



EVALUATION OF VOLUNTEER CARE RECIPIENT AND CAREGIVER EXPERIENCES IN VENTURA COUNTY

Brandon Luna¹, Carmele Forbes¹, Bailey Morris¹, Stephanie Rosales¹,
& Ronald W. Berkowsky¹

¹Health Sciences Program, California State University Channel Islands

ABSTRACT

While much research has focused on paid and family caregiving, little has been devoted to exploring the impacts of volunteer caregiving (i.e., unpaid services provided by community volunteers). Volunteer caregiving can provide a viable alternative to paid and family caregiving when such services are too costly or unavailable, and volunteer caregiving has the potential to positively impact both care recipients and volunteers. Utilizing a community-based approach, students of a senior-level Health Science Capstone class at California State University Channel Islands examined services offered by a local volunteer caregiving organization and evaluated the experiences of caregivers and care recipients. Data came from mail-in surveys administered to care recipients (2008-2011, 2022) and volunteers (2022) through the nonprofit *Caregivers* (Ventura County, CA). Analysis of quantitative and qualitative data from care recipients ($N= 394$) showed that care recipients most frequently utilized transportation services, reported a positive relationship with their volunteers, were worried about financial and physical independence, and enjoyed services (particularly intergenerational programming). Analysis of quantitative and qualitative data from volunteers ($N= 47$) showed that many were older adults themselves, most often provided transportation, and were overwhelmingly satisfied with their participation with *Caregivers*. Findings show that volunteer caregiving organizations provide a vital resource for community-dwelling older adults and an avenue for civic engagement among community members.

KEYWORDS

older adults, volunteer caregiving, community-based research, civic engagement, capstone

INTRODUCTION

There has been an increased reliance on formal (i.e., paid) and informal (i.e., family) caregiving services to meet the various needs of the growing US older adult population despite an insufficient number of caregivers available (Feinberg & Spillman, 2019). In response, volunteer caregiving has been posed as a viable alternative to more traditional paid and family caregiving services (Rowe, 2003). Volunteer caregiving provides essential, non-medical services via community volunteers to support independently-living older adults and those with disabilities. Services provided often include respite care, social visits, phone call check-ins, assistance with indoor and outdoor household chores, transportation to appointments, shopping, and assistance with paperwork – in most cases, volunteers are matched with care recipients based on need (Jellinek, 2001; Leviton et al., 2006). While much research has been devoted to exploring the impacts of formal and informal caregiving, as well as exploring the impacts of volunteerism in general, very little has been devoted to examining volunteer caregiving. Despite numerous

nonprofit organizations within and outside of the US which facilitate and manage these programs, volunteer caregiving has largely gone unnoticed among scholars. This paper addresses this gap by examining volunteer caregiving and its impacts, both among older adults and volunteers, in Ventura County, CA.

The Volunteer Caregiving Model

The volunteer caregiving movement can be traced to a program piloted in 1984 through funds from the Robert Wood Johnson Foundation – known initially as the *Interfaith Volunteer Caregivers Program*, this pilot would lead into the more widely recognized *Faith in Action* (Jellinek, 2001) that would, in turn, evolve into a nationwide network of nonprofit organizations known as the *National Volunteer Caregiving Network* (National

Corresponding Author

Ronald W. Berkowsky
California State University Channel Islands
1 University Dr, Camarillo, CA 93012
Email: ronald.berkowsky@csuci.edu



Volunteer Caregiving Network, n.d.). Although little is known on the impacts of volunteer caregiving on care recipients and the volunteers themselves, the NVCN estimates nearly 400,000 clients from the US and its territories have benefitted from volunteer caregiving services provided by over 150,000 volunteers (National Volunteer Caregiving Network, n.d.). Many of the organizations within this network fulfill community service gaps; as many as 70% of these nonprofits were the only organizations offering the previously mentioned services at no-cost to older residents (Leviton et al. 2006). With the expected growth of the US older adult population from 16% in 2019 to 21.6% by 2040 (Administration on Aging, 2021), it is important to understand the changing needs of older adults to effectively provide services to this rapidly expanding demographic.

Older Adults and Volunteer Caregiving

As previously mentioned, little previous work exists examining the preferences of older adults in receiving volunteer caregiving services and on the impacts of volunteer caregiving (both on care recipients and volunteer caregivers). In a study conducted in the US by the Area Agency on Aging 1-B (which services southeast Michigan), a survey of 601 older adults and their family caregivers who received volunteer caregiving support indicated most frequently requesting assistance with transportation (47%), respite care (22%), friendly visits (9%), and home maintenance services (7%) (McGuire et al., 2014). These services were provided daily (34%), occasionally (19%), weekly (17%), several times a week (15%), or monthly (14%) at a reduced rate (56% of market value, saving recipients on average \$230 per year); care recipients reported higher satisfaction towards their physical and mental wellbeing upon receipt of services, allowing many to continue living in their homes while also making a positive difference in the lives of their family caregivers. Another US-based case study of 6 community volunteer driving programs in Minnesota (including *Faith in Action* programs which provided transportation for medical, employment, educational, grocery, or pharmacy needs), found that providing recipients a low-cost option compared to other public or private services saved participants an estimated \$18 to \$185 per round trip (Zhao, 2017). In examining the impact of volunteer driving programs, the National Aging and Disability Transportation Center (2020) sought to understand the impact of COVID-19 on these programs given that many precautions were taken to protect drivers and recipients (e.g., wearing personal protective equipment, using larger vehicles); they found recipients were negatively impacted because many

programs closed, limiting community and healthcare access (e.g., recipients could not access drive-through COVID-19 testing locations).

Some work exists outside the US which examines volunteer caregiving or similar models. As an example, in a survey conducted among 516 older adults in China, 73.4% indicated wanting long-term volunteers to provide caregiving support which included: care visits (75%), transportation (56%), leisure activities (51%), meal delivery (44%), and telephone follow-ups (30%) (Zhao et al., 2015). Contributing factors for desiring these services included having multiple chronic health conditions, level of education, perceived social support, and marital status. Also, in an Australian study, 35 older adults who were provided volunteer gardening services at a reduced cost reported improvements to their mental and social health; these care recipients indicated that, through the work provided by volunteers, they felt safe and even excited going into their yards and inviting people to their homes (Same et al., 2016).

