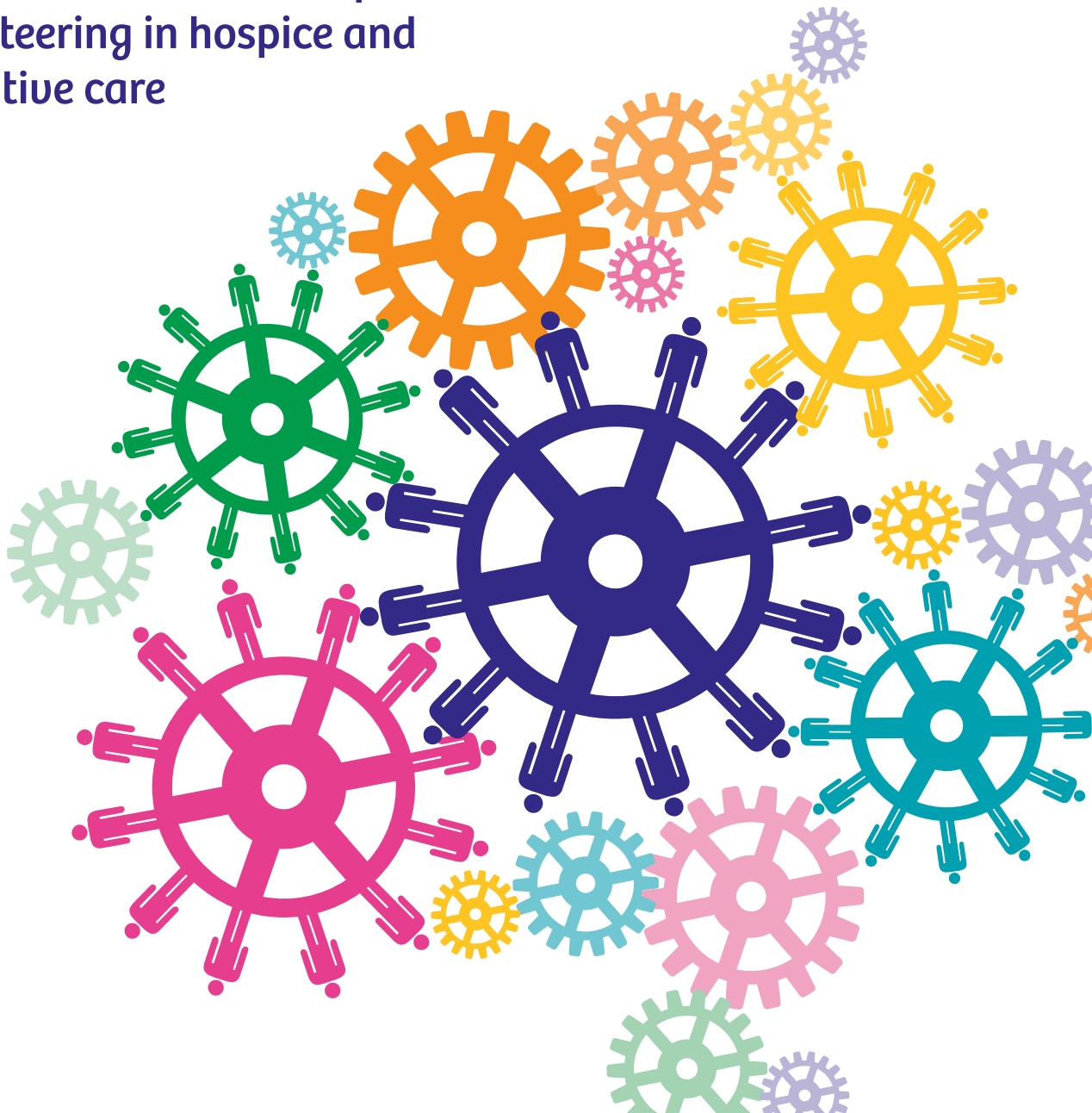




Volunteering: Vital to our future

How to make the most of
volunteering in hospice and
palliative care



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Together for Short Lives is the leading UK charity for all children with life-threatening and life-limiting conditions and all those who support, love and care for them. When children are unlikely to reach adulthood, we aim to make a lifetime of difference for them and their families.

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Forewords

Volunteers play a vital role in our society, in a myriad of ways and in all types of settings. The hospice and palliative care sector, like many others, benefits from the time freely given by thousands of volunteers each week, and could not achieve all that it does without them. These volunteers complement the work of paid professionals, and are able to increase significantly the scope and reach of the work that these essential services are able to offer.

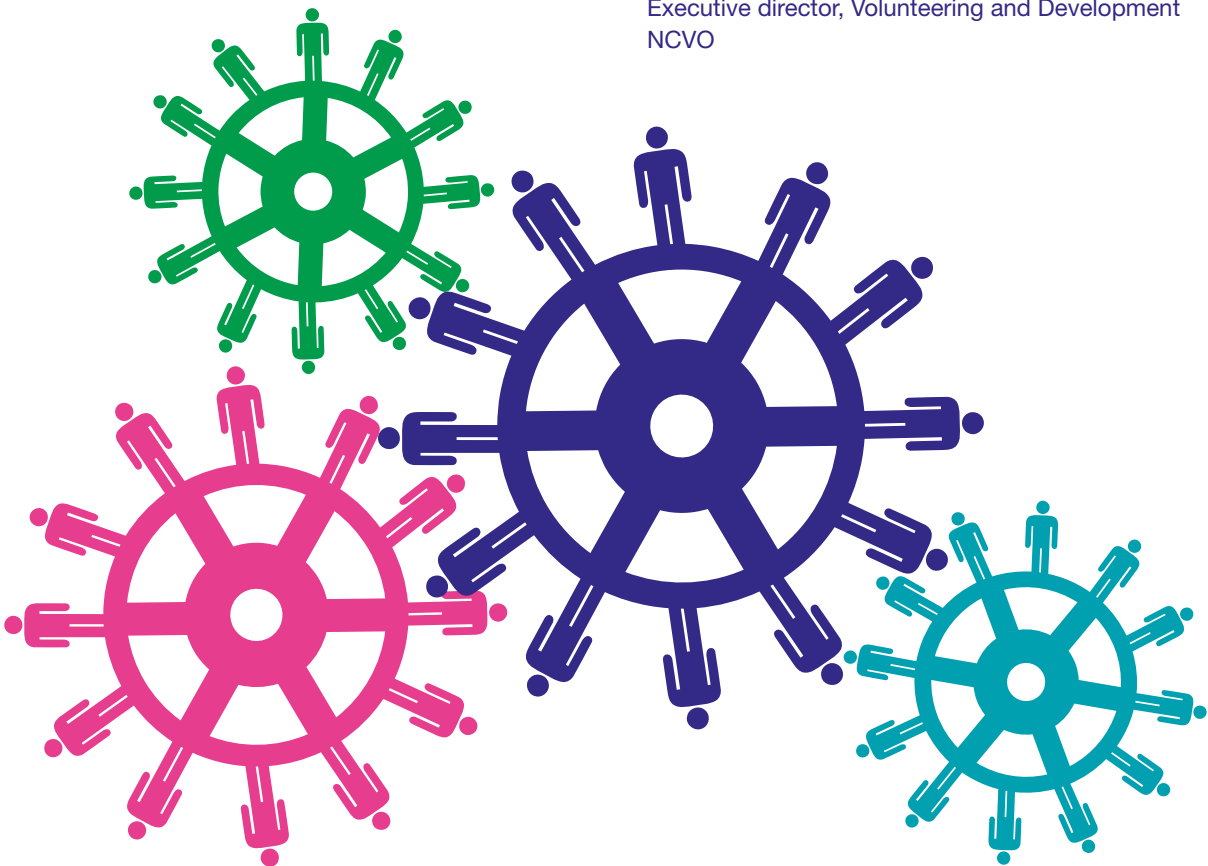
There are significant changes affecting the health and social care sector across the UK, with more people requiring more care and support than ever before. I believe that volunteering can and should play a key role in the response to these changes, with the development of new roles and models that adapt to meet people's changing needs.

I also believe that the hospice and palliative care sector is uniquely well placed to develop volunteering in order to meet this challenge, with the strong history that volunteering has in the sector, and the strength of community support for their local services.

Organisations need a strategic vision for the role of volunteering within their workforce, in order to take advantage of the opportunities that exist. Furthermore, in order for volunteering to be effective, it needs to be supported. This resource provides detailed guidance in both of these areas, and should be of great value to all those working in the hospice and palliative care sector.

Dr Justin Davis Smith CBE

Executive director, Volunteering and Development
NCVO



This resource is the outcome of a partnership project between Together for Short Lives and Help the Hospices – the focus of which was to consider the future of volunteering in both adult and children’s services and how further development of volunteering might be supported. A number of key national developments have influenced and shaped this thinking including changing trends in hospice and palliative care volunteering, findings from recent research studies and the Commission into the Future of Hospice Care.

It has become evident that in order to make a real impact on volunteering in the sector, and specifically to encourage the further development of volunteers in more care-focussed roles, there is a need to develop resources to encourage commitment from trustees and chief executives in addition to care professionals and those responsible for volunteer management.

It was important to us that this resource addressed the issues facing the multi-professional team, including volunteers in both children’s and adult services. Research was therefore undertaken to seek the views of trustees, staff and volunteers to inform the development of the materials.

Every new development has to start somewhere and while this resource may seem overwhelming to those starting out, it is intended as a map for the volunteering journey, and can be used as a guide, one step at a time. For well-established services we hope that the contents will fuel new ideas and thinking and provide tools for the review and development of services.

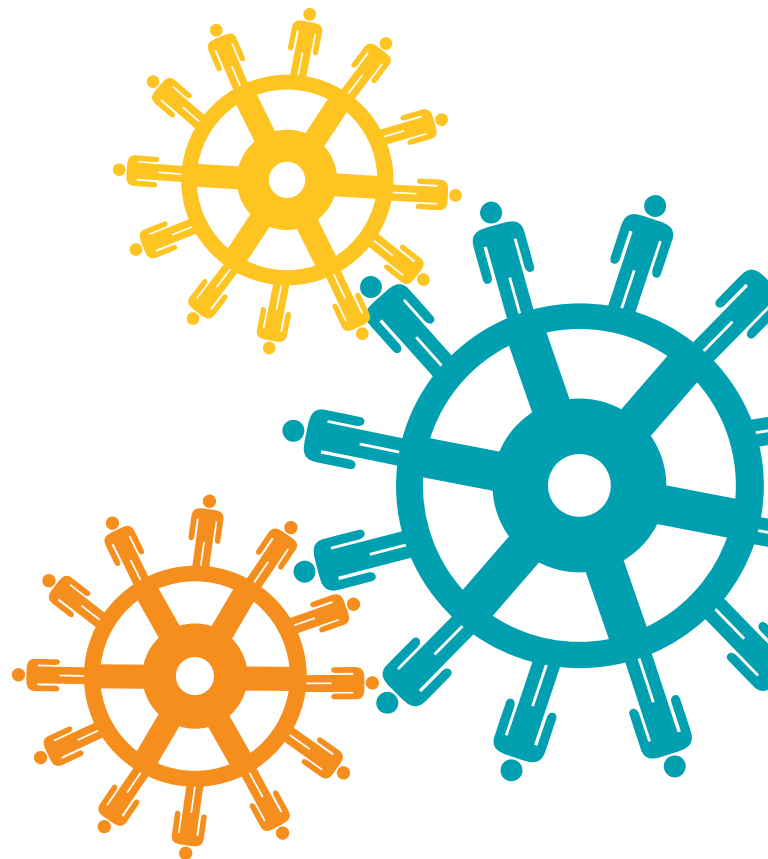
There is no doubt that volunteers are vital to hospice and palliative care settings. Volunteers have a key role to play in the governance of hospice organisations. They are an important and integral part of the workforce, bringing a unique dimension to the care environment, and bridging the gap between the clinical team, those who use services and their families. Volunteers help to de-medicalise the care environment and help organisations to develop strong reciprocal links with local communities. Most importantly, volunteers play a critical role in ensuring the sustainability of organisations that provide hospice and palliative care services and the broad range of services that they offer.

David Prail

Chief executive
Help the Hospices

Barbara Gelb

Chief executive
Together for Short Lives



Acknowledgements

Volunteers play a vital role in our society, in a myriad of ways and in all types of settings. The hospice and palliative care sector, like many others, benefits from the time freely given by thousands of volunteers each week, and could not achieve all that it does without them. These volunteers complement the work of paid professionals, and are able to increase significantly the scope and reach of the work that these essential services are able to offer.

We would like to acknowledge the contribution and support from the project Steering Group:

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We would also like to thank everyone who so willingly participated in the Resource Survey, all those who contributed case studies and those who reviewed this resource.

Section 1

Setting the scene

Who is this resource for?

This resource is designed for the hospice and palliative care sector – including Board members, senior managers, volunteer managers, clinical managers and indeed any member of staff whose role involves responsibility for volunteering or for a specific group of volunteers.

Using this resource

You do not need to read this resource from cover to cover – instead you might prefer to dip into it as required and use it as a reference, guide and evaluation tool, depending on the needs of your services. This resource recognises the significant experience of those developing and managing volunteering within the hospice and palliative care sector.

The purpose of this resource is to promote effective practice through collaborative working within hospice and palliative care service teams and wider networks, as well as to explore what added value volunteers can bring to the care and support offered to those who use our services and their families. It has been developed in response to the needs expressed by participants in a survey that was undertaken to inform this resource, referred to throughout as the 'Resource Survey'. Services that have successfully developed new approaches to volunteering, share their experience through case studies. The resource uses signposting to highlight key points for you to consider, as well as directing you to additional sources of information and guidance.

The resource at times refers to trustees and Boards as many hospice and palliative care organisations are independent charities, however, it is recognised that structures are different in other settings.

The resource is divided into five sections:

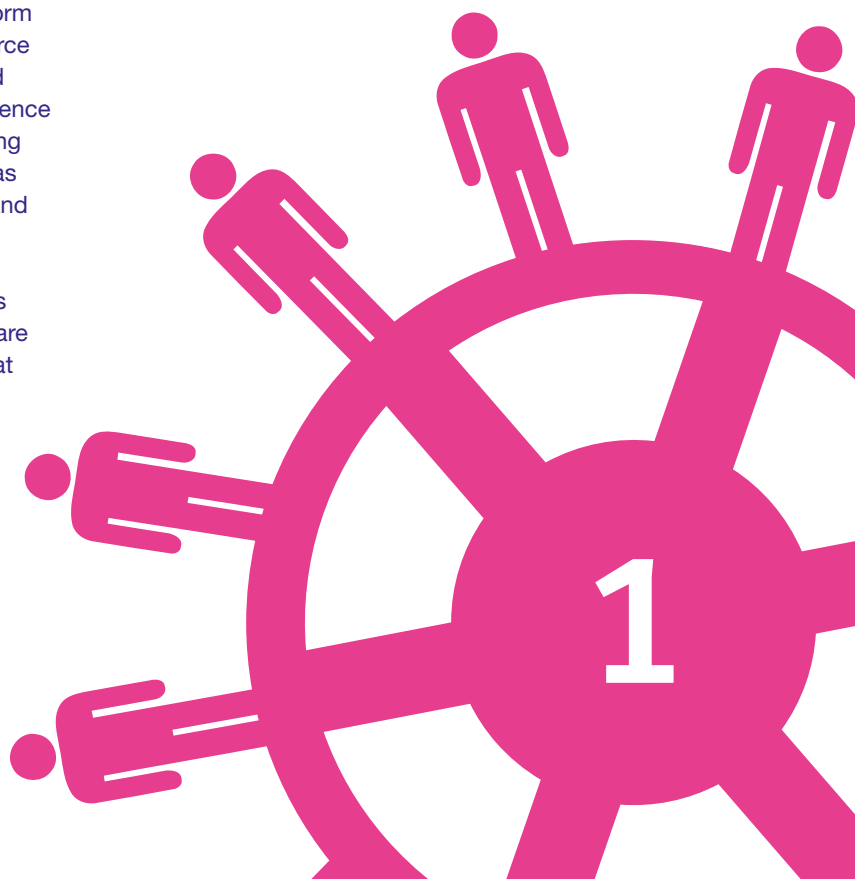
Section 1 introduces the resource and how to use it.

Section 2 sets the scene, outlining the current context for adult and children's hospice and palliative care volunteering, presenting evidence from recent research, and exploring the drivers for change. This section is a useful resource for building an evidence-based case for new volunteering developments.

Section 3 summarises the findings from the Resource Survey of palliative care team professionals, including trustees and volunteers.

Section 4 provides guidance and support for the strategic and operational development of volunteering, with an emphasis on more care-focussed roles. It also signposts readers to further guidance and information.

Section 5 provides an evaluation toolkit and links to useful websites and further resources.



What is volunteering?

The National Council for Voluntary Organisations (NCVO) defines volunteering as:

“Any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives. Central to this definition is the fact that volunteering must be a choice freely made by each individual.”¹

It also highlights the broad spectrum of volunteering:

“This can include formal activity undertaken through public, private and voluntary organisations as well as informal community participation and social action. Everyone has the right to volunteer and volunteering can have significant benefits for individuals.”

What is hospice and palliative care volunteering?

Hospice and palliative care volunteering covers a diverse range of activities from fundraising to bereavement support. In recent years there has been a growing interest in developing volunteering in care, however, there are many interpretations as to what this means in practice. Indeed, until recently there has been no definition of hospice and palliative care volunteering.

Volunteers provide strong links with local communities providing a bridge between the service and the community in addition to undertaking a wide range of roles throughout the service². With this in mind, for the purposes of this resource, the definition of hospice and palliative care volunteering is:

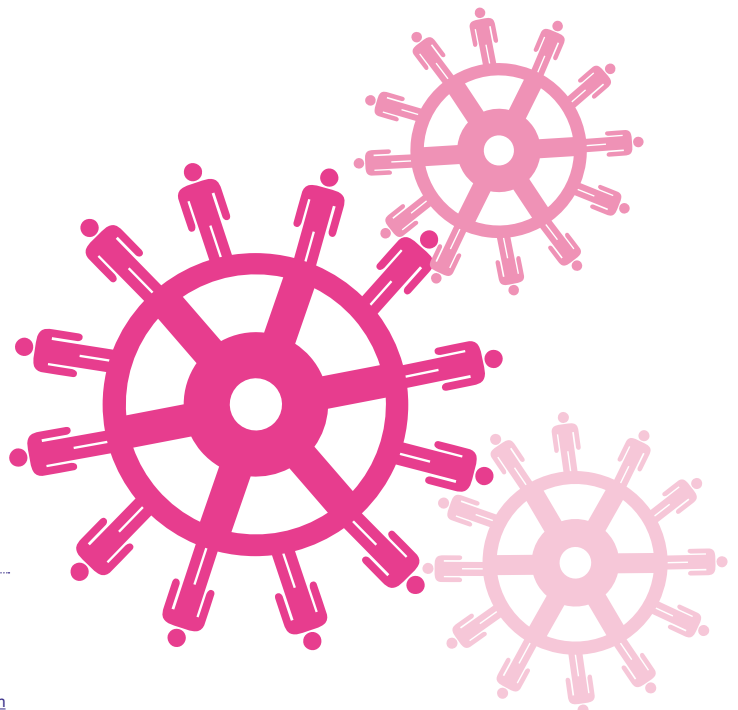
“The time freely given by individuals, with no expectation of financial gain, to support adults and children with life-limiting conditions, their families or those who care for them and also local communities with the intention of improving the quality of life for people with life-limiting conditions” (p17).²

How is volunteering in care defined?

There has been much discussion about what the definition of ‘care’ is in the context of volunteering. In considering the World Health Organisation (WHO) definitions of adult and children’s palliative care³ and the Help the Hospices’ definition of hospice care⁴, a helpful definition of volunteering in care might be:

“Care-focussed volunteering includes any role where volunteers have a regular and ongoing direct involvement with adults and children with life-limiting conditions, their carers and families by providing a service that enriches their quality of life.”

This definition is helpful in considering what may and may not be a care-focussed role.



1. NCVO <http://www.ncvo.org.uk/policy-and-research/volunteering-policy>

2. Scott, R. (2013). *Strategic Asset or Optional Extra? The Impact of Volunteers on Hospice Sustainability*. Doctoral Thesis, University of Dundee, Dundee.

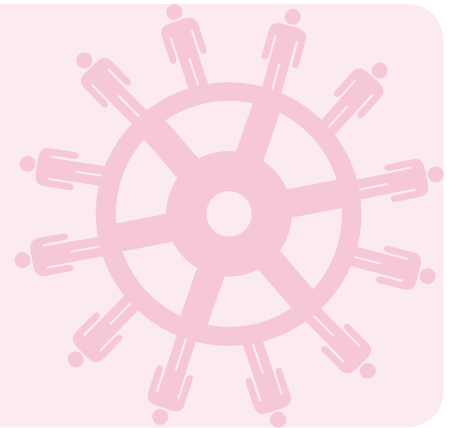
3. World Health Organisation. (1998). <http://www.who.int/cancer/palliative/definition/en>

4. Help the Hospices <http://www.helpthehospices.org.uk/about-hospice-care/what-is-hospice-care/>

Principles underpinning the resource

There are a number of principles that underpin this resource:

- ▶ All volunteers are equally valuable, regardless of role
- ▶ Volunteers should not displace staff
- ▶ Volunteers are everybody's business
- ▶ Volunteering is not free and needs to be adequately resourced
- ▶ The core principles of effective volunteer management apply in all settings



All volunteers are equally valuable, regardless of role

While the focus of this publication is mainly on the development of volunteering in care-focussed roles, all volunteers, no matter what their role, are equally important to the success of any hospice or palliative care service. All volunteers, therefore, deserve the same consideration regardless of role.

