family member, disability, age, as well as others (Department for Communities and Local Government, 2011).

In order to better understand patterns of volunteering and where inequalities exist, findings from the rapid review are now presented in relation to the demographic descriptors derived from the Equality Act (2010) protected characteristics: Age, Disability, Gender, Relationship status, pregnancy/maternity, Ethnicity, Religion, Sexual Identity.
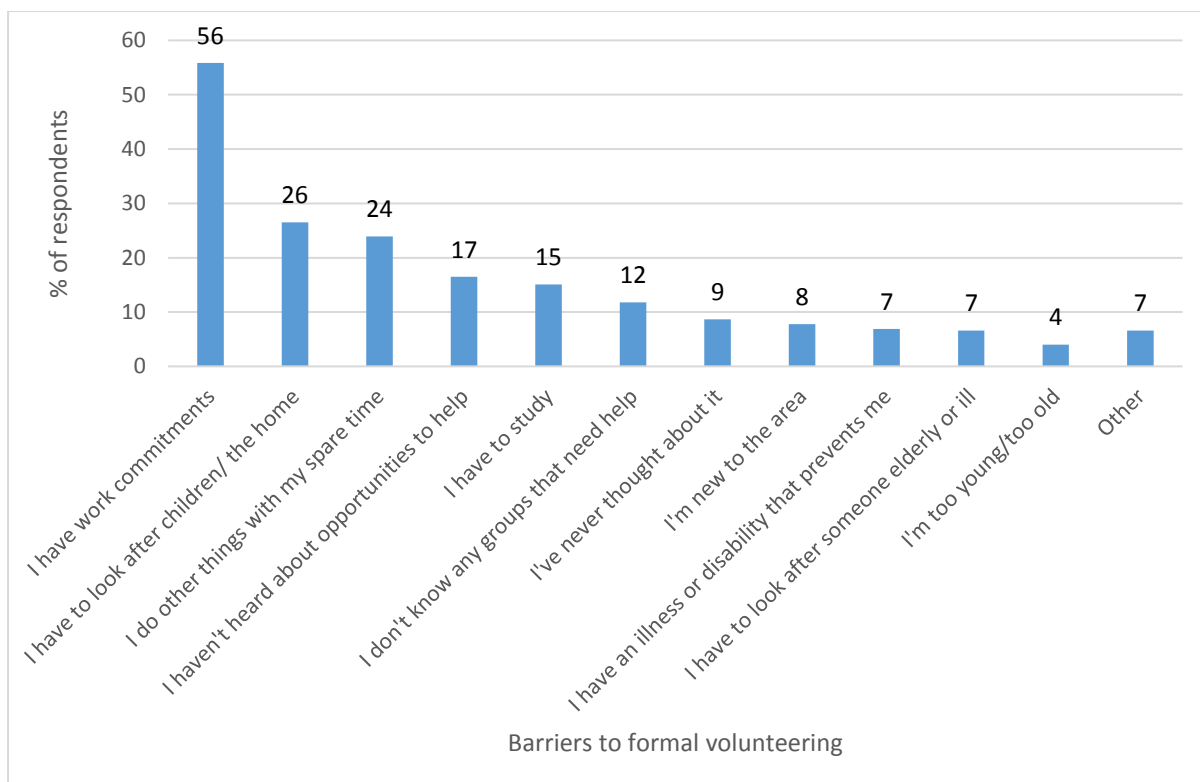
Figure 4 Citizenship Survey 2009-2010, Table N.1 (The National Archives, 2016), 'Barriers to regular formal volunteering for those who did not volunteer or volunteered less than once a month '

Age

Twenty seven papers were identified in relation to volunteering and age. Volunteering has been shown to benefit the old (Cattan et al., 2011, Cramm and Nieboer, 2015, McNamara and Gonzales, 2011, Connolly and O'shea, 2015) and young (Kay and Bradbury, 2009, Webber, 2011) alike, including improving physical health and wellbeing, fostering social connections and enhancing skills. Volunteering rates and motivations are thought to change over the life course (Dávila and Díaz-Morales, 2009, Omoto et al., 2000, Brodie et al., 2011), although the exact relationship is disputed. Studies from the United States of America (USA) (Forbes and Zampelli, 2014, Suanet et al., 2009) and Germany (Helms and McKenzie, 2014) suggest that volunteering increases with age, whereas others (McNamara and Gonzales, 2011) suggest no relationship. Kay and Bradbury (2009) found volunteering rates in the UK decline steeply during the transition from youth to adulthood, whilst Okun and Schultz (2003) suggest an age threshold after which the 'older old' (i.e. over 75 years) are less likely to volunteer. Certain volunteer roles may also be age specific (Hussein and Manthorpe, 2014).

The relationship between volunteering and age is compounded by a number of factors, including gender, ethnicity, disability, socio-economic status, family background and education level (Cramm and Nieboer, 2015, McNamara and Gonzales, 2011, Kay and Bradbury, 2009, Mainar et al., 2015, Nicol, 2012, Pantea, 2013). The influences that individuals receive from their social environment across the life course, including norms, values, customs, and habits transmitted from family and friends, all affect volunteering behaviour (McNamara and Gonzales, 2011, Youssim et al., 2015, Davis Smith, 1999, Ishizawa, 2015).

Among older people, poor health and physical functioning has generally been found to be negatively correlated with volunteering (Cramm and Nieboer, 2015, Lum and Lightfoot, 2005), although a

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decline in health is not necessarily accompanied by a decline in volunteering among older people already engaged in volunteering (McNamara and Gonzales, 2011). Poverty (Cattan et al., 2011, Fengyan et al., 2009) and stigma (Connolly and O'shea, 2015, Suanet et al., 2009) have also been shown to negatively affect the participation of older people in volunteering. Other identified factors include lack of knowledge about volunteering opportunities, personal expenses, lack of skills and transportation, lack of clarity of expectations, assignment of menial tasks, time constraints, other caring responsibilities and inadequate volunteer management (Fengyan et al., 2009). Compared to previous generations, however, older adults in the 21st century have higher formal education and extensive work experience meaning they may be able to offer a greater contribution as volunteers (Lee and Brudney, 2012).

For younger people, a combination of norms and values gained from friends and family and institutional support helps to explain why some young people volunteer and other do not (Davis Smith, 1999, Ishizawa, 2015). Having parents and friends who volunteer (Mainar et al., 2015, van Goethem et al., 2014), holding strong social justice values (Webber, 2011), and seeing volunteering as part of one's identity (Marta and Pozzi, 2008) have been found to correlate positively with youth volunteering. Clear entry points into volunteering and institutional support (i.e. school, church, community groups) are key facilitators for young people to volunteer (Webber, 2011). Young people disaffected from social institutions are less likely to volunteer (Kay and Bradbury, 2009).

Young people may face barriers to volunteering where they are perceived as lacking the necessary skills (Bang, 2015, Davis Smith, 1999), where they do not feel wanted by volunteer seeking organisations (Davis Smith, 1999), or where they do not view volunteering positively (Davis Smith, 1999). Limited time and the financial costs of volunteering may also be a barrier to young people volunteering (Davis Smith, 1999, Mainar et al., 2015, Nicol, 2012). Even young people satisfied in a volunteering role may seek paid employment instead (Bang, 2015). Volunteer organisations need to be more sensitive and flexible to the needs of young people, particularly from disadvantaged groups, and project an image of volunteering that will appeal to them (Davis Smith, 1999, Pantea, 2013, Brodie et al., 2011).
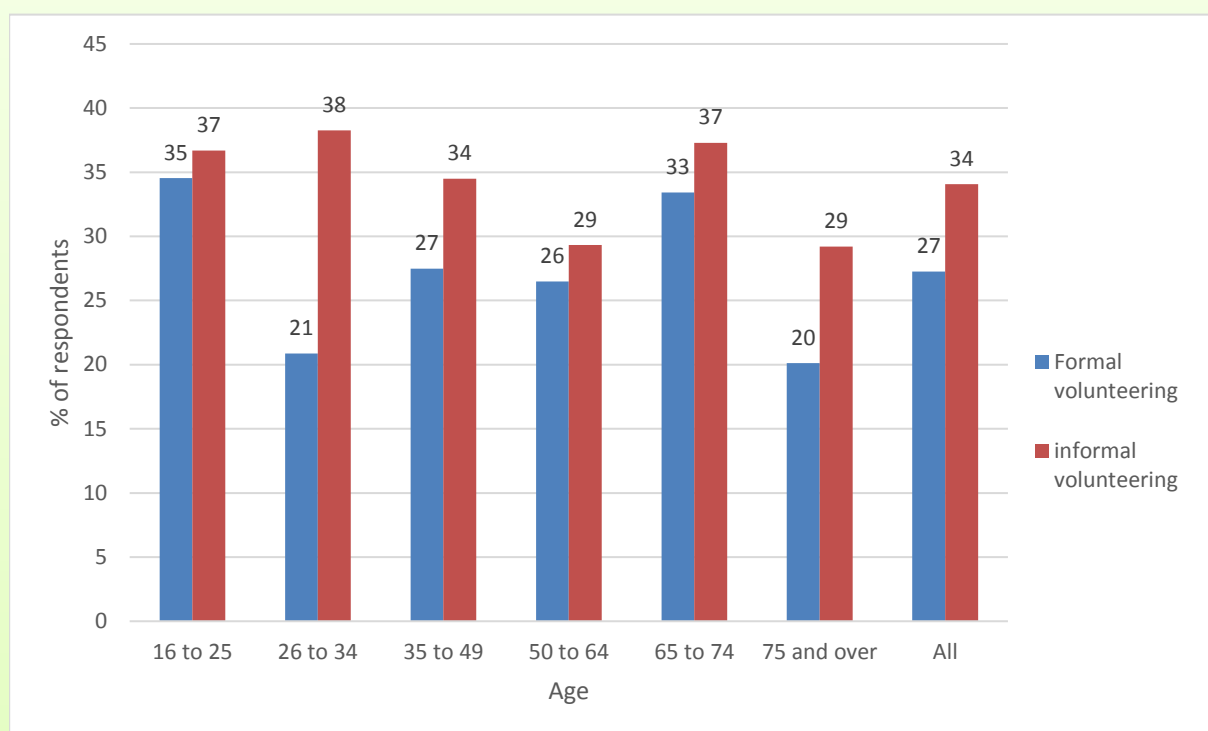
Box 5: Volunteering and age in England

Figure 5 Community Life Survey 2014-15, Table 3 (Cabinet Office, 2016), Participation in formal and informal volunteering regularly, by age

Rates of regular formal volunteering in England appear to follow the 'life course' approach set out in the identified research literature (The National Archives, 2016) (see Figure 5). There is a sharp drop during the transition from youth to adulthood, possibly as young people lose their free time to work and other commitments. A gradual increase in volunteering with age is followed by a second drop where people in older old-age become less involved in volunteering.