Despite the lack of scholarship examining volunteer caregiving and its impacts on older adults, more literature exists which shows the impacts of general volunteerism on recipients of volunteer services. Such impacts were analyzed in a literature review of 22 papers (Grönlund & Falk, 2019) and found two common trends: (1) a greater sense of community participation and reduced feelings of loneliness among recipients, and (2) increased self-esteem and sense of agency, including among older adults. Interestingly, the authors noted the limited research of recipient experiences from volunteer services compared to the experiences of volunteers. Another literature review of 87 research articles focusing on the impacts of volunteering found similar experiences from recipients who reported improvements to their physical, mental, and social health (Casiday et al., 2008).

Volunteers and Volunteer Caregiving

Proponents of the volunteer caregiving movement argue that, in addition to the value afforded to care recipients, volunteers themselves experience several benefits. There is a wealth of work which demonstrates the positive benefit of civic engagement among volunteers (e.g., Gottlieb & Gillespie, 2008), although less is known about the benefits experienced specifically by volunteer caregivers. Such volunteers are vitally important to the delivery of services to community-dwelling older adults, and it is important to understand their motivations and what brings them satisfaction.

The previously discussed study by Casiday et al. (2015) found that volunteers (although not specifically volunteer caregivers) reported numerous physical and mental health benefits as a result of volunteering. In examining motivations to volunteering among 56 volunteers in Italy, Zappa and Zavarrone (2010) found many derived intrinsic and extrinsic satisfaction from volunteering; they also felt they had a more active role in the organization, and receiving recognition from organizational staff for their contributions were positive motivators. The limitation of these studies is that they do not focus specifically on volunteer caregivers – such work has been conducted in South Africa, where an insufficiently-staffed and strained public healthcare system (due in part to the prevalence of communicable diseases such as AIDS) has motivated the increased development of volunteer caregiving organizations to meet the needs of patients. Across 6 Zulu communities, Akintola (2010a; 2010b) identified several motivators for community members to engage in volunteer caregiving including personal and community values, promoting one’s career, expectations of reciprocity and recognition, and answering a religious calling. However, these studies and others (Akintola et al., 2013) also noticeably discussed the high level of stress and burnout among volunteers, leading to issues of attrition. Still, volunteer caregivers noted intrinsic and extrinsic value in volunteering, particularly towards addressing the care needs of AIDS patients.

During COVID-19, many restrictions were placed on social interactions which affected vulnerable populations, such as older adults, but in some instances volunteer caregivers were able to provide continued support. A study of 8 volunteers from a *Faith in Action* volunteer driving program found volunteers continued supporting older community members because they were aware of the transportation needs of older adults; however, volunteers indicated that they considered discontinuing their volunteering if they felt unsupported by the organization or by the care recipients (Gale, 2022). Another study found volunteer caregivers and family members were important in providing social support and advocating for residents in long-term care facilities during the pandemic, as some felt human rights were neglected and residents experienced declining physical and emotional health (Robitaille et al., 2022). Outside the US, a study in Iran found that volunteer caregivers reported providing holistic care for patients which included mental and spiritual assistance, as healthcare professionals became overwhelmed by the COVID-19 pandemic and were unable to meet all the needs of patients (Heidari et al., 2020).

Research Focus

Volunteer caregiving has the potential to provide much needed services to community-dwelling older adults while simultaneously benefitting volunteers; however, there is a noticeable dearth in scholarship on volunteer caregiving, particularly when compared to the amount of literature devoted to paid and family caregiving. To explore the strengths and weaknesses of the volunteer caregiving model and help address gaps in the literature on the topic of volunteer caregiving, this paper examines care recipient and volunteer caregiver experiences of those involved with the Ventura County (CA) nonprofit *Caregivers*. Founded in 1984 with support from the Interfaith Council on Aging and the Robert Wood Johnson Foundation, *Caregivers* utilizes a community-based model of matching local caregivers and recipients developed by the Sisters of St. Joseph of Carondelet (Caregivers, n.d.). The nonprofit serves hundreds of older adults in the county and provides non-medical in-home support and transportation services in an effort to “promote the health, well-being, dignity, and independence of frail, homebound elders through one-on-one relationships with trusted volunteers” (Caregivers, n.d.). In understanding the experiences of care recipients and volunteers and elucidating the impacts of the volunteer caregiving model, volunteer caregiving organizations like *Caregivers* may gain the perspective necessary to enhance services and promote the lives of those they serve and those that volunteer for them - findings from the project will also contribute the limited literature on the topic of volunteer caregiving.

RESEARCH METHODS

This project utilizes a community-based approach to investigate the impacts of volunteer caregiving, both on care recipients and on volunteer caregivers, through a collaboration between *Caregivers* and a Health Sciences Capstone class at California State University Channel Islands. Prior to the start of the Fall 2022 semester (during which the project was conducted), the Executive Director of *Caregivers* and the Capstone faculty instructor discussed particular needs of the nonprofit which students could help fulfill while gaining professional skills and, more specifically, research experience; *Caregivers* expressed that there was a need for analyzing care recipient and volunteer caregiver surveys that had been collected for several years (but which the nonprofit had lacked the capacity to adequately analyze), and thus the research project was born. *Caregivers* was primarily responsible for supplying the raw data; a team of 7 Capstone students, in turn, were responsible for transcribing and coding the



raw data into a usable dataset, analyzing the data, and providing a summary report to the nonprofit. In utilizing a community-based approach, the project gives *Caregivers* valuable insight into its operations, its reach in the community, the positive impacts on community members, and avenues for potential improvement. The project also gives students valuable experience in conducting community-based research, further develops knowledge and skills that can be used in future employment, and promotes civic engagement.

Data

Data come from mail-in surveys administered both to those receiving care and those volunteering care services through *Caregivers*. Surveys were originally constructed by *Caregivers* personnel and aimed to assess what services were being utilized by care recipients, what were the general experiences of both care recipients and volunteers, and what were the satisfaction levels of care recipients and volunteers (see Appendix I-V for survey questions by year). Data provided to Capstone students for analysis included scanned copies of original survey responses from 2008, 2009, 2010, 2011, and 2022. Surveys administered 2008-2011 were only distributed to care recipients (i.e., “persons served,” who were also surveyed in 2022); data on volunteer caregivers is only available for the 2022 wave. Prior to any scanned survey copies being shared with Capstone students, a representative from *Caregivers* redacted all personally identifiable information of respondents – Capstone students involved in transcribing, coding, and analyzing data were thus not privy to any personal information of care recipients or volunteers.

