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Self-growth, wellbeing and volunteering - Implications for social prescribing: A qualitative study

Amadea Turk[a],[*], Stephanie Tierney[a], Geoff Wong[a], Joy Todd[b], Helen J. Chatterjee[c], Kamal R. Mahtani[a]

[a] Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom [b] Gardens, Libraries and Museums, University of Oxford, Oxford, United Kingdom

[c] Department of Genetics, Evolution and Environment, UCL Biosciences, University College London, UK

A B S T R A C T

Volunteering - the giving of time and support, without expectation of payment, for the good of others, a community or organization – may bring about benefits to health and wellbeing. Formal volunteering may be considered as part of a social prescription to which link workers may refer patients. This paper explores the role that volunteering may play as part of social prescribing by considering the impact it can have on health and wellbeing and highlighting factors that link workers may need to consider when connecting patients to volunteering opportunities. We conducted interviews with 22 museum volunteers to explore how volunteering affected their physical and emotional wellbeing, and consider the potential consequences of these experiences for social prescribing. We analysed the interviews using thematic analysis to develop a descriptive model of how volunteering may influence health and wellbeing through encouraging self-growth. Our analysis highlights that volunteering can provide "enabling environments" and opportunities for "stretch" and can contribute to people's health and wellbeing by improving their "sense of self", "connection to others", and "sense of community". Our findings have implications for the use of volunteering as part of social prescribing and for volunteering organizations accepting social prescribing referrals to volunteering. These include the need to recognise the diverse needs of people receiving social prescribing and the need to tailor volunteering offers to these needs, as well as the need for link workers to be aware of the environments and support available to individuals at the volunteering organizations they are being referred to.

1. Introduction

Social prescribing offers "non-medical" referral options to professionals in primary care, which can operate alongside medical treatments to improve health and wellbeing by recognising social determinants of health. In practice, social prescribing involves coproducing a personalised plan with patients followed by

England, social prescribing is a key part of the NHS Long Term Plan (NHSE, 2019). The NHS model for delivering social prescribing in primary care within England is through social prescribing link workers. Link workers, also referred to as community link workers, care coordinators, or care navigators, facilitate social prescribing by liaising between general practitioners (GPs), voluntary and community services, and patients. Their role is to meet with patients,

referrals into relevant voluntary and community sector activities, or to local authority or health services if appropriate (Chatterjee et al., 2017; Gibson et al., 2021). Examples may include referrals to exercise groups, creative activities such as art and singing, referrals to benefits and housing advice.

Interest in social prescribing has increased in recent years in a number of high-income countries (e.g. Australia, America, Canada and across Europe). In

discuss their needs in depth, and help them set goals and develop an action plan, and direct them towards services in the community (typically offered by voluntary and community organizations) (Brown et al., 2021).

As part of a social prescription, people may be encouraged to take part in formal volunteering activities. Volunteering - the giving of time and support, without expectation of payment, for the good of others, a community or

organization – may bring about a number of benefits to health and wellbeing including improved self-rated health, life
satisfaction, social interaction, health behaviors and coping ability (Casiday et al., 2008), mental health (Jenkinson et al., 2013) and subjective wellbeing (Stuart et al., 2020). A review conducted by the authors also highlighted that volunteering may contribute to improvements in health and wellbeing by shaping identity and helping to establish an acceptable sense of self (Tierney et al., 2021).

Volunteering spans a wide variety of activities - from supporting those in need on a one-to-one basis or in a group, to working with nature or in a library, or helping to run events. Volunteering is being increasingly recognised as a potential part of social prescribing offers (Volunteer Scotland, 2015) that may provide an ideal outlet for meeting the diverse needs of people referred to a link worker.

While the potential of volunteering in social prescribing is recognised there is currently a lack of research that considers how social prescribing might operationalise some of the health and wellbeing benefits of volunteering. Furthermore, an evidence synthesis looking at the impact of volunteering on subjective wellbeing (Stuart et al., 2020), highlighted a number of additional gaps in the literature, including the need for more research that highlights the processes involved in driving changes in subjective wellbeing through volunteering. It also called for future research to consider how organizational contexts and conditions may affect volunteer wellbeing and identify the essential ingredients of the volunteer experience that can help promote subjective wellbeing.