Volunteers should not displace staff

A long-standing principle of volunteering is that volunteers should not be used to displace paid staff. Staff may fear that the further development of volunteering will pose a threat to their jobs. This concern needs to be taken seriously and dealt with sensitively through open and honest discussion so that the needs and benefits of such development are explicit and staff feel reassured.

Volunteers are everybody's business

In some services, all aspects of volunteer management are considered to be the responsibility of one person – the volunteer manager. This approach to the management of volunteers often fails to engage staff across the service with the concept and scope of volunteering. Subsequently this is likely to inhibit development in certain areas, and restrict the potential benefits of volunteering. The volunteer manager needs a good level of support and input from the staff throughout the organisation.

Volunteering is not free and needs to be adequately resourced

For volunteering to be effective, it must be considered in the same way as any other key organisational resource. Volunteers have a right to effective management and support, reimbursement of out of pocket expenses and opportunities for training and development. Organisations need to consider adequate financial support for their voluntary service if it is to be effective.

The core principles of volunteer management apply in all settings

It is important to recognise that the principles of effective volunteering and volunteer management apply in all settings and there are many excellent resources already available. There are many organisations beyond the hospice and palliative care sector which successfully engage volunteers directly with clients in some challenging and difficult situations. Useful generic and hospice/palliative care service specific resources are signposted in Section 4.



Section 2

Volunteering – the evidence

Volunteering in hospice and palliative care – the benefits

Volunteering is inextricably linked with the history and development of hospices in the UK. Volunteers are involved in many and varied activities including the often-overlooked role of trustee which carries significant legal responsibility for the effective governance of the organisation. Recent research suggests that volunteering is a significant strategic organisational asset, and therefore requires effective consideration, planning and resourcing.^{2, 5}

Help the Hospices estimates that there are approximately 100,000 volunteers involved in hospice care with an economic value of approximately £112 million.⁶ It is suggested that without this resource hospice costs would increase by almost a quarter. It is recognised, however, that these figures are now dated and it is estimated that the number of volunteers may be in the region of 125,000 with a significantly increased economic value.

While these are unarguably very significant figures, volunteers have a much wider influence on hospice and palliative care. Recent research suggests that hospices depend heavily on volunteers for the delivery of services, governance, income generation, and also engagement with local communities.² A number of hospices indicated that without the contribution of their volunteers, their organisations would have to close.

Scott² also recognises that this dependency is set within a challenging context of an ageing population, rising demand for hospice and palliative care services, a difficult and uncertain funding environment, changing volunteer expectations and the increasing need for organisations to achieve more with fewer resources. Volunteering, therefore, is likely to have a significant influence on the future development of hospice and palliative care services and perhaps increasingly in more care-focussed roles.

It is clear that not all services have embraced the concept of volunteering in roles which require direct contact with patients.^{7, 8} However, a number of recent research studies highlight the benefits that volunteers can bring to children and adults with life-limiting conditions, their families and indeed also to staff. Naylor et al. suggest that volunteers enhance the role of paid staff and also significantly enhance the care experience for the patient.⁵

5. Naylor, C., Mundle, C., Weeks, L., & Buck, D. (2013). *Volunteering In Health and Care: Securing a Sustainable Future*. London: The Kings Fund.

6. Help the Hospices. (2006). *Volunteer value; a pilot survey in UK hospices*. London: Help the Hospices.

7. Burbeck, R., Low, J., Sampson, E.L., Scott, R., Bravery, R., & Candy, B. (2013) Volunteer activity in specialist paediatric palliative care: a national survey. *BMJ Supportive and Palliative Care*. doi:10.1136/bmjspcare-2012-000355 Retrieved on June 3, 2013 from <http://www.spcare.bmj.com>

8. Pastor, D. (2010). *Exploring Attitudes to Volunteering at Hospices for Children and Young Adults*. Unpublished MBA Dissertation, London South Bank University. London.



Gurguis-Younger, Kelley, and McKee suggest that professionals have increasingly moved to a more medical model of care, and that volunteers have an ever-more important role to play in bridging the gap by bringing a unique dimension of human compassion as they accompany patients on their journey to end of life.⁹

Scott's study into volunteering in a children's hospice also found that families experienced significant benefits from the additional support that volunteers provided.¹⁰ Volunteers helped to provide access to additional services and reduce family isolation. However, a more recent study of volunteering in children's hospices by Burbeck et al. found that while there was some evidence of volunteers being involved in hands on care and in end of life care, volunteers had less patient contact than in adult hospices.⁷ Interestingly, however, a recent study of volunteering in NHS Acute Trusts in England identified that "It is significant that the top three roles highlighted relate to support, compassion and more personalised care. This resonates with the increasing recognition of the importance of improving the patient's experience of care."¹¹

While highlighting the importance of volunteers to the future of health and social care, Naylor et al. express concern that many organisations have no strategic view of volunteering and fail to recognise the vital contribution that they make as part of the workforce.⁵

Why focus on volunteering in care?

Recent interest in involving volunteers in a more integrated way with clinical teams has created a demand for resources to support further developments in this area. Several factors have led to this. Firstly, a number of services have developed high profile, successful and innovative new roles for volunteers working with children and/or adults with life-limiting and life-threatening conditions at home or in the community. Additionally, hospice and palliative care service volunteering has enjoyed a significantly higher profile arising from work undertaken as part of the Commission into the Future of Hospice Care and several research studies which explored volunteering in adult and children's hospice sectors. Some of these findings are discussed briefly in the following sections.

9. Gurguis-Younger, M., Kelley, M., & McKee, M. (2005). Professionalization of hospice volunteer practices: what are the implications? *Palliative and Supportive Care* 3(2), 143-144.

10. Scott, R. (2006). Volunteers in a Children's Hospice A study of the impact of volunteers in Rachel House Children's Hospice. *Voluntary Action* 8(2), 55-63.

11. Galea, A., Naylor, C., Buck, D., Weaks, L., (2013). Volunteering in Acute Trusts in England. Understanding the Scale and Impact. London: The Kings Fund. pp,6,18.

12. Help the Hospices (2012). *Volunteers: Vital To The Future Of Hospice Care. A Working Paper Of The Commission Into The Future Of Hospice Care.* London: Help the Hospices.

Commission into the Future of Hospice Care

A report from the Commission into the Future of Hospice Care¹² outlined the findings from the work stream on volunteering. There were a number of recommendations:

- hospices should enable volunteers to play a full role in the work of the clinical team within and beyond the walls of the hospice, serving as an integral aspect of this team and working in partnership with clinical colleagues
- as part of sustaining safe practice, hospice organisations set out the boundaries for accepted (volunteering) practice
- membership organisations consult with their members about national standards for volunteers working in patient contact roles
- the evaluation of training for volunteers should also consider if there is a role for a core-training package for volunteers

The current extent of volunteering

Morris, Wilmot, Hill, Ockenden and Payne¹³ consider that traditionally within the UK, hospices have restricted the activities of volunteers, relating to direct care of patients. They suggest that this is related not only to the management of risk but also to historical practices. Findings from their study indicate that few volunteers provide direct care to patients, and those who do largely provide bereavement support or complementary therapy. Morris et al.¹³ contrast this with the United States, where the majority of hospice volunteering is in direct patient and family care/support. They suggest that one way for hospice organisations to address the challenges which face them now and in the future is to further develop volunteering in more creative ways including direct care of patients and families and in community outreach.

In a recent study, looking specifically at volunteering in care in adult specialist palliative care services, Burbeck et al.¹⁴ found that volunteers are most commonly involved in bereavement services, and in providing emotional care to patients, particularly in patient homes. The study also found that volunteers were involved in sitting with patients at the end of life. This would suggest that volunteers in care roles are more involved in providing psychosocial care to patients.

13. Morris, S., Wilmot, A., Hill, M., Ockenden, N., & Payne, S., (2013). A narrative literature review of the contribution of volunteers in end-of-life care services. *Palliative Medicine* 27(5),428-36 Doi:10.1177/0269216312453608.Epub 2012 Jul 24.

14. Burbeck, R, Low, J., Sampson, L., Bravery, R., Hill, M., Ockenden, N., Payne, S., Candy, B., (2014). Volunteers in Specialist Palliative Care: A survey of Adult Services in the United Kingdom. *Journal of Palliative Medicine* 17 (X Ahead of Print) DOI:10.1089/jpm.2013.0157 <http://online.liebertpub.com/toc/jpm/0/0>

Interestingly, however, in a separate study of children’s hospices Burbeck et al.⁷ identified that the majority of volunteers were not involved with children and families. However, where volunteers were involved in more care-focussed roles, this was most often music-based and art-based activities, befriending and complementary therapy.

They also identified a number of hospices where complementary therapy and faith-based care was run entirely by volunteers. They conclude that “the depth of their involvement in some services shows the potential for development elsewhere”⁷ (p6).

A growing need for services

A second study into volunteering in children’s hospices commissioned by Together for Short Lives, supports the findings from Burbeck et al.⁷ Carling and Howlett¹⁵ identified that many hospices were concerned about the extent to which volunteers could support the care of children with very complex needs. The study did, however, identify a number of hospices that had found innovative ways in which to extend their care offered to children, young people and families through the involvement of volunteers in more family-facing roles. One key recommendation arising from this study was that all children’s hospices should be encouraged to consider ways in which volunteers could enhance the care that can be given to children and families. Carling and Howlett¹⁵ suggest that “in a climate of increasing demand for services and increasing pressures on funding, the effective use of volunteers should play a key role in the future of children’s hospice care” (p22).

Scott’s² study also found that trustees, senior staff and volunteers had identified a need to further develop volunteering to provide more care and support to patients and that there was a clear willingness from participants in this study to move in this direction.

Added benefits of volunteers in care roles

Beyond the hospice and palliative care sector, two key research projects undertaken by the Kings Fund identified a significant role for volunteers in the future delivery of health and social care. Naylor et al. suggest that volunteers greatly augment the role of paid staff and improve the patient’s experience of care.⁵ The study also identifies the role that volunteers have in building strong links between services and communities. Findings indicate that there are many opportunities for volunteers in the future in changing and developing health and social care. They do, however, identify

challenges ahead, highlighting that many organisations have no strategic view of volunteering and do not recognise their key role in the workforce. They also suggest that volunteering is inextricably linked to the sustainability of health and social care services in the future. In a second study exploring the role of volunteering in acute hospitals Galea et al.¹¹ suggest, “While volunteering presents challenges, it also offers huge opportunities. It has the potential to help fulfill many national aspirations such as improving the experience of patients, building stronger links with local communities and creating social value” (p18).

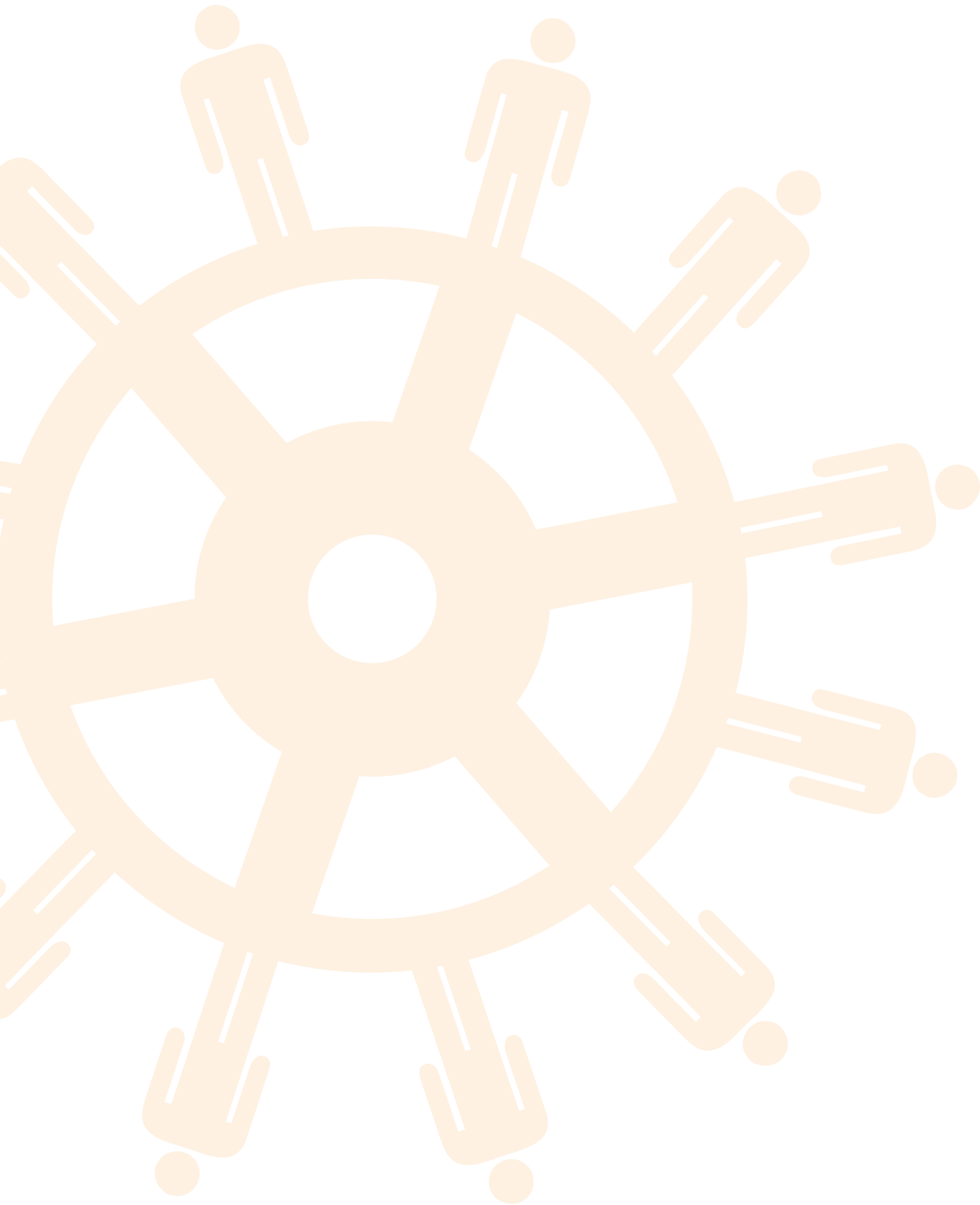
These research studies suggest some exciting possibilities for the development of volunteering and, with their significant history and experience in this area, services should be well-placed to build upon this research to develop innovative evidence-informed practice.

Summary

Findings from recent research studies clearly highlight the benefits of volunteering to hospice and palliative care services and more importantly to both adults and children with life-limiting or life-threatening conditions and their families. Also identified is an appetite for and movement towards the further development of volunteering in hospice and palliative care services, with a focus on volunteering in care.

Section 3 contains further evidence about the development of volunteering in care. It summarises the findings from a survey undertaken specifically to inform this resource and highlights factors that contribute to success, the concerns about and barriers to the development of volunteering in care and identifies what would help services to develop new roles for volunteers as part of the clinical team.

15. Carling, R., Howlett, S., (2013) *Shining a Spotlight on Children’s Hospice Volunteers*. Report of a Survey Conducted for Together for Short Lives. Bristol: Together for Short Lives.



Section 3

Volunteering in care – the way forward

What services told us about developing volunteering in care

Findings from trustees, CEOs, clinical leads, other clinical hospice professionals, volunteer managers and volunteers who took part in the survey between October 2013 and January 2014 have informed the development of this guide. A short self-administered online questionnaire was developed and included questions which explored the following areas:

- factors that make current care-focussed volunteering successful
- concerns about the development of volunteering in care
- perceived barriers to development
- factors that would help services to take forward the development of volunteering care

In order to minimise misinterpretation of the term ‘care’, a definition was given to clarify what was meant in this context. The survey was promoted through professional network meetings and at the Help the Hospices conference in October 2013. Responses received from 135 participants from 83 hospice and palliative care services throughout the UK provided a rich source of information. A brief summary of the key findings is outlined below.

Of the 83 services which participated, 77 currently involved volunteers in care-focussed roles. This contrasts with previous research studies which suggest that volunteering in care was less common.^{7, 15} This may be due to the interpretation of ‘care’ as meaning medical and nursing care. It may be, therefore, that quite a number of services have involved volunteers in care-focussed roles for some time.

Of the six participants who did not involve volunteers in care, only one indicated that they had no plans to do this. Others indicated that lack of resources, concerns over confidentiality, a very small community and competing priorities were factors preventing developing volunteering in care at this point.



What makes volunteering in care successful?

Participants identified a range of factors contributing to the success of volunteering in care. These included (in order of frequency mentioned):

- good training, including effective induction
- staff acceptance and understanding of volunteering and effective engagement with volunteers
- roles, boundaries and expectations (clearly understood by everyone)
- effective support and supervision from staff and also from experienced volunteers
- effective recruitment, selection and matching to make sure that the right volunteers with the right skills were in the right roles
- the commitment and personality of the volunteer
- effective supervision from staff
- effective integration with the professional team
- clear structures and policies
- effective management
- valuing and empowering volunteers to use their skills

Other factors identified less frequently included effective communication, paid supervisors, involving only small numbers of volunteers in this way, involving volunteers with previous hospice and palliative care experience, setting a minimum time requirement, treating volunteers in the same way as paid staff, developing roles in response to need, creating a steering group to develop such projects and involving everyone in the planning.

A small number of participants identified the commitment and engagement of the senior management team as key to success, in addition to training and support for staff and the clinical team providing leadership to care volunteers. A number of participants indicated that volunteers enabled them to support more people. Volunteers were also perceived to enhance the service by bringing a different perspective and enriching the experience of adults and children with life-limiting or life-threatening conditions and their families.

What are the concerns about the development of volunteering in care?

Participants identified a number of concerns about the development of volunteering in care. These included (in order of frequency mentioned):

- providing effective support and supervision
- boundaries – establishing and maintaining clear boundaries
- volunteers replacing staff
- finding volunteers with the ability to work in this area: skills, commitment and attitude
- finding the right people and having unrealistic expectations of volunteers
- providing effective initial and ongoing training
- lack of resources, time, funding and staff to develop volunteering
- risk management and health and safety
- safeguarding adults and children, and volunteers, including effective vetting of volunteers
- ensuring effective governance and maintaining standards
- patient and family anxieties about volunteers
- maintaining confidentiality

Other concerns identified less frequently included the dependability of volunteers, finding enough volunteers to undertake this work, effective management and ensuring accountability, a recognition that volunteers need adequate resourcing and are not 'free', training staff to work with and supervise volunteers, the complexity of employment legislation and volunteering, finding meaningful roles for volunteers, insurance and ongoing monitoring and evaluation. Two participants indicated that they were concerned the focus on volunteering seemed to be about saving money rather than care, while another highlighted inconsistency across different hospice services as a concern. One respondent questioned whether volunteers wanted to do this, whereas another volunteer manager questioned whether volunteer managers had the right skills to recruit volunteers to these roles.

What are the barriers to the development of volunteering in care?

Participants identified a range of barriers to the development of volunteering in care. These included (in order of frequency mentioned):

- staff resistance/staff fear for jobs/reluctance to give work to volunteers
- lack of resources – time, staff, funding, volunteer manager capacity
- inadequate time and staff to deliver training, including training for staff in working with volunteers
- volunteer capabilities, attitudes and reluctance to change – the challenge of recruiting the right volunteers
- health and safety
- lack of effective governance and structures
- lack of resource to provide adequate support and supervision
- safeguarding
- fear
- volunteers not valued within the organisation
- confidentiality
- lack of availability of meaningful roles

Other barriers highlighted by participants included: the introduction of volunteers changing the dynamic of the clinical team, the devaluing of other volunteers roles – a two tier volunteering system, access to electronic patient records, volunteers reluctant to undertake these roles, legal issues, lack of strategic organisational planning for volunteering, lack of vision from the voluntary services department, finding enough volunteers, trustee reluctance and the inconsistency of approaches across different hospice and palliative care services.

What would help the development of volunteering in care?

Participants were asked what would help them to develop volunteering in more care-focussed roles. A number of hospices indicated that they had been doing this successfully for some time. Others identified enabling factors and these included (listed in order of frequency):

- sharing policy, practice, experience, resources and national initiatives
- more resources: staffing, funding and clinical support
- training resources\training package
- training staff to gain a better understanding and ability to work with volunteers
- a dedicated volunteer manager (or where there is already someone in post – addition of another)
- clear volunteer role descriptions and clarity of roles and boundaries
- legal guidelines
- standards, policy, procedures and a competence framework
- involving staff in the development and training of projects
- commitment from senior management teams and trustees

Other factors which were identified less frequently included: asking families where the gaps in care were and how volunteers could help, identifying staff champions for volunteering, evidence to support such implementation, staff and volunteers teambuilding together, volunteer manager development, volunteering included as part of nurse training and the development of volunteer pathways.