Persons Served Surveys (2008-2011)

Surveys administered to care recipients between 2008-2011 included one quantitative question asking respondents to indicate what services they had personally received from *Caregivers*. Respondents were provided a list of services (e.g., transportation, students visitors) and were asked to check all that apply; if a service received was not listed, an “other support” option was provided along with a text field for respondents to provide written detail. Surveys also included additional qualitative questions asking respondents to detail the impact of the *Caregivers* program, their experience with student volunteers, and what additional help they may require. Of note is that the 2010-2011 surveys included two additional questions not on the 2008-2009 surveys asking if respondents had been specifically contacted by a *Caregivers* volunteer and, if “yes,” how the visit was. There was a total of 72 respondents for the 2008 survey,

68 for the 2009 survey, 95 for the 2010 survey, and 75 for the 2011 survey.

Persons Served Survey 2022

The design for surveys administered to care recipients in 2022 was significantly different compared to 2008-2011 and included more quantitative measures than qualitative. Respondents were asked to indicate how long they had received services from *Caregivers*, what services they received, with whom they shared their *Caregivers* experience with, how often they were contacted by volunteers or *Caregivers* staff, and how often they both request and receive services. In addition, care recipients were presented a series of statements focused on the impacts of and overall satisfaction with *Caregivers* – respondents were asked to rate how much they agreed or disagreed with each statement on a 5-point Likert scale. The survey concluded with a qualitative question asking respondents to describe “the biggest challenge(s) I face as a senior” followed by a question assessing what further information the respondent would like on services and support. Eighty-four respondents completed the 2022 survey.

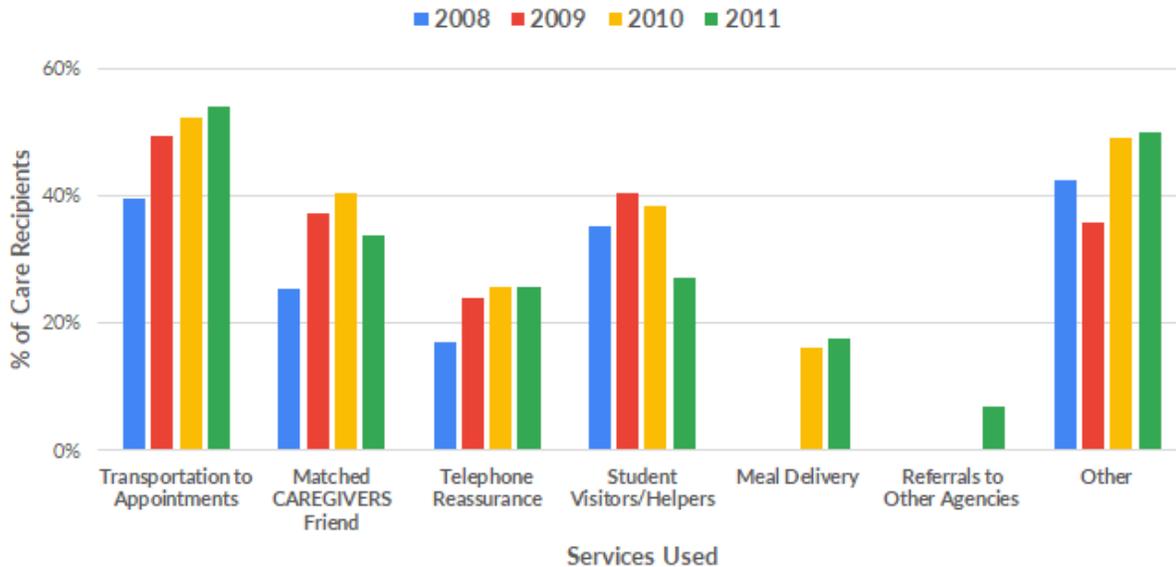
Volunteer Survey 2022

Volunteer survey data was only available for 2022. Like the persons served survey, the volunteer caregiver survey consisted mainly of quantitative measures, although there were some qualitative fields. Respondents were asked to indicate how many older adults they served, the volunteer’s age, what services they provided, how often they provided said services, how often they contacted the *Caregivers* office, and how often they contacted the care recipients they served. Like the persons served survey, there were also items measuring satisfaction with the *Caregivers* program using agree/disagree statements rated on a 5-point Likert scale. The survey concluded with qualitative questions asking respondents to describe challenges their care recipients face as well as the challenges they face as volunteers; these items were followed by a field for additional comments and suggestions. A total of 47 volunteers completed the survey.

Analysis

All data was transcribed and coded from the scanned PDF files into spreadsheets (i.e., Google Sheets) to produce a usable dataset (one that *Caregivers* could easily view and manage post-project). A codebook for the quantitative data was simultaneously produced for ease of interpretation by *Caregivers* staff. Qualitative

Figure 1: Percent of Care Recipients Using Each Service Provided by CAREGIVERS by Year (2008-2011)



data was transcribed by the entire Capstone team, with 1 student reviewing the transcriptions for clarity and errors. With a dataset produced, students divided into 2 teams: a team responsible for analyzing the quantitative data, and a team responsible for analyzing the qualitative data. The quantitative data was analyzed using descriptive statistics (e.g., calculating percentages and/or means) while the qualitative data was analyzed using thematic content analysis (i.e., identifying themes discussed frequently and in-depth across respondents).

RESULTS

For ease of interpretation, we first present the results of the persons served analysis, followed by the analysis of the volunteer surveys. For the persons served results, quantitative findings are generally discussed prior to discussion of qualitative results, although in many instances these analyses are discussed in tandem given how much they inform and support one another. For the volunteer results, quantitative and qualitative results are discussed simultaneously (given how little qualitative data is available for this sample).

