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# VOLUNTEERING, INEQUALITIES & PUBLIC HEALTH: BARRIERS TO VOLUNTEERING SUMMARY REPORT



**This research summary presents findings from a rapid literature review by Leeds Beckett University on volunteering, inequalities and barriers to volunteering.**

## BACKGROUND

Volunteers make a major contribution to health and care and to community life. Volunteering is associated with a number of positive health and wellbeing outcomes for individuals and for communities. 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 maximise the contribution to health improvement and how to ensure that all groups, but especially those who experience disadvantages or social exclusion, can benefit from volunteering.

A focussed rapid review of volunteering, inequalities and barriers to volunteering was commissioned by Volunteering Matters as part of a collaborative project: 'Pathways to maximise the contribution of volunteering to public health'.

## KEY FINDINGS

### INTRODUCTION

This summary presents some of the major variations in volunteering and describes what inequalities exist and the identified barriers to volunteering experienced by different population groups. In order to keep a broad perspective on the nature of inequalities, we adapted the Equality Act 2010's 'protected characteristics' as a framework for identifying barriers in addition to other aspects of social exclusion. This summary presents key findings relating to age, disability, gender, pregnancy/maternity, ethnicity, relationship status, religion, sexual identity & social exclusion.

## KEY FINDINGS

### AGE

Volunteering rates differ across the life-course (see Figure 1). The transition from adolescence to adulthood is associated with a decline in volunteering followed by a steady increasing of volunteering with age up until older-old age where volunteering rates decline.

Among older people, poor health and physical functioning, poverty, stigma, lack of skills, poor transport, time constraints, inadequate volunteer management, and other caring responsibilities have been shown to be barriers to volunteering. For younger people, a lack of institutional support and not being socialised into volunteering roles are barriers. Younger people may also have negative perceptions of volunteering as well as not having time to volunteer.

The relationship between volunteering and age is compounded by a number of other factors, including gender, ethnicity, socio-economic status, family background, and education level.

### DISABILITY

‘Disability’, including physical and cognitive impairments as well as long-term or life-limiting mental and physical health conditions, is generally thought to create barriers to volunteering. In England, however, the difference between people with and without disabilities taking part in formal and informal regular volunteering is small. The most commonly cited reason why people with a disability do not take part in volunteering is because they have an illness or disability that prevents them (see Figure 2).

Stigma and disablist attitudes of others can be significant barriers to volunteering for people with a disability. There may be 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. People with a disability may themselves express concerns about participating outside of known ‘safe’ spaces and sometimes require additional skills development to take part in volunteering.