Summary

It is clear from the Resource Survey that there is much expertise to be shared and a readiness to develop volunteering in hospice and palliative care services. Section 4 will now consider how some of the issues raised in the Resource Survey may be addressed.



Section 4

Making the most of volunteering

McCurley, Lynch and Jackson suggest that few organisations really make the most of their volunteers, often seeing the voluntary service as “one that provides useful, ancillary services” (p39). They suggest that a successful volunteer programme is one where volunteers make a significant contribution to achieving organisational goals, while also meeting the needs of the community.¹⁶

In the hospice and palliative care sector there is clearly both willingness and opportunity to develop volunteering further. However, the Resource Survey identified a number of barriers. These may result from the traditional approaches to volunteering where services are developed largely from staff perceptions of the needs of the organisation, those we care for and of the capabilities of volunteers. This approach risks missing key opportunities for volunteers and, more importantly, the unmet needs of those we care for. A more creative starting point for the effective involvement of volunteers is the co-creation of roles and projects through collaboration with adults, children, their families, staff, volunteers and the wider community.

For volunteering in any service to be truly integrated and successful there needs to be commitment and leadership support from trustees and senior managers. There must also be effective governance structures, strategic planning and adequate resourcing. The role of the volunteer manager is also crucial – for volunteering to be successful, there needs to be a key member of staff who has the necessary expertise and who really understands volunteering.

This section aims to provide an opportunity for the review of well-established services along with guidance for new initiatives. It considers how to achieve maximum benefit from volunteering throughout the organisation in addition to considering the specific development of volunteering in care.

It is set out in three parts:

- ▶ **Part 1:** Thinking strategically about volunteering
- ▶ **Part 2:** Effective management approaches
- ▶ **Part 3:** Volunteering in care

Under each heading there are signposts highlighting key points for consideration. Readers are also directed to further sources of useful information. Parts 1-3 correspond to a toolkit found in Section 5 for the review of existing volunteer services that may also be used as a guide for the development of new projects.



16. McCurley, S., Lynch, R., Jackson, R. (2012) *The Complete Volunteer Management Handbook* (3rd Ed). London: Directory of Social Change.



Part 1: Thinking strategically about volunteering

“A trustee was identified as a volunteering champion and he worked closely with the CEO to translate the research into practice, which included the development of a culture that allowed volunteers to flourish, as well as investing in the skills and resources required to support successful volunteering in care related roles.”

Case Study 1: Claire House Children’s Hospice

It is worth emphasising again the importance of trustee support and buy in from the senior management team (SMT). Senior managers are often gatekeepers for volunteering and can do much either to facilitate or inhibit development. The role and position of the volunteer manager in being able to influence and advise the SMT is also crucial to the success of volunteering in any service.

Thinking strategically about volunteering requires consideration of a number of areas – including a clear rationale for their involvement, the role of volunteers in achieving organisational objectives, governance, building the business case for new initiatives and compliance with relevant legislation and standards. Additionally it is also important to identify the resources required to ensure an effective service.

An organisational statement on the reasons for the involvement of volunteers is important for a number of reasons. This not only provides clarity to everyone within the organisation but also enables the public, funders and commissioners to understand the holistic nature of the service and the commitment to the delivery of a wide range of unique, high quality person-centred care and support.

As a key organisational resource, volunteering requires specific policies, planning, support and evaluation. However, these must consider both the needs and aspirations of volunteers and the service. Volunteers bring new insights and ideas to the organisation and can be valuable contributors to strategic development.

Signpost 1

Points to consider:

- ▶ Give some thought to where volunteering fits with your strategic plan. How will you know that volunteering is meeting the needs of those who use your service?
- ▶ Make sure that trustees are equipped to be accountable in governance terms for volunteering as a key organisational resource.
- ▶ Consider how volunteers could contribute to any new developments.
- ▶ Review your organisation’s statement on the reasons for involving volunteers. Does it reflect the needs of your service today?

For more guidance:

- ▶ Thinking strategically about volunteering checklists (toolkit in Section 5)
- ▶ Information on evaluating impact – Signpost 13 (Part 2 Effective management approaches)
- ▶ Volunteer policy template Appendix 2
- ▶ Case Study 1: Claire House Children’s Hospice
- ▶ McCurley, S., Lynch, R., Jackson. (2012) *The Complete Volunteer Management Handbook*. London: Directory of Social Change. Chapter 2

Making the business case for volunteering

“A research project was commissioned through the University of Roehampton, in order to provide the trustees with an analysis of ‘where we are now’ alongside a vision of ‘where we could be’ with recommendations that would help the management team to construct the road map of how to get there.”

Case Study 1: Claire House Children’s Hospice

Making a business case for new volunteering developments is important. Information included both in this section and in Section 1 will provide some useful material to build on. For the business case to be robust it should include evidence on:

- ▶ the value of volunteering from research
- ▶ national and organisational statistics on numbers, hours, value etc.
- ▶ the impact of volunteers on your service

Information and examples from other services are also valuable. With this in mind, do pay close attention to the case studies provided in this resource – further contact details for all can be found in Appendix 1.

In building the business case for volunteering it is important to identify and calculate the cost of resources required to support an effective service.

While the focus of making the business case so far has been internal, it is worth remembering that volunteering should not be overlooked when it comes to discussions with commissioners. Services should be able to demonstrate the significant added dimension that volunteering brings, contributing to the range, quality and breadth of the service, how volunteering can help to bridge gaps resulting from commissioners’ funding criteria and how the involvement of volunteers helps to provide a person-centred approach to care enabling services to be more cost effective.

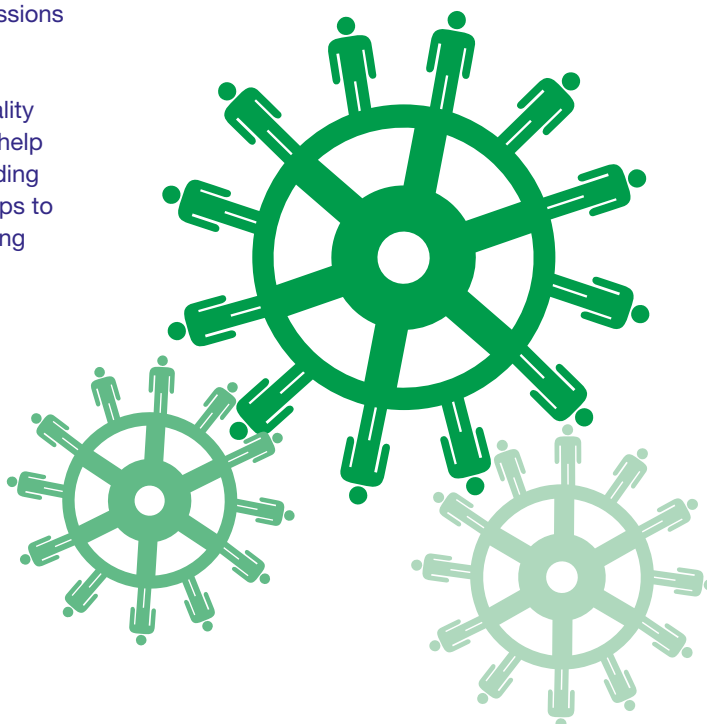
Signpost 2

Points to consider:

- ▶ Include information from research: your own statistics, number of volunteers, hours, economic value, return on investment etc.
- ▶ Also include evidence of the impact that volunteering has on those that you care for, the staff and the organisation more widely.
- ▶ Include all associated costs that are likely to be required by the new development e.g. volunteer expenses, staff to provide management support/supervision, training, equipment etc.

For more guidance:

- ▶ Case Study 1: Claire House Children’s Hospice
- ▶ Volunteer Value (2014) *A toolkit for measuring the value of hospice volunteering*. (2nd Ed) London: Help the Hospices
<http://www.helpthehospices.org.uk>
- ▶ Scott, R. (2006) “Volunteers in a Children’s Hospice”. A study of the Impact of Volunteers in Rachel House Children’s Hospice. *Voluntary Action 8*: 2 55-63 Institute of Volunteering Research, London



Addressing misconceptions about volunteers

“There have been challenges implementing the role. Originally, nursing staff felt it unfair to have volunteers at the bedside of ill patients and expressed concern that volunteers could overstep boundaries.”

“Concerns have been addressed by ensuring that a robust process of recruitment is in place and part of this process clearly outlines the volunteer role, boundaries and relationship responsibilities. Recruitment also identifies whether applicants can cope in the role and often they are recruited to the Day Hospice first.”

Case Study 9: Highland Hospice

Another key strategic consideration is to address misconceptions about volunteering. Tackling this at a strategic level is crucial to developing a culture in which volunteering can become fully integrated. Some frequently expressed misconceptions about volunteers include:

- ▶ lack of appropriate skills
- ▶ lack of capability
- ▶ overstepping boundaries
- ▶ they are unreliable
- ▶ can be difficult to manage

In reality this is more about people in general rather than volunteers specifically, as some of these characteristics, on occasion may also apply to paid staff.

In addressing misconceptions, the first step is to ensure that trustees and staff receive training on volunteering to enable them to have a better understanding. Staff expectations of volunteering also need to be realistic – it helps if tasks are broken down into smaller units which can be completed successfully by range of different volunteers during their ‘shifts’. To do otherwise is to set volunteers up to fail.

Involving staff in developing and implementing effective recruitment and matching processes will also help them to recognise that volunteers can have the necessary capability and skills. Training staff in the processes in place to manage any difficulties and implementing these consistently will also help to develop staff confidence in volunteers.

People often assume that because volunteers are unpaid, that volunteering is a free resource. However, an effective voluntary service needs adequate resources, a clear organisational framework and appropriately skilled staff to lead, manage and support volunteers, and promote volunteering throughout the organisation. Resources are also required to reimburse volunteers for out of pocket expenses and provide relevant training and equipment to enable them to use their skills for maximum effectiveness.

Signpost 3

Points to consider:

- ▶ Review current training in working with volunteers for trustees and staff (including senior staff) and assess whether this is effective in reducing misconceptions.
- ▶ How do you enable staff to have realistic expectations of volunteers?
- ▶ Do you have adequate resources to manage and support volunteers and help them to be effective?

For more guidance:

- ▶ Case study 9: Highland Hospice
- ▶ Effective management: Finding the right people checklist (toolkit in Section 5)
- ▶ Learning, development and support checklist (toolkit in Section 5)
- ▶ Scott, R., Howlett, S., Doyle, D., *Volunteers in Hospice and Palliative Care*. Oxford: Oxford University Press

Legislation and volunteering

A key strategic consideration for any organisation is to ensure that all services meet legislative and regulatory requirements.

In the UK there is no legal definition of a volunteer or of volunteering. A range of legislation, however, applies directly and indirectly to volunteers. Such legislation includes Employment, Health and Safety legislation and the requirements for criminal record checking (DBS in England and Wales, PVG in Scotland and Access NI). Services must have a clear understanding of how legislation affects volunteering and ensure that all volunteer management practices take account of this. When developing organisational policies, careful consideration must be given to which policies may apply to both staff and volunteers and which must apply only to volunteers. For example, policies relating to the employment of staff should **not** include volunteers. This minimises the risk of volunteers being considered to have a contract with the organisation.

Signpost 4

Points to consider:

- ▶ Keep up to date with how legislation affects volunteering.
- ▶ Make sure that there are separate staff and volunteering policies where appropriate or necessary.
- ▶ Make sure that recruitment of volunteers is a robust process.
- ▶ Make sure that staff and volunteers understand their responsibilities. Good practice is the key to keeping on the right side of legislation.

For more guidance:

- ▶ Sandy Adirondack
<http://www.sandy-a.co.uk/employment.html>
- ▶ NCVO KnowHowNonProfit
<http://www.ncvo.org.uk/practical-support>
- ▶ Restall (2005) *Volunteers and the Law*. London: Volunteering England
- ▶ Your National Volunteer Centre (links in Section 5)

Care standards and volunteering

When considering the development of volunteering in care roles, concern is often expressed about the role of volunteers in relation to the regulatory framework that surrounds hospices and palliative care services. The standards against which hospice and palliative care services are inspected, with a few exceptions, are seldom explicit about volunteers. It is safer to assume, however, where volunteering is not mentioned in the regulatory standards that the word 'staff' also includes volunteers. An important first step in developing volunteering in roles which have direct contact with those we care for should be a discussion with regulatory bodies to clarify their expectations about the role of volunteers.

When considering the development of volunteering in care, it is important to ensure that volunteering can meet the standards required of staff in equivalent roles and also standards for the safe and effective care of children and young people. Volunteers must also be aware of the relevant standards and their responsibilities to those who use the services.

Signpost 5

Points to consider:

- ▶ As inspections teams vary, discuss with your regulator their expectations of volunteers, before developing new roles.
- ▶ Where appropriate, ensure that the skills required by the standards are included in volunteer role descriptions and involve clinical staff in recruitment.
- ▶ Ensure that relevant evidence on volunteers can be made easily available to inspectors.
- ▶ Ensure that volunteers understand the regulatory environment and their role in helping the hospice to achieve and exceed the standards required.

For more guidance:

- ▶ Care Commission Standards for Hospice Care (2005) developed in Scotland highlights requirements for volunteers:
<http://www.scotland.gov.uk/Resource/Doc/46910/0025661.pdf>
- ▶ The Care Standards relevant to staff in your service from your regulator – links in Section 5

The volunteer manager and volunteer management standards

Care standards are not the only standards to be considered, volunteer management standards are also important. While some local authorities and volunteer centres have 'kite marks' for volunteering, there is also a recognised UK quality standard for volunteer management, Investing in Volunteering, which can be used to review and guide development of volunteering in the organisation.

Volunteer management has for some time been considered as a profession, although volunteer managers might not always consider that they are perceived in this way by the organisation. The volunteer manager is crucial to the success of volunteering. This is a significant management role, a specialist resource to the service, offering guidance and support to all levels within the organisation. The job description must, therefore, reflect the size and scope of the role and set out the skills required.

In the same way as other managers, the volunteer manager requires adequate resources, in addition to training and development opportunities. However, this also needs to extend beyond the volunteer manager to all staff who manage teams of volunteers.

The Volunteer Management National Occupational Standards (VMNOS) are a useful resource when reviewing and developing volunteer management posts within the organisation.

Signpost 6

Points to consider:

- ▶ How well does your volunteering programme match either local or nationally accepted standards for volunteer management?
- ▶ Remember the VMNOS standards when reviewing or developing volunteer managers' job descriptions.
- ▶ Consider using the VMNOS for competency based recruitment.
- ▶ Are there training and development opportunities in place for the person/people leading and managing volunteers in your organisation?
- ▶ Include your volunteer manager in any leadership development programmes or ensure other opportunities are available to access such training.

For more guidance:

- ▶ Effective Management Review checklists (3) (toolkit in Section 5)
- ▶ Investing in Volunteers
<http://liiV.investinginvolunteers.org.uk>
- ▶ National Occupational Standards for Volunteering http://www.skills-thirdsector.org.uk/documents/NOS_Volunteer_Managers_Pocket_Booklet_AW3.pdf
- ▶ Contact your local volunteer centre for information on local 'Kite Marks' and quality standards
- ▶ Section 5 Useful links: Networks for volunteer managers

Part 2: Effective management approaches



Dealing with staff concerns about volunteering

Findings from both research and the Resource Survey suggest that many staff have concerns about the involvement of volunteers, particularly in regard to direct involvement with those we care for. Often these concerns may be seen as insurmountable barriers to the development of volunteering in care.

McCurley, Lynch and Jackson (2012) suggest that staff resistance to volunteers whether active or passive is rarely their fault.¹⁶ They suggest that it is caused by lack of understanding about the reasons for volunteer involvement and lack of training in working effectively with volunteers. If you were to ask someone to bake a cake without any knowledge of the process and no recipe, it is unlikely that the outcome would be what was hoped for. The same is true of asking staff to work with volunteers, with no prior engagement or training. Forcing volunteers on reluctant staff will result in poor experiences for both staff and volunteers and risks subsequent damage to the organisation's reputation.

Employees may fear that volunteers will threaten their jobs, resulting in staff becoming overprotective of their role. A key principle of volunteering outlined in Section 1, is that volunteers are additional to rather than instead of paid staff. There must be clear and open discussions with staff about the reasons for developing new volunteering projects and reassurance given about jobs. It is helpful to remind staff that volunteers often create employment opportunities, not suppress them. Pilot projects that began by involving only volunteers may grow so significantly that staff jobs are ultimately created. Consider the origins of many UK voluntary organisations and community initiatives.

Staff in children's hospices or palliative care services often cite family concerns about volunteers caring for their children, however, anecdotal evidence and findings from a study of children's hospices¹⁷ suggest that families welcome the complementary support that volunteers offer both practically and emotionally, valuing the normality that they bring and the time that they have to spend with children, young people and their families. Anecdotal evidence suggests that young adults with life-limiting and life-threatening conditions also value the interaction with their peers through involvement with young volunteers.

It is important to accept that staff concerns are genuine and to deal with these with respect and sensitivity. By engaging openly with staff about the benefits that volunteers bring to those you care for, the support and development opportunities that they offer to staff, in addition to addressing concerns and providing reassurance means that new volunteering roles will be more readily accepted.

Staff often have time pressures that prevent them from achieving all that they would like to. Exploring where volunteers could help by freeing up staff to focus on key areas of work is a helpful approach to generating new ideas for volunteer roles. Involving staff and volunteers (and indeed those we care for) in the development of new projects, to identify tasks, design role descriptions and set boundaries will achieve 'buy in'. Training for staff on working with volunteers and where relevant, managing and supporting them also helps to reduce staff anxiety about volunteering. Leading and/or managing teams of volunteers also provides staff with opportunities for professional development through the development of skills in these areas.

Including staff responsibilities to and for volunteers in job descriptions is valuable in highlighting the importance of volunteers as part of the team. For example, essential criteria: "to be committed to working with and supporting volunteers", and included in key tasks: "Staff are expected to work effectively with volunteers, giving support and guidance as required".

17. Scott (R) 2005 "Volunteers: Ministering or Meddling" A study of UK children's hospices experiences of volunteering. Unpublished paper.

Involving staff in the design and delivery of training is important to developing trust and confidence in the skills and abilities of volunteers.

Signpost 7

Points to consider:

- ▶ Be clear with staff through open discussion about why you want to involve volunteers and what benefits they will bring to those you care for.
- ▶ Provide evidence from research and other services to help staff understand how volunteers will also benefit them.
- ▶ Involve staff and volunteers (and ideally those you care for) in planning for new areas of volunteering, identifying tasks, developing roles, boundaries, and procedures in recruitment and in delivering training.
- ▶ Provide training and support for staff in working with and, where relevant, managing volunteers.

For more guidance:

- ▶ Effective management: Structures and processes checklist (toolkit in Section 5)
- ▶ Case Study 2: Children's Hospice Association Scotland

“Individual departments need strategic understanding of their aims and how volunteers can support these and are, therefore, integral to developing volunteer roles. As hospices grow it is increasingly difficult for one person to have the knowledge, time and focus to develop volunteering across all departments.”

Case Study 3: Volunteer manager perspective

Models of volunteer management

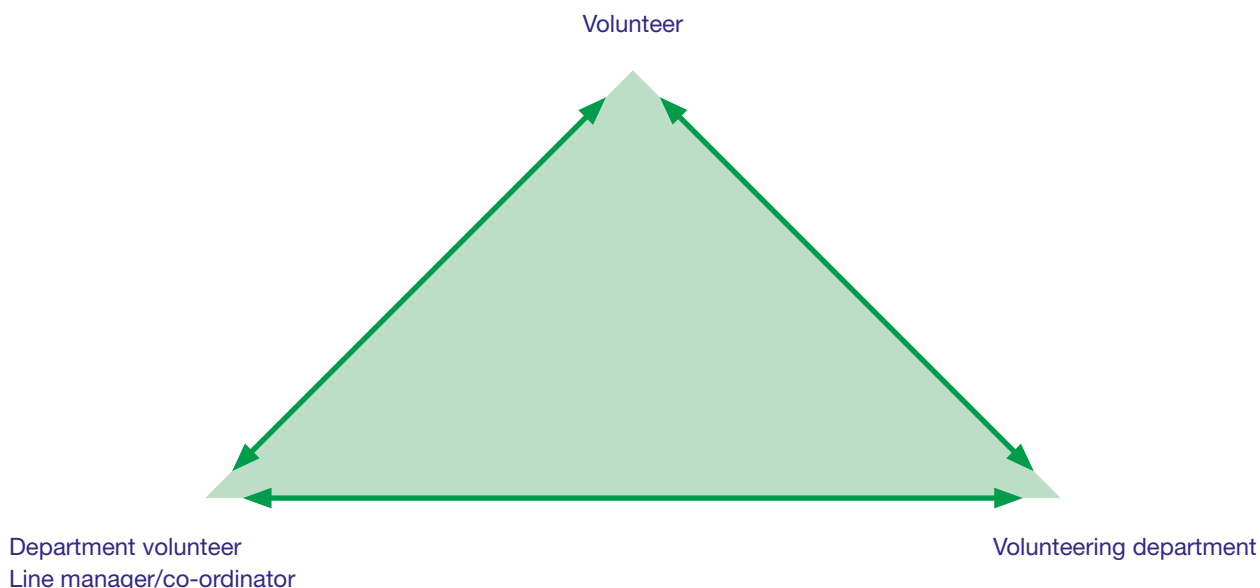
Lack of resource is often highlighted as a barrier to the development of volunteering and this is a key consideration when developing the most effective management model for your service. A key finding from the Resource Survey was concern over having adequate resources for the effective management, support and supervision of volunteers. This was described as a barrier to involving volunteers in more care-focussed roles.