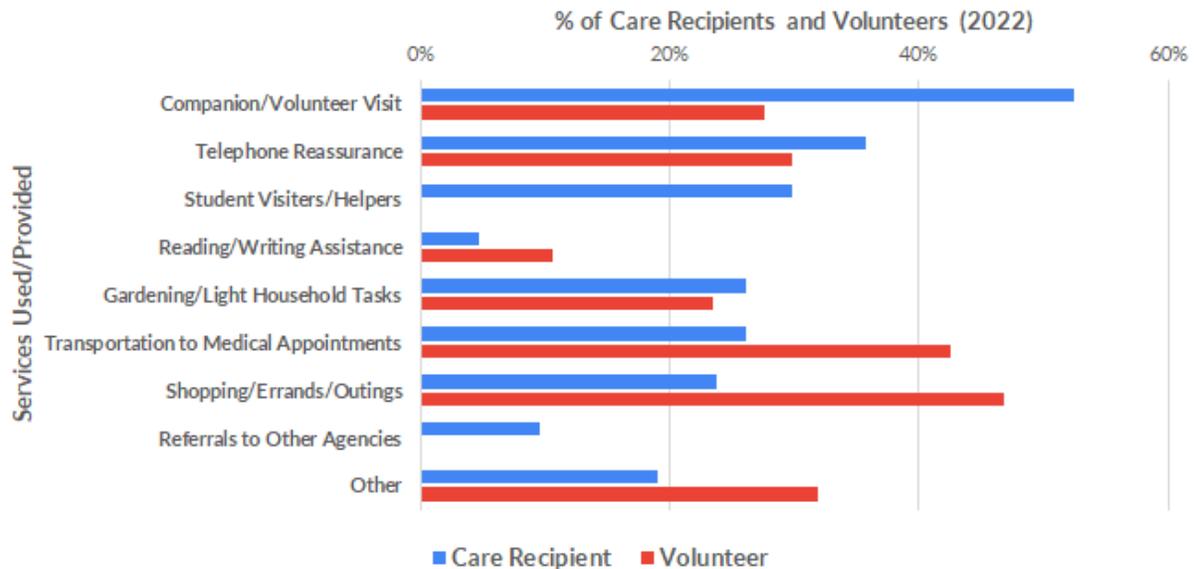
Persons Served

No demographic data for care recipients was collected via the persons served survey, as *Caregivers* already had this information on file (and thus had no need to re-measure in the surveys). As such, basic demographic characteristics cannot be adequately assessed. Data on services received, however, were collected across all

time points. Of the services offered from 2008-2011, assistance with transportation tended to be the most utilized (see Figure 1). While a direct comparison cannot be made given differences in question wording (i.e., the 2022 survey asks separate questions about transport to medical appointments and shopping/errands/outings, while the 2008-2011 surveys did not make this distinction), it appears that transportation remains the primary service utilized in 2022 (see Figure 2). Regarding contact with volunteers, 61.1% of 2010 respondents indicated that they had been contacted while 69.3% of 2011 respondents indicated the same.

Given the additional quantitative items in 2022, survey responses from this year provide more detail in care recipient experiences. For this survey, 76.1% of respondents indicated being contacted by a volunteer with a majority being contacted once per month (34.5%); contact with *Caregivers* staff was less frequent, with only 35.7% of respondents indicating contact once per month or more. These respondents most often shared their *Caregivers* experiences with friends (56.0%) followed by family members (50.0%). There was significant variation both in the frequency of requests for services and in the frequency of receiving services. A majority of care recipients reported requesting services “as needed” (57.8%), while 18.1% requested services once a month, 9.64% once a week, and 3.6% more than once a week. The rate of receiving services showed a similar pattern, with most respondents receiving services “as needed” (53.6%) and fewer receiving services once per month (21.4%), once per week (4.8%), and more than once per week (7.1%). Finally, a majority of care

Figure 2: Percent of Care Recipients Using Each Service Provided by CAREGIVERS and Percent of Caregivers Providing Each Service (2022)



recipients indicated positive experiences with volunteers (73.8%) and *Caregivers* staff (71.4%). Notably, 61.9% of care recipients indicated that *Caregivers* helped enhance their quality of life and 52.4% indicated the services they received helped them maintain their independence (see Table 1). Approximately half had developed a positive relationship either with their volunteer or with *Caregivers* staff.

Four themes emerged from the qualitative data from 2008-2011 and 2022 (some of which reinforced the quantitative findings): (1) care recipients most frequently utilized transportation services, (2) most care recipients reported a positive relationship with their volunteers and were grateful for the assistance, (3) care recipients reported concern about financial and physical independence, and (4) many care recipients indicated enjoyment with the intergenerational program.

Services Utilized

Transportation to medical appointments, shopping, errands, and leisure was cited as an often-used and valued service, a finding that was also reflected in the quantitative analysis. The following quote provides just one example of many highlighting the importance of transportation for care recipients (note that all participant quotes are copied verbatim and labeled with a randomly assigned ID):

"Made it feasible to attend my doctor's appointment. Since I am in a wheelchair it has been harder to get around but your service made it easy and lifted my spirits because I was able to get out of the house. Great driver + pleasurable service. Thank you!" (PS 53.09)

As many care recipients reported physical or financial limitations preventing them from driving, they relied heavily on *Caregivers* volunteers. Some stated how these services were preferable to other types of public and private transportation due to increased feelings of safety and reliability as well as due to the reduced cost.

It's important to note that while not measured quantitatively from 2008-2011, the qualitative responses from care recipients indicated that many also received assistance with indoor and outdoor chores.

Connection

As demonstrated in the quantitative data, use of services which provide avenues of socialization, including one-on-one matching with visitation and telephone reassurance, steadily increased from 2008 to 2022. Many care recipients wrote detailed descriptions on how impactful these interactions were to them:

"I have made a friend with whom I can talk and sometimes reveal some of my problems. I have severe arthritis and pain and as a result very

Table 1: Self-Reported Evaluation of Care Recipient Experiences (2022)

Survey Item	% Strongly Agree or Agree
“I am satisfied with my interactions with the <i>Caregivers</i> staff.”	71.4%
“I am satisfied with my interactions with <i>Caregivers</i> volunteers.”	73.8%
“ <i>Caregivers</i> has improved my overall quality of life.”	61.9%
“I have established a valuable friendship with a <i>Caregivers</i> volunteer and/or staff member.”	50.0%
“ <i>Caregivers</i> helps me to be more socially active.”	29.8%
“ <i>Caregivers</i> has helped me maintain my independence.”	52.4%

Note. N = 84

depressed. But caregiver is so understanding she helps so much.” (PS 1.08)

Some care recipients stated how they felt deeply connected to their volunteer as if they were part of their family:

“my caregiver is my best friend and like she is my family very Kind and understanding to me she really have time for me and also call once in while to know how I am doing” (PS 29.09)

While the amount of qualitative data available from 2022 is limited compared to 2008-2011, many 2022 care recipients did report comfort in knowing they could call or rely on someone should they need assistance. Care recipients across all time points expressed immense gratitude for these socialization services. One interesting note, however, is that only 29.8% of care recipients in 2022 reported that *Caregivers* helped them be more socially active (see Table 1). Potential reasons for this will be discussed later in the manuscript.