Older men and older women are more likely to take part in regular *formal* volunteering than younger men (Department for Communities and Local Government, 2011, Figure 5.7: Model 7). However, older men are less likely to take part in regular *informal* volunteering than younger men (Department for Communities and Local Government, 2011, Figure 5.8: Model 8).

Disability

'Disability' is defined here very broadly to encompass a wide spectrum of physical and intellectual impairments and long-term and life-limiting physical and mental health conditions.

Six of the identified papers concerned volunteering and disability. Volunteering can be a meaningful and beneficial activity for individuals with a disability, enabling participation in the social life of communities, positively affecting mental health and 'testing the waters' of employment (Trembath et al., 2010, Fegan and Cook, 2012). For people with a disability, volunteering is often done through organisations specifically for people with a disability or aimed at integrating people with a disability into 'mainstream' provision (Roker et al., 1998). Many people with a disability miss out on the opportunity to volunteer (Young and Passmore, 2007) or become 'ghettoised' into disability-specific

voluntary roles and/or organisations (Fegan and Cook, 2012, Farrell and Bryant, 2009, Roker et al., 1998, Trembath et al., 2010).

A significant barrier to volunteering for people with a disability is the disablist attitudes of others, including stigma associated with impairment (Farrell and Bryant, 2009, Fegan and Cook, 2012) and perceptions of people with a disability as only receivers of care and support (Roker et al., 1998). A commitment to volunteers with a disability may be viewed as additional work (Roker et al., 1998) and therefore a low service priority for organisations with limited time and resources (Young and Passmore, 2007). People with a disability may also have a relative lack of desired skills for volunteer roles (Young and Passmore, 2007) and themselves express concerns about a lack of understanding and support outside of 'safe' spaces (Balandin et al., 2006).

Possible mechanisms to support people with a disability to overcome the barriers faced to volunteering include buddying systems (Roker et al., 1998) and dedicated volunteer facilitators (Young and Passmore, 2007). Interventions need to satisfy the needs of all people with a disability not just 'confident consumers' (Young and Passmore, 2007). It is imperative that adults with a disability, particularly those with intellectual impairments or mental health issues, volunteer willingly and knowingly (Trembath et al., 2010).

Box 6: Volunteering and disability in England

Figure 6 Citizenship Survey 2009-2010, Table H.3 (The National Archives, 2016), Participation in formal and informal volunteering regularly, by disability

In 2009-10, regular formal and informal volunteering rates were lower for people with disabilities (see Figure 6). Surprisingly however, in spite of the all potential barriers faced by people with a disability, this difference is only small. Moreover, 'disability' was not found to be significantly related to regular formal or informal volunteering by the Department for Communities and Local Government (2011).

According to Citizenship Survey data, the biggest single barrier that people with a disability face to regular formal volunteering is having a disability (see Figure 7); 42% of people with a long-term limiting illness or disability reported that their illness or disability prevents them from volunteering.
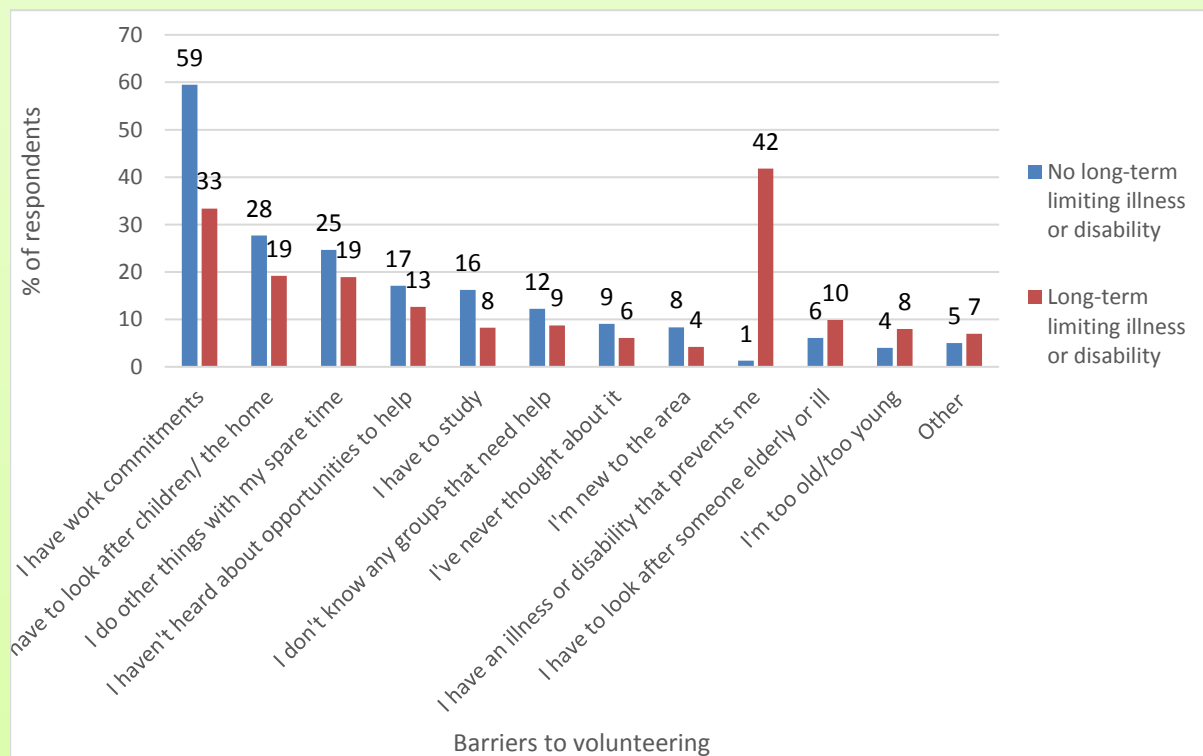
Figure 7 Citizenship Survey 2009-2010, Table N.3 (The National Archives, 2016), Barriers to formal regular volunteering, by disability

Gender

Thirteen of the identified papers discussed gender and volunteering. The relationship between gender and volunteering is complex. 'Volunteer' has been stereotypically associated with women (Fyall and Gazley, 2015) but the results of empirical studies are mixed. For example, men have been shown to volunteer more than women in French (Windebank, 2008) and pan-European studies (Plagnol and Huppert, 2010), but less than women in the USA (Einolf, 2011, Fyall and Gazley, 2015, Forbes and Zampelli, 2014), Canada (Smith, 2012) and Germany (Helms and McKenzie, 2014). Most dimensions of volunteering have a gender element, either directly influencing volunteering or interacting with other factors (i.e. education, culture, background, personality) (Fyall and Gazley, 2015).

Men and women may have different motivations for volunteering and experience different outcomes. Women may express more 'pro-social motivations' (Einolf, 2011) and see volunteering as a vehicle for redefining their identity and increasing their social connectedness (Downward et al., 2005, Skirstad and Hanstad, 2013). Comparatively, men may be more inclined to volunteer because of an existing association with an activity/organisation (Downward et al., 2005). Men are also more likely to need a 'specific hook' to draw them in (Einolf, 2011) and be more dissuaded by perceived disorganisation within voluntary organisations (Kolnick and Mulder, 2007). Volunteering may be a greater opportunity for women to get involved in community, cultivate social networks, attain personal growth, and gain life satisfaction than for men (Taniguchi, 2006).

The review found a number of barriers to volunteering with a gender component. Compared to men, women may lack the personal resources required for volunteering, including education, skills, and social connections (Einolf, 2011, Bryant et al., 2003). Time was considered a constraining factor for both men and women. In both the UK (Windebank, 2008) and USA (Taniguchi, 2006), women have been found to donate a greater proportion of 'free time' to volunteering. Domestic and family responsibilities are a barrier to women's volunteering more than men's (Einolf, 2011, Fyall and Gazley, 2015, Taniguchi, 2006, Windebank, 2008). Men's slightly greater commitment to domestic labour in the UK may be one factor supressing their volunteering compared to counterparts in other countries (Windebank, 2008).

