



Shining a spotlight on children's hospice volunteers

Report of a survey conducted for Together for Short Lives
September 2013



Authors: Richard Carling, Director of Finance & Resources at Together for Short Lives and Steven Howlett, senior lecturer in the Business School at University of Roehampton

Editor: Katrina Kelly

Project steering group: Ros Scott, Director of Organisational Development at Children's Hospice Association Scotland; David Pastor, Chief Executive at Claire House Children's Hospice; Dee McCann, Volunteers Manager at Acorns Children's Hospice and Rachel Power, Director of HR and Engagement at Richard House Children's Hospice

Shining a spotlight on children's hospice volunteers: Report of a survey conducted for Together for Short Lives - 1st edition

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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 – families, professionals, and services, including children's hospices. Our work helps to ensure that children can get the best possible care, wherever and whenever they need it. When children are unlikely to reach adulthood, we aim to make a lifetime of difference to them and their families.



Together for Short Lives

4th Floor, Bridge House, 48-52 Baldwin Street, Bristol, BS1 1QB

T: 0117 989 7820

E: info@togetherforshortlives.org.uk

www.togetherforshortlives.org.uk

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Executive Summary

Together for Short Lives commissioned a survey at the end of 2012 to find out the extent and nature of volunteering within children's hospices. The intention was to understand the current data relating to volunteers in children's hospices in order to inform our strategic view as to how the role of volunteers could and should be developed for the sector.

The key findings from the survey include:

Current level and value of volunteering:

- Over **17,000 volunteers** give their time to work for a children's hospice.
- Volunteers give **38,000 hours** of their time each week to children's hospices, which is 18% of the total hours worked by paid staff and volunteers combined.
- The annual value of this donated time is **£23m** using the average wage (£11m using the minimum wage).
- The average hospice has 353 volunteers. 238 in fundraising and retail roles, 49 in roles working directly with children and families and 66 in a hospice setting but not directly with children and families.

Volunteering roles:

- **67%** of those who volunteer have roles in fundraising or retail and they give 77% of the total volunteer hours worked.
- Fundraising and retail volunteers give an average of 2 hours per week.
- 19% of volunteers work at a hospice site, but not directly with children and families, giving 13% of the total volunteer hours.
- **14%** of volunteers work with children and families, and they give 9% of the total volunteer hours worked.
- Those who volunteer within the hospice give an average of 1 hour 20 minutes per week.
- Volunteers make up **5%** of the total hours worked with children and families directly, by paid staff and volunteers combined.

The volunteers:

- Most volunteers are in the age range **56-75**.
- Volunteers working in fundraising and retail tend to be older than those in other roles.
- Volunteers working directly with children and families tend to be younger than those in other roles, with **25%** being **25 or under**.
- The ethnicity of volunteers is broadly in line with national ethnicity overall.

Innovative practice

Many children's hospices are using volunteers in innovative ways to improve the services offered to children and their families, including:

- Helping in families' homes ("Hospice neighbour"-type roles).
- Care support roles – helping the hospice care team at key times of the day such as bedtime.
- Sibling support in the community and in groups.
- Befriending client children (some models use young volunteers for this).
- Telephone befriending parents – pre- and post-bereavement.
- Tutoring in the hospice.
- Fashion shows for retail.

Potential for growth

Volunteer Managers in children's hospices believe there is room for growth in volunteering, particularly in roles working directly with children and families, and in community roles, working with families in their own homes. This will require investment in staff time to develop appropriate roles, recruit volunteers, co-ordinate their management and development; training for staff to understand the volunteer roles and how they relate to their own roles; training for line managers on how to manage volunteers effectively. and training for volunteers to enable them to carry out their role effectively. But this is likely to be a cost effective way of growing and developing services.

Recommendations and next steps:

It is clear that volunteers already make a huge contribution to the success of children's hospices. But we believe there are great opportunities to utilise volunteers in new and innovative ways that will enable children's hospices to support more families in more ways. We would encourage all children's hospices to take a fresh look at the role that volunteers play within their organisations at a strategic level, including consideration of the following areas:

- Resourcing and management – consider whether there is sufficient management capacity to really maximise the potential of volunteers, including training for line managers.
- Growth in numbers and diversity – recruiting volunteers from a wider pool in the community could significantly increase overall numbers.
- Volunteers in care roles – some children's hospices have developed care roles for volunteers that really add to the support received by children and families.