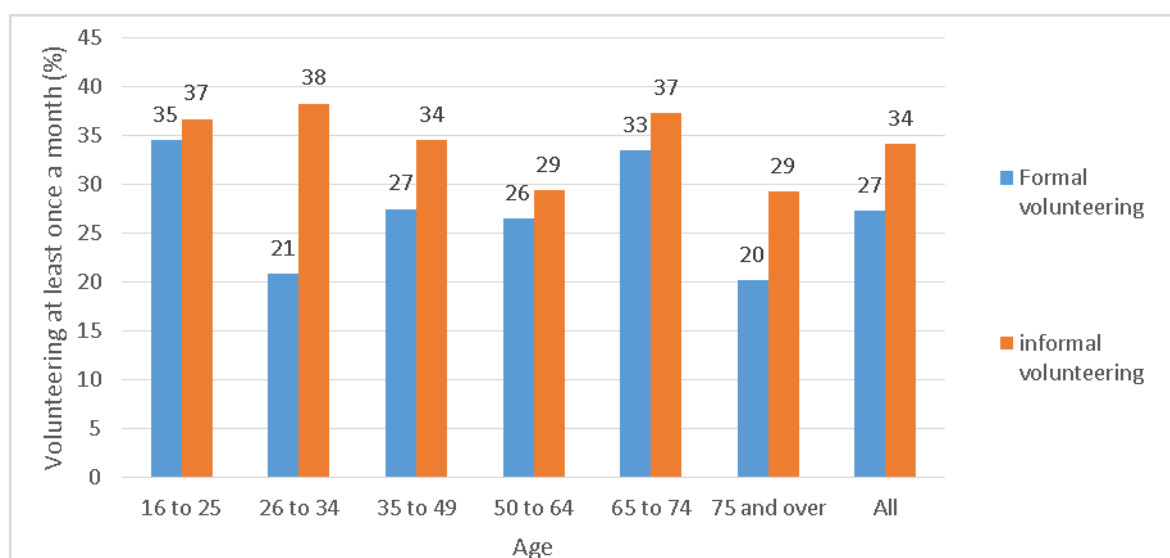


Figure 1 Community Life Survey 2014-15, Participation in formal and informal volunteering regularly, by age

## GENDER

Volunteering patterns differ between men and women. Women in England are more likely to participate in regular informal volunteering than men. However, the review has found that the relationship between volunteering and gender is complex. Men and women may have different motivations for volunteering and all identified barriers to volunteering appear to have a gender element. Women may be constrained to a greater extent than men by housework and additional caring responsibilities (for children and elderly relatives) and may experience less support from employers. Women may need to devote a greater proportion of their 'free time' in order to volunteer than men.

No research on volunteering and gender reassignment was found in this review.

## PREGNANCY/ MATERNITY

No research on volunteering and pregnancy/ maternity was found in this review, although having (school aged) children in the household is strongly positively associated with both formal and informal volunteering. 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.

## RELATIONSHIP STATUS

Marriage is generally positively associated with volunteering. It is worth noting that in the identified literature 'marriage' typically referred to heterosexual relationships. A changing backdrop of family structures may be affecting the relationship between marriage and volunteering, particularly for women increasingly part of paid employment, having less children, and having additional family care responsibilities.

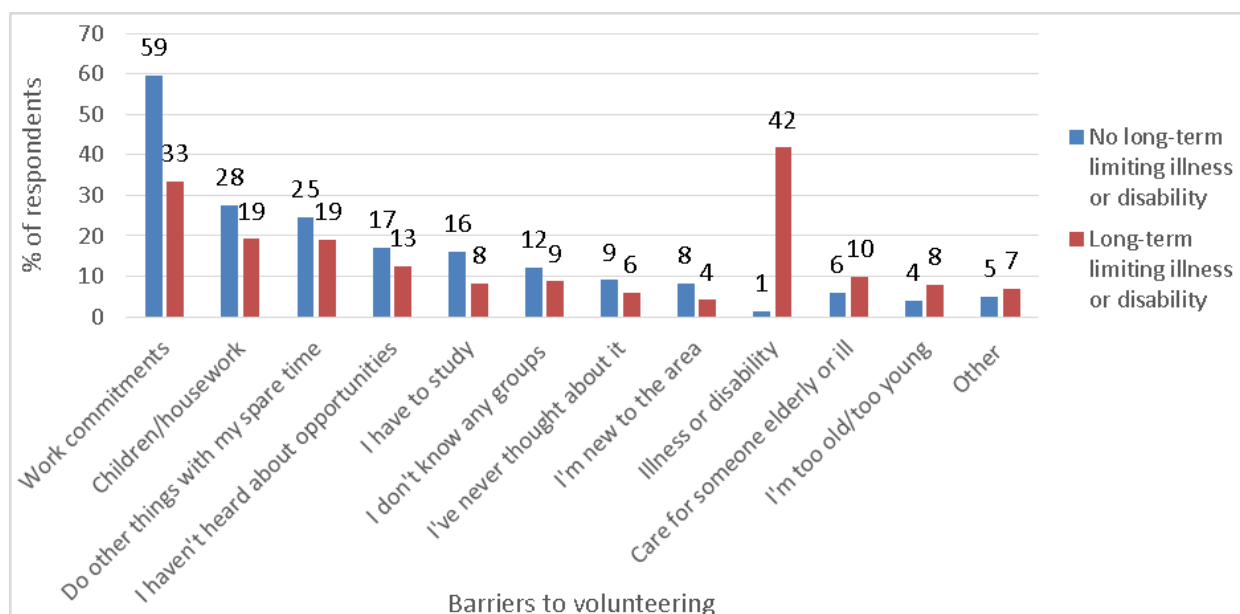


Figure 2 Citizenship Survey 2009-2010, Barriers to formal regular volunteering, by disability