Our research aimed to address these gaps by exploring the experiences of current volunteers and considering the implications of these experiences, in our analysis, for social prescribing to grow the evidence base available to support social prescribing initiatives looking to incorporate volunteering as part of their offers. We also aimed to draw on volunteers' experiences in order to highlight some of the organizational contexts that may need to be in place for the benefits to health and wellbeing to come about. This study also aimed to extend an initial conceptual model about the role of volunteering for health and wellbeing which was developed by the authors through a qualitative evidence synthesis (Tierney et al., 2021). by exploring some of the key issues of the framework in greater depth.

We conducted qualitative interviews with museum volunteers to explore a) how volunteering affected their physical and emotional wellbeing, and b) consider potential consequences of these experiences for social prescribing in our analysis. In this paper, we present a conceptual model of how volunteering may influence health and wellbeing based on our findings. We discuss the implications of this model for link workers and volunteering services in terms of the referral of people to volunteering as part of a social prescription.

2. Materials and methods

2.1. Design

We conducted a qualitative interview study with volunteers. Subtle realism underpinned the study, an ontological stance based on the notion that reality exists independent of observers but can only be accessed through the perceptions and interpretations of individuals (Ritchie et al., 2014). Ethical approval for the study was granted by the Oxford University Central Research Ethics Committee (REF: R70901/RE001).

2.2. Setting

While volunteering can take place in a number of settings, our study focused on volunteers working across a local association of historic gardens, libraries and museums as an example of a venue in which social prescribing activities may take place. The association comprises seven different institutions. It has a network of over 500 volunteers who contribute more than 20,000 h to public-facing and behind-the-scenes roles every year. Volunteering as part of this association includes both ad hoc and regular opportunities. Examples of roles include public engagement (such as welcoming guests, guiding tours, and running activities such as museum object handling); working as curatorial assistants; educational activities; and administration and marketing.

2.3. Stakeholder involvement

This project was supported by an advisory group composed of four members of the public (two volunteers and two people employed to support volunteers). We consulted with this group on an ongoing basis during the research process. They provided us with useful feedback on recruitment and participant information sheets, topic guide questions and interpretation of data. At the end of the project, we also held a stakeholder engagement workshop as a dissemination event. The workshop was attended by link workers, volunteer and cultural sector organization managers, researchers from different institutions, study participants and lay members of the public. During the workshops, we presented and discussed all our findings, which allowed us to explore the extent to which our findings resonated with and were of use to end users. 2.4. Recruitment and sampling

We identified participants by sending an open invitation, through the association's volunteer e-mailing list, asking people to contact the research team if they wished to be involved in an interview. We aimed to recruit a purposive sample (Thorpe & Holt, 2008) of volunteers in order to provide maximum variation in terms of a) age, b) gender, c) frequency of volunteering and d) length of time in the volunteering role. As the recruitment progressed, we sent out more targeted email invitations to groups that were lacking representation in our sample.

2.5. Data collection

Two researchers (AT and ST) conducted semi-structured interviews by telephone or a video-conferencing platform. It was not possible to conduct interviews face-to-face because of the restrictions imposed by the Covid-19 pandemic.

Interviewers used a topic guide (see supplementary material) which was informed by an earlier qualitative synthesis we undertook for the project (Tierney et al., 2021) and through consultation with the project advisory group. Topics covered included motivations for taking up volunteering; perceived benefits and challenges of volunteering; the effect of volunteering on self-perception; and the impact of the Covid-19 pandemic. As part of the interview, participants were asked to comment on three short vignettes designed to explore themes relevant to the management of volunteers, including establishing boundaries, managing volunteers and social distancing and Covid-19. While the interview topic guides did not explore social prescribing explicitly, the participant information sheet explained what social prescribing was, and that we wanted to consider volunteers' experiences of volunteering in order to improve our understanding of how individuals may benefit from volunteering through social prescribing.

All participants received a participant information sheet and gave verbal consent to be involved. The interviews lasted 30–60 min. They were audio-recorded, transcribed verbatim and anonymised.

2.6. Data analysis

We analysed the interview data using thematic analysis following the six steps of familiarisation, generation of initial codes, search for themes, review of themes, definition of themes and a final report laid out by Braun and Clarke (Braun & Clarke, 2006). The interview transcripts were read, organised, and coded using NVivo v12 (QSR International Pty Ltd. NVivo Qualitative Data Analysis Software, 2018). AT read and reread the interview transcripts and generated a list of codes. These initial codes were reviewed, discussed and refined with ST who coded 10 transcripts independently. The coding was primarily inductive (Braun & Clarke, 2006) but did contain deductive elements

- informed by our earlier qualitative synthesis (Tierney et al., 2021). Once the coding stage of analysis was complete, AT and STcollaboratively created conceptual maps. This helped with identifying and defining themes, by revisiting the data and through discussions. These themes were discussed with the wider project team and our advisory group, which helped us finalise our findings.