We are committed to promoting the role of volunteers and supporting children's hospice services to extend the contribution that volunteers make . We will do this in two practical ways in the coming months:

- In partnership with Help the Hospices, we are developing a dedicated resource for volunteering in hospice and palliative care services.
- We will also publicise and promote examples of children's hospice and palliative care services using volunteers in innovative ways, including patient-facing and community roles.

Introduction

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. We support families, professionals and services, including children's hospices. Together for Short Lives provides support, influence and leadership to the children's palliative care sector across the UK. We offer membership to organisations, professionals and families. Our work helps to ensure that children can get the best possible care, wherever and whenever they need it.

Together for Short Lives recognises the important role played by volunteers in palliative care, but also that information about volunteers – such as the number participating, the roles they play, their diversity and the value that they bring to the sector – is scarce. At the time of writing, other work is being done on the extent to which volunteers carry out roles that entail direct contact with patients and good practice in managing the range of roles volunteers undertake in hospices (see The Institute for Volunteering Research <http://www.ivr.org.uk/ivr-projects/ivr-current-projects/volunteer-management-in-palliative-care> and the work of Bridget Candy and Rachel France at UCL on current volunteer practices within adult hospices).

Together for Short Lives wanted to understand the current data relating to volunteers in children's hospices in order to inform our strategic view as to how the role of volunteers could and should be developed for the sector. This is particularly relevant in light of the changing nature of the sector and as we look to future developments in children's palliative care services. We wanted to obtain some baseline information on current practice, including:

- How many volunteers do children's hospices involve?
- Can we estimate the hours contributed?
- Are those volunteers reflective of the communities in which the hospice is located?



Collecting the data

To gather this information, a short questionnaire was developed by the University of Roehampton working with Together for Short Lives. The questionnaire was emailed to the 35 children's hospice organisations that are members of Together for Short Lives. The questionnaire was kept deliberately brief, the questions chosen on a 'need to know' basis rather than 'we would like to know'. However, this still meant that the questionnaire ran to 24 questions. It was anticipated that some questions would be challenging, asking for data that hospices may simply not keep. An initial email was sent out at the beginning of November 2012 with a two week deadline. The email came from Together for Short lives, explaining the importance of the survey and urging responses. A link was given to the survey which could be filled out online. Two reminder emails were sent to encourage responses. Typically hospices found the questions challenging; one hospice in answer to one of the questions said:

“Not related to this question but we were not able to answer the previous questions in the format that you required from how we monitor our volunteers without considerable effort so I have given for example numbers based on the volunteer mix across the whole site. We are looking at using volunteers to assist us in more areas across the hospices. Consideration needs to be given if volunteers are not able to come in and if this work can be left until they can pick it up or how this is managed. On the care side we are limited to the amount of volunteer help is suitable due to the high needs of the children and the supervision of the volunteer.”

Another, when asked about ethnicity, commented:

“I only answered ‘other’ to the question above as I am aware that we do have some volunteers whose ethnicity is not white British but I have no idea what it is as we do not monitor that information.”

Twenty-three of the 35 children's hospice organisations invited to take part returned the questionnaire – but factoring in organisations which operate more than one hospice this gave answers covering 32 hospices, out of a total of 49. Some participants were unable to answer all of the questions. In the following detailing of answers, the base refers to the number of hospices answering the question.

The results of the survey are presented in the next three sections. Section four then presents what the 'average' hospice looks like - building a snapshot from all the information gathered. Finally, section 5 looks to the future, setting out our recommendations and next steps.

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Survey results



1. About the hospice

The survey was completed mostly by Volunteer Managers / Co-ordinators, accounting for 74% of respondents.

Table 1 shows the breakdown of respondents:

	Count	%
Volunteer Manager / Co-ordinator / Voluntary Services Manager	15	68
Human Resource (HR) Manager	3	14
Administrator	2	9
Combined role HR Manager and Volunteer Service Manager	1	5
Support Services Manager, managing voluntary services, reception, transport, advising on health and safety and organising mandatory training	1	5

Base = 32 (percentage total does not equal 100% due to rounding)

1.1 How many paid staff are in hospices – full time equivalent (FTE)

Nineteen respondents indicated how many paid staff are involved in their hospice, both within the hospice and within associated shops. One hospice however indicated that it was one person in each and it has been assumed that this was an error and this response has been excluded.