Employment potentially affects men's and women's volunteering differently, although findings are not conclusive. Men may be more likely to volunteer when they are in (full-time) employment (Fyall and Gazley, 2015, Taniguchi, 2006), whereas women who do not work or who work part-time have been found to be far more likely to volunteer both formally and informally (Helms and McKenzie, 2014). Women may be less likely than male colleagues to receive employer support for volunteering (MacPhail and Bowles, 2009).

No literature was identified in relation to transgender people or gender reassignment and volunteering.
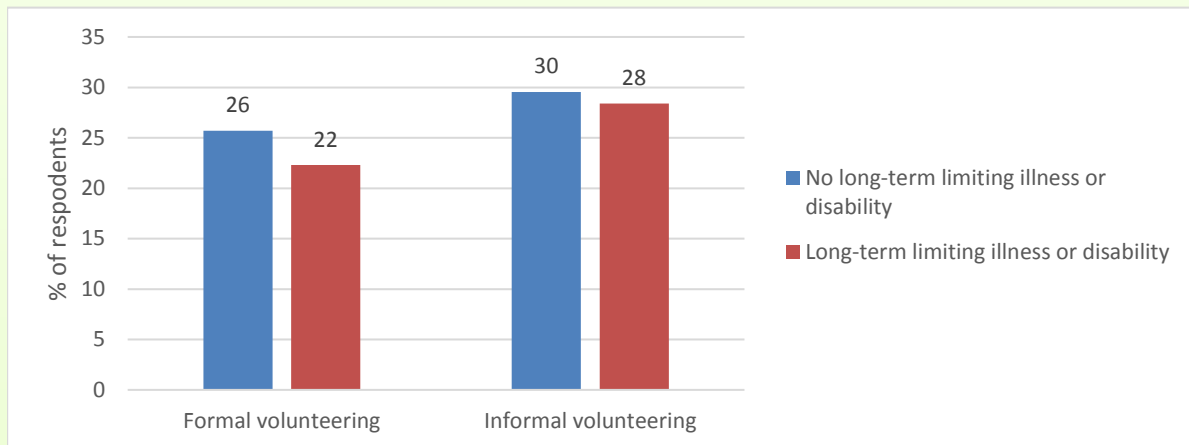
Box 7: Volunteering and gender in England
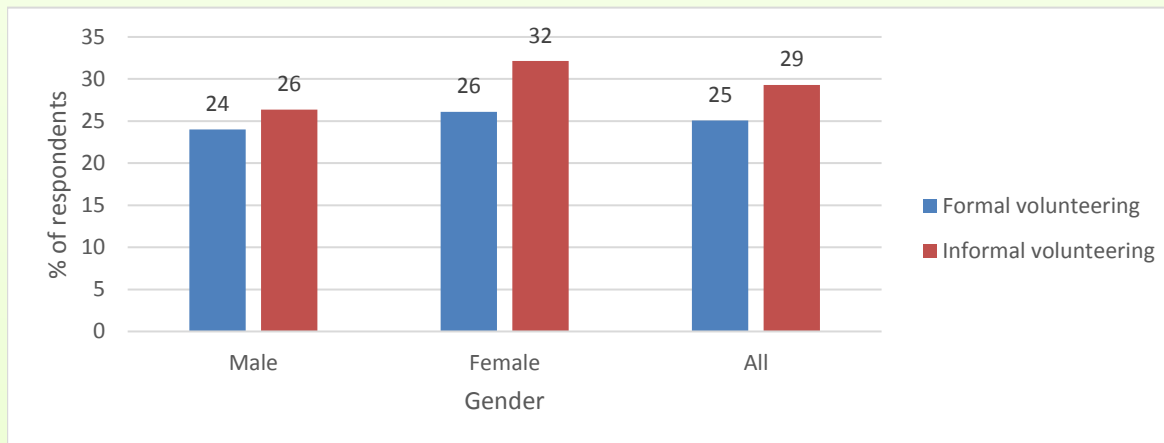
Figure 8 Citizenship Survey 2009-2010, Table H.2 (The National Archives, 2016), Participation in formal and informal volunteering regularly, by gender

A greater proportion of women in England take part in formal and informal volunteering regularly than men (see Figure 8). Young women are more likely to participate in informal volunteering regularly than young men (Department for Communities and Local Government, 2011, Figure 5.8: Model 8). This appears to run counter to the themes of much of the identified research that barriers adversely affect women. However, this measure does not provide any indication as to the volunteer roles occupied by men and women nor the types of organisations in which volunteering takes place, which may be gendered.

Work commitments are the most frequently cited barriers to volunteering for both men and women in England (see Figure 9). However, the barriers to volunteering in England appear to conform to the broadly gendered patterns identified in the research literature; a greater proportion of men cite work commitments and having other things to do in their spare time, whereas a greater proportion of women list family commitments and looking after the home.

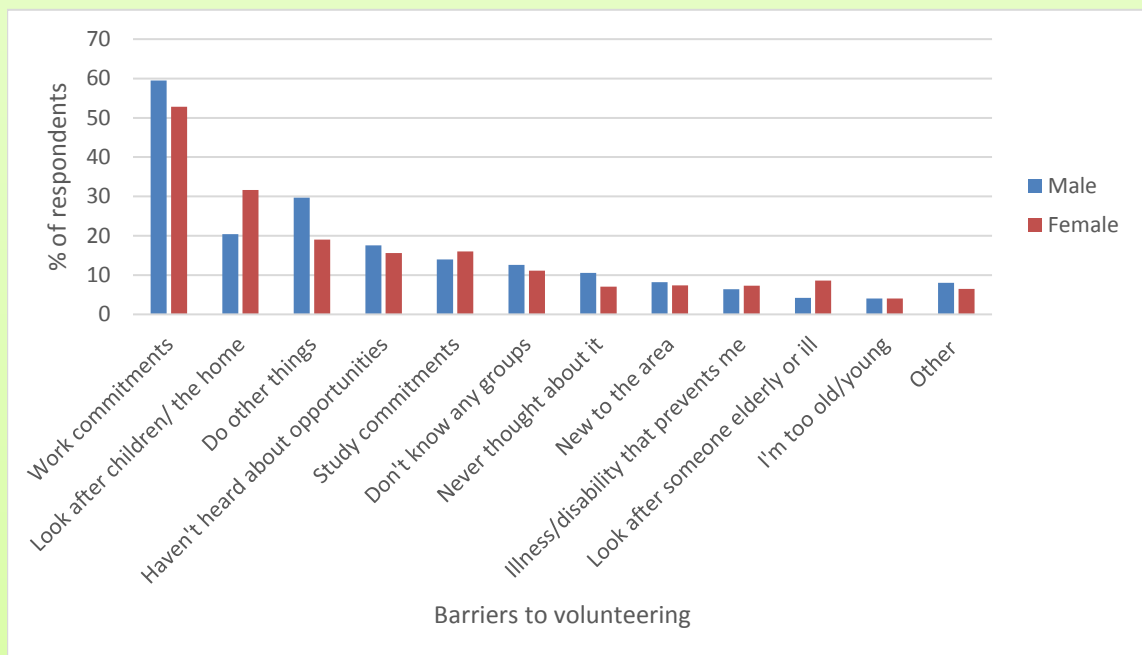*Figure 9 Citizenship Survey 2009-2010, Table N.2, Barriers to regular formal volunteering, by gender*

Pregnancy/maternity

This review did not identify any literature concerning barriers to volunteering during pregnancy and/or maternity (or paternity).

Three papers in the identified literature discussed the relationship between children and volunteering. The presence of children in a household has been found to correlate with parents' volunteering in the USA (Einolf, 2011, Taniguchi, 2006, McNamara and Gonzales, 2011). The relationship is particularly strong in households with school-aged children as parents are thought to be "plugged into volunteering activities through school and youth activities" (McNamara and Gonzales, 2011). The expectation of teaching children socially responsible roles may also encourage parents to volunteer (Taniguchi, 2006).

A gendered element is also observed regarding children: in single parent households, the presence of school aged children increased the likelihood of single females volunteering, whereas it made no difference to single males (Einolf, 2011).

Box 8: Volunteering and pregnancy/maternity in England

Neither the Citizenship Survey nor the Community Life Survey contained data concerning volunteering during pregnancy/maternity (or paternity).

The relationship between having children and volunteering in England reflects the pattern presented in the identified literature that having children of school age correlates positively with volunteering. The Department for Communities and Local Government (2011, Figure 5.7: Model 7) found that people with two or more children under the age of eighteen in the household are more likely to volunteer formally than those that do not. 'Children's education/schools' (34%) and 'Youth/Children's activities' (30%) are two fields in which a large proportion of people volunteer (see Figure 3).

Ethnicity

Fourteen of the identified papers discussed a link between ethnicity and volunteering. Findings suggest people from ethnic minority groups or first generation migrants are less likely than the majority ethnic group to volunteer in the USA (Forbes and Zampelli, 2014, Musick et al., 2000), Canada (Smith, 2012), Israel (Youssim et al., 2015), and the UK (Bortree and Waters, 2014). The likelihood of volunteering has been found to increase across new-migrant generations, although not in a linear fashion and not equally among all ethnic groups (Ishizawa, 2014). Some characteristics of people from ethnic minority groups, such as speaking multiple languages, may increase informal helping behaviour (i.e. helping recent arrivals) within communities (Ishizawa, 2014).