We presented the final themes to a group of 28 people who attended an online end of study workshop. Workshop participants included volunteer managers, volunteers, heritage sector staff and social prescribing link workers. Presenting interview findings to this group helped to ensure the credibility and transferability (Lincoln & Guba, 1985) of our analysis.

3. Results

Twenty-two volunteers aged 28–87 (mean ¼ 61.3) participated in an interview. Most identified as White British (n ¼ 16); the remaining participants identified as Middle Eastern, White European, Asian, Black British and English; nine were male. Participants varied in terms of the type of volunteering activities they undertook and the number of years they had been volunteers. Many had started volunteering during life transitions such as retiring, moving to a new city, or wanting to move into a new job. One also had a long-term condition which they felt volunteering helped them manage. These are all issues which fall under the remit of social prescribing. Participants either took up volunteering of their own accord (because they wanted to meet new people or learn a new skill) or because this was something recommended to them by friends or family. Details about participant volunteering activities are presented in Table 1.

Table 1
Details of participant volunteering activities.

ID	Gender	Age	Length of time volunteering	Frequency of volunteering	Type of Volunteering
Vol001	F	53	1.5 years	1-2 per week	Welcome desk
Vol002	F	66	2 years	1-2 per week	Help desk and cataloguing
Vol003	F	52	1 year	1-2 per week	Work with artefacts
Vol004	F	84	25 years	1-2 per week	Exhibition ticket desk
Vol005	F	73	10 years	variable	Museum tours and cataloguing
Vol006	F	53	3 years	Ad hoc	Event planning
Vol007	M	63	11 months	1 per week	Welcome desk
Vol008	F	67	4 years	1-2 per week	Cataloguing and working with collections
Vol009	F	57	2 years	2 per week	Welcome desk
Vol010	M	28	1 year	Ad hoc	A range of public facing activities
Vol011	F	71	20 years	Ad hoc	A range of public facing activities
Vol012	F	72	3 years	3-4 per week	Ticket desk and events
Vol013	F	68	8 years	1-2 per week	Gardening and activities with children
Vol14	F	87	30 years	3 per week	Learning and Education
Vol015	M	70	6 years	1 per week	Working with collections
Vol016	F	31	5 months	1-2 per week	Welcome desk
Vol017	M	53	5 months	1 every two weeks	Welcome desk
Vol018	M	37	6 months	variable	Moving objects in storage and event evaluation
Vol019	M	57	4 months	1-2 per week	Welcome desk
Vol020	M	71	11 years	1 per month	Tour guide
Vol021	M	68	9 years	2-3 per week	Tour guide

Our analysis identified five themes that explain how volunteering may improve people's health and wellbeing by encouraging self-growth. The overarching concepts of "stretch" and "enabling environments" explain how volunteering provides the right conditions under which selfgrowth can occur. By creating opportunities under the right conditions, we propose that volunteering can contribute to people's health and wellbeing by improving their "sense of self", "connection to others" and "sense of community" (Fig. 1).

3.1. Enabling environments

Gardens, libraries and museums have been described as being therapeutic landscapes (Turk et al., 2020). Therapeutic landscapes can be defined as spaces "where the physical and built environments, social conditions and human perceptions combine to produce an atmosphere which is conducive to healing" (Gesler, 1992).

Interview participants spoke of the gardens, libraries or museums that they volunteered in as beautiful, inspiring spaces, which provided a restful contrast to other aspects of their lives. They were described as somewhere they belonged, and in which they felt welcome. This helped to cultivate a sense of wellbeing.