- The results show that a total of 2,680 FTE employees work in the hospices and 537 in shops.
- The range given was from 26 to 465 FTE paid staff working in hospices. The range for FTE paid staff in shops is 2-100.
- This would give a mean average of 84 FTE paid staff in hospices.
- The mean average for FTE paid staff in shops is 17.

Projecting these figures across all 49 hospices would give a total of 4,949 FTE paid staff.

2. About the volunteers

2.1 How many volunteers?

Respondents were asked to state how many volunteers had been involved with the hospice over the past 12 months and were asked to estimate the total if they did not have detailed figures. They were also asked to split their response by volunteers working directly with children and families, those not working directly with children and families, trustees and fundraising and shop volunteers.

The return indicates that hospices may not have clear and comprehensive records. Fourteen hospices provided data for volunteers working with children and families. This represents 61% of respondents (n = 23), and 40% of the population that received the survey (n = 35). Thirteen provided a response for volunteers not working directly with children and families, while 12 hospices gave figures for trustees and fundraising volunteers.

Table 2 below shows the returns.

- Volunteers involved in fundraising and shops out-number those 'within' the hospice by approximately 2:1.
- Of those who work within a hospice, less than half work with children and families directly.
- There are, as would be expected, fewer volunteers acting as trustees, the survey suggests a mean average of 10 per hospice.
- Based on the survey return this would give a total of 7,717 volunteers involved in the last year, at a mean average of 354 volunteers per hospice.
- If we were to scale up this mean across all 35 hospice organisations (and factoring in that this would account for 49 hospice sites) this would give some 17, 346 volunteers involved in children's hospices over the last year.

	Mean average	Total
Volunteers (working directly with children and families) (base = 23)	49	1,128
Volunteers (not working directly with children and families) (base = 22)	66	1,459
Trustees (base = 12)	10	124
Fundraising and shop volunteers (base = 21)	238	5,006

We can get an idea of the importance of volunteers to hospices by looking at the ratio of volunteers to full time equivalent staff. Although slightly different numbers of hospices answered the questions, if we take the mean average FTE staff and mean average number of volunteers involved in the last year, we can see that **there are just over 4 volunteers involved in hospices for every one full time equivalent paid member of staff.**

2.2 Hours worked by volunteers

Twelve hospice organisations, operating 18 hospice services, were able to give hours for volunteers within the hospice and 9 organisations, operating 15 hospices, were able to give or estimate hours from shop and fundraising volunteers. Interestingly, eight hospices were able to give the time given by trustees suggesting that trustee as volunteers information is kept by fewer hospices. The results are shown below in Table 3:

	Mean average	Total
Volunteers (working directly with children and families) (base =18)	70	1,265
Volunteers (not working directly with children and families) (base =18)	99	1,786
Trustees (base = 8)	13	102
Fundraising and shop volunteers (base = 15)	595	8,919
Total volunteers (including trustees)	777	12,072

Table 3 indicates that:

- By far the most hours are given to shops and fundraising - 595 hours per week per hospice.
- Of hours worked within a hospice, slightly less hours are given to working directly with children and families, than in other roles. Each hospice benefits to the tune of 70 hours of volunteers working with children and families, 99 hours where work is not in direct contact.
- On average 13 hours per week is given in governance roles within the hospice.

It is clear that hospices found it difficult to report on the number of hours worked by volunteers. It is therefore less reliable to extrapolate across the 49 hospice sites from the 15 we have data on. But if we do, and treat the results with the appropriate caveats, this would indicate that:

- A mean average for hours given is 777 per week per hospice.
- Extrapolating to all 49 hospice services would suggest hospices benefit to the tune of 38,066 hours of volunteer work per week.
- If we were to apply the median hourly wage rate to this (the usual rate applied in such calculations) of £12.76 this would work out to a notional value of £485,717 a week in volunteer labour.

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- Using the National Minimum Wage (at 2012) of £6.19, the weekly amount would be £235,626.
- Assuming volunteers work for 48 weeks a year (to allow for holidays, breaks etc) that would equate to some **£23m using the median wage** or **£11m using the National Minimum wage**. Clearly this figure must be approached with caution, but is the estimate with data available.