## ETHNICITY

The relationship between ethnicity and volunteering is complex. Research shows that different cultures think about and value volunteering differently. People from minority ethnic groups may experience limited access to volunteering infrastructures, feel alienated or excluded within volunteer organisations and environments, have less skills and resources to volunteer, and experience less positive outcomes from volunteering. However, despite the apparent barriers, a recent trend is for volunteering among people from ethnic minority groups in England to increase (see Figure 3).

## SEXUAL IDENTITY

No research concerning barriers to volunteering and sexual identity was identified in the review. UK data suggests there are similar volunteering rates in relation to sexual identity, but this is based on limited sample sizes.

## RELIGION

Being religious is generally positively associated with volunteering. Church (or equivalent) attendance, in particular, is a key factor in volunteering, possibly creating larger social networks and more opportunities to engage in volunteering. However, the relationship to volunteering varies between religious affiliations. Religion may form exclusionary boundaries around who can volunteer and what kind of activities are undertaken.

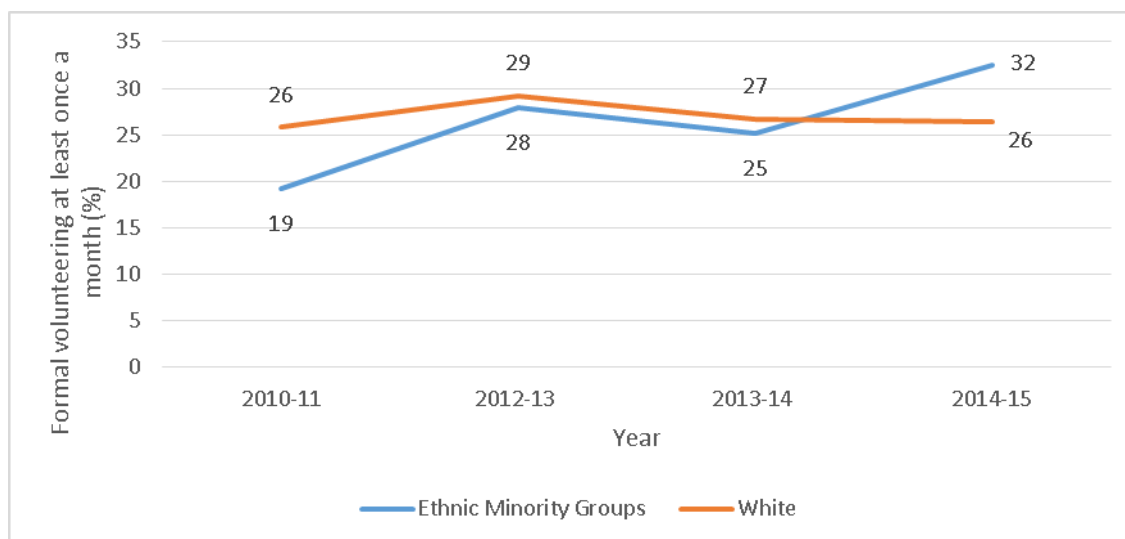


Figure 3 Community Life Survey 2014-2015, Changing rates of formal volunteering regularly, by ethnicity

## SOCIAL EXCLUSION

Volunteering, like many other activities, has a social gradient with people from more disadvantaged areas less likely to volunteer (see Figure 4).

Factors related to broader exclusionary processes have been identified in different countries as key to participation in volunteering. These can be grouped as:

**Social capital** – social connections and networks

**Human capital** – skills, knowledge and education

**Economic capital** – financial resources

**Cultural capital** – ‘symbolic elements’ (i.e. norms, values, language)

While volunteering is seen as a mechanism for individuals to boost their personal, social, financial and cultural resources in order to overcome their exclusion, volunteering also requires access to resources.

This means that those with less resources are less able to volunteer and gain the associated benefits.

These findings suggest volunteering reflects broader exclusionary forces inherent to contemporary social structures. As well as individual barriers, there are cross cutting issues that affect people between and across generations.