"... the building, the surroundings, people and everything's just so nice and it's just such a lovely place ... I think cause I'm used to working in an airport and it's really busy and people are getting, you know get police all the time and that, it's actually really, really nice to go somewhere else." (Vol003)

Vol022	M	68	3 years	1 per week and ad hoc	Public facing activities

"You need spaces where you can contemplate, not quite like a church, but they are quite spiritual. You can go in there and just switch off and enjoy and I think people have missed that ..." (Vol009)

"I mentioned before that every time I walked into a museum when I was volunteering, I would immediately feel better ... This is a place where I can see myself. So on the really immediate bodily level, I felt better instantly." (Vol018)

In addition to being places that could have a therapeutic impact on how they felt physically and emotionally, the gardens, libraries and museums offered volunteers a safe, comfortable and well-structured environment within which self-growth could occur. The management and coordination of volunteering services played an important role in creating this enabling environment; interviewees talked about the importance of feeling supported and cared for, which could have a negative impact on their experience if it was lacking.

"I usually tell myself that it'll be fine, I reassure myself that it'll be fine. I have the supervisor there to assist me, my other volunteers to support me and then I usually end up enjoying myself in the end." (Vol010)
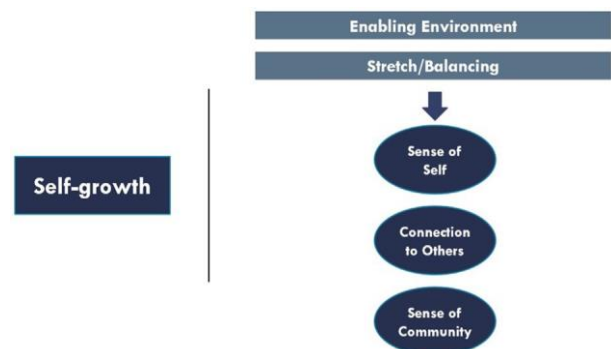

Fig. 1. A descriptive framework for understanding how volunteering contributes to health and wellbeing through enabling self-growth.

"They try to reassure you that you are volunteer, and you are not expected to be able to handle the difficult enquiries, difficult questions. I think that's good for my volunteering experience because you don't have to push yourself to be – I must answer this person's questions, otherwise I'm not being good." (Vol011)

"Physically the (venue) was extremely unpleasant. As I say, being incredibly hot. Amusingly a friend of mine was on the front desk and she said she was frozen ... the doors were open ... it did annoy me that I didn't get a response and it made me less want to volunteer for them,
I must admit." (Vol022)

3.2. Stretch and balance

The idea of stretch stems from community research (Stocks-Rankin et al., 2018), which showed that people value both stability as well as the stretch of new challenges and experiences. Stretch can therefore be understood as "the place between stability and growth, between meeting needs and offering opportunities"; it is the balance between stability and growth.

Based on our interview data, volunteering can provide 'stretch' in a number of ways. The volunteering activities people engaged with often harnessed their existing expertise or interests (gained through employment or hobbies) but also provided opportunities to encounter new concepts and new skills. By striking the balance between drawing on existing knowledge and abilities alongside learning something new, volunteers were able to employ their existing expertise to contribute and give back to the wider community while developing and evolving themselves. In turn, this increased their confidence and provided them with a sense of value.

"Well because I had been teaching at an advanced level ... for the previous 40 years and I'm quite good at explaining things to people and answering people's questions and I also, well at the time, I knew a certain amount about the (venue) ... but of course I've learnt a great deal more since and it was just something I was interested in." (Vol005)

"I actually always wanted to volunteer at the (venue) ... and I did the university's environmental conservation course and thought as a consequence of doing that I might have the skills that might be useful and I just waited for something to come

up ... I thought I'd learn a few things but I also thought I had something to offer." (Vol008)

Volunteering at the gardens, libraries or museums offered volunteers flexibility in terms of the amount of time they dedicated to it. This flexibility allowed them to fit volunteering into their existing commitments thereby striking a balance between providing a level of structure into their days, without being a source of stress.

"It's getting the balance right between being so over committed that you become unproductive but just having some sort of fixed commitments ..." (Vol 019)

"Not being, having any sort of great expectations on you, you know, if you don't feel like going in, just phone up ... I think it's a case of not being like ... when you're in work and you have got expectations and deadlines and things like that, that helps a lot." (Vol20)

The way in which stretch and balance were achieved was unique to each individual. Similarly, stability and growth meant different things to different people. This highlights the need for volunteering coordinators/ managers and link workers to recognise the importance of tailoring volunteering activities to the individual.