Looking at the average amount of time given by different types of individual volunteers, again, the data shows different numbers of hospices being able to estimate volunteers and volunteer hours. The figures given for volunteers was a total for the year rather than current numbers. Nevertheless, applying caution, but working with the figures received, suggests that the following Table 4 gives the average hours per week for each type of volunteer.

Volunteer activity	Average hours given per week
Volunteers (working directly with children and families)	1.29
Volunteers (not working directly with children and families)	1.33
Trustees	1.3
Fundraising and shop volunteers	1.99

These figures show consistency across the hospices with volunteers and trustees all giving, on average, 1 hour 20 minutes per week. This would equate to an average of 5 hours 20 minutes per month. More is given by shop and fundraising volunteers with an average of almost two hours per week, or 10 hours per month.

2.3 Proportion of female and male volunteers

More hospices were able to give data on the gender breakdown of their volunteers, although with 12 hospices giving figures this was still only a third of the population. The results however are unsurprising with women out numbering men in their participation, except for as trustees. Table 5 below shows the figures, and it is worth noting that in each activity women outnumber men three to one except within trustee roles where the numbers are more equal, with men outnumbering women by a relatively small margin.

Volunteer activity	Men	Women
Volunteers (working directly with children and families)	22%	77%
Volunteers (not working directly with children and families)	25%	75%
Trustees	60%	40%
Fundraising and shop volunteers	23%	77%

Base = 12

2.4 Age profile of volunteers

The question about the age profile of volunteers was answered by the same number of respondents, 12, again suggesting that hospices did not have detailed information easily to hand. The results are shown in Table 6 below.

Volunteer activity	<18	18-25	26-35	36-45	46-55	56-65	66-75	>75
Volunteers (working directly with children and families)	6	19	12	9	9	29	15	1
Volunteers (not working directly with children and families)	3	11	5	6	18	33	20	4
Trustees	0	0	0	10	28	51	11	0
Fundraising and shop volunteers	6	11	9	9	13	18	28	6

Points to note from this table are:

- Almost 1 in 3 (29%) volunteers working with children and families are between 56-65 years of age, and almost 1 in 5 (19%) are 18-25 years old.
- 1 in 3 (33%) volunteers not working directly with children and families are aged 56-65.
- There is a tendency for volunteers working directly with children and families to be younger than volunteers in other roles.
- Fundraising and shop volunteers are older, over a quarter (28%) of volunteers are between 66 and 75 years of age
- Trustees are the group most concentrated in middle to old age; the returns gave proportions that suggest 90% of trustees are aged between 46 and 75 years of age.

2.5 Ethnicity of volunteers

Returns for the question on ethnicity were also low; nine hospice organisations were able to give, or estimate the ethnicity of their volunteers. The results are shown in Table 7.

We will need to exercise some caution because only nine hospices returned data. However, the results will probably not be surprising and will confirm anecdotal evidence that volunteers within hospices are largely drawn from a White British background.

The 2011 census told us that 86% of the population of England is White with 80% being White British (For Scotland figures available date from 2001 and show a similar picture with the population 89% White). From this perspective it can be argued that although the hospice volunteers are mostly White, they do not (with the exception perhaps of trustees) vary hugely from the national picture. In fact, shop and fundraising volunteers have a profile suggesting the proportion of White volunteers is slightly less than in the overall population.

Clearly for a hospice to be representative of its community we would need to look further at location, for instance, a hospice in London where 45% of the population describe themselves as White British would need a very different composition of volunteers than hospices in some other parts of the country in order to reflect the local community.

Table 7: Ethnicity of volunteers - proportion of volunteers in each ethnic group %

Volunteer activity	Asian/ Asian British	Black/ Black British	Chinese/ Chinese British	Mixed	White/ White British	Other
Volunteers (working directly with children and families)	4	2	1	1	90	2
Volunteers (not working directly with children and families)	5	2	2	2	89	1
Trustees	2	1	0	0	97	0
Fundraising and shop volunteers	9	3	1	2	78	6

Base = 9 (some categories do not equal 100% due to rounding)

Although some hospices indicated ‘other’, only one was able to suggest where their volunteer was from. In that case they indicated Eastern Europe. Another comment given was instructive, they said:

“We don't currently track the ethnicity of our volunteers, so are unable to do more than estimate overall figures for all volunteers.”