Ethnic minority populations may experience less positive outcomes from volunteering, including fewer health improvements (Tavares et al., 2013) and an erosion of cultural values (Warburton and Winterton, 2010). People from minority ethnic groups may have limited access to formal volunteer infrastructures (Rotolo and Wilson, 2014), whilst any volunteering that does occur may take place in unfamiliar, alienating or non-inclusive environments (Ockenden, 2007, Bortree and Waters, 2014), or within organisations that do not enrich their social networks with new contacts (Tavares et al., 2013). People from minority ethnic groups may also experience individual barriers to volunteering, such as having fewer skills and economic resources (Musick et al., 2000, Mesch et al., 2006).

People from different ethnic and cultural backgrounds may view volunteering differently. For example, research has shown that African-American populations are less likely to see 'charity' as the best way to address social problems (Musick et al., 2000), and in Chinese and Japanese cultures older people may be less inclined to volunteer because of the implication that they are not being appropriately cared for by their family (Fengyan et al., 2009, Warburton and Winterton, 2010).

The relationship between volunteering and ethnicity is not fixed. Galea et al. (2013) found that 56% of NHS trusts had increasing diversity of volunteers in terms of ethnicity.

Box 9: Ethnicity and volunteering in England

In line with the dominant theme in the identified research literature concerning ethnicity and volunteering, the 'Community Action in England' report reports that people from ethnic minorities in England were less likely to participate regularly in both formal and informal volunteering than those who identified as 'white' (Department for Communities and Local Government, 2011: 84, Figure 5.7: Model 8; 88, Figure 5.8: Model 8). However, a recent trend is for the proportion of people from ethnic minority groups in England regularly volunteering to increase, overtaking their 'white' counterparts (see Figure 10).
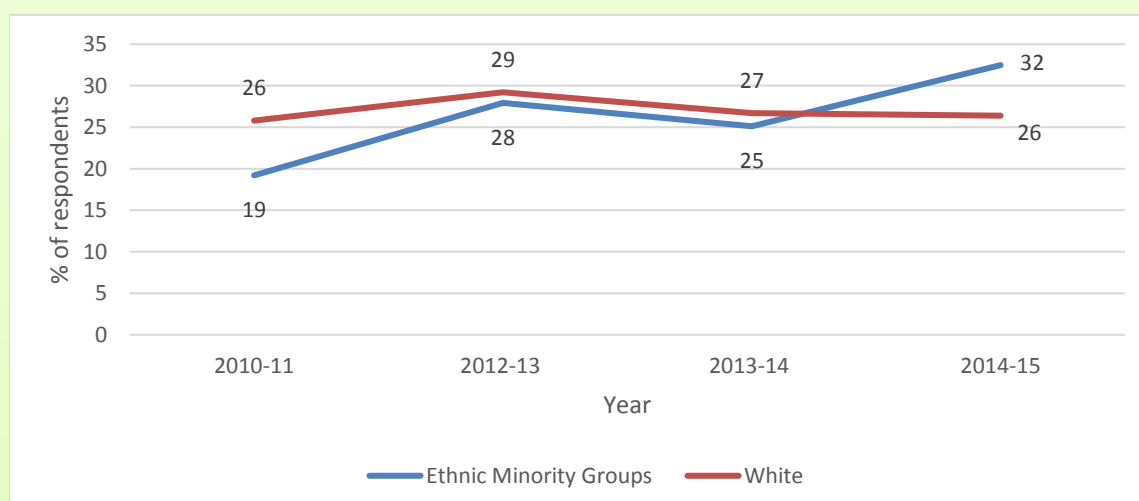
Figure 10 Community Life Survey 2014-2015, Table 3 (Cabinet Office, 2016), Participation in regular formal volunteering, by ethnicity

In 2009/2010, people from different ethnic groups reported experiencing barriers to volunteering in different proportions (The National Archives, 2016). For example:

-   A greater proportion of people identifying as being from an ethnic minority reported 'study' as a barrier to volunteering compared to 'white' people
-   A greater proportion of 'white' people cited an illness or disability as a barrier
-   A greater proportion of respondents identifying as 'Chinese' or 'Other' reported being new to the area as a barrier, in comparison to other ethnic groups.

Relationship (marital) status

Six of the identified papers discussed relationship status and volunteering. These were focused on heterosexual marriage and volunteering.

Marriage has been shown to be positively correlated with volunteering in Europe (Plagnol and Huppert, 2010) and the USA (McNamara and Gonzales, 2011, Taniguchi, 2006). This may be because the institution of marriage comes with the social expectation of being active in one's community and its organisations (Taniguchi, 2006). Amongst female 'home makers' in the USA, factors such as the woman's satisfaction with marriage, education, and the more negative the husband's attitude about wives working, were positively correlated to volunteering (Schram and Dunsing, 1981). In the same study, a married woman's age was negatively correlated with volunteering (Schram and Dunsing, 1981).

Changes to traditional family structures and gender roles with regard to employment may be affecting the relationship between volunteering and marriage, particularly for women (Ogunye and Parker, 2015). In the USA, increases in paid employment (Tiehen, 2000) and additional family care responsibilities (Taniguchi, 2006) have been negatively correlated with female volunteering. Tiehen (2000) also finds that where married women are having fewer children they may be less exposed to volunteering opportunities.

Box 10: Volunteering and Relationship Status in England

In contrast to a dominant theme in the identified literature that volunteering is positively correlated with being married, no relationship between regular formal volunteering and marriage is reported in the 'Community Action in England' report (Department for Communities and Local Government, 2011). Conversely, those who are divorced are found to be more likely to take part in regular informal volunteering than those who are 'married and living with husband/wife/civil partner' (Department for Communities and Local Government, 2011, Figure 5.8: Model 8)

No other data were identified in either the Citizenship Survey 2009-2010 or Community Life Survey 2014-2015 concerning volunteering and relationship (marital) status.

Religion

Seventeen of the identified papers discuss volunteering and religion. A positive association between being religious (encompassing belief, affiliation and religious practice) and pro-social behaviour (including volunteering) has been documented in the USA (Son and Wilson, 2012, Scharffs, 2009, Johnston, 2013, Monsma, 2007, Forbes and Zampelli, 2014), Mexico (Layton and Moreno, 2014), the Netherlands (Suanet et al., 2009), the UK (Birdwell and Littler, 2012, November, 2014), and across Europe (Plagnol and Huppert, 2010). Being religious may encourage volunteering through the teaching of obligation (Son and Wilson, 2012) and creating a sense of belonging (Layton and Moreno, 2014).

Church (or equivalent) attendance, in particular, is an influential factor in volunteering (Storm, 2015, Layton and Moreno, 2014), creating larger social networks and more opportunities for interaction with, and the acquisition of, social and administrative skills involved in civic engagement/ volunteering. Religious institution volunteerism has also been found to be related to movement into non-religious institutional volunteering (Scharffs, 2009, Johnston, 2013).

The relationship between 'religion' and volunteering is affected by social context. Being religious has the strongest effect on volunteering in non-religious countries, possibly because religious people in non-religious countries may be especially committed to their religious community (Storm, 2015). The relationship between religion and volunteering also appears to be affected by denomination and congregation. For example, in the USA, volunteering has been found to be more strongly tied to the church for those who attend black and evangelical churches compared to those who attend Catholic and mainline protestant churches (Wilson and Janoski, 1995, Johnston, 2013). Within African-American communities in the USA, the church may have a more mobilising effect for volunteering than in 'white' communities (Musick et al, 2010). In the UK, some research has found that religious 'pluralists' – those who believe religions other than their own contain some basic truths – are more likely to volunteer than any other groups of religious people (Birdwell and Littler, 2012).

The relationship between volunteering and being religious is not universally accepted. Monsma (2007) suggests that there is no clear relationship between being religious and giving for secular community causes. Also, religious decline across Europe during the latter part of the 20th century has not been accompanied with a decline in volunteering (Dekker and Halman, 2003); individual values may be replacing those derived through being religious as motivators for pro-social behaviour (Storm, 2015).

Being religious may have an exclusionary effect on volunteering. Local religious context has been found to be negatively correlated to volunteering among individuals who do not participate in a congregation regularly (Lim and MacGregor, 2012). The church may form an exclusive boundary around voluntary activity (Pathak and McGhee, 2015) and religious people are reported to be "less likely to have meaningful interactions with people from different backgrounds" (Birdwell and Littler, 2012).

Research suggests that we cannot assume that religion will be related to civic participation in a similar way across countries (Lim and MacGregor, 2012); the civic role of religion may vary depending on religious cultures and political systems.

Box 11: Religion and volunteering in England

The Department for Communities and Local Government (2011: 84, Figure 5.7: Model 7: 88, Figure 5.8: Model 8) reports that those actively practising religion in England are more likely to participate in regular formal and informal volunteering than those who are not.

Data from the Citizenship Survey 2009-2010, show the variation in regular formal and informal volunteering between people who identify as part of a religious group (see Figure 13).

Figure 11 Citizenship Survey 2009-2010, Table H.5 (The National Archives, 2016), Participation in formal and informal volunteering regularly, by religion

Sexual Identity

No literature concerning barriers to volunteering and sexual orientation was identified in this review. Given the strong traditions of citizen activism and volunteer/peer health programmes in lesbian, gay, bisexual and transgender (LGBT) communities, this is somewhat surprising.