There are different models of volunteer management depending on the type and structure of the organisation. Rochester et al. (2010) suggest that there are actually only two models: the ‘Modern’ or ‘Workplace’ model and the ‘Home-grown’ model.¹⁸ The ‘Modern’ model would currently be found more frequently in hospice and palliative care organisations. This is characterised by structured processes and hierarchical systems where volunteers work alongside paid staff in very clearly defined roles. This approach often evolves because of the legislative and regulatory framework that surrounds the field of work.

Hospice and palliative care service approaches to volunteer management have changed a lot during the last decade. Historically, irrespective of the numbers of volunteers, the volunteer manager was directly responsible for everything related to volunteering within an organisation. The ethos of this model was about single ‘ownership’ of ‘my’ volunteers. Considering that volunteers often number into the hundreds, it is not difficult to see the challenges and pitfalls of such an approach. This model also tends to discourage staff from taking responsibility and fully engaging with volunteers, resulting in volunteers having more peripheral roles.

In recent years there has been a move for the management and supervision of volunteers to be devolved more widely to staff in different areas of the organisation. The ethos of this approach moves to ‘our’ volunteers and improves volunteer integration

18. Rochester, C., Ellis Paine, A., Howlett S., Zimmeck, M. (2010) *Volunteering and Society in the 21st Century*. Basingstoke: Palgrave Macmillan.

Figure 1: Volunteering model as used in Claire House Children's Hospice

and effectiveness (shown in Figure 1). This enables the volunteer manager to become more effective as a specialist resource to the organisation, providing guidance and support to staff at all levels in working effectively with volunteers. This more devolved approach also improves integration of and support for volunteers and empowers staff to engage more effectively with volunteering.

However, some of the newer volunteering initiatives as seen in case studies 4, 6 and 7 are more consistent with a 'Home-grown' or informal volunteering model which is often volunteer led, with a much lower level of staff involvement, if any. Where staff are involved in such models there is equality in the relationship with volunteers as equal partners.

Experienced volunteers also have a key role to play in any management model. Not only can they provide additional resources as team leaders, trainers, mentors and buddies, but they can also provide help with recruitment administration and rostering. In the hospice and palliative care sector, volunteers are not always used effectively to support the development of the service and we can learn much from other sectors such as youth and sports organisations who depend on volunteers in leadership roles.

There is, however, a need for a new, more collaborative model of volunteering and volunteer management that includes those we care for, staff, volunteers, the organisation and the community as equal partners in meeting the needs of children and adults with life-limiting or life-threatening conditions, as well as their families.

Signpost 8

Points to consider:

- ▶ Make sure that all staff undertake training on working with volunteers and that staff who supervise and manage volunteers also have the relevant skills and training.
- ▶ Experienced volunteers can provide effective team leadership with the right training and support.
- ▶ Experienced volunteers have a key role to play in leading teams, recruitment, training, mentoring and support.
- ▶ Does your volunteer manager model still meet the needs of the organisation today?

For more guidance:

- ▶ Case Study 3: Volunteer manager perspective
- ▶ Effective Management: Structures and processes checklist (toolkit in Section 5)
- ▶ Scott, R., Howlett, S., Doyle, D., (2009) (2nd Ed) *Volunteers in Hospice and Palliative Care A Resource for Voluntary Services Managers*. Oxford: Oxford University Press. (Chapter 3)
- ▶ See also Case studies 4, 6 and 7

“The hospice and palliative care movement in the Netherlands began as a non-medical volunteer movement. The first palliative care organisation in the Netherlands, founded in 1980, was a volunteer home care service aimed at enabling the terminally ill to die at home. Palliative care volunteering has always focussed on direct care of the dying and their relatives. Most of the hospices (75 of the 95 independent hospices) are ‘almost-like-home-houses’: volunteer-based initiatives (typically around four beds), where volunteers in direct care are at the core of the organisation.”

Case Study 4: Palliative care volunteering in the Netherlands

Community led volunteering

Community engagement is a key area of interest for hospice and palliative care services. Sallnow and Paul define this as follows:

“Community engagement in end-of-life care is an umbrella term for a process which enables communities and services to work together to understand, build capacity and address issues to improve their experience of end-of-life and bereavement and their related wellbeing. It exists on a spectrum of engagement that extends from informing through to empowering, depending on a range of factors such as the degree of participation from the local community and the intention of the work. Community engagement activities by end-of-life care services go beyond working in the community to working with the community to improve its experience of end-of-life care.”¹⁹

The success of community engagement initiatives depend on services embracing new informal models of volunteer involvement which are community generated, driven and led with support available from hospice and palliative care services only if required. This model may be new to a sector more familiar with a very formal staff-led approach but is well-established in areas such as the arts, sport, religion, community projects, self-help groups and youth organisations. Volunteers in such models assume responsibility for organising themselves to respond to the needs of the community.

Severn Hospice develops this by leading community meetings following which training is provided by the hospice trainer to local volunteers. Responsibility for managing the deployment of volunteers and the resourcing of the local network rests with the community (and not the hospice). In this way Compassionate Communities in Shropshire needs to be seen as communities “doing it for themselves” with the assistance of Severn Hospice.

Case Study 6: Severn Hospice

Any staff involvement in such projects is as partners rather than managers. It is to empower and support communities to identify need and provide any guidance required as members of the community mobilise themselves to respond. Responsibility for organising and sustaining the work remains with the community or group. In reality, therefore, there is a spectrum of volunteering with ‘Home-grown’ or informal models at one end and formal hierarchical models at the other.

The impact of community led volunteering is felt outside the organisation as well as within it. Community led volunteering helps to build social capital and community knowledge – increasing skill, capacity and resilience. This, in turn, has significant impacts for the organisation including improved access from underrepresented groups, more appropriate use of services and better links with other community organisations. In this way, it differs qualitatively from volunteering work that is initiated and managed by within the organisation.

There are a number of excellent examples of such work in palliative care as highlighted in Signpost 9.

19. Sallnow, L and Paul, S. (2014) Understanding community engagement in end-of-life care: Developing conceptual clarity. Critical Public Health, DOI: 10.1080/09581596.2014.909582.

Signpost 9

For more guidance:

- ▶ Case study 4: Palliative care volunteering in the Netherlands
- ▶ Case study 5 St Nicholas Hospice Care
- ▶ Case study 6: Severn Hospice
- ▶ Kumar, S., (2009) Neighbourhood Networks in Palliative Care, Kerala, India in Scott, R., Howlett, S., Doyle, D., (2009) (2nd Ed) *Volunteers in Hospice and Palliative Care A Resource for Voluntary Services Managers*. Oxford: Oxford University Press. (Chapter 3)

Developing support to match the model

“It is vital for staff to receive training in volunteer management and in working with volunteers to ensure that staff teams have the confidence, skills and knowledge to support volunteers. Ensuring that the volunteer team is a manageable size and that time is allocated to staff to fulfil the role of a line manager is essential.”

Case Study 3: Volunteer manager perspective

Having considered the most effective model of volunteer management, the question is often asked about the level of support required to match different models. There is no quick answer to this question as so much depends on organisational culture and structure, the approach to volunteering, the roles that volunteers undertake and the resources available for volunteering. Whatever the situation, one person with sole responsibility for hundreds of volunteers is ineffective and unsustainable. For volunteering to be successful, volunteers require the same consideration as paid staff and deserve effective management, guidance, support and opportunities for development. This can be provided by experienced volunteers and/or paid staff. There are two key principles that can be applied:

- ▶ Firstly, identify how many volunteers are required to achieve what is required.
- ▶ Organise volunteers into small manageable teams, each with someone providing leadership, guidance and support.

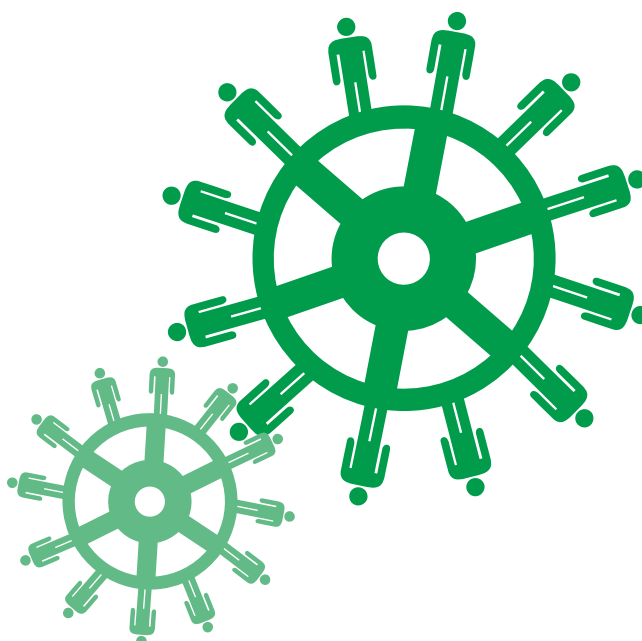
The following questions provide a useful approach to identifying the number of volunteers required:

- ▶ Why are volunteers needed?
- ▶ What roles will they fulfil?
- ▶ When are they required?
- ▶ How many days of the week do you need to cover?
- ▶ How long will each volunteer’s ‘shift’ be?

Once the numbers are known, volunteers may then be grouped into teams of a manageable size, supported locally by a skilled volunteer or a member of staff. Key responsibilities of this role include the allocating of tasks and providing support and guidance to volunteers. It is easier to integrate volunteers fully (even in large numbers), ensure effective support and supervision when they are organised in this way.

Additionally, there also needs to be someone within the organisation with appropriate knowledge and skills to be accountable for volunteering, to provide a strategic overview and guidance and support to all staff (in particular to managers and team leaders).

For community led volunteering projects, it is the responsibility of the community, rather than the hospice or palliative care service to decide how work will be organised. This will often involve a committee structure and approach with leadership provided by the volunteers themselves.



Signpost 10

Points to consider:

- ▶ Are you clear about the number of volunteers you need currently and for any new projects?
- ▶ Does your approach to volunteer management meet the needs of volunteers, staff and those you care for?
- ▶ Are your volunteer teams a manageable size?
- ▶ Are staff and volunteers clear about who is accountable for volunteering throughout your organisation?

For more guidance:

- ▶ Effective management: Structures and processes checklist (toolkit in Section 5)
- ▶ Case Study 3: Volunteer manager perspective
- ▶ Claire House volunteer management model and structure: Appendix 3
- ▶ Bates, D., *The Management Role of the Voluntary Services Manager* (2009) in Scott, R., Howlett, S., Doyle, D., (2009) (Eds) (2nd Ed) *Volunteers in Hospice and Palliative Care A Resource for Voluntary Services Managers*. Oxford: Oxford University Press. (Chapter 3)

A diverse voluntary service

Volunteering brings maximum benefit to the organisation when it involves a diverse range of people with different backgrounds, ages, skills experience and ability. This will include often marginalised groups, including people with physical disability, learning difficulties or mental illness, those with criminal records and those for who English is not their first language. The benefits to the organisation are plentiful and include:

- ▶ offering a wider pool of people from which to recruit
- ▶ bringing in new perspectives, ideas and skills
- ▶ enabling the organisation to reach a wider client base
- ▶ deepening the organisation's understanding of the needs of different groups enabling them to improve services

A range of helpful information on encouraging involvement from and providing support to volunteers with additional needs can be obtained from national volunteer centres.

However, there is still much debate in palliative care about the involvement of young people under 18 as volunteers. It is worth exploring this further as a number of services involve young volunteers very successfully.

Young people as volunteers

In the past, hospice and palliative care services have been reluctant to include young people as volunteers. This has changed significantly in recent years as services reap the benefits that young people bring. We also have much to learn from young people who bring new skills, experience and ideas both to children's and adult services. However, services must recognise the capabilities of young people and value their contribution equally. If not there is a risk that young volunteers may feel peripheral and patronised.

Young people are our future donors, staff and adult volunteers and their experience as volunteers may influence whether or not they go on to support our work in the future. Young people need:

- ▶ a positive experience
- ▶ not to be patronised
- ▶ their skills recognised and utilised effectively
- ▶ to make a contribution that is meaningful for them and the service
- ▶ to have clarity about their role, boundaries, expectations and responsibilities
- ▶ effective support
- ▶ opportunities to share their ideas
- ▶ opportunities to develop new knowledge and skills
- ▶ flexible roles that take account of their needs and aspirations
- ▶ specific risk assessments that take account of inexperience

Boundaries, health and safety and the regulatory framework may need to be explored in more depth as young people could have less experience of working in such an environment. Young people may also have different (as opposed to additional) support needs from older volunteers. However, the list outlined above is not significantly different from the needs of all volunteers, regardless of age.

Signpost 11

Points to consider:

- ▶ How diverse is your voluntary service – does the profile of your voluntary service represent your local population and those you care for?
- ▶ Are there any under-represented groups and, if so, how do you plan to address this?
- ▶ Do your policies on volunteering cover volunteers with additional support needs?
- ▶ Do you have roles and support systems appropriate to young volunteers?

For more guidance:

- ▶ Guidance on supporting volunteers with additional support needs is available from <http://www.volunteering.org.uk/component/gpb/supported-volunteering>
- ▶ National and local volunteer centres
- ▶ Scott, R., Burgin, D. (2003) "Volunteering for the Future": The Impact on Young People of Volunteering in Paediatric Palliative Care. *Journal of Voluntary Action USA*. (Published again in 2006 *International Journal of Voluntary Action*)

The volunteer experience

Much guidance on the involvement and management of volunteers is written from the organisation and staff perspective. However, no discussion on effective management approaches would be complete without taking time to consider the experience of your service from the volunteers' perspective. It is important to think about what you would want from your service if you were a volunteer. How would you want to be treated and what would keep you motivated and committed to the organisation?

Volunteers want to:

- ▶ feel respected and valued as individuals
- ▶ have their time and skills used effectively
- ▶ be listened to and heard
- ▶ offer ideas and insights and have the opportunity to contribute to developments
- ▶ receive adequate information to help them to be effective
- ▶ be given constructive feedback on what they are doing
- ▶ understand how their work makes a difference to those we care for and to the organisation as a whole

It is important to consider the language that we use when talking to and about volunteers as it is easy to patronise volunteers when we don't get this right. What we do must be genuine, supportive and affirming.

While the rights of volunteers are not set out in law in the UK, this does not exempt organisations from ensuring that robust, clear and fair processes are in place to safeguard volunteers. Organisations are likely to have expectations in place for volunteers, however, it is equally important to set out clearly what volunteers can expect from the organisation and ensure that all staff and volunteers implement this.

Volunteers are a vital organisational resource; at once our greatest advocates and sternest critics. Indeed volunteers could be considered to be consumers of our service albeit in a different way to those we care for. It is equally as important that volunteers gain a high quality experience during their time with our service.

Signpost 12

Points to consider:

- ▶ Do you gather feedback from your volunteers on their experiences?
- ▶ Do you give feedback to your volunteers?
- ▶ Are volunteers clear what they can expect from the organisation?

For more guidance:

- ▶ Effective management: Learning, development and support checklist (toolkit in Section 5)
- ▶ Local and national volunteer centres

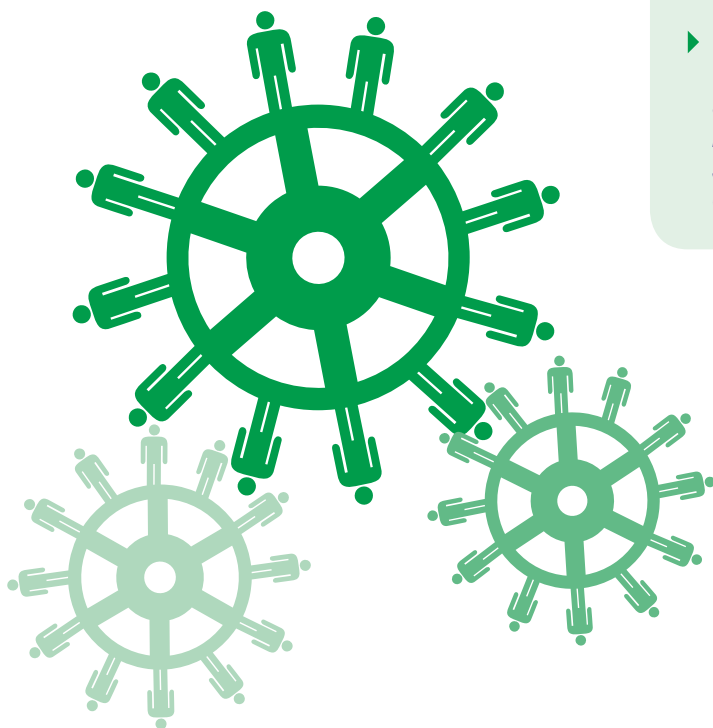
Assessing the impact of volunteering

The evaluation of any service is important in assessing how well it meets its objectives as well as identifying areas for improvement and celebrating successes, what the outcomes are and most importantly what the impact is on those who use our services. Volunteer and staff feedback is also important to this process. There are a number of specially designed tools that may be of help:

- ▶ The Volunteer Impact and Assessment Toolkit – Measures the impact on four particular groups: The organisation, including staff, those who use the service, the community and the volunteers themselves.
- ▶ Volunteer Investment and Value Audit (VIVA) – Measures the economic value of volunteering and the financial return on investment.

It is equally useful to design your own surveys to give you feedback on particular areas to help to improve and develop your service.

Another useful approach comes from Investing in Volunteers, the recognised UK standard for the management of volunteers. It is valuable in assessing both processes and practice, identifying areas of strength and opportunities for development.



Signpost 13

Points to consider:

- ▶ How frequently do you evaluate your voluntary service and how does this compare with other departments?
- ▶ How widely are these reported?
- ▶ In terms of ensuring effective governance do the SMT and Board of trustees (or equivalent) receive regular reports on volunteering outcomes and impact?
- ▶ How are external funders informed of the contribution, outcomes and impact of volunteering?

For more guidance:

- ▶ Investing in Volunteers
<http://liV.investinginvolunteers.org.uk>
- ▶ Volunteer Impact Assessment Toolkit
<http://www.volunteering.org.uk/who-we-can-help/further-and-higher-education/volunteering-england-resources>
- ▶ Volunteer Value (2014) *A toolkit for measuring the value of hospice volunteering*. (2nd Ed) London: Help the Hospices
www.helpthehospices.org.uk
- ▶ Howlett, S. (2009). Considering Quality and Measuring Impact. In R. Scott, S. Howlett, & D. Doyle (Eds.) *Volunteers in Hospice and Palliative Care. A Resource for Voluntary Services Managers (2nd Ed.)*. (pp 11-19). Oxford: Oxford University Press. Chapter 4

Part 3: Developing volunteering in care



“The service has improved the health and wellbeing of patients and their families through providing practical support, friendship and reducing carer exhaustion. We have been able to reach out to people that may not have benefited previously from care offered by the hospice and also to an increasing number of patients with non-cancerous conditions. It has allowed clinical nursing teams to concentrate on more complex medical need and opened volunteering up to a more diverse range of people due to its flexible nature.”

Case Study 5: St Nicholas Hospice

Generic volunteering best practice also applies to volunteering in care-focussed roles, so do refer to section 4 (parts 1 and 2) in addition to this guidance.

Involving volunteers within the clinical team can bring many benefits including strengthening the team, improving the quality of care and offering more support to those we care for. Collaboration is essential to the process of developing volunteering in this area and should involve children/adults with life-limiting or life-threatening conditions, their families, staff and volunteers.

This part of the resource will consider a staged approach to developing volunteering in care. This includes:

- ▶ exploring and agreeing the place for volunteers within the team and identifying roles
- ▶ addressing concerns about volunteering in care
- ▶ identifying the qualities for prospective volunteers
- ▶ identifying competencies required by prospective volunteers
- ▶ agreeing the training and support for volunteers in care

The first step is to consider the place that volunteers will occupy within the professional team.

A place for volunteers within the team

“Palliative care volunteers in the Netherlands spend 84% of their volunteering time in direct care roles. This role is characterised as ‘being there’ for the client and relatives: being present in a mindful and attentive way. The volunteer supports relatives in the care for their loved one providing them with an opportunity to sleep, rest a little or go out for a while, knowing their loved one is well cared for.”

Case Study 4: Palliative care volunteering in the Netherlands

All too often we take a paternalistic attitude to the development of volunteering that is based on assumptions both about the needs of those we care for and what our volunteers can offer. If future projects are to be effective it is vital to address actual rather than perceived need. We therefore need to treat those we care for, staff and volunteers as partners in co-creating new projects and in the delivery of services that we offer.