Independence

Several care recipients discussed their desire to age in place and remain at home (rather than navigate away to a community or institution they were unfamiliar with). However, concern arose regarding whether this was feasible due to physical changes and financial challenges. Many respondents stated that due to declines in physical independence (most often tied to vision and mobility issues) and declines in financial independence,

they had become isolated from community support and thus feared premature transition into a nursing home:

“I feel blessed to have been able to retain and live in my home, and not having to go to a rest home for the elders.” (PS 66.08)

As volunteers provided a support system to care recipients, data show that many could continue living independently for a longer period.

Intergenerational Programming

One of the programs offered through *Caregivers* is the *Building Bridges* program, an intergenerational volunteer caregiving service where high school students provide light indoor and outdoor chore assistance to *Caregivers* clients. Care recipients frequently stated their need for household assistance, with yard work being the most requested household chore service. Students provided this across all survey years, although their utilization has fluctuated: 35.2% in 2008, 40.3% in 2009, 38.3% in 2010, 27.0% in 2011, and 30.1% in 2022 (see Figure 1 and 2). The impact of this intergenerational program was received positively among nearly all who participated:

“I had not been in touch with young people for a long time! It was a great day being with these 5 girls & boys - so eager to help. I shall never forget them or the lady who brought them to the most wonderful day of my year! When others grumble about teens I tell them of that day & the wonderful young people



who not only left my home shine, but left me smiling too." (PS 43.10)

Many complimented the students for doing work around the home they could no longer do on their own including changing bed sheets, moving objects, and cleaning their yards. There were a few criticisms made by care recipients related to the students' lack of household chore experience. Despite this, many acknowledged and understood that the interaction was a learning experience for both themselves and the participating youth. Some care recipients discussed their *Building Bridges* experience with a dose of humor, highlighting the sometimes "lighter side" of volunteer caregiving:

"It's been fun watching the 16 Y.O.A. girls do yard work do not appear to have done 'outside work' before. They pitch-in and learn quickly." (PS 10.11)

As with other services, care recipients were consistently grateful for the help from students and for the social interaction. A few care recipients stated they had not interacted with younger generations, or had the opportunity to do so, in a long time and were thus pleasantly surprised by their *Building Bridges* experience.

Volunteers

Data for volunteers is available only from a 2022 survey. Review of both the available quantitative and qualitative data yields three unique themes: (1) that many of the volunteers were older adults themselves, (2) that volunteers most frequently provided transportation services, and (3) that most volunteers were satisfied with their *Caregivers* experience.

Age of Volunteers

Similar to the care recipient surveys, no demographic information was assessed in the 2022 volunteer survey with one exception: age. The average age of volunteers was 66.7 years. Dividing volunteers into age categories, a majority were 65+ (73.3%) with 22.2% between 40-64 and only 4.4% younger than 40. Volunteers often reported that the biggest challenge they faced at *Caregivers* was better prioritizing their time, and many wished they could spend more time assisting their care recipient but had responsibilities of their own to take care of first. A few volunteers noted their own declines in physical functioning, similar to that of their care recipients:

"I am no longer able to help due to my many health issues of my own. My time with Caregivers was VERY rewarding! Thank you!" (VC 3.22)

Volunteers also described challenges similar to those they felt their care recipients were dealing with including isolation, declining physical health, and financial difficulties. To address isolation, many suggested that *Caregivers* should increase volunteer and care recipient socialization, particularly in response to the 2022 COVID-19 social contact restrictions.

Services Offered

The number of people served per volunteer is difficult to accurately calculate, as many volunteers did not respond to this query or gave vague responses. However, two distinct groups did emerge from those who provided interpretable answers: those that served 1-4 people (52.2%) and those that served significantly more at 25+ (15.2%). Transportation assistance with shopping/errands/outings was the most offered service (46.8%) followed by transportation to medical appointments (see Figure 2). Nearly 32% of volunteers indicated they offered "other" services beyond the general *Caregivers* categories; these services included assistance with technology, home repairs, and assistance with meal preparation.

Frequency of contact with their care recipients varied. Seventeen percent of volunteers reported contacting their care recipient more than once a week while larger proportions contacted their care recipient once a week (23.4%), once a month (21.3%), or other (31.9%). Volunteers reported similar rates of actually providing assistance to their care recipient: 14.9% provided assistance more than once a week, 21.3% provided assistance once a week, 21.3% provided assistance once a month, and 36.2% indicated "other."

Satisfaction

Per Table 2, an overwhelming majority of volunteers indicated having a positive experience with *Caregivers* staff (89.4%) and with their care recipients (85.1%). Most believed their contributions made a positive difference in the lives of their care recipients (89.4%) and thought volunteering at *Caregivers* had a positive impact on themselves (89.4%).

Despite the positive response, qualitative data did show concern in that they wished they could assist more but had their own obligations to fulfill. Many volunteers also provided feedback on ways to improve *Caregivers*,

Table 2: Self-Reported Evaluation of Volunteer Caregiver Experiences (2022)

Survey Item	% Strongly Agree or Agree
“I am satisfied with my interactions with the <i>Caregivers</i> staff.”	89.4%
“I am satisfied with my interactions with the senior(s) served.”	85.1%
“I believe that volunteering with <i>Caregivers</i> has had a positive impact on my life.”	89.4%
“I believe my services have made a positive impact on my senior(s) served.”	89.4%

Note. $N = 47$

including increased follow-up and sharing more information on programming status:

“Appreciated calls from Caregivers asking how things are going. During those calls would be nice to know the big picture stats. Would help feel like part of a big team.” (VC 23.22)

DISCUSSION

Through a collaboration between a volunteer caregiving nonprofit and a senior Capstone class at California State University Channel Islands, the project described in this paper sought to investigate the impacts of volunteer caregiving in Ventura County, CA. Given the community-based approach, an essential goal of the project was for Capstone students to produce an informational report for the community partner *Caregivers*. Based on *Caregivers* feedback, it appears many of the results found actually confirmed staff member suspicions about both their care recipients, their volunteers, and their services. In summary, care recipients most frequently utilized transportation services, reported a positive relationship with their volunteers, were worried about financial and physical independence, and enjoyed services (particularly intergenerational programming). Volunteers (whom a majority of were older adults) provided transportation services most often and were overwhelmingly satisfied with their participation in *Caregivers*.