Box 12: Sexual Identity and volunteering in England

Citizenship Survey 2009-2010 data indicate that an equal proportion (25%) of people identifying as 'heterosexual' or 'gay/lesbian/bisexual' in England participate in formal volunteering regularly. A greater proportion – 35% compared to 29% – of people identifying as 'gay/lesbian/bisexual' take part in informal volunteering regularly compared to those identifying as 'heterosexual' (see Figure 12).
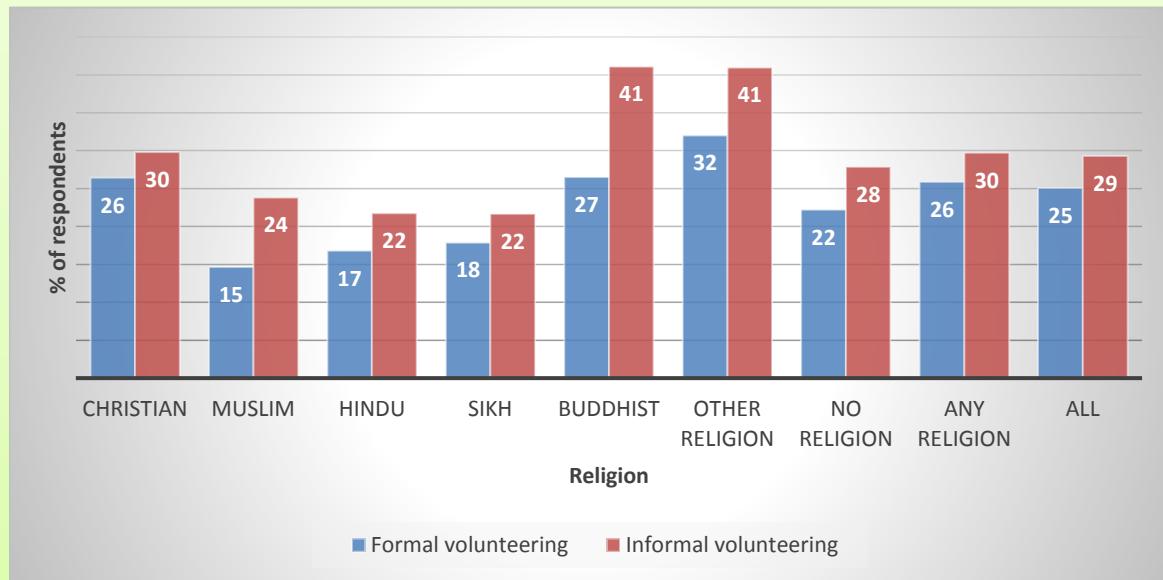

Figure 12 Citizenship Survey 2009-2010, Table H.3 (The National Archives, 2016), Participation in formal and informal volunteering regularly, by sexual identity

Citizenship Survey 2009-2010 data from England also show that in relation to sexual identity there are some common and some different barriers to formal volunteering regularly (see Figure 13). A greater proportion of people identifying as 'heterosexual' cite work and childcare commitments as barriers compared to those identifying as 'gay/lesbian/bisexual', whereas, a greater proportion of 'gay/lesbian/bisexual' people cite their age and 'other' reasons. However, these findings are based on limited sample sizes of people identifying as 'gay/lesbian/bisexual'; n=188 out of 8712 respondents in total (Figure 12), and n=60 out of 2,196 respondents for questions about barriers (Figure 13).
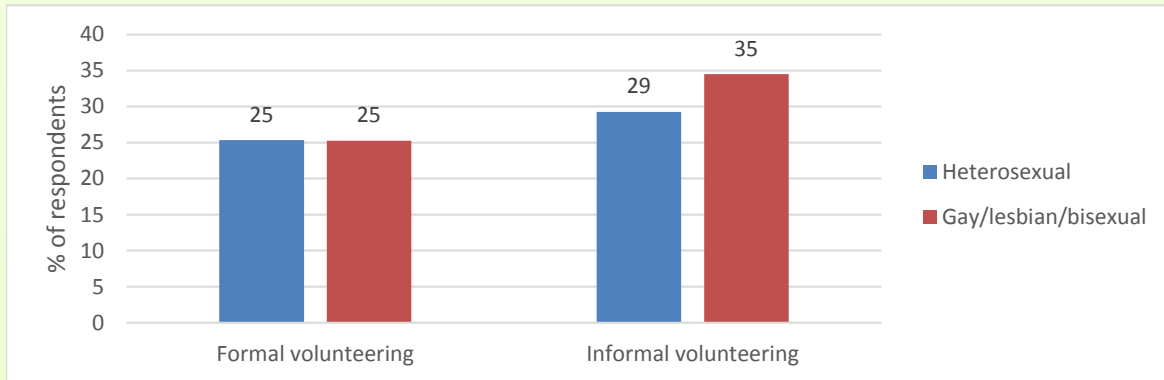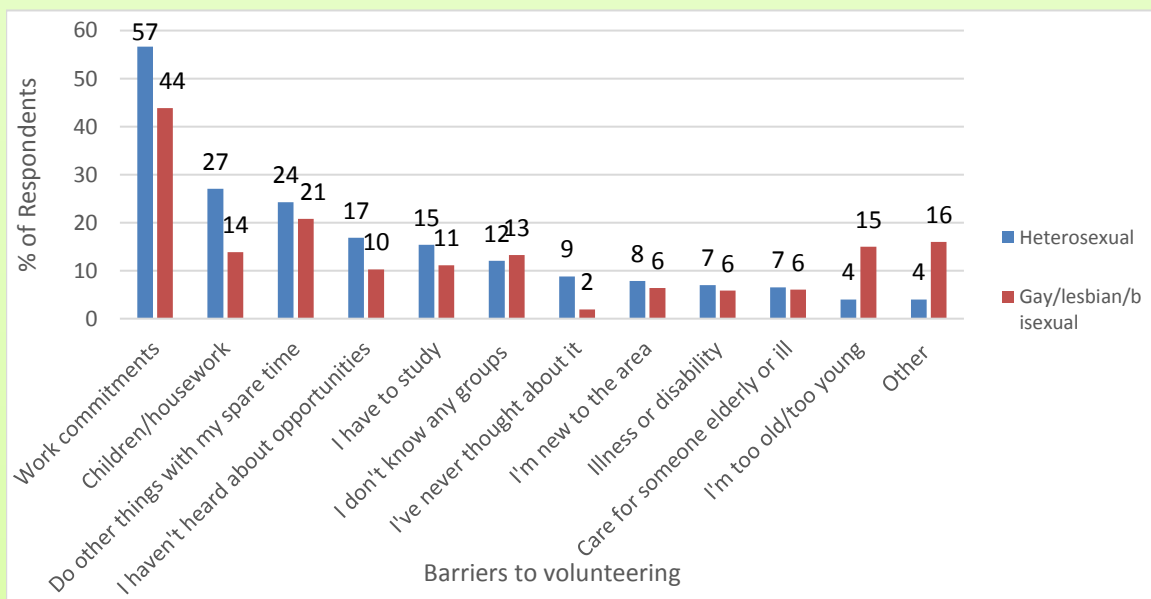

Figure 13 Citizenship Survey 2009-2010, Table N.3 (The National Archives, 2016), Barriers to participation in formal volunteering regularly, by sexual identity

4   Social exclusion and volunteering

Closing the health gap is a public health priority in the UK. The Marmot review (2010) has demonstrated the relationship between socio-economic disadvantage and poor health outcomes and there is a need to address exclusionary processes that prevent some groups attaining good health and equitable access to services (UCL Institute of Equity, 2013). Volunteering, like many other activities, has a social gradient with people from more disadvantaged areas less likely to volunteer (Department for Communities and Local Government, 2011). The previous section of this report has highlighted a range of barriers that may affect the capacity to participate for groups with characteristics protected under the Equality Act 2010. This section reviews the identified literature on social exclusion and volunteering and looks at how the unequal distribution of forms of resources – social, human and economic capital – profoundly affect volunteering.

Social exclusion

'Social exclusion' entered the political and popular lexicon following the election of the New Labour Government at the end of the 1990s (Byrne, 2005) and was officially defined by the Social Exclusion Unit (2001:10) as:

> "what happens when people or places suffer from a series of problems such as unemployment, discrimination, poor skills, low income, poor housing, high crime, and family breakdown".

Building on the concept of relative poverty, the term generally refers to a lack of participation in, or limited access to, "the normatively prescribed activities of a given society" (Silver, 2007). Social exclusion can occur at an individual as well as a group or collective level (Silver, 2007, Thapa and Kumar, 2015, Mack, 2016). Social exclusion is seen as a dynamic state depending on cultural and societal context (Silver, 2007, Thapa and Kumar, 2015, Walker, 1998). While poverty has a profound effect on some aspects of social exclusion, other important factors are age, disability, ethnicity, gender and employment status (Mack, 2016). Social exclusion is thought to be the result of a rupturing of social bonds at the individual and collective level caused by unequal power relationships across economic, political, social and cultural domains (Silver, 2007, Thapa and Kumar, 2015, Mitchell and Harrison, 2001, Baron, 2004); those experiencing social exclusion are typically thought to lack the personal, social, cultural, and economic resources associated with access to mainstream society.

Like employment, volunteering is seen as a mechanism for increasing individuals' resources and, thereby reducing social exclusion (Baron, 2004); "creating routes back into society and giving people a chance to integrate" into their communities (Social Exclusion Unit, 2001). However, also like employment, volunteering requires an investment, consuming individuals' personal, social, financial, and cultural resources, making it difficult for those already socially excluded – and lacking resources – to engage in volunteering. Regression analysis of data from the US (Lee and Brudney, 2012, Wilson and Musick, 1998), Canada (Smith, 2012), Israel (Youssim et al., 2015), Italy (Marta and Pozzi, 2008) and Spain (Mainar et al., 2015) points to factors associated with broader exclusionary mechanisms – social, economic, human capital – being significant influences on volunteering.