In thinking about the role of volunteers within the team it is important to consider:

- ▶ What are the needs (including unmet needs) of those we care for and who is the best placed to address these?
- ▶ What can volunteers bring that is additional to the staff team?
- ▶ What qualities, skills and abilities do we need from prospective volunteers for care roles?

“The volunteers are involved in the role of volunteer healthcare assistants, assisting the HCA to provide palliative nursing care. Duties include helping with all personal care including last offices, meals diversional therapies, companionship and support to patients and relatives. The posts were developed to enable the delivery of efficient, effective quality care.”

Case Study 7: Douglas Macmillan Hospice

Morris et al. (2013) discuss the tensions that arise in considering the “spaces that volunteers inhabit”. (p7)¹³ It is increasingly important as we look at the future of volunteering in hospice and palliative care services to develop more clarity about the ‘space’ that volunteers will ‘inhabit’.

We know that:

- ▶ children and adults with life-limiting and life-threatening conditions, as well as their families, can feel lonely and isolated and that sustaining a sense of normality in life can often be difficult
- ▶ professionals have many competing demands on their time as they seek to respond to an ever-increasing population with complex needs
- ▶ volunteers have time to give, want to make a difference and to have their time, skills and experience used well

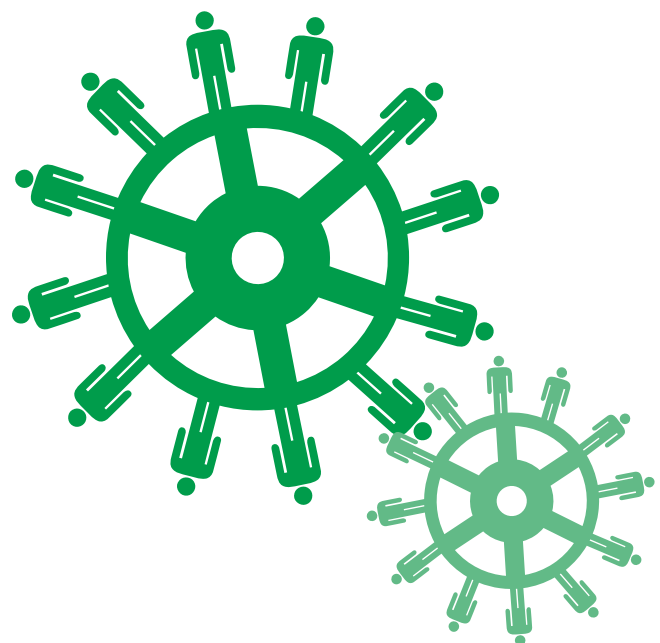
Volunteers can:

- ▶ give their humanity and their time to children, and adults with life-limiting or life-threatening conditions and their families
- ▶ help to reduce loneliness and isolation through social support
- ▶ provide practical support both in inpatient units and in the community
- ▶ help to reduce stress and de-medicalise the experiences of those we care for
- ▶ provide guidance to and be advocates for those we care for, guiding them through the complexities of service providers
- ▶ be a ‘friend or ‘companion’ for the palliative care journey
- ▶ respond to the needs of the children, adults and families that do not require intervention from the staff team
- ▶ help to free up clinical staff time to focus on the specialised aspects of their job
- ▶ provide clinical staff with opportunities for professional development

In this model of care volunteers have a clear role in the team, contributing to the practical, social, and spiritual needs of those we care for. Their flexibility enables this to be tailored to the needs of the person at that time. For this to happen, staff must be willing to ‘share’ those that we care for and to recognise that there are times when a volunteer might be the best person to be alongside the adult, child or family. It requires trust, effective engagement and communication between volunteers and paid staff, with each being committed to understanding and respecting the other’s needs. Rather than diminish the professional role, this way of working strengthens it, giving volunteers a clear role within the team, enabling the provision of more care and support to more people and freeing up time for staff to address the issues for which they were trained. It may also offer those we care for more choice as to where and how they would like to receive that care.

“We have received a fantastic response from the families who have come to find the support provided by Family Support Volunteers as invaluable. The care staff fully recognise the value that having volunteers on the care team brings and the benefit it also brings to the families. The volunteers report they feel valued and that they are making a real contribution to the care of the children and families which gives them great personal satisfaction.”

Case Study 10: Forget-Me-Not Children’s Hospice



Signpost 14

Points to consider:

- ▶ Engage with those you care for, staff and volunteers in identifying unmet needs and in considering who is best placed to meet them.
- ▶ Engage with those you care for, staff and volunteers in designing new projects and roles for volunteers.
- ▶ Work jointly with staff and volunteers to develop clarity about the place of volunteers by identifying the areas within the team where volunteer skills can bring most benefit to those you care for and their families.

For more guidance:

- ▶ Section 4 Part 1: addressing misconceptions about volunteers (Signpost 3)
- ▶ Section 4 Part 1: care standards and volunteering (Signpost 5)
- ▶ Section 4 Part 2: Models of volunteer management (signpost 8)
- ▶ Volunteers in care checklist (toolkit in Section 5)
- ▶ Case Study 4: Palliative care volunteering in the Netherlands
- ▶ Case studies 6-13

Addressing concerns about volunteering in care

“Initially there was some resistance from staff with concerns of job substitution or skilled volunteers challenging the staff abilities. There were times when volunteers were not being fully utilised because staff were unsure about delegating tasks. Training and reassuring staff about the role of the volunteers within the team, clearly identified competencies and open conversations with the director of care and the voluntary services manager helped to resolve these issues quickly.”

Case Study 2: Children’s Hospice Association Scotland

Findings from the Resource Survey indicate that staff and trustees have some concerns about involving volunteers in care. These include: negative staff attitudes towards volunteering, concerns about volunteer skills, training, risk and safeguarding and the time and resources required to provide support. While this resource seeks to highlight and signpost approaches to addressing these issues, it is outside the scope of this guide to consider solutions to time and financial resources.

If volunteering in care is to be successful, it is essential to have support from trustees and senior managers. Their support is key to addressing staff concerns. It will be helpful at this point to refer back to Section 4 Parts 1 and 2 as much of this has relevance to the development of volunteers in care, particularly to addressing staff attitudes and concerns, dealing with legislation and standards and adequately resourcing volunteering in terms of models of volunteering that provide effective leadership and support.

Volunteering in care is ‘everybody’s business’ and hard-pressed volunteer managers need to look to clinical colleagues with the appropriate skills and expertise to partner and assist them with the management and support of volunteers. For example the day care team leader may be the best person to take responsibility for volunteers in the day hospice with additional support from volunteers skilled in administration to support with rostering.

It is worth emphasising again that for volunteering to be effective in any area, adequate resources are required and this needs careful consideration. Staff with responsibility for teams of volunteers in care require time to fulfil the role effectively. It is unlikely to be successful when added to an already busy care role unless time is also allocated for the leadership of volunteers within the team.

“Central to the success is a dedicated volunteer co-ordinator with in depth knowledge of the patient group, the clinical environment and the families we support. This allows families/patients to be matched with appropriate volunteers. Volunteers report that they learn a great deal and that volunteering has impacted on their view of life in a way they could not have anticipated. Staff can concentrate on the core clinical aspects of their role knowing that volunteers are adding value and bringing a sense of community into the hospice.”

Case Study 11: Helen and Douglas House

When considering the resources required to support volunteering in care it may be helpful to start by reviewing your volunteering model as discussed earlier in Section 4, Part 2. Consider how effectively your current model makes use of all available resources:

- ▶ Are staff and experienced volunteers involved effectively in supporting developments?
- ▶ Are skilled and experienced volunteers involved as ‘buddies’ or ‘mentors’?
- ▶ Are there opportunities to partner with local organisations to share resources? (For example Home Start and Community Service Volunteers are organisations, amongst others, experienced in placing volunteers with vulnerable families.)
- ▶ Are there opportunities to develop and share training with other local services?

Think creatively in order to maximise resources. Other services (both within and beyond the sector) may be pleased to share policies, role descriptions, training materials and other resources – perhaps even volunteers. Could experienced volunteers provide leadership and support?

“We have received a fantastic response from the families who have come to find the support provided by family support volunteers as invaluable. The care staff fully recognise the value that having volunteers on the care team brings and the benefit it also brings to the families. The volunteers report they feel valued and that they are making a real contribution to the care of the children and families which gives them great personal satisfaction.”

Case Study 12: Noah’s Ark Children’s Hospice

Signpost 15

Points to consider:

- ▶ Make sure that your approach to volunteering maximises all available resources.
- ▶ Are staff and volunteers involved in helping to design and support developments?
- ▶ Are there other organisations willing to partner or share resources?
- ▶ Could more staff and volunteers with the right skills be involved in leading and supporting volunteers?

For more guidance:

- ▶ Section 4 Part 1: Addressing misconceptions about volunteers (Signpost 3)
- ▶ Section 4 Part 1: Care standards and volunteering (Signpost 5)
- ▶ Section 4 Part 2: Models of volunteer management (Signpost 8)
- ▶ Section 4 Part 2: Developing support to match the model (Signpost 10)
- ▶ Volunteers in care checklist (toolkit in Section 5)
- ▶ Case studies 2, 7-12 (these include examples from both adult and children’s services)
- ▶ Case Study 13: Richard House Children’s Hospice Transition Project

Qualities required for volunteering in care roles

“In order to deliver services differently and more cost-effectively, we needed to re-think our expectations of patient and family facing volunteers. We would require confident and competent volunteers who could work within all areas required with little notice.”

Case Study 8: St Christopher’s Hospice

Recruiting volunteers for care roles may be less about re-deploying and training current volunteers (unless they have relevant skills and experience) and more about attracting people with the appropriate qualities and skills required. Volunteers who are keen to work in care require:

- ▶ compassion, empathy and sensitivity to the needs of children and adults with life-limiting or life-threatening conditions and their families
- ▶ a commitment to and ability to work within an environment of loss and bereavement
- ▶ a high level of self-awareness, ability to reflect and to work within boundaries
- ▶ commitment to personal growth, developing resilience and self-reliance
- ▶ reliability
- ▶ responsive to the practical and emotional needs of children, adults and families
- ▶ a willingness to embrace the culture of the service and to working ethically and co-operatively within the multi-professional team
- ▶ excellent communication skills

Many of these qualities are similar to those required for many other volunteering roles in the organisation. Additionally, however, some roles will require specific skills and experience relevant to care which should be clearly set out in the role description along with the scope and boundaries of the role.

The key to success is to recruit only volunteers with the right skills, qualities and values to meet the needs identified. This may seem an obvious statement, but too often when faced with deadlines and a need to get a service up and running, compromises are made and much time is wasted later in trying to address the subsequent issues which arise.

Signpost 16

Points to consider:

- ▶ Work collaboratively with those you care for, staff and volunteers to agree the qualities and skills needed for volunteers in each specific care role.
- ▶ Ensure that these are clearly stated in the volunteer role description.
- ▶ Never compromise during recruitment – only recruit volunteers with the necessary qualities and attitudes.
- ▶ Is your approach to attracting the right volunteers for care roles working well? If not what do you need to do differently?

For more guidance:

- ▶ Section 4 Part 1: Care standards and volunteering (Signpost 5)
- ▶ Care Commission Standards for Hospice Care (2005) developed in Scotland highlight requirements for volunteers <http://www.scotland.gov.uk/Resource/Doc/46910/0025661.pdf>
- ▶ Volunteers in care checklist (toolkit in Section 5)
- ▶ Case Study 8: St Christopher’s Hospice

Skills and competencies for volunteers in care roles

“The volunteers are involved in the role of volunteer healthcare assistants, assisting the healthcare assistant to provide palliative nursing care. Duties include helping with all personal care including last offices, meals, diversional therapies, companionship and support to patients and relatives. The posts were developed to enable the delivery of efficient, effective quality care. Working in partnership with a local college it was possible to offer the Diploma qualification in Health & Social Care to volunteers.”

Case Study 7: Douglas Macmillan Hospice

A number of services have developed their own competencies for volunteering roles in care. However, at present in the UK there are no national competencies or standards specific to volunteering in palliative care.

Significant work has been undertaken by the Canadian Hospice and Palliative Care Association and by the Victoria Government in Australia on standards and competences for volunteers. In Australia these competences come under four key headings:

- ▶ Knowledge elements
- ▶ Skill elements – communication skills
- ▶ Awareness and attitude elements
- ▶ Judgement and discernment elements

A good starting point for considering the skills and qualities required for volunteering are the National Care Standards for Hospice Care (2005). These were developed in Scotland and outline their expectations for volunteers in hospice services and also include specific standards relating to children's hospices. Together with relevant competencies for Palliative Care Health Care Assistants from the Royal College of Nursing, these may provide a useful baseline for volunteer competences in hospice and palliative care services.

Signpost 17

Points to consider:

- ▶ Be clear about competencies that you need prospective volunteers to have already and those that you can teach.
- ▶ Ensure that any competencies required for the volunteer role are clearly identified in the role description.
- ▶ Be realistic in your expectations of volunteers.

For more guidance:

- ▶ Section 4 Part 1: Care standards and volunteering (Signpost 5)
- ▶ Volunteers in care checklist (toolkit in section 5)
- ▶ Case Study 7: Douglas Macmillan Hospice
- ▶ Care Commission Standards for Hospice Care (2005) developed in Scotland highlight requirements for volunteers. www.scotland.gov.uk/Resource/Doc/46910/0025661.pdf
- ▶ Canadian Hospice and Palliative Care Association Website www.chpca.net
- ▶ State Government Victoria (2007). Strengthening palliative care. Palliative Care Volunteer Standards. Melbourne: Victorian Government Department of Human Services. www.health.vic.gov.au

Training and support for volunteers in care

“In Austria there is a national curriculum for hospice volunteers. Every volunteer is trained following the guidelines and the curriculum of Hospice Austria. This includes 80 hours of training – blending theory, self-awareness and exercises plus 40 hours experience in the field. Volunteers are organised in teams with a (mostly paid) part-time co-ordinator in charge of the volunteers’ scheduling, coaching and organisation of the ongoing training.”

Case Study 14: Palliative care volunteers in Austria

Another key concern highlighted in the Resource Survey was the time and resource required to train volunteers. Many if not all services will already have both introductory and ongoing training in place for volunteers. There is no UK standard or accreditation for volunteers who work in hospice and palliative care. Much, therefore, is designed and delivered by local services.

The training required by volunteers is determined by their role, the skills and competences required and the skills and competencies that the volunteer already brings to the role. Recruiting volunteers with the necessary skills helps to keep training provision to a more manageable level.

It is important to recognise that the role of volunteers is complementary to paid staff and training must reflect the ethos and qualities of volunteering rather than attempting to turn volunteers into pseudo clinical staff. Anecdotal

evidence suggests that what children, adults and their families value about volunteers is their difference, the time that they have to spend, the 'normality' that they bring to very challenging personal situations and their interest in them as people rather than in the clinical issues associated with their or their child's condition.

As an introduction to volunteering in care, volunteers will need to develop knowledge and understanding of:

- ▶ the aims and ethos of the service
- ▶ the range of care offered and how this is delivered
- ▶ palliative care at a basic level
- ▶ the needs of adults/children with life-limiting conditions and their families
- ▶ their role and responsibilities (including boundaries)
- ▶ the role and structure of the team in which they will work
- ▶ safeguarding children and vulnerable adults
- ▶ how to work ethically
- ▶ regulatory requirements as they apply to volunteers
- ▶ how to work safely and what to do should something go wrong

The focus of training should also be to facilitate the volunteer's personal development and resilience through opportunities for reflection and discussion.

Joint training with staff where appropriate can be very beneficial, maximising resources and helping to integrate volunteers effectively into the staff team. It may also be possible to pool training resources with other services perhaps on a regional basis, to save duplication and 're-inventing' the wheel. This would facilitate a cross-fertilisation of ideas and be a useful step towards developing a more consistent approach to training for volunteers.

"The new twelve-week training programme has been important. The training must be completed prior to beginning volunteering and volunteers are asked to commit for at least one year. The training programme attracts potential volunteers for a number of reasons. A large number of younger people volunteer following completion of school, either as part of a gap year prior to training in nursing, medicine, social work etc. It also helps people to make future career decisions. Volunteers value the training, support and supervision, and take their roles more seriously."

Case Study 8: St Christopher's Hospice

Signpost 18

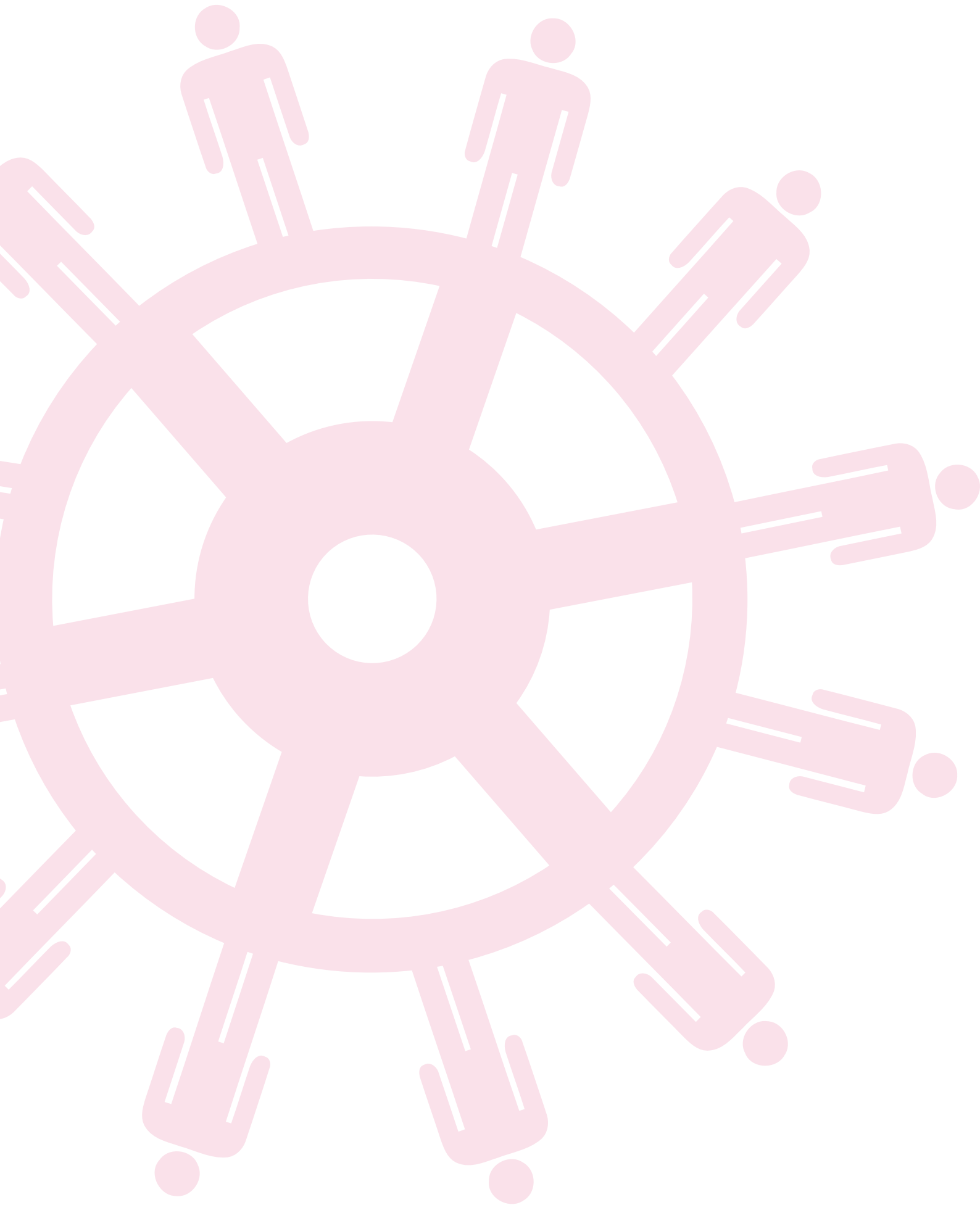
Points to consider:

- ▶ Recruiting volunteers with the relevant skills helps to keep training provision to a more manageable level.
- ▶ Training must reflect the qualities and ethos of volunteering and the volunteer's place within the team.
- ▶ Provide joint training for staff and volunteers where appropriate.
- ▶ Maximise resources by partnering with other services to develop and deliver a programme of volunteer training.

For more guidance:

- ▶ Case Study 8: St Christopher's Hospice
- ▶ Case Study 14: Volunteering in palliative care in Austria
- ▶ A useful resource from Europe considering training for palliative care volunteers with examples: Grundvig II Project (2009) Voluntary Palliative Care. The art to add quality to care in the last phase of life.
www.ikme.eu/seniortolderly/documents/voluntary_palliative_care.pdf
- ▶ Sally-Ann Spencer-Gray (2009) *The Training and Education of Volunteers* in r, R., Howlett, S., Doyle, D., (2009) (Eds) (2nd Ed) *Volunteers in Hospice and Palliative Care A Resource for Voluntary Services Managers*. Oxford: Oxford University Press. Chapter 6

The information included in this section is not exhaustive and is intended to give an overview of a range of topics on volunteering from three perspectives: strategic, management and care. It also seeks to highlight key points for further consideration and provide signposts to additional guidance and resources. The following and final part of the resource provides a framework which can be used both for review and development and will also signpost to further information and downloadable resources.