"It depends very much I think on each individual situation so if you're thinking in terms of social prescribing I think the match between the person who is being offered that social prescribing and the activity is really critical. I don't think you can just randomly offer ... I'm just aware that people don't always do the best for themselves particularly if they're in a situation where they are already challenged so it's the fit between those two things." (Vol008)

"I don't volunteer for things, for crafting very much because although I do some of that myself I'm not confident in transmitting that to people, whereas if it's generally talking about things I'm quite happy with that but actual setting myself up as some sort of expert in a craft situation is not really my thing." (Vol012)

3.3. Sense of self

Interview data highlighted that volunteering could give people a sense of purpose and a reason to get out and do something different. It helped them discover new aspects of themselves, through learning and trying new things, and feeling like a valuable part of a team. This enabled volunteers to experience an increase in self-confidence, thereby helping them build up their sense of personal identity, which may be particularly important during life transition (e.g. retirement, job loss or change, divorce), when confidence may reduced and previous daily routines disrupted.

"... I love being there and being part of an organization. But it still does get me out of the house and gives me an identity other than my husband's wife." (Vol001)

"... I've not been working the last few years and I think just having a role in the museum and being

able to come into that and being valued for that makes all the difference to me. You feel like you're doing something constructive and you're part of something." (Vol009)

"I've just effectively retired, and you're very much defined by your work. So, you can feel a bit at a loss when you stop working and so being able to volunteer does give you another aspect of your personality." (Vol022)

By taking time out to contribute to society and work as part of a team, volunteers discussed feeling that what they did was of value and appreciated by

others. They also discussed experiencing pride through being associated with what they felt was a reputable and respected organization (the association of historic gardens, libraries and museums from which they were recruited).

"I'm so proud to say I volunteer at the (venue) ... it does give me a bit of a boost to say that's where I work. Even though it's voluntary, I still work there." (Vol001)

"I can feel part of this amazing institution ... And share in the treasures and the excitement and the knowledge. It's all about fulfilment really and you can read that in many ways with volunteering. You can put self-fulfilment. You can put fulfilment of certain wishes. You can put fulfilment of interest. It's quite broad." (Vol002)

One participant expressed concern over potential negative implications that socially prescribing volunteering activities may have on perceptions of volunteers in general. She suggested it may mean that volunteering is perceived as being for people with "problems" and concluded that this could discourage people from volunteering.

"I'm quite concerned with this social prescribing term. I went to a conference on social prescribing last year because I was very worried that volunteers would become seen as people who had some sort of something wrong with them, medically or psychologically ... I was very worried that that would put an awful lot of people off volunteering and that it would be a very negative publicity thing ... it's important that volunteers are seen as normal people and that we're all respected as normal people, not oh gosh, (name) has got terrible problems, sort of thing." (Vol013)

3.4. Connection to others

Interviewees stated that volunteering provided a formalised way of making new connections. By working alongside other volunteers and staff, and interacting with members of the public, the volunteers we interviewed spoke about meeting people outside of their normal social circle – those who differed from them (e.g. in terms of age or cultural background). If volunteers had come from different countries, volunteering could give them opportunities to share their home countries' culture with people in their new environment.

"One of the things that enhances it for me is the people that I do the shifts with, the people I'm working with. A cross-section of (city)'s society really ... All the professions, artists, scientists, it's amazing and you're meeting people and quite intimately ... you talk about feelings a lot and you talk about other people's feelings and how you felt about a certain call etcetera." (Vol002)

"Over the late summer, there were youngsters there who were biding their time before going to university ... so it's not that I'm just mixing with people who are very similar to me. I think it's important I meet other types of people as well which is good, so there are youngsters in the role as well as us oldies." (Vol017)

"It's to introduce my culture and because I notice that people they don't have any idea about ((country)) ... but ((country)) is very rich country and I wanted just to show our culture and this is one of the benefits for me." (Vol006)

Opportunities for socialising and making new connections was one of the main motivations for taking up volunteering and one of the main contributors to health and wellbeing.

"I don't have a very big social circle so it could be that I don't actually meet very many people. So I thought I'm gonna make an effort, I'll get a role where at least once a week I'm out there chatting with people, interacting with people so it's as much for my wellbeing as it is to help out (venue)." (Vol007)

"I think one of the reasons why I volunteer is I want to have someone to talk to, so now I start working I have lots of chances to talk to people." (Vol016)

3.5. Sense of community

Working alongside other volunteers and members of staff helped to develop a sense of community and belonging through working towards a common goal. Volunteering helped individuals feel part of something bigger than themselves and to feel a sense of value through giving back to society.