The services used by *Caregivers* clients matched the types of services cited in other studies (McGuire et al., 2014; Zhao et al., 2015; Zhao, 2017). Transportation to medical appointments, assistance with errands, and leisure activities (e.g., social visits) represented a significant portion of the services utilized. Other services provided by *Caregivers* included a matching service

between care recipients and volunteers, telephone assurance, and intergenerational programming. Limited academic research is available specifically on intergenerational volunteer caregiving, but in this study it was observed that such services were positively received by almost all care recipients.

Interestingly, the 2022 quantitative data did show stark differences between what care recipients reported utilizing and what caregivers were volunteering for. Care recipients reported they had received nearly twice the number of care visits as reportedly provided by volunteers. Volunteers, conversely, reported they had provided nearly double the transportation services to care recipients. It is difficult to explain this disparity without additional data. One explanation may be that if volunteers were specifically providing only one service, the number of volunteers providing the service may not reflect the number of times the service is provided (e.g., if a volunteer only provides care visits *but* services 30 older adults, this would create a mis-match between the volunteer and care recipient data). Because the sample of volunteers was also smaller (and only collected at one point in time), it’s also possible the data do not reflect the real-world trends within *Caregivers*.

Findings from the previously described AAA 1-B study (McGuire et al., 2014) reported 34% of elder care recipients received daily support and nearly all recipients stated that the services helped them to continue living in their homes. Comparatively, the findings from the 2022 wave of the study showed 53.6% of recipients received services “as needed,” and recipients did not necessarily associate *Caregivers* services with being more socially active (i.e., 29.8% felt socially active because of *Caregivers* – see Table 1). A higher rate (52.4%, Table 1) indicated that *Caregivers* helped care recipients maintain their independence, but these statistics are still

lower than expected. While care recipients may not have shown a quantitatively measurable social benefit from *Caregivers*, qualitative responses (across all time points) showed care recipients were deeply satisfied with services, with many developing a close connection with their volunteer. It's possible the disparity in the quantitative and qualitative findings can be attributable to how care recipients defined and conceptualized being "socially active" (e.g., that interacting with a volunteer was not viewed as a social activity comparable to seeing friends or family). A majority of care recipients indicated that *Caregivers* helped them maintain their quality of life and independence, which supports findings from Grönlund & Falk (2019); this is especially important given how many in the sample reported experiencing physical decline and isolation (likely only exacerbated by COVID-19 in 2022).

In previous studies related to volunteer caregiving or volunteering in general, older adults reported various improvements to their physical, mental, environmental, and social wellbeing after receiving volunteer services (Casiday et al., 2015; Grönlund & Falk, 2019; McGuire et al., 2014; Same et al., 2016). Volunteers reported similar benefits from volunteering, as research shows they derive various intrinsic and extrinsic rewards (Akintola, 2010a; Casiday et al., 2015; Zappa & Zavarrone, 2010). An interesting finding from the *Caregivers* data is that the satisfaction levels measured in 2022 were much higher for volunteers (e.g., 73.8% of care recipients in Table 1 were satisfied with their interactions with volunteers while 85.1% of volunteers in Table 2 were satisfied working with their care recipient). Although not discussed in the literature, there are several possible explanations for this: care recipients may be slightly more dissatisfied with the services received, dissatisfied with how frequently and how quickly they receive services, or are in want of services not provided by *Caregivers* volunteers. Regardless, a majority of caregivers and care recipients reported being satisfied with their interactions.

Volunteer data from 2022 showed a significant proportion of volunteers were over the age of 65 (73.3%), with many reporting positive experiences with assisting fellow older adults similar to other studies (Casiday et al., 2015). Supporting previous work (Gale, 2022; Heidari et al., 2020), older *Caregivers* volunteers often stated their investment with their care recipients either by wishing they had more time to spend helping them or indicating that they related to the problems of their care recipients (such as loneliness, physical decline, and declines in independence). As shown in Table 2, volunteers reported a high satisfaction with their

interactions with *Caregivers* staff (89.4%), and most stated that volunteering at *Caregivers* had a positive impact on their lives (89.4%). Some volunteers left suggestions for improving service delivery, supporting previous studies (Zappa & Zavarrone, 2010) showing that volunteers may derive greater satisfaction if they have more involvement with volunteer organizations.

Despite the contributions to the literature on volunteer caregiving this paper makes, it is not without limitations. Changes to survey questions between survey waves make it difficult to analyze trends over time; this is exacerbated by the fact that no identifiable information is provided (thus preventing longitudinal tracking of respondents). A lack of demographic data, as well as other potential cofounders, prevents further contextualization. Because data were collected only in Ventura County, CA, results may not be generalizable to other volunteer caregiving nonprofits. Finally, because there is a noticeable gap in data collection (2013-2021), it's possible that the snapshot provided by the analysis does not capture all valuable information (e.g., there is no data available from the early days of the COVID-19 pandemic).

CONCLUSION

The purpose of this study was to examine the impacts of volunteer caregiving on care recipients and volunteers in Ventura County, CA. Analysis of quantitative and qualitative data from care recipients showed that care recipients most frequently utilized transportation services, reported a positive relationship with their volunteers, worried about their independence, and enjoyed services provided by the volunteer caregiving nonprofit *Caregivers*. Analysis of quantitative and qualitative data from volunteers from the same nonprofit showed that many were older adults themselves, most often provided transportation services, and were deeply satisfied with their volunteering experience.