Social capital - social connections, networks & volunteering

Social capital represents the "ability of actors to secure benefits by virtue of membership in social networks or other social structures" (Portes, 1998:6) (Adler and Kwon, 2002, Holt, 2008). Seven of the identified papers discuss social capital and volunteering. Zhuang and Girginov (2012), Forbes and Zampelli (2014), and Layton and Moreno (2014) all suggest there is a growing body of evidence demonstrating a significant positive relationship between social capital and philanthropic behaviour, including volunteering.

People or groups with high levels of social capital may be more likely to volunteer because they may have more contact with diverse people and organisations that provide opportunities for volunteering (Cramm and Nieboer, 2015, Forbes and Zampelli, 2014) and are able to "link their own identity and interests with those of their community" (Wilson and Musick, 1998). Moreover, formal social interaction through membership of a group or association is thought to be much more productive for generating volunteering opportunities than informal friendship circles (Wilson and Musick, 1998, Lee and Brudney, 2012, Forbes and Zampelli, 2014). Regression analysis by Lee and Brudney (2012) of the 'Giving and Volunteering in the United States' 2001 survey found that social networks through formal organisations are positively correlated with volunteering. In their analysis, Wilson and Musick (1998) found formal social interaction to be the most powerful independent variable in predicting volunteering. This may be because organisations require or expect members to volunteer as a prerequisite of membership and because they provide a framework for volunteering (Wilson and Musick, 1998).

The relationship between social capital and volunteering is not straightforward. Social capital may have confounding effects with other factors such as education level, being religious and family background (Lee and Brudney, 2012). Social capital may also be an exclusionary force, barring those outside a given network from opportunities to participate in volunteering (Zhuang and Girginov, 2012). In Mexico, Layton and Moreno (2014) observed how a lack of interpersonal trust could be overcome through more direct, localised relationships between individuals and volunteer seeking organisations.

A further linked concept is 'cultural capital', which has been shown to have a positive relationship with volunteering prevalence. The ability to 'act' in a given social context in order to identify and avail volunteering opportunities is transmitted from one generation to another within social groups (Youssim et al., 2015).

Box 13: Social Capital and volunteering in England

In line with the findings of the identified research, volunteering in England appears to be related to social capital and social connectedness.

In 2009-2010 in England, the most frequently cited source of information about volunteering opportunities was 'someone already involved with the group' (see Figure 14). A number of factors concerning social capital are identified in the 'Community Action in England' report as increasing the likelihood of volunteering (Department for Communities and Local Government, 2011):

Regular formal volunteering (p.84, Figure 5.7: Model 7)

- Mixing socially with people from different backgrounds in private settings
- Having a sense of belonging to one's neighbourhood
- Having friends

Regular informal volunteering (p.88, Figure 5.8: Model 8)

- Mixing socially with people from different backgrounds in private settings
- Mixing socially with people from different backgrounds in public settings
- Feeling that people pull together to improve the neighbourhood
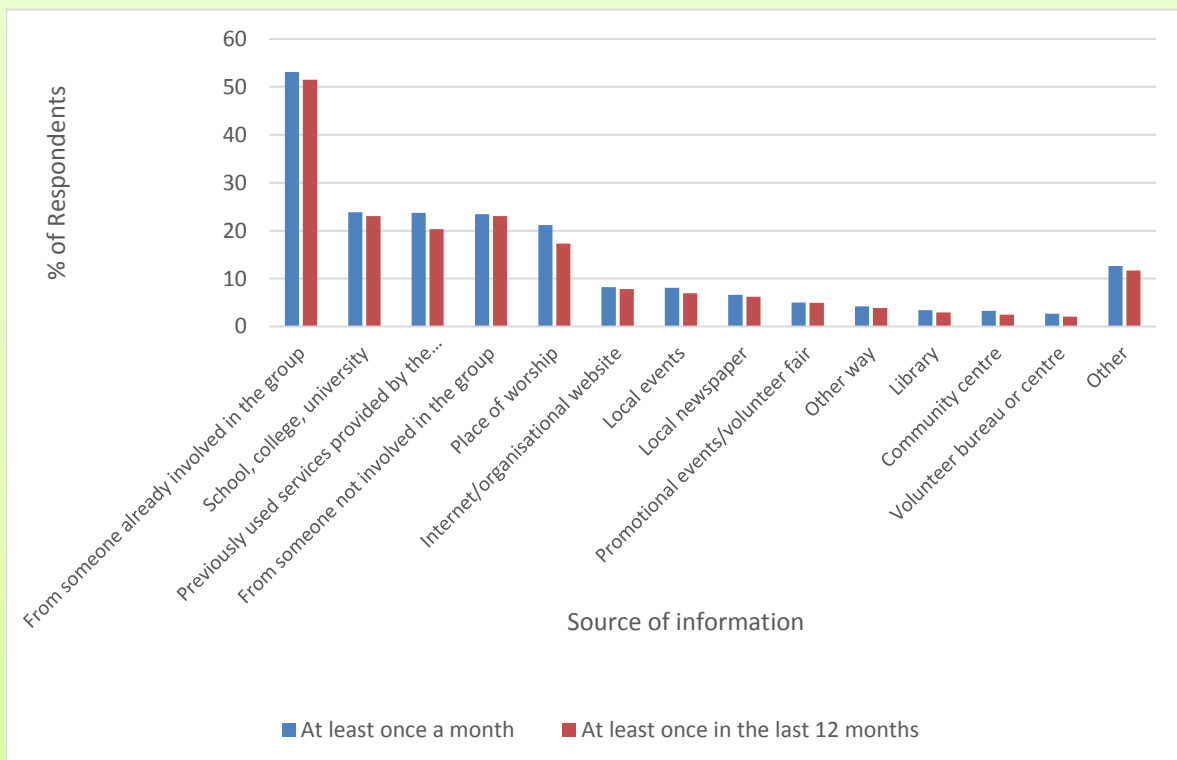- Having friends

Figure 14 Citizenship Survey 2009-2010, Table L.1 (The National Archives, 2016), How people found out about opportunities for formal volunteering, by frequency of volunteering

Human capital – education, skills & volunteering

Eight of the identified papers discussed the relationships between individuals' levels of education and skills – human capital – and volunteering. Having higher levels of human capital has been positively associated with volunteering in the USA (Wilson and Musick, 1998, Forbes and Zampelli, 2014, Ishizawa, 2014, Mesch et al., 2006), Canada (Smith, 2012), mainland Europe (Plagnol and Huppert, 2010) and Germany (Helms and McKenzie, 2014). Regression analysis of US (Lee and Brudney, 2012) and Canadian (Smith, 2012) data sets showed an increase in human capital raised the likelihood of formal volunteering. Individuals with greater human capital are thought to be able to make better use of their social networks in order to identify and utilise opportunities for volunteering (Wilson and Musick, 1998). Education institutions might also provide an environment in which civic engagement is promoted and encouraged (Ishizawa, 2014). Conversely, a lack of human capital may reduce people's ambition and expectations of their own participation in volunteering (Brodie et al., 2011).

The relationship between human capital and volunteering is thought to be mutually reinforcing; human capital encourages volunteering, while volunteering generates further human capital (Zhuang and Girginov, 2012). A caveat to this relationship, however, is that in the USA those with advanced degrees have been found to volunteer less than the norm (Forbes and Zampelli, 2014) and no association has been found between education and informal volunteering (Lee and Brudney, 2012).

Box 14: Human capital and volunteering in England

Citizenship Survey 2009-2010 data show a positive relationship between human capital (as measured by 'highest qualification') and volunteering; those with a degree or equivalent were more likely to take part in regular formal volunteering than those who had no qualifications or whose highest qualification was GCSE grades A-C or equivalent (Department for Communities and Local Government, 2011, Figure 5.7: Model 7)(see Figure 15).
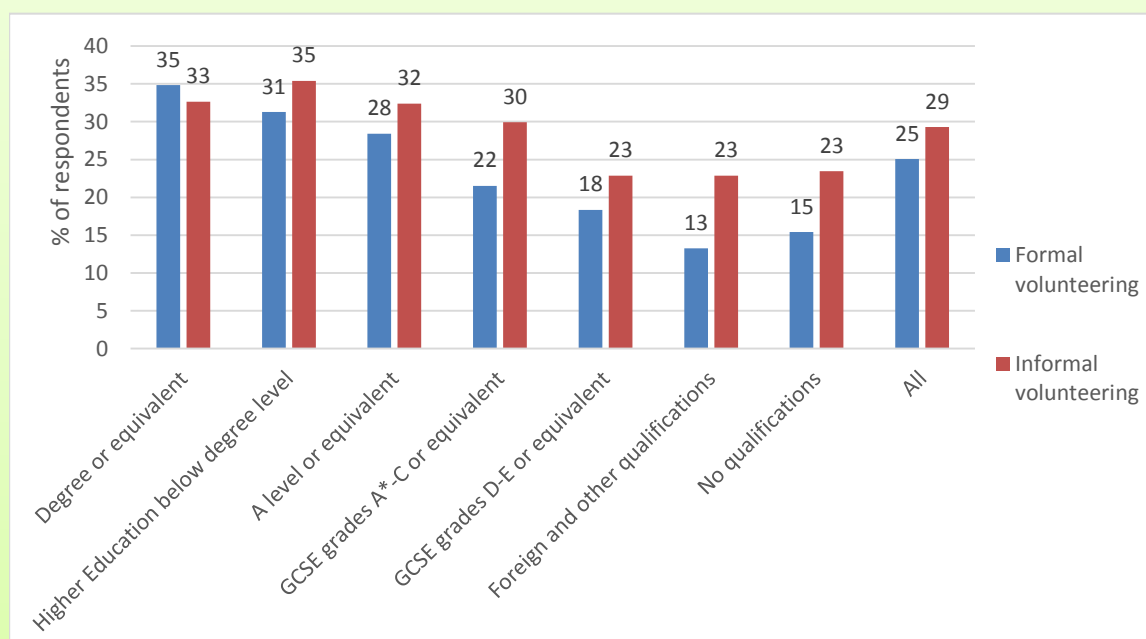