"You get to feel part of the team, rather than someone who just comes in and does a role and then goes away again. You do feel as though you are part of the museum team which is good." (Vol007)

"It doesn't matter whether you're a PhD student or whether you're a volunteer; you just feel part of it and I really enjoyed that ... It was you are part of an endeavour which these people are completely passionate about and there is a purpose." (Vol008)

"I just wanted to be part of something especially when, 'cause I was in a job for 17 years but had to leave due to health issues and it's been a struggle getting back to work after that ... you miss that secondary part of your life almost so and also, so it's just sort of – it helps me in my sort of personal and mental health ..." (Vol017)
"... I think there's a distinction to be drawn between personal wellbeing, you know wellbeing within your own life, and communal wellbeing I guess refers to the wellbeing of the whole society, potentially even the whole eco-system ... It's not just about what's going on in my own life but about helping the society to become a healthier place." (Vol018)

As part of the enabling environment referred to in an earlier section, interviewees suggested that the organizations within which they volunteered played an important role in fostering a sense of community and making volunteers feel valued. This could be through invitations to engage in training and having managers or co-ordinators check with them on a regular basis to ensure that they were happy with what they were doing as a volunteer.

And we're included in so much of the training that goes on. The paid assistants get the training, but we get that training too. So, you're kept really well informed. If there are changes, if galleries are closed or the toilets aren't working or something like that, then you're notified along with the paid gallery assistants, and I think that's really important. (Vol001)

"It's the little things ... You know, there's a warmth and a feeling of encouragement." (Vol019)

I think it's great that both ((organization)) and the ((museum)) have volunteer managers or people to support you in these roles. I think that's really, really helpful. I think the fact that when you are volunteering somewhere staff or anyone that's around the museum is always super nice and helpful to you and they are a really supportive community. I think it's the fact that they've had volunteers for many years so are used to working with volunteers. (Vol009)

The training was good, the support of the people in charge of the volunteers, ((name)) is the main one, that they actually take the trouble to come and see you and check you in and you get to go to the same meeting as the regular employees before work starts in the morning and just everything is clear. Yeah, it's just made very easy. It's the little things like getting a little discount on your ((museum)) coffee, you know, you probably should but it happens and that's nice. You know, there's a warmth and a feeling of encouragement.(Vol019)

3.6. Self-growth

As the above themes emphasise, volunteering can promote selfgrowth by providing opportunities to augment or transform someone's identity, through a connection to others and a sense of community within enabling environments that encourage stretch. Self-growth can be understood as a desire to become a better version of oneself everyday (Jain, 2015). The experiences offered by volunteering as described above can push individuals beyond what they currently know and where they currently are in their lives, to develop a new sense of purpose and achievement, which in turn has benefits to their perception of wellbeing.

"... like when you handle customers' enquiries, some people, they are not patient enough. So, it is actually a chance for you to grow up ... because, for example, you thought you're good at something, but eventually when you're really in that situation, you may not be as good as you think of yourself ... volunteering provides chances for you to experience a lot more." (Vol016)

4. Discussion

Our analysis provides a novel framework (Fig. 1) that emphasises areas to consider when supporting patient health and wellbeing through the social prescription of volunteering. The framework describes how volunteering can contribute to wellbeing by providing the conditions and opportunities necessary for self-growth. However, this may call for individuals to take a leap of faith and to try something that stretches as well as complements their existing skills and knowledge. Furthermore, it requires the right infrastructure within an organization so that an enabling environment is available, in which people feel facilitated and safe to learn and experiment, to be challenged and to change.

Self-growth, or self-actualisation, features at the top of Maslow's "hierarchy of needs" pyramid (Maslow, 1943) and has been identified as a key motivation for engaging in volunteering activities (Same et al., 2020). Our findings resonate with other published literature showing that volunteering may buffer against the negative effect of low self-esteem on wellbeing (Russell et al., 2019). Almost all of the volunteers in our study had taken up volunteering during a life transition. Several previous studies have likewise found that volunteering provides meaningful opportunities for engagement during life transitions (Rotolo, 2000; Russell et al., 2019). For this to transpire, volunteering needs to be inclusive and flexible to tailor provision to the changing requirements of individuals at different stages in life. A problem could arise in some settings that are popular (e.g. due to their status/prestige) as there may not be enough volunteering opportunities to meet demand.