Section 5

Evaluation toolkit and useful links

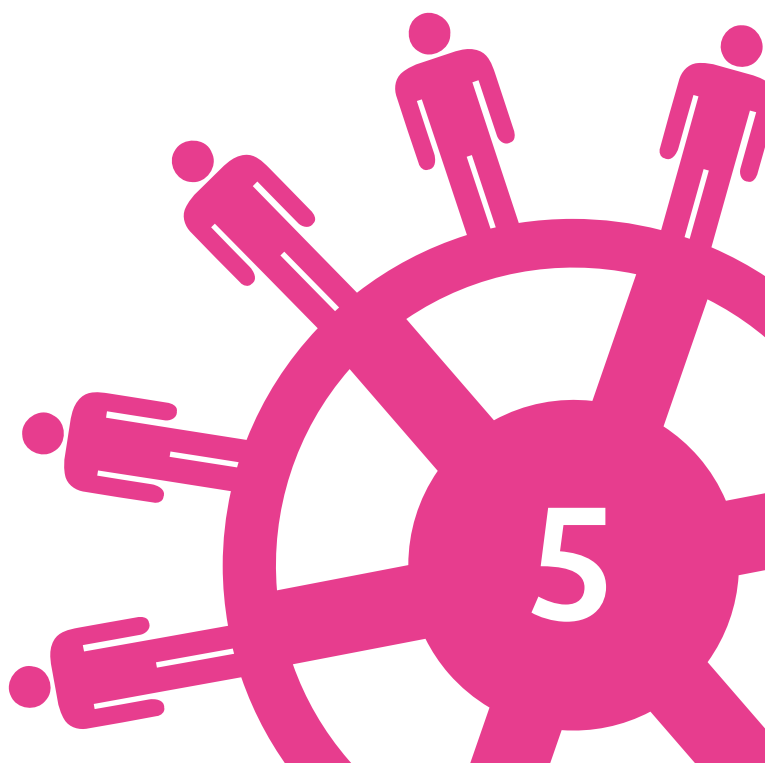
This section provides a toolkit, which may be used both for the review of existing volunteer services and also as a template for the development of new services. It includes a specific checklist for volunteering in care which builds on the more generic sections as these are all also applicable to volunteering in care.

The toolkit is intended to follow the structure of Section 4 and uses the same headings for the checklists:

- ▶ Thinking strategically about volunteering: Considerations for trustees and governance
- ▶ Thinking strategically about volunteering: Planning, policy and resourcing
- ▶ Effective management: Structures and processes
- ▶ Effective management: Finding the right people
- ▶ Effective management: Learning, development and support
- ▶ Volunteers in care

Also included in this section are links to websites for organisations such as National Volunteer Centres, regulatory bodies, volunteer managers networks, websites not signposted within the resource and to further resources downloadable from the Help the Hospices and Together for Short Lives websites.

You can download additional copies of the toolkit checklists from www.togetherforshortlives.org.uk/volunteeringguide



Part 1: Thinking strategically about volunteering: trustees and governance

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
There is commitment from trustees and staff to the integration and development of volunteering and to the organisation's volunteering strategy.			
Volunteering is included in the strategic plan and volunteers have an opportunity to contribute to the development of the organisation.			
There is a trustee with responsibility for championing volunteering.			
There is a designated member of staff with strategic responsibility and accountability for volunteering within the organisation.			
The voluntary service is included in the service budgetary processes.			
Volunteering is considered as part of workforce planning.			
Volunteering is included in the strategic risk management plan.			

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
Trustees receive assurance that the structure, frameworks and resourcing of volunteering are fit for purpose and used effectively.			
Trustees receive assurance that volunteering is effectively led and managed, adhering to best practice and regulatory requirements.			
Trustees receive assurance that adequate steps are taken to ensure the health and safety of volunteers and of the children, adults and families with whom they are involved.			
Trustees receive assurance that volunteers have adequate training to enable them to undertake their roles.			
Trustees receive assurance that volunteers are involved effectively and empowered to use their skills for the maximum benefit of the organisation.			
Trustees have opportunities to engage with volunteers and to hear about their activities and experience.			

Part 1: Thinking strategically about volunteering: Planning, policy and resourcing

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
There are clearly stated reasons for involving volunteers that everyone understands.			
There is commitment throughout the service to the integration and development of volunteers enabling them to use their skills to the full.			
A volunteering policy is in place.			
There are strategic and operational plans for volunteer involvement.			
A structure is in place for managing and supporting volunteers with a suitably experienced member of staff.			
There are adequate resources to support volunteering.			
There are clearly identified areas where volunteers will be involved (including roles).			

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
Volunteering roles meet relevant legislation and regulatory standards (including standards for care) and volunteers understand their responsibilities.			
The volunteering programme meets either national or local volunteering management standards or 'Kite Marks'.			
National Occupational Standards for Volunteer Management are used when reviewing or developing volunteer manager job descriptions or during recruitment.			

Part 2: Effective management: Structures and processes

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
There is/are a member/s of staff with relevant skills and expertise in volunteer management who are accountable for volunteering.			
There is a forward planning process e.g. volunteering review and development process including trustees and key staff from each department.			
There are effective methods of communication with volunteers.			
There are effective and open methods of communication with staff about volunteering to develop understanding and minimise misconceptions.			
There are mechanisms in place to facilitate engagement with adults, children, families, staff and volunteers when planning new volunteering projects.			
Staff are involved along with volunteers in the development of new roles and establishing boundaries.			
There are opportunities for experienced volunteers to lead teams of volunteers/manage projects.			

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
The model of volunteer management is effective, maximises all available resources and meets the needs of volunteers and the organisation.			
The organisation is clear about the number of volunteers required to deliver services.			
There is clear statistical information about volunteer activity recorded and reported.			
The value and impact of volunteering is measured.			
There is both training and effective support for staff working with and managing volunteers.			
There is a clear, fair and supportive process for ending the volunteer relationship where necessary.			

Part 2: Effective management: Finding the right people

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
Volunteering opportunities are widely available to the community.			
Volunteering opportunities encourage diversity, are interesting, varied and flexible.			
Information is given in different ways to help prospective volunteers to make an informed choice.			
The recruitment process is clearly documented safe, effective, consistent and meets regulatory and legislation requirements.			
There are clear role descriptions that include: skills and experience required, competencies for care roles, and role boundaries – what volunteers may and may not do.			
Volunteer roles allow volunteers to use their skills in the way that they wish for the maximum benefit of the organisation.			
There is effective support for volunteers with disabilities during recruitment and selection.			

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
Staff are involved in recruiting volunteers for their area/team.			
Volunteers' skills and expectations are matched with the needs of those who use the service.			
There are clear criteria and a supportive process for rejecting unsuitable prospective volunteers.			

Part 2: Effective management: Learning, development and support

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
There is a welcoming induction process that familiarises all volunteers with the organisation, their role and sets out clear mutual expectations.			
There is an introduction to adult or children's hospices/palliative care services (as applicable) – palliative care, ethos, care, multidisciplinary team, spiritual care, end of life care, bereavement support, keeping everyone safe.			
There is accessible guidance and information for volunteers.			
There is generic training/preparation for roles including statutory/mandatory training.			
Volunteers are asked for feedback and this is used to improve and develop both their experience and services.			
There are risk assessments for each role and individual risk assessments for young/vulnerable/disabled volunteers.			

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
There is recognition and respect throughout the organisation for the skills that volunteers bring.			
There are opportunities for volunteers to use their skills to the full and for the development of new skills and experiences.			
There is effective support for all volunteers – a contact within each team where volunteers work to offer guidance and support.			
There is effective supervision and support for volunteers working closely with children, adults and families (1-1 or group as appropriate).			
There are effective systems for gathering volunteer feedback.			
There are clear processes for dealing with difficult issues separate from processes for staff.			
There are opportunities for recognition and reward and for celebrating volunteering and its contribution to the organisation.			

Part 3: Volunteers in care (this section builds on previous information – all of which is relevant to care)

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
There is a clearly identified commitment from trustees and SMT to develop volunteers in more care-focussed roles.			
Those we care for, staff and volunteers are involved in identifying need and co-creating care-focussed volunteering roles.			
There is open and honest discussion with staff about the reasons for the involvement of volunteers in care and volunteering 'champions' have been identified.			
There is clarity throughout the service about the place of volunteers within the team where their skills bring most benefit.			
There is respect for and support to work through staff concerns about volunteers in this area.			
The qualities required for those who wish to volunteer in care are clear.			
Staff and volunteers have been involved in the development of boundaries for volunteer roles.			

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
Competencies required for each care role and these are clearly outlined in role descriptions.			
The best member of staff, with the right skills, has been identified to provide management support and guidance to volunteers in the particular area.			
In partnership with staff and volunteers risk assessments have been developed for specific care-focussed roles for volunteers. Draw upon those in place for staff and update.			
Staff have been involved in the design and delivery of training for volunteers in care-focussed roles.			
Training reflects the quality and ethos of volunteering and provides opportunities for volunteers to further develop skills.			
Targeted recruitment used to find volunteers with the right skills, experience and values.			
Safeguarding policies in place for staff and volunteers. Volunteers know what to do in the case of a safeguarding issue.			

Key areas of best practice	Yes No Partially	Supporting evidence (E.g. Strategic Plan, Volunteer Policy, budgets)	Action required
Role boundaries are set out clearly and used in support and supervision sessions.			
Lone working policies and safeguards are in place and applied to volunteers.			
Volunteers involved in lone working training for staff and share/adapt staff guidelines for volunteers.			
Volunteers in care roles have access to psychological/ support/counselling as necessary.			

Useful links

Here you will find some additional resources on volunteering and volunteer management, including useful websites, networking organisations and social media.

National Volunteer Centres

Volunteer Scotland www.volunteerscotland.net

Volunteering England now part of National Council for Voluntary Organisations (NCVO) resources still available on the website at www.volunteering.org.uk also resources can be found on the NCVO website:

National Council for Voluntary Organisations (England) www.ncvo.org.uk

Volunteer Now works to promote, enhance and support volunteering across Northern Ireland (Northern Ireland): www.volunteernow.co.uk

Volunteering Wales www.volunteering-wales.net

Regulatory Bodies

Care Quality Commission England (CQC) www.cqc.org.uk

Health Care Improvement Scotland (HIS) www.healthcareimprovementscotland.org

Care Inspectorate (Scotland) www.scswis.com

Health Care Inspectorate Wales www.hiw.org.uk

Care and Social Services Inspectorate Wales <http://cssiw.org.uk>

The Regulation and Quality Improvement Authority (Northern Ireland) <http://www.rqia.org.uk>

Volunteer managers networks

Association for Voluntary Services Managers In Hospice and Palliative Care (AVSM) Provides networking, support and development opportunities. Contact details are available from Help the Hospices.

Children's Hospice Volunteer Managers Network Providing networking and support opportunities. Information is available from from: www.togetherforshortlives.org.uk

Association of Volunteer Managers (AVM) supporting volunteer managers in England. <http://volunteermanagers.org.uk>

VM movement an online volunteer management community dedicated to empowering and supporting volunteer managers to develop and believe in themselves and become leaders in their field. There is also a weekly tweetchat – Thoughtful Thursday #ttvolmgrs. www.vmmovement.org.uk

IVO.org a social network site dedicated to volunteering and volunteer management. www.ivo.org

UKVPMs a participative networking and communication resource for all volunteer managers working in the United Kingdom. <https://groups.yahoo.com/neo/groups/UKVPMs/info>

OzVPM supporting leaders of volunteers and increasing the profile of volunteerism, particularly as it relates to the Australasian region. www.ozvpm.com

Volunteer Power mobilizing the power and passion of the volunteer network. www.volunteerpower.com

Other helpful websites

Institute for Volunteering Research <http://www.ivr.org.uk>

Volunteering resources from an international perspective www.energizeinc.com/ener/ener.html

Volunteer Canada the national voice for volunteerism in Canada: <https://volunteer.ca>

Blogs Rob Jackson writes a regular blog on volunteering issues: <http://robjacksonconsulting.blogspot.co.uk>

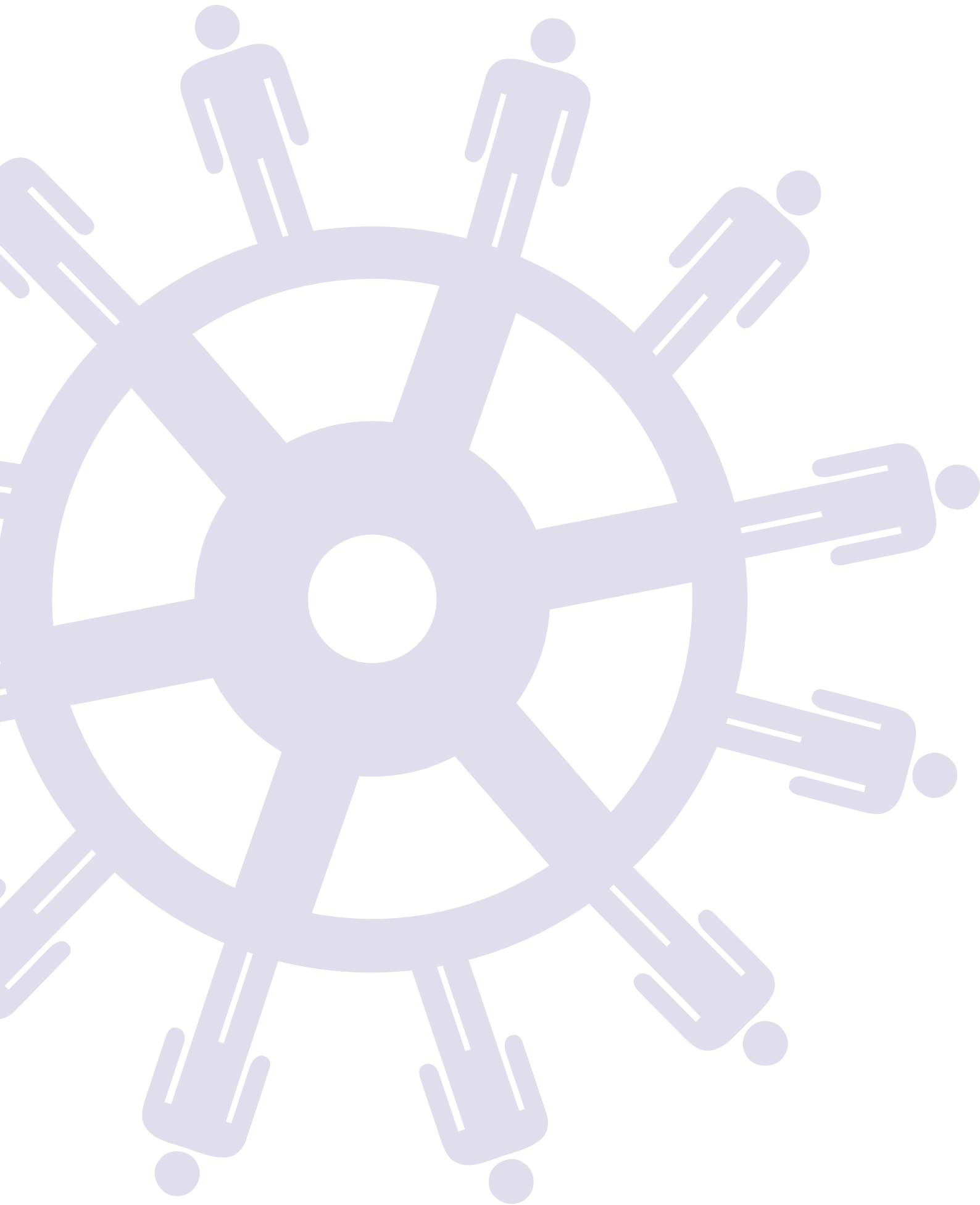
ehospice www.ehospice.com

Further resources

Further resources are available from:

Help the Hospices www.helpthehospices.org.uk

Together for Short Lives www.togetherforshortlives.org.uk



Appendices

Appendix 1: Case studies by topic

Part 1: Thinking strategically about volunteering

- Case study 1: Claire House Children's Hospice – trustee champion

Part 2: Effective management approaches: Dealing with staff concerns about volunteering

- Case study 2: Care support volunteers in CHAS

Part 2: Effective management approaches: Models of volunteer management

- Case study 3: Volunteer manager perspective

Part 2: Effective management approaches: Community led volunteering

- Case study 4: Palliative care volunteering in the Netherlands
- Case study 5: St Nicholas Hospice Care – Hospice Neighbours
- Case study 6: Severn Hospice Compassionate Communities

Part 3: Developing volunteering in care

- Adult hospice case study 7: Douglas Macmillan Hospice
- Adult hospice case study 8: St Christopher's Hospice
- Adult hospice case study 9: Highland Hospice
- Children's hospice case study 10: Forget-Me-Not Children's Hospice
- Children and young adult hospice case study 11: Helen & Douglas House
- Children's hospice case study 12: Noah's Ark Children's Hospice
- Children and young adult hospice case study 13: Transition, Richard House Hospice

Part 3: Developing volunteering in care: Training and support for volunteers in care

- Case study 14: Palliative care volunteers in Austria



Case Study 1

Claire House Children's Hospice – trustee champion

Background

Claire House is a hospice for children and young people serving Merseyside and the surrounding counties. Volunteers have not traditionally worked in care-related roles at Claire House; in fact volunteering had developed organically across the organisation with differing levels of consistency, support and consequently success.

In 2011 the trustees and management team decided that a more co-ordinated approach was needed to ensure that Claire House maximised the potential contribution from existing volunteers and to ensure that the workforce was actively developed to include volunteers as a priority. The goal was to provide an even better quality of care with paid staff and volunteers working in partnership, with the added benefit of proactive community engagement.

What we did

A research project was commissioned through the University of Roehampton, to provide the trustees with an analysis of 'where we are now' alongside a vision of 'where we could be' with recommendations that would help the management team to construct the road map of how to get there.

This research described an organisation that was doing really well in pockets but generally spoke about a static volunteer workforce who were not directly contributing to the care and support that the organisation was there to provide.

The recommendations included the need to gain buy in at the highest level, specifically that there should be a 'trustee volunteering champion' whose role it would be to ensure that volunteering was prioritised at a strategic level.

A trustee was identified and he worked closely with the CEO to translate the research into practice, which included the development of a culture that allowed volunteers to flourish, as well as investing in the skills and resources required to support successful volunteering in care related roles.

What we achieved

Following a wide consultation involving volunteers, Claire House has subsequently employed a volunteering development manager for the first time, whose role it is to crystallise and deliver the strategy (not directly manage volunteers).

The organisation is in the process of clarifying the volunteering vision, culture, policies and procedures to support volunteers in care related roles and working with each of the service delivery managers to define role profiles which can then be publicised.

Challenges and learning

The main challenges include the inevitable issues surrounding any significant change, although these have been overcome in part by taking our time and having a CEO and trustee Board who are passionate about the potential of volunteering both now and in the future. We have also been clear that volunteering is not about saving money or job substitution (replacing paid staff with volunteer roles); rather it is about increasing the impact of Claire House first and foremost, as well as our responsibility to make the most of the potential skills and contributions from volunteers.

In the experience of Claire House it is vital that there is top level buy in and that volunteering is represented at a senior level within the organisation.

For more information, please contact David Pastor, CEO, on **0151 343 0883** or david.pastor@claire-house.org.uk

Case Study 2

Care support volunteers in CHAS

Background

Children's Hospice Association Scotland (CHAS) is the only charity in Scotland providing hospice services for children and young people with life-shortening conditions. CHAS offers care for the whole family in two children's hospices, Rachel House in Kinross and Robin House in Balloch and through CHAS at Home.

What we did

The care team identified periods in the hospices when they were particularly stretched, e.g. at children's bedtimes. The care support volunteers were developed to help the care team settle children and young people at bedtime.

Volunteers provide personal care, including bathing and dressing, social support, such as sitting and talking, reading stories, watching a film, or simply being with a child or young person as they fall asleep. Volunteers are also asked to be involved in hydrotherapy pool activities.

Volunteers had not previously been involved in the hands-on care of children. This role was developed by the voluntary services manager and the director of care within Robin House through:

- seeking feedback from the care team using questionnaires and training days
- running training for the care team in working with volunteers
- discussions with families
- joint development of the role description
- dialogue with volunteers involved in the project

What makes it successful

The principal success factors were the development of a role in response to a clearly identified need, the full support of the director of care, involvement of families and volunteers in discussion, slow and careful introduction, robust training programme and recruitment of volunteers with a professional care background.

Staff now recognise that volunteers can safely take on a care role, working closely with children. One staff member said: "It all works so well, it frees up our time to spend just a wee bit longer with a child who needs extra attention."

The volunteers say: "...we are rewarded, not only professionally but personally. If we can help the staff and parents in small ways to make their caring roles easier, then the child can remain central."

Challenges and learning

Initially there was some resistance from staff with concerns of job substitution or skilled volunteers challenging the staff abilities. There were times when volunteers were not being fully utilised because staff were unsure about delegating tasks.