Results from this study show the value of volunteer caregiving to both care recipients and caregivers; volunteer caregiving through organizations like *Caregivers* provides valuable services at low- or no-cost to in-need older adults, and it provides an avenue for civic engagement for community members. Regarding actionable steps that can be taken by *Caregivers* and other volunteer caregiving nonprofits, results suggest that bolstering certain types of programming (e.g., transportation services, intergenerational programming via *Building Bridges*) may further benefit care recipients in the community and provide an outlet for additional volunteers. Future research on the topic of volunteer

caregiving should examine the impacts of such services in other locations and collect more detailed data on care recipients and volunteers to provide an avenue for additional analysis (e.g., examining disparities in care based on demographic characteristics).

ACKNOWLEDGEMENTS

The project described was conducted in collaboration with the volunteer caregiving organization *Caregivers* based in Ventura County, CA. The authors would like to thank the Executive Director (Tammy Glenn) and Program Analyst (Kaylin Krawczyk) for their input and guidance in completing this project. The authors would also like to thank Brandon Almanza, Sydney Duarte, and Emma Graff for their vital contributions towards the completion of this work.

REFERENCES

- Administration on Aging (2021). *2020 profile of older Americans*. Administration for Community Living. https://acl.gov/sites/default/files/aging%20and%20Disability%20In%20America/2020Profileolderamericans.final_.pdf
- Akintola, O., Hlengwa, W.M., & Dageid, W. (2013). Perceived stress and burnout among volunteer caregivers working in AIDS care in South Africa. *Journal of Advanced Nursing*, 69(12), 2738-2749. doi: 10.1111/jan.12166
- Akintola, O. (2010a). Perceptions of rewards among volunteer caregivers of people living with AIDS working in faith-based organizations in South Africa: A qualitative study. *Journal of the International AIDS Society*, 13(22), 13-22. doi: 10.1186/1758-2652-13-22
- Akintola, O. (2010b). What motivates people to volunteer? The case of volunteer AIDS caregivers in faith-based organizations in KwaZulu-Natal, South Africa. *Health Policy and Planning*, 26(1), 53-62. doi: 10.1093/heapol/czq019
- Caregivers (n.d.). *What we do*. CAREGIVERS: Volunteers Assisting the Elderly. <https://www.vccaregivers.org/about.php>
- Casiday, R., Kinsman, E., Fisher, C., & Bambra, C. (2008). *Volunteering and health: What impact does it really have?* Volunteering England. https://www.researchgate.net/profile/Rachel-Casiday/publication/228628782_Volunteering_and_Health_What_Impact_Does_It_Really_Have/link/s/56339fab08aeb786b7013877/Volunteering-and-Health-What-Impact-Does-It-Really-Have.pdf
- Gale, K. (2022). Older adults influencing the civic engagement of volunteer caregivers during the COVID-19 pandemic. *Innovation in Aging*, 6(S1), 818-819. doi: 10.1093/geroni/igac059.2945
- Gottlieb, B.H., & Gillespie, A.A. (2008). Volunteerism, health, and civic engagement among older adults. *Canadian Journal on Aging*, 27(4), 399-406. doi: 10.3138/cja.27.4.399
- Grönlund, H., & Falk, H. (2019). Does it make a difference? The effects of volunteering from the viewpoint of recipients - A literature review. *Diaconia*, 10(1), 7-26. doi: 10.13109/diac.2019.10.1.7
- Heidari, A., Fat'hi, A., Heidari, M., Adeli, S.H., & Yoosefee, S. (2020). Volunteer caregivers' empowerment for the care of COVID-19 patients: An experience in Iran. *Basic and Clinical Neuroscience*, 11(2), 247-250. doi: 10.32598/bcn.11.covid19.606.4
- Feinberg, L.F., & Spillman, B.C. (2019). Shifts in family caregiving – and a growing care gap. *Generations*, 43(1), 71-75.
- Jellinek, P. (2001). Faith in action: Building capacity for interfaith volunteer caregiving. *Health Affairs*, 20(3), 273-278. doi: 10.1377/hlthaff.20.3.273
- Leviton, L.C., Herrera, C., Pepper, S.K., Fishman, N., & Racine, D.P. (2006). Faith in action: Capacity and sustainability of volunteer organizations. *Evaluation and Program Planning*, 29(2), 201-207. doi: 10.1016/j.evalprogplan.2006.01.011
- McGuire, J., Cowmeadow, R., & Pierson, V. (2014). *Volunteer caregiver program outcomes report*. Area Agency on Aging 1-B. <https://www.aaa1b.org/wp-content/uploads/2016/08/Volunteer-Caregiver-Outcomes-Report.pdf>
- National Aging and Disability Transportation Center. (2020). *Trends Report 2020*. <https://www.nadtc.org/wp-content/uploads/1-2020-Trends-Volunteer-Driver.pdf>
- National Volunteer Caregiving Network. (n.d.) *About NVCN*. <https://nvcnetwork.org/wp/index.php/about-the-nvcn/>
- Robitaille, A., Garcia, L., & Adams, M. (2022). Making "nonessential" family/volunteer caregiving essential in long-term care homes. *Innovation in Aging*, 6(S1), 509. doi: 10.1093/geroni/igac059.1948
- Rowe, L. (2003). Faith in action: Caregiving help for neighbors in need. *Generations*, 27(4), 89-90.

- Same, A., Lee, E.A., L., McNamara, B., & Rosenwax, L. (2016). The value of a gardening service for the frail elderly and people with a disability living in the community. *Home Health Care Management & Practice*, 28(4), 256-261. doi: 10.1177/1084822316652575
- Zappa, P., & Zavarrone, E. (2010). Social interaction and volunteer satisfaction: An exploratory study in primary healthcare. *International Review of Economics*, 57, 215–231. doi: 10.1007/s12232-010-0095-4
- Zhao, J. (2017). *Cost-benefit analysis of volunteer driver programs: Minnesota case studies*. Minnesota Council on Transportation Access. <https://hdl.handle.net/11299/191886>
- Zhao, L. Xie, H., & Dong, R. (2015). Volunteers as caregivers for elderly with chronic diseases: An assessment of demand and cause of demand. *International Journal of Nursing Sciences*, 2(3), 268-272. doi: 10.1016/j.ijnss.2015.08.003



APPENDIX I (*Caregivers Person-Served Survey Questions, 2008 and 2009*)

- 1) What services is our agency *CAREGIVERS* providing to you? (check all that apply)
 - Transportation to appointments
 - A one-on-one match with a *CAREGIVING* friend who visits you
 - Telephone reassurance
 - Student visitors and helpers
 - Other support (shopping, outings, trips to the doctor, & more) – please list:

- 2) What difference has the *CAREGIVERS* program made in your life?