4.1. Implications for social prescribing

Our study highlights some of the conditions that enable self-growth to occur as part of volunteering; the findings support those derived from similar initiatives across other community based settings (Garcia & Winn, 2016; Stuart et al., 2020; Thomson et al., 2020). This has implications for how volunteering is offered as part of a social prescription. A key finding was that participants regarded venues where they volunteered as therapeutic settings (Turk et al., 2020), in which they felt nurtured and empowered to change. Poorly supported volunteering, where individuals are not provided with the resources they need or where they do not feel appreciated, may result in stress (Boyle et al., 2017), thereby having a negative effect on wellbeing. Link workers should be aware of the environments and support in place for volunteers in organizations to which they connect patients and should establish mitigation strategies for supporting individuals in such circumstances.

The notion of stretch identified from our data could be transformative in how people who engage with volunteering as part of social prescribing are framed; moving away from a deficit model, which depicts someone with problems, to seeing them as an individual able to contribute to their community. It presents an opportunity to open volunteering to a broader demographic, whereby people from a range of backgrounds take part. This will expedite the experience referred to by our interviewees of being exposed to and interacting with people from differing social spheres through volunteering.

People who engage with volunteering through social prescribing will have a diverse set of needs (Volunteer Scotland, 2015). These may range from seeking to develop new skills and confidence in order to find a job, to a wish to establish new social connections to help reduce loneliness. Existing literature highlights the importance of finding a "fit" between individual volunteers and their needs and talents and the opportunities offered by organizations (Macduff et al., 2009). It is key that link workers referring patients to volunteering ensure that activities are tailored to an individual's need. Allowing people to explore

(repeatedly if needed) their interests and giving them time to find their place within the volunteering organization may be required. Holding volunteer taster days, to allow potential volunteers to get a sense of the environment and activities before committing more fully, may be helpful for integrating volunteering into social prescribing. People connected to volunteering by a link worker may want to establish that the offer is delivered in a non-judgemental space. This may be seen as preferable compared to other suggestions from a link worker which may have a clearer mental health focus (e.g. befriending services or groups focused on developing confidence), which may be harder to access due to the stigma associated with mental health conditions (Thornicroft, 2008).

Offering volunteering as part of a social prescription may be interpreted as medicalising (Rose, 2007) this activity. If volunteering is regarded primarily as something undertaken to address poor mental health, a concern raised by one of our interviewees, there is a risk that any stigma attached to poor mental health also becomes attached to those who volunteer. This may hinder people's willingness to volunteer and limit the benefits to wellbeing that can arise from developing a more positive sense of self through doing so. At the same time, a 'volunteers hierarchy' should be avoided, whereby those coming to volunteering as part of a social prescription are marked out from those who do not. When people are involved in volunteering through social prescribing they must receive adequate support, while also being integrated into the group of volunteers that already exists in an organization. This may also have implications for the kind of information that needs to be shared between link workers and organizations, so that volunteers who are already part of the organization understand what social prescribing is.

A recent survey exploring the views and experiences of link workers referring to cultural sector organizations (Tierney et al. – under review) found that link workers may not refer to these venues if they were unfamiliar with them. This highlights the need for facilitating and improving the ways in which social prescribing services link with organizations that offer activities that may form part of social prescriptions. This may require ways of working that enable mutual understanding to be fostered, such as making time for joint meetings, or link workers shadowing existing volunteers to gain a fuller understanding of what is on offer. This notion of connection and joint working between social prescribing and voluntary and community services has been identified as being central to the success of social prescribing (Tierney et al., 2020).

While social prescribing recognises that health and wellbeing are shaped by a range of social factors (NHSE, 2019), and aims to ameliorate some of the effects of health inequities by addressing these (MacKenzie et al., 2020), it is still an individual-level intervention that may not be able to bring about the broader structural, social, and societal level changes necessary to reduce health inequities stemming from social determinants of health (MacKenzie et al., 2020). Existing literature points to inequities in access to volunteering opportunities for people from lower-socioeconomic groups (Stuart et al., 2020). The voluntary and community sector tends to be weaker and less well-funded in socio-economically disadvantaged areas (Clifford, 2021; Corry, 2020). In these areas link workers may find it harder to build relationships and social prescribing pathways with the voluntary and community sector organizations (Wildman et al., 2019), limiting the social prescribing opportunities available to those living in these areas. More research is needed to determine how social prescribing and engagement in volunteering opportunities operates in these areas, and whether and how people living in these areas may benefit.