Training and reassuring staff about the role of the volunteers within the team, clearly identified competencies and open conversations with the director of care and the voluntary services manager helped to resolve these issues quickly. The role remains an item agenda on hospice team meetings.

CHAS is recruiting more volunteers to the Robin House team, and Rachel House are planning for the involvement of similar volunteers. The learning from this pilot will also inform the involvement of volunteers in family homes.

The key to the success of this project is the positive support of the director of care to drive it through which reassured staff and families. Establishing the need, finding the right volunteers, and delivering training were also key to the success of the project.

For more information, please contact Nicola Porciani, voluntary services manager, Robin House on **01389 722055** or **vsmrobinhouse@chas.org.uk**

Case Study 3

Volunteer manager perspective

Background

I have worked for two hospices: voluntary services manager at Douglas Macmillan Hospice (DMH), providing adult services, and volunteer development manager at Claire House (CH) Children's Hospice, providing services for children and young people.

In DMH volunteers supported the care services including:

- complementary therapy and bereavement support
- volunteer health care assistants
- providing support to patients in the community

In CH volunteers support the care services including:

- housekeeping and kitchen
- sibling activities
- driving the minibus

Defined management structure and training

Both my volunteer manager roles have involved me in clearly defining the management structure to incorporate volunteers and identify staff in each department to manage/co-ordinate volunteers. It is vital for staff to receive training in volunteer management and in working with volunteers to ensure that staff teams have the confidence, skills and knowledge to support volunteers. Ensuring that the volunteer team is a manageable size and that time is allocated to staff to fulfil the role of a line manager is essential.

Dedicated voluntary services department

The management model shown in Appendix 3 is successful where there is a dedicated voluntary services department. The voluntary services manager (VSM) brings the strategic overview, takes responsibility for driving forward the development of volunteering and engages staff throughout the process. Programmes have increased success when the roles and responsibilities of the VSM and line managers of volunteer teams are clearly defined.

Shared leadership of volunteers

Individual departments need strategic understanding of their aims and how volunteers can support these and are, therefore, integral to developing volunteer roles. As hospices grow it is increasingly difficult for one person to have the knowledge, time and focus to develop volunteering across all departments.

Within the model shown in Appendix 3, managers are central to the recruitment process through conducting interviews. Also through the inclusion of staff in the facilitation of training and supervision a wider sense of ownership and engagement is achieved.

The workplace model makes volunteers feel part of a well-managed team thus aiding retention through valuing their input. When staff and volunteers work as a team the services can be increased and enhanced. Additionally there are more opportunities for staff to learn skills and gain experience in line management while volunteers have improved experiences.

Challenges and learning

Staff may lack knowledge and support to enable departments to identify and develop volunteer roles. Through asking key questions and providing support I have worked in partnership with departments to create effective programme plans and guide the implementation.

I have always included staff from the beginning of the process to ensure they feel ownership and understanding of volunteering, thus reducing fears of job substitution.

I would encourage others to give it a go – bearing in mind the following:

- it is challenging but rewarding
- ensure you define and communicate the management model effectively
- provide training for staff in volunteer management training, working with volunteers and ensure ongoing support
- ensure there is somebody driving volunteering with strategic overview and knowledge
- implement consistent volunteer policies and procedures
- implement pilot projects and review

For more information, please contact Louise McCartney on **0151 334 4626** or louise.mccartney@claire-house.org.uk

Case Study 4

Palliative care volunteering in the Netherlands

Background

The hospice and palliative care movement in the Netherlands began as a non-medical volunteer movement. The first palliative care organisation in the Netherlands, founded in 1980, was a volunteer home care service aimed at enabling the terminally ill to die at home. Palliative care volunteering has always focussed on direct care of the dying and their relatives.

Most of the hospices (75 of the 95 independent hospices) are 'almost-like-home-houses': volunteer-based initiatives (typically around four beds), where volunteers in direct care are at the core of the organisation. The only paid workers are the hospice co-ordinators. As in home situations most of the care in the hospice is provided by informal caregivers, i.e. carers and trained volunteers. Professionals (nurses, doctors, therapists) come in to provide care when needed. In most of the 'almost-like-home-houses' there is 24/7 availability, but not the presence of trained nurses. Continuity of care is assured by the presence of trained volunteers during the day and evenings. In most hospices night care is provided primarily by trained nurses.

Another type of hospice, the high-care hospices (typically around seven beds), have paid nurses 24/7, but also rely highly on volunteers in care giving roles. Volunteer home care is provided by independent volunteer palliative care home care organisations, or by a volunteer home care team of an 'almost-like-home-house'. In the home situation PC volunteers spend around one third of their time with clients during the nights.

Direct care roles

PC volunteers in the Netherlands spend 84% of their volunteering time in direct care roles. This role is characterised as 'being there' for the client and relatives: being present in a mindful and attentive way. The volunteer supports relatives in the care for their loved one providing them with an opportunity to sleep, rest a little or go out for a while, knowing their loved one is well cared for. The volunteer looks after the dying person by monitoring their situation,

noticing their needs and wishes, and providing some light personal care including helping with eating, drinking, getting dressed, bathing/washing and assisting with toileting, cleaning the bed, etc. It can also involve helping relatives to fulfil the client's last wishes, making tea for visitors and light housekeeping tasks. In the hospice the volunteer helps the guest and their relatives feel at home. Volunteers do not perform medical or nursing tasks.

A special relationship

Both clients and relatives talk to volunteers about their worries, about illness and death, the meaning of their life and about saying goodbye, often developing a special relationship. Emotional support includes listening mindfully, providing solace, giving room to expression of feelings, simply 'being there'. Research indicates that this is what relatives value most.

The volunteer also gives information to clients and relatives, and also notices when more or other help is needed, reporting this to the coordinator or referring clients and relatives to other professionals/ organisations.

Volunteers must be well selected, trained and supported by a volunteer coordinator within an organisation that understands and values the volunteers' strengths and needs.

For more information, please contact VPTZ Nederland on jsomsen@vptz.nl

Case Study 5

St Nicholas Hospice Care Hospice Neighbours

Background

St Nicholas Hospice Care provides practical, medical and spiritual support to local people and their families living with a life threatening illness; such as cancer, multiple sclerosis, motor neurone disease, heart or lung disease.

The Hospice Neighbours service offers flexible voluntary work that is rewarding and worthwhile. Operating in the West Suffolk and Thetford community, it provides companionship and practical support to people and families living with a terminal illness.

The role of the Hospice Neighbour is to provide companionship and practical support such as shopping, keeping the garden tidy, light cleaning and household tasks, dog walking or collecting prescriptions.

What we did

Feedback from patients and their families, staff and volunteers highlighted an unmet need for a more practical level of support when ill or caring for a close relative.

We piloted the service in two areas which involved recruiting and training a small team of neighbours while marketing the service both from a patient and recruitment perspective. We spent time networking with staff, local groups, GPs and surgeries.

What makes it successful

The success of the project is because:

- support is accessible as it is offered in local communities rather than hospice based
- Hospice Neighbours are flexible in approach so are able to respond to the patients/family needs
- comprehensive initial and ongoing training and support is given
- the volunteer role is rewarding
- it is low cost

The service has improved the health and wellbeing of terminally ill patients and their families through providing practical support, friendship and reducing carer exhaustion. We have been able to reach out to people that may not have benefited previously from care offered by the hospice and also to an increasing



number of patients with non-cancerous conditions. It has allowed clinical nursing teams to concentrate on more complex medical need and opened volunteering up to a more diverse range of people due to its flexible nature.

Challenges and learning

Inevitably there were a number of challenges including:

- the project being slow to start
- overestimated costs
- outcomes hard to define
- value of social benefits difficult to document
- ability of clinicians to work with volunteers

As Hospice Neighbours was a new and innovative service, there was an ongoing process of review and reflection to adapt the service as it grew. We held a development day in conjunction with Help the Hospices to share our experiences with other hospices and have also had two members of staff undertake academic research that has highlighted patient and volunteer stories.

Since the initial trial, Hospice Neighbours has been gradually rolled out across the region, and we now have in the region of 100+ volunteers and have plans to increase this number further.

We would recommend to others considering such a development to engage with your clinical teams early on and recruit high quality volunteer co-ordinators who can co-ordinate the service locally.

For more information, please contact Emma Page, volunteer manager – St Nicholas Hospice Care on **01284 701609**

Case Study 6

Severn Hospice Compassionate Communities

Background

Severn Hospice provides end of life care services for adults across Shropshire, Telford and Wrekin and North Powys.

Since 2009 Severn Hospice has led the development of Compassionate Communities across Shropshire.

This involves:

- working in partnership with communities in developing their own supportive volunteer networks
- volunteers supporting individuals to reduce isolation by keeping them connected to their communities
- marriage of the skills and experience of people in the community with the support available from Severn Hospice and local General Practice
- distribution of communities that have been supported in developing their own volunteer networks (as of October 2013) – portrayed overleaf

Loneliness can lead to a crisis and Compassionate Communities was developed to address the issue of social isolation as a solution to this.

What we did

Severn Hospice developed this by leading community meetings following which training is provided by the hospice trainer to local volunteers. Responsibility for managing the deployment of volunteers and the resourcing of the local network rests with the community (and not the hospice). In this way Compassionate Communities in Shropshire needs to be seen as communities “doing it for themselves” with the assistance of Severn Hospice.

What makes it successful

It is successful because of local co-ordination, robust links with the local General Practice as partners, initial “brokerage” by the hospice and by initial and ongoing support to the network by Severn Hospice.

An audit of the impact of clients’ unscheduled use of local health services has shown consistent reduction on all measures (see overleaf).

Challenges and learning

The key challenge was the development of volunteer networks outside of any formal organisational context. However, we overcame these through the development of policy frameworks which could be applied in a community setting.

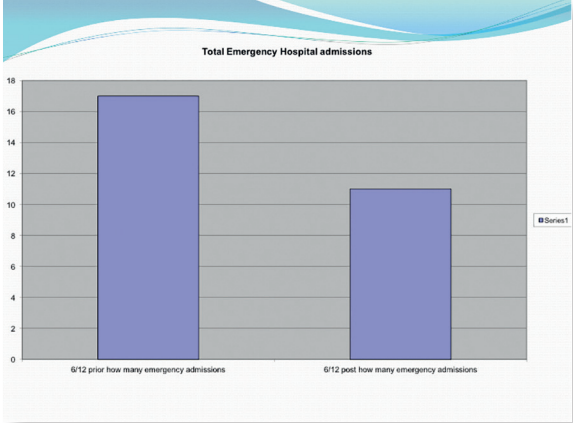
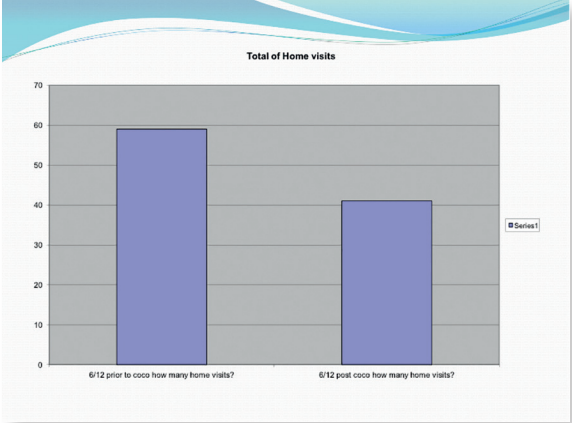
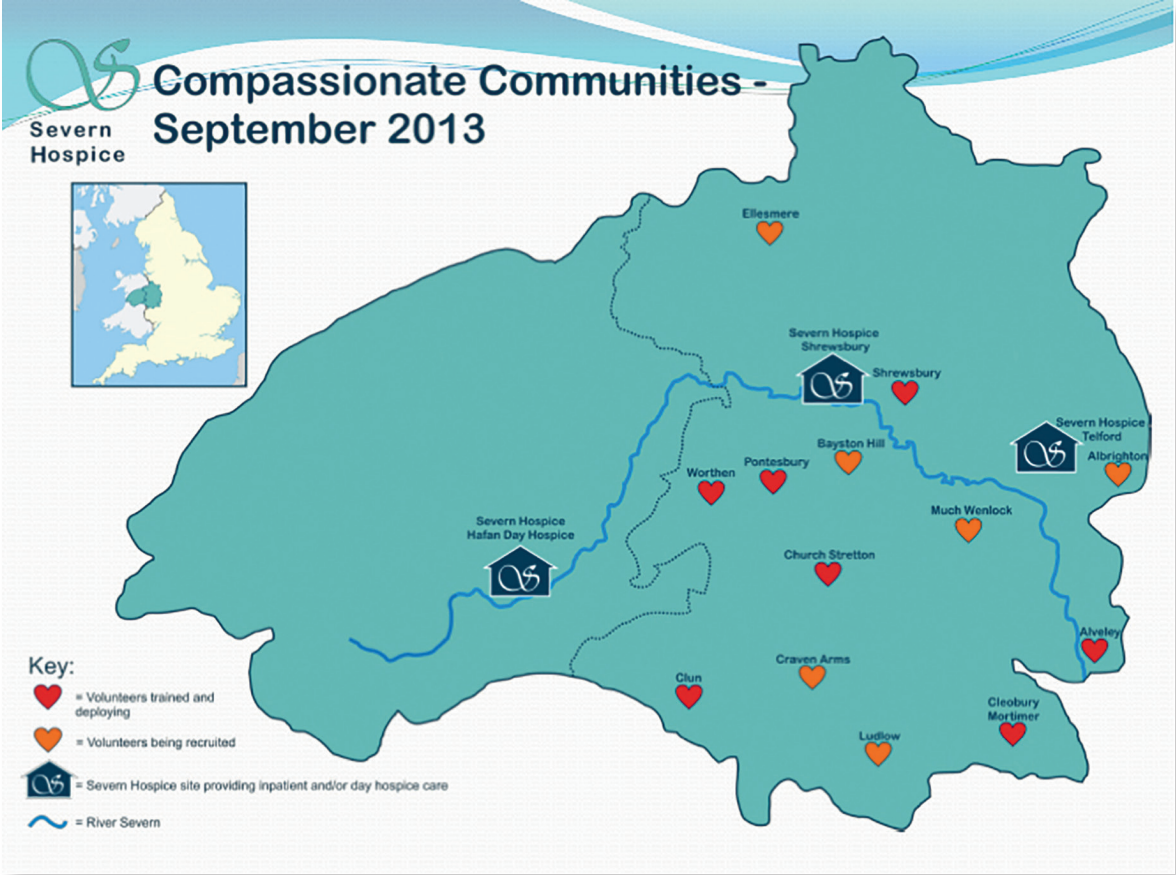
It is planned that this should be rolled out in other areas and has now been adopted as CCG policy in addressing needs of people living with long term conditions.

We would recommend for others to join the movement! See the success factors above.

For more information, please contact Paul Cronin on **01743 261513** or paulcronin@severnhospice.org.uk

Please see supporting diagrams overleaf.

Case Study 6 (continued)



Case Study 7

Douglas Macmillan Hospice

Background

The Douglas Macmillan Hospice was established in 1973 as a 28-bed care facility for North Staffordshire and looks after people with cancer and other life-limiting illnesses. Facilities also include a day hospice, a community nurse specialist team (PCNS), a Hospice at Home service with three on-site community lodges, and an education centre.

This case study describes the work of volunteers in our community lodges. The Lodges offer respite and end of life care in a nurse led unit, managed by the community and Hospice at Home team. The volunteers are involved in the role of volunteer healthcare assistants, assisting the healthcare assistants to provide palliative nursing care. Duties include helping with all personal care including last offices, meals, diversional therapies, companionship and support to patients and relatives.

The posts were developed to enable the delivery of efficient, effective quality care.

What we did

A role description was developed, along with a robust induction and competency framework. Individuals who could be trained to deliver the level of care required were selected to work alongside the staff team. Working in partnership with a local college it was possible to offer the Diploma qualification in Health & Social Care to volunteers.

What makes it successful

This initiative is successful because of the effective co-ordination of rotas, induction, training and supervision of the volunteers and having a dedicated volunteer co-ordinator. The volunteer co-ordinator is based in the clinical setting which assists in integrating the volunteers and staff.

Robust interview and taster shifts enable new recruits to gain a full understanding of the role before committing. A month long local induction has also been developed in addition to regular reviews and supervision.

Patients do not differentiate between staff and volunteers, however when they do recognise people as volunteers, they are appreciative of the work they do.



Staff feel supported by the volunteers and value their contribution. Volunteers also feel valued, gain job satisfaction and develop their skills and experience.

Challenges and learning

There are a number of challenges. Retention is a challenge, particularly once the individual has gained skills and work experience, as the role can be used as a springboard to get a paid job. Reliability can be an issue, although only in a minority of cases.

Some individuals do not have prior experience in a care setting so do not understand the reasons and importance of healthcare professionalism. While this is a challenge, it can be rectified through supervision and training.

These challenges were overcome through the introduction of a dedicated volunteer co-ordinator, a competency framework and induction. Successful line management keeps turnover to a minimum as the volunteers feel part of the team and understand the importance of the role. Reliability can be an issue in all volunteer roles, therefore a “bank” of volunteers has been developed.

The role is also currently utilised on our 28 bedded specialist palliative care unit. There are development plans to roll this out across the community.

We would recommend that the role of co-ordinator is key in order to give the time necessary to manage recruitment, induction, training and supervision as required. Co-ordinating the resource requirements with availability is time consuming and requires a dedicated resource.

For more information, please contact Louise Morris, voluntary services manager on **01782 344332** or louisemorris@dmhospice.org.uk

Case Study 8

St Christopher's Hospice

Background

St Christopher's is an adult hospice caring for patients from the age of 18 upwards. Services are delivered in a range of settings including patients' own homes, four inpatient wards, our Anniversary and Caritas Centres.

Volunteers have been involved in patient care since its inception in 1967. They support all patient and family areas such as the in-patient unit, visiting people in their homes, day, outpatient and social centres. Volunteers also support those people receiving personal care at home.

The refurbishment programme in 2007 provided an opportunity to review what the volunteer of the future might look like. In order to deliver services differently and more cost-effectively, we needed to rethink our expectations of patient and family facing volunteers. We would require confident and competent volunteers who could work within all areas required with little notice.

What we did

Through a series of open meetings, our message to existing volunteers was that all patient and family volunteers would need to undergo the new training programme to continue volunteering in such roles. The training programme was designed to reflect the wider roles that volunteers would undertake, such as supporting teams of nurses, and people within their own homes.

The importance of training

The new twelve-week training programme has been important. The training must be completed prior to beginning volunteering and volunteers are asked to commit for at least one year. The training programme attracts potential volunteers for a number of reasons. A large number of younger people volunteer following completion of school, either as part of a gap year prior to training in nursing, medicine, social work etc. It also helps people to make future career decisions. Volunteers value the training, support and supervision, and take their roles more seriously.

Patients and families view volunteering as part of the wider professional team especially volunteers visiting people at home. There is a huge need for this; companionship and practical support such as shopping and housework. Volunteers clearly understand staff roles and how they can support them. Many report that their volunteering has had a huge impact on their future.

Challenges and learning

Staff continue to be anxious that volunteers are being trained to fill professional roles. Training for staff about volunteers reassures them that the role of volunteers is to support them, not to replace them. Another challenge is volunteers who see themselves as 'experienced'. We are, therefore, considering whether there is a time limit to effective of volunteering.

We have shared our experience and training programme with a number of hospices and plan to develop a volunteer 'hub' where we can provide competent volunteers for a number of environments, including care homes. National accreditation for volunteer training programmes will be essential to the success of this.

Careful consideration needs to be given to volunteer roles, training and accreditation, ongoing support and strategic development. Effectiveness can only be achieved by a multi-systems approach, working with whole staff and volunteer teams, including trustees and members of the local community.

For more information, please contact Nigel Hartley, director of supportive care on **020 8768 4505** or n.hartley@stchristophers.org.uk

Case Study 9

Highland Hospice

Background

Highland Hospice is the only hospice serving adults with life-limiting conditions in the Highlands. The day hospice opened in 1987 and the in-patient Unit (IPU) in 1988. Facilities include a ten-bedded unit, Day Hospice and outreach services. Highland Hospice has approximately 750 volunteers.

One role that involves delivering care is the Healthcare Support Volunteer. This role works alongside the nursing team within the IPU and is a highly valued addition to the IPU service. Volunteers assist with helping patients to wash, sitting with an anxious patient, making beds, general cleaning and tidying, there are 11 such volunteers contributing an average of about 20 hours per week.

What we did

The role was developed through the desire to provide volunteer befrienders. However, consultation with patients and their families identified that befrienders in the traditional sense were not required and volunteers would be of greater benefit if they were assisting with other duties. However, building a relationship is an outcome of this role and the physical tasks makes befriending easier.

What makes it successful

The role has tangible benefits, particularly if the unit is busy. Volunteers develop the role to suit themselves (within agreed boundaries) and only undertake duties they feel comfortable with. Volunteers are highly valued by the IPU staff. This role requires good recruitment and having staff that can identify the volunteer's skills and assign duties to suit.