3. About the volunteer programme

3.1 Managing volunteer development

Twelve hospice organisations reported on how volunteers are managed within the hospice, stating the following:

- 42% had a volunteer co-ordinator looking after the strategic development of volunteers
- 33% said that volunteer management strategy is part of the human resource management department.
- 17% indicated that the volunteer programme was overseen by senior management
- Five hospices did not feel able to indicate which of the options given best described how they worked. Their comments are given below. On reading it seems that they are variations on the categories given.

“Also overseen by Human Resources in conjunction with Senior Management.”

“Volunteers Managers belong to the Senior Management Group, there is a Volunteers Manager at each of the 3 Hospice Sites.”

“We have a Volunteer Development Officer (Co-ordinator) who manages the volunteering strategy within the HR team.”

“Strategic responsibility for volunteering sits within the SMT[senior management team]. Operational development of volunteering is the responsibility of the Volunteering Development Manager, who manages one FTE Voluntary Services Manager in each Hospice (Robin House and Rachel House) and one full-time Voluntary Services Manager in Retail.”

“A volunteer manager co-ordinates the programmes but this is also part of the overall HR dept strategy and objectives.”

3.2 How involved are senior managers in managing volunteers?

Despite having a category in the above question asking whether volunteer development is overseen by senior management, the questionnaire sought to clarify how involved senior managers are in managing volunteers.

Thirteen hospices replied to this question:

- Over half (53%) said that senior managers were not very involved.
- Almost a third, (30%) said they were quite involved.
- 15% said senior managers were very involved.
- No respondents said that senior managers were not at all involved.

3.3 Is there a trustee responsible for championing/overseeing volunteering matters at board level?

The majority of hospices answering the question about a trustee acting as a volunteering champion (n = 13) indicated they did not have someone in that role:

- 15% of hospices indicated they did have a volunteer champion trustee.
- 85% indicated they did not have someone in this role.



3.4 Effective recruitment

Returns suggest that the most effective recruitment methods are still quite traditional ones. All hospices rated word of mouth as very effective or effective. Recruitment via websites was also seen as effective, with just under a fifth of those answering saying it was not effective.

Table 8: Effective recruitment of volunteers - to what extent do hospices agree that methods are effective?

Recruitment method	Very effective	Effective	Not very effective	Not at all effective	Not used	Don't know
Word of mouth	42	58	-	-	-	-
Website	25	58	17	-	-	-
Events (such as talks and presentations, open days)	8	50	33	-	8	-
Local adverts or articles in newspapers or on radio/tv	8	42	33	8	8	-
Leaflets and posters	8	42	42	-	8	-
Receiving referrals (for example job centres or volunteer centres)	8	50	33	8	-	-

Base = 12 (some categories do not equal 100% due to rounding)

Local events and media were seen overall as somewhat effective with slightly more favouring these methods than not, leaflets and posters were equally seen as effective by some but not others. There was a narrow majority thinking that receiving referrals was an effective recruiting method. A few hospices gave further comments:

“Receiving referrals - there are regional differences between the 3 Hospices”

“do.it.org”

“Twitter and facebook”

“Employer Supported Volunteering Groups local Schools”

“Social media = effective”

3.5 Gaps in services

The survey went on to ask if any gaps in services had been identified that volunteers could help with. Respondents were also asked to say whether they perceived, or had encountered, any barriers to volunteers filling new roles. The responses are given below (please note that quotes have been amended to make them anonymous).

Opportunities seemed to be centred around more volunteers in caring roles – be it as a community service or in the hospice itself. The barriers noted were resources to develop the volunteering programme, including training, support and developing meaningful roles. Opinion was divided about the enthusiasm of paid staff to embrace change, or whether more work was needed to get staff to see the value of volunteers and the roles they can take on.

Opportunities

Supporting families in the community

“more Community based volunteering, e.g. supporting families in the home, also group work with siblings, parents, grandparents etc.”

“Befriending young adults, visiting family’s for non clinical intervention (hospice Neighbours type scheme).”

“Volunteers within Hospice at Home service. We are in the early days of developing this service through volunteering.”