4.2. Areas for future research

Our research provides insight into a small part of the potential of volunteering in the context of social prescribing. More research is required to explore whether and how our findings transfer to other settings. Future research could look to understand how other volunteers, and the organizations they support, respond to individuals who become volunteers as part of a social prescription. Organizations may be concerned about how to measure outcomes associated with health and wellbeing for those referred to volunteering through social prescribing. More research is needed to understand how best to assess these outcomes, in a manner that values individuals, is not too complicated to implement in practice, and can provide organizations with feedback on whether or not they are making a difference in this respect. Future research could also explore whether socially prescribing activities such as volunteering risks medicalising these activities, and therefore having implications for how those who take part in these activities are perceived.

One of the key findings in our research is that social prescriptions to volunteering opportunities need to be individually tailored, and that volunteering organizations may need to be flexible and able to support these volunteers. Future research should explore the extent to which link workers and organizations who provide volunteering opportunities are able to respond to this need for personalisation and support, in the context of the constraints (such as lack of time or resources), within which they operate. Additionally, more research is needed to ascertain how likely individuals are to take up volunteering opportunities in the longer term as a result of a social prescription.

Furthermore, exploring the skills and needs of people in organizations who support volunteers would be beneficial. We also need a better understanding of how organizations can collaborate to provide holistic support to individuals within a community. This may be made easier by the introduction of Integrated Care Systems (ICSs), established to facilitate local partnerships and integration between healthcare, councils and other stakeholders (including the voluntary sector), and to remove previous divisions between the various services available to support people's health and psychosocial needs (Charles, 2021).

Finally, the framework presented in our analysis is currently descriptive and additional research is required to expand on the mechanisms involved and identify some of the causal pathways linking each of the elements identified in the framework.

4.3. Strengths and limitations

Our study sample was purposefully chosen to reflect a range of volunteering experiences. Our sample size was appropriate for our qualitative investigation (Sandelowski, 1995). Variation was established within the sample in terms of gender, duration and frequency of volunteering, and type of roles/tasks

undertaken by participants. The study benefitted from significant stakeholder input throughout. All findings were presented and discussed with stakeholders, which helped to ensure that our final findings resonated with and were of use to end users. Furthermore, the project team comprised individuals with a range of backgrounds and expertise including general practitioners, social scientists, health services researchers and a volunteer manager. Hence, the analysis had an interdisciplinary input.

Our study focused on the experiences of volunteers working within one organization in the cultural sector. The volunteers we interviewed were overwhelmingly positive about their experiences. The organization from which they were recruited has a well-established volunteering programme that includes extensive training and support for volunteers and dedicated volunteer managers and coordinators. This may not reflect other environments within which volunteering takes place, where volunteers may experience negative effects on wellbeing such a burnout (Stuart, 2020).

Another point to note is that the volunteers in our study had all started volunteering by actively seeking out these opportunities themselves, which may be different to being referred to the activity by a third party as would occur through social prescribing. It is however worth noting that social prescriptions are not imposed but are co-created with link workers, therefore individuals referred to volunteering through social prescribing would still be undertaking the opportunity out of their own volition, they may simply not have considered this as an option before speaking to a link worker. It remains to be studied whether social prescribing produces long-term volunteers.

We did not collect data relating to socio-economic status or level of education as this was not something highlighted by our advisory panel who advised us about the amount and types of data we were collecting from each participant as part of the study. Future research could explore the roles that socio-economic status and education level play in shaping engagement with volunteering opportunities.

The participants in our study were already fairly engaged and actively wanting to improve their skills or expand their social networks and had identified museum volunteering as an appropriate pathway for doing so. Those directed to volunteering through social prescribing may be less sure of themselves and while they may eventually reap the same benefits from volunteering, this journey may take longer. Future research could explore whether and how social prescribing leads to sustained engagement in volunteering.

5. Conclusions

Volunteering may be a useful component of social prescribing and a means of supporting wellbeing, especially if it is varied and can be tailored to the diverse needs of people being supported by link workers. Our analysis highlights how volunteering can encourage self-growth by providing a suitable environment and opportunities for stretch and social interaction. It is important to consider that those who enter volunteering through social prescribing may need additional support, but this should not lead to the delineation of these individuals as distinct from or different to other volunteers by creating a "volunteers hierarchy".

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ssmqr.2022.100061.

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