Figure 15 Citizenship Survey 2009-2010, Table H.7, Participation in formal and informal volunteering regularly, by highest qualification level

Economic capital – wealth, poverty & volunteering

Nine of the identified papers discussed a relationship between economic capital and volunteering. Higher economic capital has been positively linked to volunteering prevalence in the USA (Wilson and Musick, 1998, Taniguchi, 2006, Berliner, 2013), the UK (Hussein and Manthorpe, 2014) and across Europe (Plagnol and Huppert, 2010). In their analysis of the 2004 and 2007 Canadian Survey of Giving, Volunteering and Participating, Smith (2012) identified that an increase in income inequality is associated with a decrease in volunteering.

Higher income may allow more discretionary spending and afford people a greater stake in the stability and welfare of their neighbourhoods (Wilson and Musick, 1998). Those with higher incomes may also have a higher social network density of friends, creating more opportunities to volunteer (Wilson and Musick, 1998). Conversely, for those lacking in economic capital, volunteering might be a luxury they do not have time for (Plagnol and Huppert, 2010). They may also feel disconnected from their communities (Berliner, 2013) and not in a position to think about the welfare of others (Taniguchi, 2006).

The positive relationship between economic capital and volunteering may not, however, be clear cut. Labour status has been found not to have a large effect on volunteering in Canada (Smith, 2012). In an Israeli study, wealth was found not to be a significant indicator of volunteering prevalence (Youssim et al., 2015). Rather, what was important was how wealth had been accumulated; volunteering rates were proportionally highest amongst those who had inherited wealth as this was likely to be accompanied by other forms of inherited capital (Youssim et al., 2015). Forbes and Zampelli (2014) noted that the highest income households in the USA were less likely to volunteer and that home ownership reduced volunteering rates. Employment is thought to set an upper limit on the amount of time left for other activities, including volunteering, which is why a significant number of volunteers are retirees and students (Taniguchi, 2006). Moreover, Timebanks have been shown to attract people with few economic and social resources to volunteering (Markkanen and Burgess, 2015).

Box 15: Economic capital and volunteering in England

Citizenship Survey 2009-2010 data show a positive relationship between volunteering and measures of economic capital in England. People who are part of a higher socio-economic group (other than students) (see Figure 16) or those living in the least socio-economically deprived areas (see Figure 17) were found by The Department for Communities and Local Government (2011, Figure 5.7: Model 7) to be more likely to take part in regular formal volunteering compared to people in lower socio-economic groups or living in the most socio-economically deprived areas.
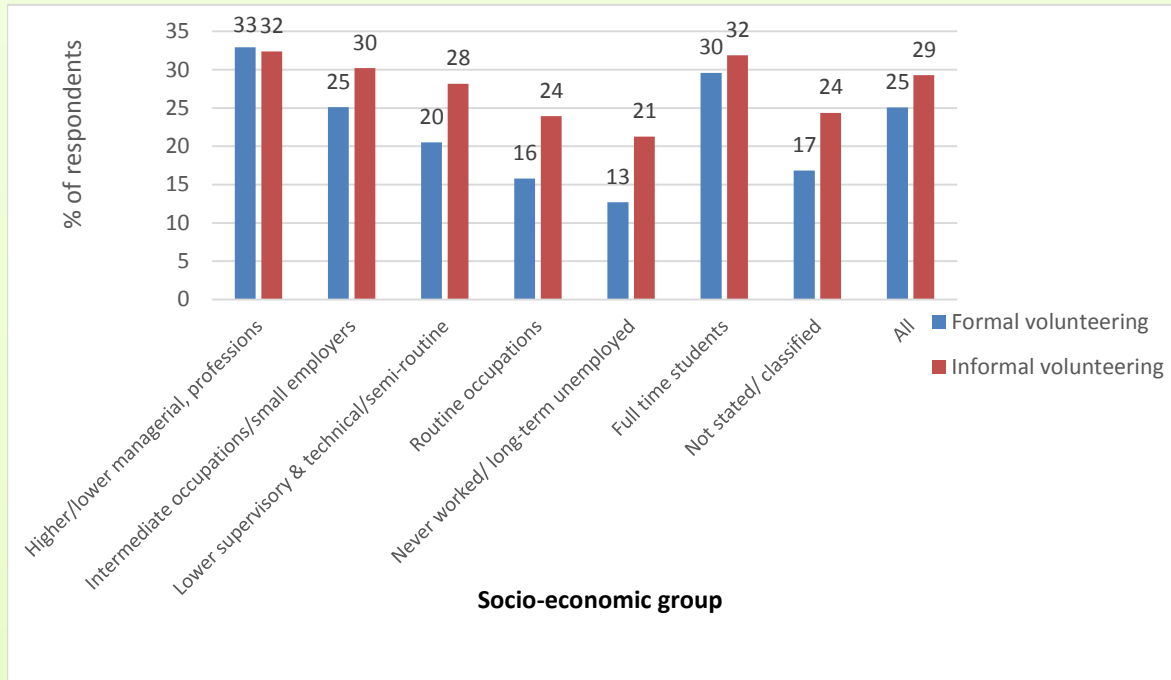
Figure 16 Citizenship Survey 2009-2010, Table H.6 (The National Archives, 2016), Participation in formal and informal volunteering regularly, by socio-economic group

Figure 17 Citizenship Survey 2009-2010, Table H.10 (The National Archives, 2016), Participation in formal and informal volunteering regularly, by Index of Multiple Deprivation

The 'Community Action in England' report also indicates that those in employment were more likely to take part in regular formal volunteering than those who were 'economically inactive' (Department for Communities and Local Government, 2011, Figure 5.7: Model 7). Since 2012-2013, however, the reported rate of regular formal volunteering of 'unemployed' people has increased and overtaken that of those 'in employment' and the 'economically inactive' (see Figure 18).
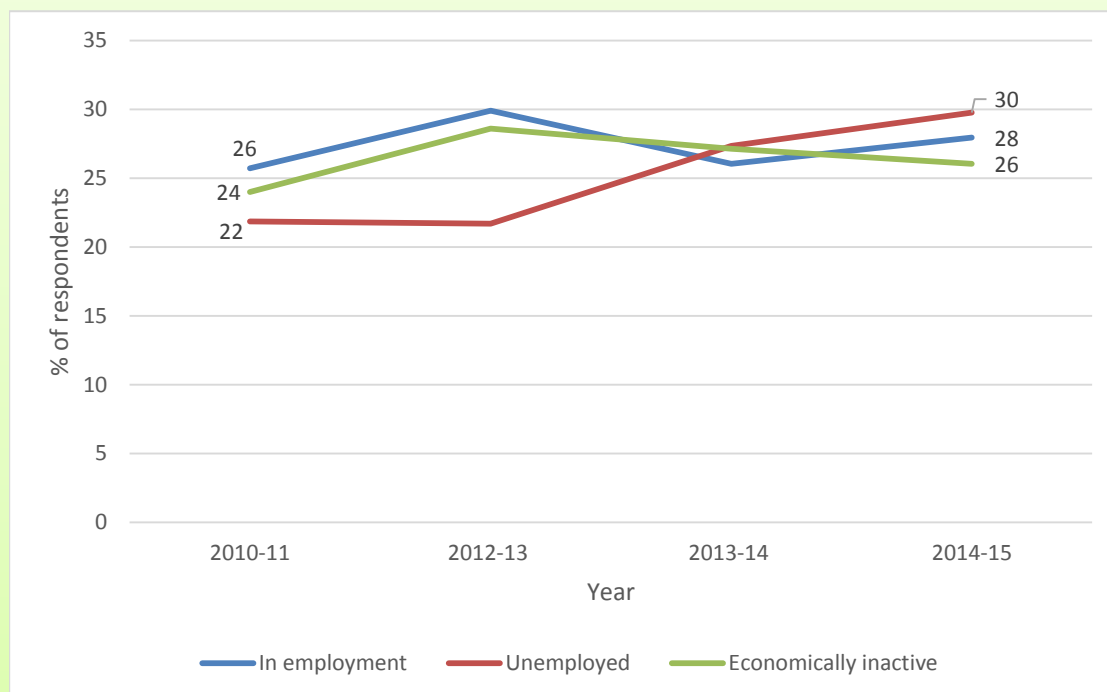
Figure 18 Community Life Survey 2014-15, Table 3 (Cabinet Office, 2016), Changing rates of formal volunteering regularly, by employment status

5   Summary of evidence

Whilst volunteering is an activity that can bring benefits to those directly involved and broader benefits for communities and society, not everyone volunteers their time equally. This review has used the Equality Act 2010 'protected characteristics' as a framework to explore patterns of, and barriers to, volunteering. Data have also been taken from 'Community Action in England: A report of the 2009-2010 Citizenship Survey' (Department for Communities and Local Government, 2011) and the Community Life Survey 2014-2015 to provide a context for interpreting those findings.