Care roles

“Explore role of volunteers in assisting in care of children.

“Our paid care team staff do always have sufficient time to mentor the new volunteers.”

Family support

“Volunteers within Family Support ... we are in the early days of thinking about this. There is a general willingness from staff to explore this.”

Barriers

Management capacity

“lack of capacity for support and to be able to develop the volunteering programme to meet demand from the people wanting to volunteer.”

“Volunteers could do more on the care side if we ... had the staff to support and supervise them.”

“Significant barriers exist in providing enough staff time (particularly care staff) to manage volunteers involved in care based (direct contact with family’s, young people and children) roles.”

“Many of the fundraising roles involve volunteers outside of office hours and it is difficult to encourage paid staff to supervise and train new volunteers.”

“investment needed in volunteer support structure, including training and awareness raising for our paid staff”

Culture

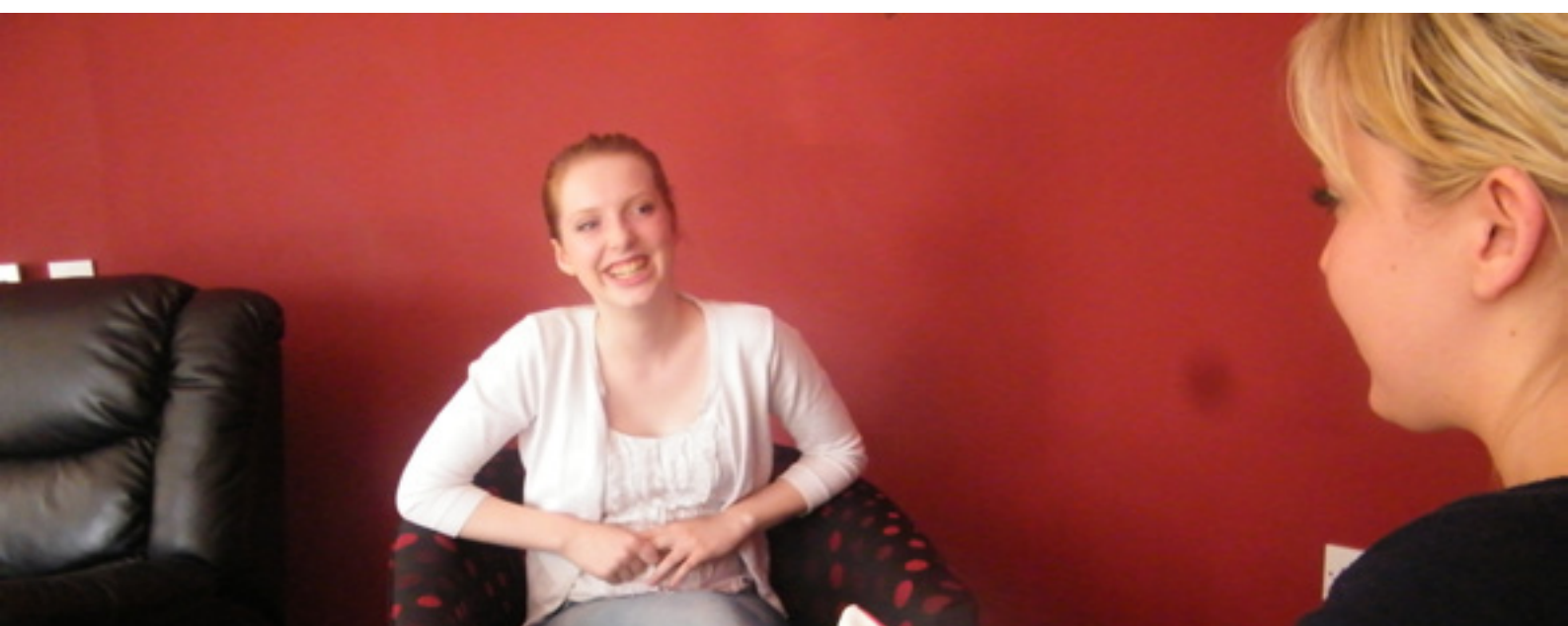
“The culture of the organisation is such that volunteers are often not considered. There are lots of ways that volunteers could be used, but there is not the drive to set up new services etc. We are very clinical focused- and volunteers can’t always help in those areas. Also, we have lots of staff!”