- 3) If the students have helped you, can you tell us about your experience with them?

- 4) I need help with the following:



APPENDIX II (*Caregivers* Person-Served Survey Questions, 2010)

1) What services is our agency *CAREGIVERS* providing to you? (check all that apply)

- Transportation to appointments
- A one-on-one match with a *CAREGIVING* friend who visits you
- Telephone reassurance
- Student visitors and helpers
- Senior nutrition meal delivery (PUMP)
- Other support (shopping, outings, trips to the doctor, & more) – please list:

2) Have you been contacted by a *CAREGIVERS*' volunteer?

- Yes
- No

If yes, what is their name:

And how was your visit:

3) How has the *CAREGIVERS* program improved your life?

4) If the students have helped you, can you tell us about your experience with them?

5) I need help with the following:



APPENDIX III (*Caregivers Person-Served Survey Questions, 2011*)

1) What services is our agency *CAREGIVERS* providing to you? (check all that apply)

- Transportation to appointments
- A one-on-one match with a *CAREGIVING* friend who visits you
- Telephone reassurance
- Student visitors and helpers
- Senior nutrition meal delivery (*PUMP*)
- Referrals to other agencies
- Other support (shopping, outings, trips to the doctor, & more) – please list:

2) Have you been contacted by a *CAREGIVERS*' volunteer?

- Yes
- No

If yes, what is their name:

And how was your visit:

3) How has the *CAREGIVERS* program improved your life?

4) If the students have helped you, can you tell us about your experience with them?

5) I need help with the following:

APPENDIX IV (Caregivers Person-Served Survey, 2022)



PERSON SERVED SURVEY

1. How long have you been involved with CAREGIVERS? _____
 2. Which of the following services have you received from CAREGIVERS? (Please check all that apply)
 - Visit from a CAREGIVERS Companion and/or Volunteer
 - Calls to/from Phone Friends
 - Visit from the student volunteer program
 - Assistance with reading and/or writing
 - Gardening/light household tasks
 - Transportation to Medical Appointments
 - Shopping, errands, outings, etc.
 - Referral to other community services
 - Other support: _____
 3. Which of the following have you shared your CAREGIVERS experience with:
 - Family
 - Doctor
 - Hospital
 - Social Worker
 - Friends
 - Other: _____
 4. How often are you contacted by a CAREGIVERS Volunteer or Phone Friend?
 - Once a week
 - More than once a week
 - Once a month
 - Other: _____
 5. How often are you contacted by a CAREGIVERS Staff Member?
 - Once a week
 - More than once a week
 - Once a month
 - Other: _____
 6. How often do you request services from CAREGIVERS?
 - Once a week
 - More than once a week
 - Once a month
 - Other: _____
 7. How often do you receive services from CAREGIVERS?
 - Once a week
 - More than once a week
 - Once a month
 - Other: _____
- Please indicate whether you agree or disagree with the following statements:**
8. I am satisfied with my interactions with the CAREGIVERS Staff.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 9. I am satisfied with my interactions with CAREGIVERS Volunteers.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 10. CAREGIVERS has improved my overall quality of life.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 11. If you agree or strongly agree to question 10, please provide an example: _____

 12. I have established a valuable friendship with a CAREGIVERS Volunteer and/or Staff Member.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 13. CAREGIVERS helps me to be more socially active.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 14. CAREGIVERS has helped me maintain my independence.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 15. The biggest challenge(s) I face as a senior is/are: _____

 16. I would like to receive more information on:
 - Visits from a volunteer following a hospital stay
 - Housing Support (offering/seeking a room rental)
 - Help getting my affairs in order (budget, will, medical directive, etc.)
 - Other: _____

If you would like more information on the above, or would like CAREGIVERS to contact you regarding this survey, please provide your contact info below.

Name: _____

Phone #: _____

*Call the CAREGIVERS office if you need a stamp to mail in your survey. Your input is important! (805) 658-8530.
1765 Goodyear Ave., Ste. 205 • Ventura, CA 93003 • Phone #: (805) 658-8530 • Fax #: (805) 658-8537 • Info@vccaregivers.org



APPENDIX V (Caregivers Volunteer Survey, 2022)



VOLUNTEER SURVEY

1. How many seniors do you currently serve? _____
 2. Your age: _____
 3. Which of the following services have you provided as a volunteer through CAREGIVERS? (Please check all that apply)
 - Transportation to Medical Appointments
 - Shopping, errands, outings, etc.
 - Phone Friends and/or friendly phone calls
 - Visiting/Matched with one or more seniors
 - Assistance with reading and/or writing
 - Gardening/light household tasks
 - Other support: _____
 4. How often do you contact your senior(s)?
 - Once a week
 - More than once a week
 - Once a month
 - Other: _____
 5. When were you last in contact with the CAREGIVERS office?
 - 1-2 Weeks ago
 - 3-4 Weeks ago
 - Over one month ago
 - Over two months ago
 - Other: _____
 6. How often do you provide services through CAREGIVERS?
 - Once a week
 - More than once a week
 - Once a month
 - Other: _____
- Please indicate whether you agree or disagree with the following statements:**
7. I am satisfied with my interactions with the CAREGIVERS Staff.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 8. I am satisfied with my interactions with the senior(s) served.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 9. I believe that volunteering with CAREGIVERS has had a positive impact on my life.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 10. I believe my services have made a positive impact on my senior(s) served.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 11. The biggest challenge(s) I see my senior(s) facing is/are: _____
 12. The biggest challenge(s) I face as a volunteer is/are: _____
 13. Please provide any additional comments, concerns, ideas for workshops/volunteer activities, or recommendations that you have for CAREGIVERS: _____
 14. CAREGIVERS is actively recruiting volunteers, please let us know if you have a referral or recruiting opportunity: _____
- I would like CAREGIVERS to contact me regarding this survey.
- Name: _____
- Phone #: _____

1765 Goodyear Avenue, Suite 205 • Ventura, CA 93003
 Phone #: (805) 658-8530 • Fax #: (805) 658-8537
 Info@vccaregivers.org