Volunteers free up nurse time to focus on clinical tasks and also help to meet inspection requirements. Many of the volunteers in this role are ex-nurses or care-givers, allowing them the opportunity to continue using their skills. Volunteers enrich the IPU environment for patients and their families and help contribute to its homely feel.

Challenges and learning

There have been challenges implementing the role. Originally, nursing staff felt it unfair to have volunteers at the bedside of ill patients and expressed concern that volunteers could overstep boundaries. The nursing team also felt that if there were not enough staff, more people should be employed.



Concerns have been addressed by ensuring that a robust process of recruitment is in place and part of this process clearly outlines the volunteer role, boundaries and relationship responsibilities. Recruitment also identifies whether applicants can cope in the role and often they are recruited to the day hospice first. The concern over involving of volunteers rather than staff is addressed by helping staff to understand the greater wealth of skills and talent that volunteers can bring to the IPU environment.

Others considering involving volunteers in care should consider the following:

- Volunteer expectations need to be managed through a robust recruitment process.
- Training staff on working with volunteers so that helps them to be receptive to working together.
- Staff and volunteers need support through effective management that can help to address issues early.

Our experience has been positive and we are now embarking on a feasibility study to investigate involving volunteers in the local community to help support patients in their own homes with practical tasks.

For more information, please contact Emily Patrick, voluntary services co-ordinator on **01463 227902** or e.patrick@highlandhospice.org.uk

Case Study 10

Forget-Me-Not Children's Hospice

Background

Forget-Me-Not Children's Hospice is a four-bedded nurse and therapy led hospice, having support from medical staff during two sessions each week. Care is provided using an integrated model of care, flexing staff between both the hospice and the community, depending on the needs of families. The hospice provides care to children and young people aged 0-19 across the Wakefield, Calderdale, and Kirklees area.

Family support volunteers

We have a number of family support volunteers (FSV) who are allocated to individual families. The FSV role is as diverse as the families we support. They deliver care within an individual family care package; the activities they provide are agreed between the family and the care co-ordinator overseeing the care package. Each visit is with a FSV and a member of the care team. Visits can range from a play visit, to being directly involved in supporting clinical care or providing light household duties. FSVs are also an integral support during school holidays within the hospice and contribute to providing play and support during the busy times when families require additional help. All care and support provided by FSVs is complementary to that of paid staff.

Development of the roles

The role has continued to develop through regular initial meetings for prospective FSVs to hear what the role entails, followed by an interview and two comprehensive training days. Following this, FSVs are allocated a family, based on the ethos of the right volunteer for the right family at the right time. Ensuring the match is key to developing such a relationship.

As an organisation this is beneficial in engaging volunteers from the community and by providing additional support to families with few additional cost implications.

We have received a fantastic response from the families who have come to find the support provided by FSVs invaluable. The care team fully recognise the value that having volunteers on the care team brings and the benefit it also gives to the families.



The volunteers report they feel valued and that they are making a real contribution to the care of the children and families which gives them great personal satisfaction.

Challenges and learning

Initial challenges included the expectations of the volunteers and also of the care team and families around what the volunteer would be able to provide. Families have welcomed the volunteers; however, it has been important to ensure the safety of the children and families and also of the volunteers. This has been a driving force behind our desire to recruit care volunteers and so each volunteer is fully supervised during each home visit.

Training is paramount and through regular communication the challenges have been addressed.

We plan to continue to expand the current provision of FSVs over the caseload of children and families we support.

Having a robust plan in place prior to beginning this development in addition to a robust training package for volunteers has enabled us to begin and progress the use of FSVs in a productive and beneficial way.

For more information, please contact Hanna Simpson on **01484 411042** or **hanna.simpson@forgetmenotchild.co.uk**

Case Study 11

Helen & Douglas House

Background

Helen & Douglas House is a hospice for children and young adults aged 0-35. The hospice offers specialist symptom and pain management, medically supported short breaks and end-of-life care, as well as counselling and support for the whole family.

Clinical volunteers are those volunteers who have face-to-face contact with the users of the hospice.

In-house care team volunteers are trained in manual handling and work alongside care staff to provide patient care and entertainment as well as practical support such as cleaning,

Home volunteers provide practical support in families' homes such as ironing, cleaning, reading to siblings, odd jobs and gardening.

What we did

These roles were developed to enhance the patient experience, by harnessing the variety of skills that volunteers can bring; from playing computer games, sharing a love of music to helping to patients to achieve ambitions.

A secondment was created to scope the need for volunteer support in these areas. Recommendations were shared with the governance committees for approval to progress to a pilot stage.

Central to the success is a dedicated volunteer coordinator with in depth knowledge of the patient group, the clinical environment and the families we support. This allows families/patients to be matched appropriate volunteers.

Volunteers report that they learn a great deal and that volunteering has impacted on their view of life in a way they could not have anticipated. Staff can concentrate on the core clinical aspects of their role knowing that volunteers are adding value and bringing a sense of community into the hospice.

The diversity of experience that volunteers bring, underpins the philosophy of 'living deep' by providing broad opportunities for patients.

Challenges and learning

The key challenges included managing:

- boundaries
- health and safety and security risks
- the emotional impact on volunteers
- the reliance of families on the volunteer services we offer
- the continuity of a voluntary service

What makes it successful

- developing services incrementally and slowly
- the recruitment and induction process is designed on the principle of continual evaluation to ensure a high calibre of volunteers
- robust training plan incorporating real life case studies
- dedicated clinical volunteer co-ordinator, who 'mentors' the volunteers, working alongside them for several shifts until they are fully familiar with the environment
- detailed risk assessment process alongside families and the volunteers
- written reports after each home visit to allow the volunteer to report concerns and identify if additional debrief is required
- regular review of progress with families, patients and volunteers, reducing the sense of permanency of a voluntary placement
- experienced volunteer mentors, support new volunteers within their roles
- mandatory clinical supervision of three sessions per year for each volunteer
- robust security protocols for volunteers working within the community

We are now piloting a young adult, at home befriending service, built upon the same principles.

Achieving the outcomes for patients and families that clinical volunteers can provide requires a robust framework and a more resource intensive approach. The benefits, however, outweigh the costs!

For more information, please contact Sarah Westmorland, director of people resourcing and operations) or Wendy Bridge (volunteer manager) on **01865 794 749**

Case Study 12

Noah's Ark Children's Hospice

Background

Noah's Ark Children's Hospice supports children with life-limiting/life-threatening conditions and their families in the London boroughs of Barnet, Enfield, Camden, Islington and Haringey. We are a community outreach hospice currently fundraising for a hospice building. Support is offered from a link team of registered social workers – with specialist care, specialist play, a range of family activities (including sibling groups, parent groups, and family days), and volunteer support in the home.

The role of family support volunteers

Family support volunteer (FSV) describes all volunteers who have direct contact with our families either at our events or in the home.

Event support volunteers support our activities team, assisting with transport, catering and running activities.

Home support volunteers (HSVs) offer support to families through: befriending (providing a listening ear to a parent or taking a sibling out to the cinema), social support (including helping with homework, providing opportunities for play or helping the family go out) or practical support (e.g. ironing or gardening).

Our FSVs cannot provide personal care, administer medication, or be left unaccompanied with a child who has medical needs.

This was developed because when scoping for this service in early 2008, the volunteer manager found that help was either not available or not accessible from other providers.

What makes it successful

Sound governance was implemented ensuring it was safe to implement for both families and volunteers. This included procedures and policies for recruitment, selection, training and supervision.

This is a flexible, family-led service and the success of the programme has been achieved through: the variety and diversity of our FSVs; sound training (preparing volunteers for a challenging role and ensuring that they work within boundaries). Use of support records and supervision also mean that we can monitor the wellbeing of the volunteers and gather feedback about individual families.



Having a home support volunteer co-ordinator dedicated to assessing the families' needs, matching volunteers and then monitoring those matches has enabled us to support even more families.

FSVs find the role fulfilling. Families matched with volunteers report the benefits of increased support, less pressure on daily routines, more able to enjoy the day, improved levels of confidence, and ability to get out of the house more.

Challenges and learning

There were challenges at the time of development as no policies existed, and there was no space for interviews or training. Interviews happened in volunteers' homes and rooms had to be found for training. A further challenge was ensuring that families understood that the volunteer could not provide clinical care and support being offered was not a short break.

We continually consider ways to extend the FSV programme. Recently an FSV who is a trained Hairdresser has started to provide hairdressing to family members. As we approach having a building we will be looking at care roles for volunteers.

We would suggest to others that they have:

- a rigorous recruitment process
- a thorough matching process
- good governance and training
- evaluation tools
- organisational commitment

For more information, please contact Tom Smith, family support volunteer manager on **020 8449 8877** or tsmith@noahsarkhospice.org.uk

Case Study 13

Richard House Children's Hospice Transition Project

Background

Richard House Children's Hospice, in Beckton, East London, supports around 300 families from across London focussing on east and north-east London. It provides residential care for 0-19 year-olds for respite, symptom management care and end-of-life care. It also provides family support services and supports young adults and families in the transition from children to adult services from 14-25.

We have a team of volunteers who work specifically with our Young Adult Group (YAG). They attend the monthly young adults' social group, supporting them in activities and trips within the community, and promoting fun, discussion and social interaction between the young adults.

Why we did it

There is an obvious need for young adult services in all areas of health and palliative and complex disability is the most challenging process in transition. Young adults with complex health needs and palliative care needs are often socially isolated. To develop the service we felt that the involvement of volunteers would be essential to the feel and dynamics of the group. It would also allow for greater distinction from the care team at Richard House.

Role outlines were developed along with a training plan and this was piloted in the first instance. We then went to recruitment for young adult volunteers.

What makes this successful

The factors that contribute to success are the involvement of the young adults and volunteers working together in giving ideas and planning events. In addition, recruiting volunteers with a variety of skills also helped the dynamics of the group.

Young adults and their families feel more supported during transition. Staff can also see the benefits of this assistance – we are not just discharging and leaving young adults with no support. Volunteers get a huge amount from supporting young adults through facilitating fun activities which improve quality of life.



Challenges and learning

The biggest challenge is not having sufficient resources to meet the needs of those we are trying to support and managing a diverse group of volunteers with different availability ensuring that each group had a mix of volunteers. Training and supervision were also a challenge.

We realised we needed more volunteers and expanded the role outline to develop opportunities for the more experienced volunteers so that they could organise and lead volunteer rotas and activity planning. We also build supervision and training into time before and after the group work.

We have just recruited to our new family support services managers and believe that this role can develop and expand the role of family support volunteers.

Our recommendation to other services would be to stress the importance of the planning stage. Develop good role outlines, organise training and start small!

For more information, please contact Rachel Power, director of human resources on **020 7540 0224**

Case Study 14

Hospice and palliative care volunteers in Austria

Background

Austria currently has around 149 volunteer hospice teams with a total of 3,263 volunteers. During 2012 volunteers contributed overall 368,227 hours, 65% of them in direct contact with patients and their families. Volunteers work in a variety of settings: as volunteer hospice teams, as part of day hospices, in-patient hospices, hospital and home palliative care support teams and in hospital palliative care units and are mostly involved in direct patient care.

Volunteer roles and training

In Austria there is a national curriculum for hospice volunteers. Every volunteer is trained following the guidelines and the curriculum of Hospice Austria. This includes an 80 hours of training blending theory, self awareness and exercises + 40 hours experience in the field. Volunteers are organised in teams with a (mostly paid) part-time co-ordinator in charge of the volunteers' scheduling, coaching and the organisation of the ongoing training. They are with the patients and their families, bringing the gift of being present, of having time, of being someone "neutral" to talk to and they also undertake errands.

Volunteers who work in patients' homes are more likely to be involved in nursing activities such as feeding a patient whereas volunteers in professional settings are strictly limited to all that is non-medical and non-nursing. The challenge is to train volunteers further for additional settings such as nursing homes (a basic knowledge of palliative geriatrics and especially dementia is required) and to work with children, teenagers and their families in need of hospice and palliative care.

For more information, please contact **Leena Pelttari**, Hospice Austria, on leena.pelttari@hospiz.at

Appendix 2: Template for reviewing and developing a volunteer policy

Introduction

This template is intended as a helpful guide for the review or development of volunteering policy/ies. It may appear to be lengthy but each heading only requires a short policy statement or paragraph as this is a policy document rather than a set of procedures. It may be helpful to have a set of brief procedures or guidance which set out how the policy is implemented in practice. These may be in the form of a handbook for volunteers or for staff who supervise and manage volunteers. The most effective policies are based on research and should involve those we care for, staff and volunteers in the development. The following headings are suggested areas to be covered by a volunteering policy. They are not exhaustive and your service may require the inclusion of additional headings.

Involving volunteers

- Statement on why the organisation involves volunteers
- Scope of the policy
- Definition of volunteering
- Diversity statement
- How the voluntary service is structured
 - Who is responsible – strategically and operationally
 - Statement of the responsibilities of these roles
- Statements of expectations:
 - What the organisation's expectations of volunteers are
 - What volunteers can expect from the organisation
- Trustees, staff, service users and relatives as volunteers – how does the organisation manage this? Do you have any age limits (taking account of age discrimination legislation? Are there any people who are not eligible to be volunteers?)

Managing volunteers

- How volunteers are recruited and selected
- Reimbursement of out of pocket expenses
- Insurance
- How volunteer records are held and handled – information held, in what format, confidentiality, information sharing, data protection
- Requirements of legislation and regulation – Criminal records checks, care standards etc
- Safeguarding

- Health and Safety and Risk Management
- Confidentiality
- Boundaries – this might be a separate policy and might include use of IT, social media, giving and receiving gifts, attendance at funerals of those who have been cared for by the organisation, photography and the use of mobile phones while on duty, representing the organisation, engagement with the media
- Dealing with problems and concerns – managing complaints from and about volunteers, what happens when the organisation is unhappy with a volunteer's work, what happens when a volunteer is unhappy with the way they have been treated, what happens if a volunteer becomes less able to undertake their role
- Ending the volunteering relationship

Support and development

- Introduction to the organisation – approach to induction and introductory training – statutory/mandatory training
- Introductory period, buddying
- Communication – what is the organisation's approach to communicating with volunteers?
- Ongoing training – volunteer development programme
- Guidance and support – what can volunteers expect, where and how can they access support
- Taking time out from volunteering
- Review of a volunteer's activities – what happens, how often, how?

Policies for specific groups of volunteers

These might follow the same format as highlighted above outlining the organisation's approach to different groups of volunteers, or might highlight only the additional information relevant to these roles e.g.

Volunteers in care

Volunteer drivers

Employer supported volunteering

Professionals as volunteers: nurses, doctors, complementary therapists, counsellors, beauticians and hairdressers, other professionals.

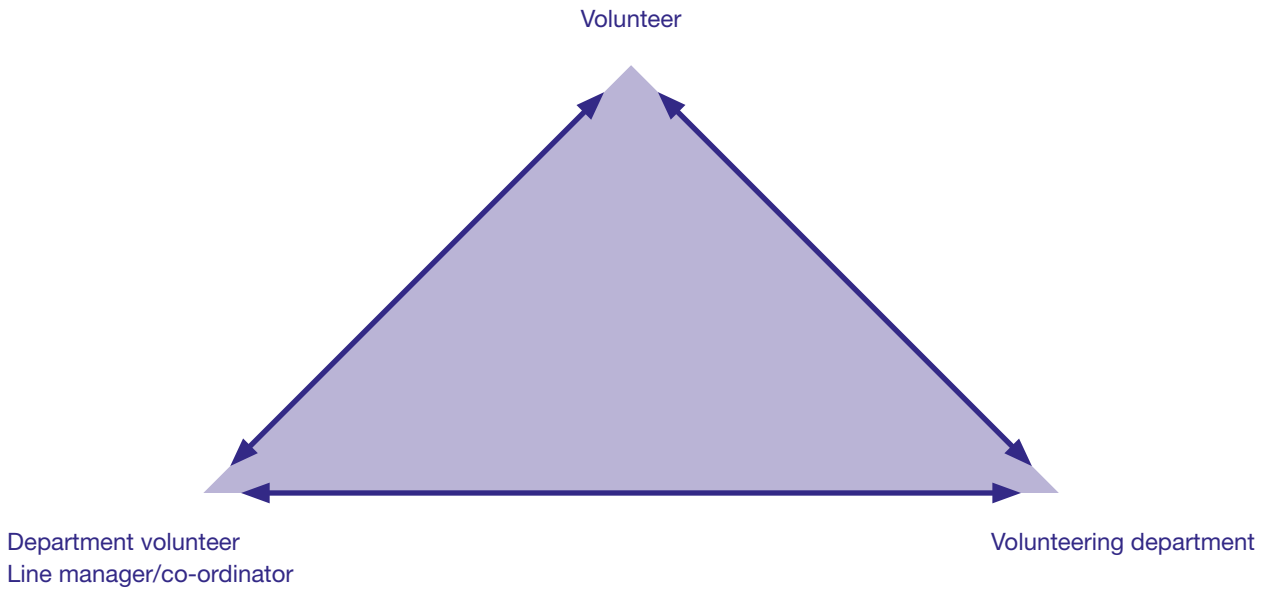
Relatives of those we care for

Young adults who receive services (children's hospices)

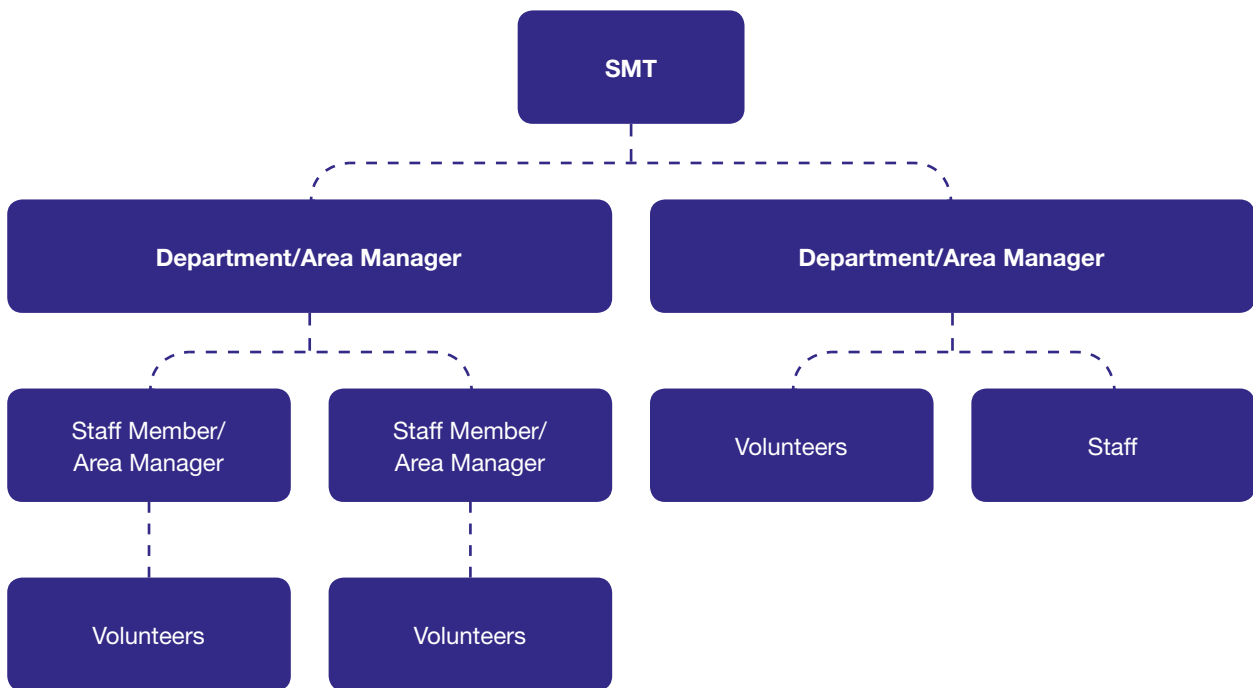
Virtual volunteers

Appendix 3: Volunteering model and structure

Volunteering communication structure: Communication triangle:



Volunteer management and communication structure:



Roles and responsibilities

Volunteering department responsibilities:

- Volunteer programme co-ordination and Claire House volunteer strategy management
 - Policy and procedure creation
- Consistent recruitment: advertising – placement
 - Enquiry & application response
 - Mandatory checks
 - 1st Interview
 - Organise 2nd interview & taster
- Paperwork: enquiry – exit
- Maintain volunteer database
 - Diversity monitoring
- Volunteer recognition events/correspondence
- Create and facilitate volunteer management & involvement talks/training
 - Support management of volunteers e.g. resolving difficulties
- Support the creation of roles and paperwork
- Support the creation and facilitation of induction and training
- Volunteer feedback
 - Leavers
 - Survey
- Communicate all CH wide information e.g. newsletters

Department volunteer line manager/ Co-ordinator responsibilities:

- Recruitment
 - Identify volunteer needs/vacancies and inform volunteering department
 - 2nd Interview
- Create new roles with the support of the volunteering department and complete paperwork e.g. hours
- Rota and volunteer management e.g. disciplinary, reviews, event fulfilment
 - Support & supervision
 - Communicate department specific information
- Create and facilitate induction and training
- Inform of volunteer changes e.g. leavers, medical changes

Louise McCartney

Volunteering development manager
Claire House Children's Hospice



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