“dated perceptions of volunteering”

Working with care teams

“need to develop more collaborative working with Care staff, Team Work approach, staff need to recognise the value volunteers add to the hospice experience.”

“We did have a lot of resistance from our care floor but in the last year have successfully introduced a large team of volunteers to work with children and families. Good support from care managers has helped this initiative.”



Training

“Volunteers could do more on the care side if we could offer training that is recognised.”

Defining meaningful roles

“We also need to talk to families about the support that they need, so that we can develop a meaningful and useful role for volunteers.”

Geographical spread for community volunteers

“A principal barrier is how to recruit/support/supervise volunteers who are spread across a wide geographical area, with a very small staff team.”

Volunteer time commitment

“Time commitment over a period of time - we lose volunteers on a regular basis and need to find ways to keep volunteers committed for a longer period of time. We are in the early stages of developing a volunteer strategy.”

3.6 New, innovative and best practice

Respondents were also asked what they thought worked well in their programmes and whether they felt they had new and innovative practice they would want to share. The following shows the responses in full. Some hospices said little more than the titles of the areas they felt showed their good practice. Others outlined in detail areas where they are making connections beyond the hospice, trying new programmes with volunteers and aligning with national programmes to bring younger volunteers into the hospice. There is an interesting note that connects new developments with issues raised above concerning how to introduce new ways of working when staff are unsure of the benefit.

Supporting families in the community

“Home Volunteering teams. Sibling support, in Community and in Groups.”

“We have recently started a home volunteer project. Volunteers go into family homes and undertake domestic tasks/ help sibs with homework or do painting and decorating .We are expanding the roles to take on befriending of young adults and children. Volunteers are however not responsible for care of any users of the hospice.”

Care roles

“We are constantly striving to improve our volunteer opportunities and we have had success with care team volunteers in particular”

“helping the day to day care of the children – activities – mealtimes- trips out”

“For several months we have been developing a Care Support Volunteer role – a practical role for volunteers, helping the care team in the hospice in the evening / at bedtime. This role was identified with the support of the care team, and received full support from the senior members of the care team in the Hospice. After preparation with care team members, and full training, two volunteers started in this role earlier this year. The careful planning, slow roll-out and the treatment of this as a pilot helped to tackle most of the staff resistance to this role – there was concern about allowing volunteers to work so closely with children, and also about job substitution. There was also careful recruitment of volunteers who had a care or social work background. Within a month, the volunteers had proved themselves, and the care team were already asking for more. The hospice has also treated this role as a pilot for the closer involvement of volunteers with families across many of its activities.”

Befriending and Family support

“Befriending client children in house.”

“We run several different Befriending programmes. Telephone befriending, which involves volunteers supporting people pre-and post-bereavement, has been running for several years. Volunteers make the calls from their own home, rather than having to come onto a hospice site. We have recently started a befriending programme, offering young people the opportunity to have an adult befriender when they visit the hospice. This has worked very well, and the scheme is now being extended to befrienders for parents. For several years, the hospice has also had Young Befrienders. These are young people (aged 16 or over) who come into the hospice to meet and chat with the young people who may be using the hospice. There are now 25 Young Befrienders in place.”

Culture

“The hospice also has a positive attitude towards innovative use of volunteers, and there is support from senior management in increasing the ways in which we can involve volunteers.”

“We run a regular Induction Day for new Staff and Volunteers. This includes a session about working together, run jointly by a member of the HR team and a member of the Voluntary Services team.”

“The hospice supports everyone within its staff team who has management or supervisory responsibility for volunteers.”

“The hospice has an online volunteer management handbook on its staff intranet.”

“A regular volunteer newsletter keeps people involved and informed. Volunteers are encouraged to submit items to include.”

Training

“The hospice is currently rolling out Mandatory Training for volunteers through an online training package – learnPro.”

“Good volunteer induction programme for care volunteers, quarterly update briefings, volunteers attend the Trustwide induction programme with paid staff.”

Funding for inclusive projects

“we work hard at finding innovative and creative ways to involve volunteers or to get funding to create inclusive or accessible projects. Examples of this are: - Funding from London Borough of Barnet for 2 x 9 month placements for two 16 to 18 year old NEETs (Not in Education, Employment or Training) from a deprived area in Barnet to work in our Charity Shop to gain skills and get ready for work - 6 week placements for overseas students - internships (new programme) - Setting up projects with local charities/organisations (ie Barnet Youth Offending Team and Richmond Fellowship) - John Lewis Golden Jubilee Trust - 5 month secondment for 2 days a week from a John Lewis employee.”