According to the most recent data from adults in England concerning barriers to volunteering, work commitments are the most cited reason for not volunteering. Other reasons include childcare commitments and looking after the home, doing other things, not knowing about volunteering opportunities, study commitments, looking after an elderly family member, disability and age.

Some demographic descriptors, such as 'age', 'disability' and 'gender', appear to be associated with a greater number of barriers to volunteering. This may, however, be reflective of a dearth of published research in other areas. Whilst there are differences in barriers to volunteering experienced by different groups, there are also some commonalities. Institutional factors and personal resources have been shown to affect a number of different groups. The relationship between volunteering and demographic descriptors is not a simple relationship, but is compounded by numerous interacting factors (see Table 2).

Volunteering, like many other activities, has a social gradient with people from more disadvantaged areas less likely to volunteer. Factors related to broader exclusionary process have been identified in different countries as key to participation in volunteering. There is a growing body of evidence demonstrating a positive relationship between social, cultural, human and economic capital and volunteering. Analysis of data from the US (Lee and Brudney, 2012, Wilson and Musick, 1998), Canada (Smith, 2012), Israel (Youssim et al., 2015), Italy (Marta and Pozzi, 2008) and Spain (Mainar et al., 2015) points to broader exclusionary mechanisms relating to social, economic, human capital– being significant factors affecting volunteering. Data from the Citizenship Survey 2009-2010 show socio-economic status, employment status, level of socio-economic deprivation, education and income as predictors of regular formal volunteering in England. These findings suggest volunteering reflects broader exclusionary forces inherent to contemporary social structures; as well as individual barriers, there are crosscutting issues that affect people intergenerationally.

	Socialisation		Institutional factors				Personal Resources						View of volunteering			Caring responsibilities				Employment		
	Parental/peer support	Social justice/pro-social values	Volunteer management	Access to opportunities	Stigmatising/exclusionary context	Lack of appropriate support	Skills, qualifications	Time	Financial cost	Health/physical functioning	Transportation	Social connections	Poor perception	Knowledge volunteering/roles	Different conceptualisation	Domestic responsibilities	Caring roles	Not having children	Not being married	F/T employment	Not in F/T employment	Employer support
Age (young people)	X	X		X	X		X	X	X				X									
Age (older people)			X	X	X		X	X	X	X	X			X			X					
Disability			X	X	X	X	X							X								
Gender (men)		X						X					X						X		X	
Gender (women)				X			X	X				X				X	X			X		X
Pregnancy/maternity																		X				
Ethnicity				X	X	X	X		X				X		X							
Relationship status																			X			
Religion				X																		
Sexual identity																						

Table 2 Summary of identified barriers to volunteering, by 'protected characteristic'

Gaps in knowledge

This review is not a comprehensive account of volunteering and inequalities, rather an overview of some pertinent issues. The review is not based on an exhaustive search of published and unpublished literature. Whilst every effort has been made for the search strategy to be as complete as possible, limited time and resources meant restrictions had to be placed on the breadth and depth of searching. This means that some information regarding barriers to volunteering may not be included. There is still a need for a more systematic review of the available evidence concerning barriers to volunteering, especially those faced by socially excluded groups in England.

The review has drawn heavily on literature from outside of the UK, particularly the USA, Canada, and mainland Europe; only twenty publications focussing specifically on a UK context were identified, including twelve pieces of grey literature. Given that the intention of this review was to provide a broad overview of the barriers to, and inequalities within, volunteering – and not to identify the exact reasons particular populations in the UK may or may not volunteer – the approach chosen was appropriate and conclusions drawn valid. That said, much published research relates to different social histories and contexts to the UK and further primary research and secondary data analysis of the barriers to volunteering in a UK context would be beneficial.

Whilst a significant body of research exists concerning volunteering and inequalities, there are gaps in our understanding of the barriers to volunteering that individuals from particular demographic groups may experience. No research was identified exploring either pregnancy and/or maternity/paternity or sexual identity and barriers to volunteering, and only limited data were available across the Citizenship Survey 2009-2010 and Community Life Survey 2014-2015. The majority of identified literature in relation to ethnicity or religion and volunteering was from a non-UK, mainly US, context. The available literature concerning relationship (marital) status and volunteering exclusively focussed on heterosexual marriage. Further primary research and secondary data analysis of volunteering patterns in the UK in relation to sexual orientation, ethnicity and religion would be beneficial in bridging current gaps in knowledge.

Additionally, the most up-to-date national data concerning volunteering from the Community Life Survey does not provide as much data as its predecessor, the Citizenship Survey. This means that volunteering, at a national level in England, is not being as comprehensively recorded and understood as it once was. As time goes by, the more detailed Citizenship Survey data will become increasingly out of date and irrelevant for contemporary analysis. Collecting more comprehensive data about volunteering, including barriers to volunteering and a broader range of demographic descriptors, in future rounds of the Community Life Survey would be beneficial for analysts and policy makers.

6   Implications for policy and practice

This report is concerned with volunteering and inequalities and what helps and hinders people taking part in volunteering. It presents findings from a rapid review of evidence on volunteering and inequalities that drew on published academic research, relevant grey literature from the UK and national policy/data sources. The report covers what is known about volunteering and health inequalities, the benefits of volunteering from a public health perspective, patterns of volunteering, barriers to volunteering for groups at risk of social exclusion, and research gaps.

Given the potential health and wellbeing benefits of participating in volunteering, the findings from this rapid review suggest volunteering is a public health issue. It appears that a version of the inverse care law applies, as those groups of people who may stand to benefit most from volunteering are less likely to take part. While there is much to be gained from broadening volunteering, particularly in the pathways and connections that can be made for disadvantaged groups, this should be done in conjunction with addressing broader equity issues.

Specific implications for policy and practice from this review are:

- *Human, social and economic capital* – Factors related to broader exclusionary processes have been identified as key to participation in volunteering. So that people can experience the virtuous circle of volunteering when they choose to, and gain maximum benefits in terms of their health and wellbeing, consideration needs to be given to how to foster greater human, economic and social capital.

- *Community membership* – Volunteering can be related to community membership (e.g. religion, ethnicity, social interest) and so greater cohesion within and between groups should be fostered to facilitate greater involvement. Volunteering has the potential to be a mechanism for integration and so it is important to address exclusionary processes rather than 'target' groups.

- *Life course* – it is evident from the identified literature that different barriers to volunteering exist at different life stages and so any interventions need to be tailored to the needs of different groups. At a policy level, encouraging volunteering requires a life course approach to deal with different barriers and facilitators, starting with support for young people to become involved in volunteering through to ensuring those in old age can continue to contribute if they wish.

- *Removing stigma*. Stigma may be preventing some groups of people from volunteering. Young people and men, for example, appear to hold negative perceptions of volunteering, whilst people with disabilities may be perceived as unable to volunteer. This suggests more could be done to remove stigma and to highlight the diversity of volunteering, along with ensuring a range of opportunities are available.

- *Appropriate support* – provision to facilitate the involvement of people from different demographic groups in volunteering, including young people, those with disabilities and those from ethnic minorities, needs to be more personalised to the needs of respective groups.

- *Institutional structures* – The review findings suggest that there is scope to improve the volunteer experience. This requires a systematic approach to addressing barriers and providing inclusive volunteer opportunities.

- *Individualised* – Barriers to volunteering can be overcome and volunteering rates for groups change. Whilst there may be many societal factors driving the apparent increase in volunteering by people from ethnic minority groups and the unemployed, there remains a need to ensure people are volunteering in ways where the most benefit can be had – with consent, and within diverse organisations and communities.

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Appendix 1- Rapid review search strategy

1. 'Volunteering' search string – (volunteer* OR champion OR active citizen* OR social action)
2. 'Inequalities' search string – (Inequalit* OR Disparity OR unequal OR exclusion)
3. 'Age' search string – (age OR young* people OR old* people)
4. 'Disability' search string – (disability OR disabled OR impairment OR ((longterm OR long-term OR long term) AND illness) OR life limiting condition)
5. 'Mental Health' search string – (mental health OR mental-health OR mental ill-health OR mental illness OR mental-illness OR psychiatric health OR psychiatric ill-health OR psychiatric illness)
6. 'Gender' search string – (gender OR gender reassign* OR transgender OR trans-gender OR male OR men OR female OR women)
7. 'Relationship status' search string – (relationship status OR married OR single OR civil partner*)
8. 'Pregnancy/maternity' search string – (pregnan* OR maternity OR paternity)
9. 'Ethnicity' search string – (ethnicity OR race OR ethnic minority OR cultur* divers* OR nationality)
10. 'Religion' search string – (religion OR culture)
11. 'Sexual orientation' search string – (sexual orientation OR heterosexual* OR homosexual* OR gay OR straight OR bi-sexual OR bisexual)

Search (in title unless otherwise stated)	Results
'volunteering' (in title) & 'inequality' (in abstract)	185
'Volunteering' & 'age'	1,082
'Volunteering' & 'disability'	897
'Volunteering' & 'mental health'	347
'Volunteering' & 'gender'	592
'Volunteering' & 'relationship status'	372
'Volunteering' & 'pregnancy'	97
'Volunteering' & 'ethnicity'	1,539
'Volunteering' & 'religion'	522
'Volunteering' & 'sexual orientation'	449
Total	**6,082**