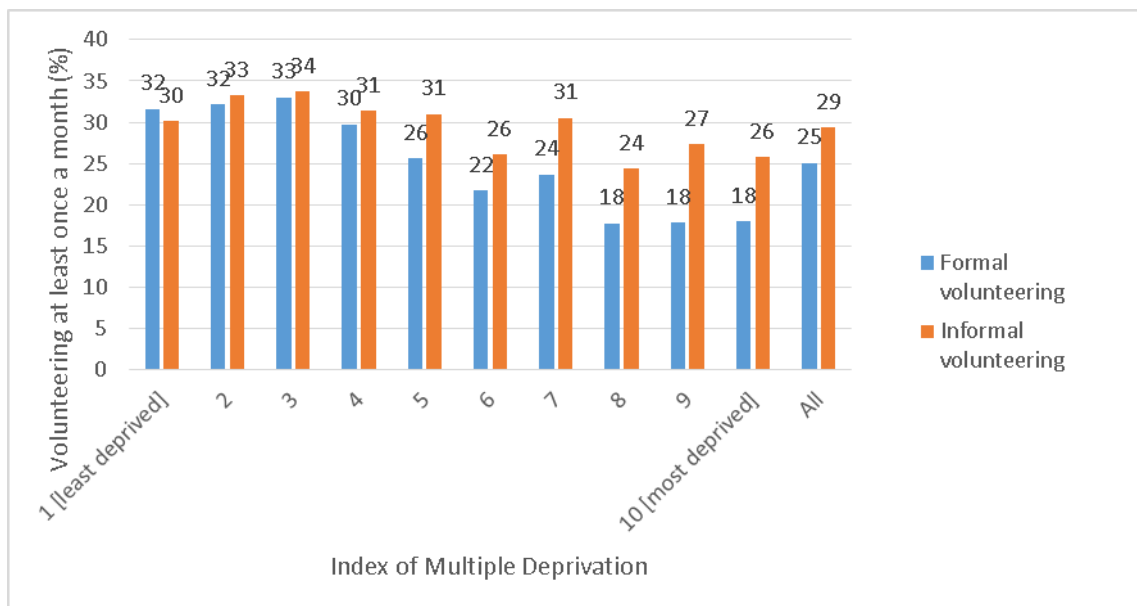


Figure 4 Citizenship Survey 2009-2010, Participation in formal and informal volunteering regularly, by Index of Multiple Deprivation

## IMPLICATIONS FOR POLICY & PRACTICE

To date, issues around how volunteering links to health inequalities have been largely hidden in UK policy discourse. This summary (and associated full report) identifies a range of potential barriers to volunteering (see Table 1) that vary across the life course and within different groups. The review has identified a number of research gaps; more needs to be known about how barriers can be overcome.

	Socialisation		Institutional factors				Personal Resources						View of volunteering			Caring responsibilities				Employment		
	Parental/peer support		Volunteer management				Skills, qualifications		Financial cost		Health/physical functioning		Poor perception			Domestic responsibilities			F/T employment			
			Access to opportunities				Time		Financial cost		Health/physical functioning		Knowledge volunteering/roles			Caring roles			Not in F/T employment			
			Stigmatising/exclusionary context				Transportation		Social connections		Different conceptualisation			Not having children			Employer support					
			Lack of appropriate support				Social connections		Social connections		Different conceptualisation			Not being married			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 1 Summary of identified barriers to volunteering, by 'protected characteristic'

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### What we did

A rapid scoping review was conducted on inequalities and volunteering. A framework to explore the multitude of exclusionary factors affecting volunteers and guide the review was developed using characteristics protected under the Equality Act 2010 (see table 2). Where necessary, the 'protected characteristics' have been adapted to include a broader range of research evidence.

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 identity
	Social exclusion (including social capital, human capital, economic capital)

Table 2 Adapted protected characteristics (Equality Act 2010) framework

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 Citizenship Survey (2009-2010) and Community Life Survey (2014-2015) concerning regular formal and informal volunteering in England was used to aid understanding of volunteering patterns.





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