Tutoring

“Developing a tutoring scheme for Young Adults that is working with Young adults and schools, where tutoring is delivered at the hospice.”



3.7 Involving trustees

Finally respondents were asked to say how much they agreed or disagreed with statements about trustees as volunteers. The results are shown below:

	Agree	Strongly agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
Trustees are recruited and inducted in the same way as volunteers	-	25	-	33	42	-
Trustees tend to be recruited by the board themselves and are approached about becoming members by the board chair/ chief officer	25	50	-	25	-	-
Trustees attend volunteer training as a matter of course	8	-	8	50	33	-
Trustees have their own training programme	8	50	8	-	-	33
I am unaware how trustees are supported and trained	-	25	17	17	25	17

Base = 12 (some categories do not equal 100% due to rounding)

The table shows that trustees appear not to be treated the same as other volunteers. They are recruited differently and inducted differently. An interesting finding is the lack of knowledge about how trustees are trained and supported. This is likely to be because volunteer managers tended to answer the questions and appear not to know about trustees as volunteers.

4. What does the 'average' hospice look like?

- The average hospice is twice as likely to have a Volunteer Manager / Co-ordinator / Voluntary Services Manager looking after volunteers than any other management role.
- The hospice will have 84 Full Time Equivalent paid staff in the hospice itself and 17 in associated shops. These paid staff work an average of 2,940 hours per week in the hospice and 595 hours in shops.
- The hospice will have 353 volunteers. 49 volunteers work directly with children and families and another 66 work in the hospice site but not directly with children and families, while 238 volunteers are involved in shops and fundraising. There will be 10 trustees.
- The hospice will benefit from 777 hours of volunteer time per week. This accounts for 18% of the total hours worked for the hospice (paid and unpaid). Most will be in shops and fundraising - 595 hours. Volunteers working in the hospice but not directly with children and families give 99 hours, those working directly with children and families give 70 hours, which together make up 5% of the total hours worked in the hospice. The hospice will receive 6 hours a week from trustees.
- This means that volunteers give an average of 2 hours per week for fundraising / shop volunteers and roughly 1 hour 20 minutes each from all others.
- The hospice will have 75% of all its volunteer roles filled by women, except trustees, where there are slightly more men (60% of the trustees will be men)
- A third of the hospice's volunteers working with children and families will be aged between 56 and 65 years of age. Also a third volunteering – but not working directly with children and families – will be this age. But overall, those not working directly with children and families will be older.
- Young people will be represented, 20% of those working with children and families will be aged 18-25.
- The hospice's fundraising and shop volunteers will be older; 25% will be between 66 and 75 years of age.
- 90% of trustees will be aged between 46 and 75 years of age.
- Almost all volunteers will be White; however the amount of Non-White volunteers will be broadly in line with the national proportion of Non-White residents.
- The hospice is unlikely to have a trustee with a volunteer champion role.
- It will recruit volunteers in a very 'traditional' way – largely by word of mouth, although the website is important too.

5. Recommendations and next steps

It is clear that volunteers already make a huge contribution to the success of children's hospices. But we believe there are great opportunities to utilise volunteers in new and innovative ways that will enable children's hospices to support more families in more ways. 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.

In order to fulfil this potential, we would encourage all children's hospices to take a fresh look at the role that volunteers play within their organisations at a strategic level, including consideration of the following areas.

- **Resourcing and management.** The survey found that senior management are “not very” involved in managing volunteers in 53% of children's hospices. This may be a reflection of the importance that is given to volunteering within the organisation. We recommend that an equivalent level of investment should be made in managing volunteers as is made for paid staff, across all levels of management.
- **Growth in numbers and diversity.** The typical volunteer in a children's hospice is a female aged 56-75. We recommend that hospices consider how to attract a more diverse range of volunteers that reflects the communities that they serve. This could significantly increase the total volunteer workforce and will require reconsideration of methods of recruitment, training, management and stewardship of volunteers.
- **Volunteers in care roles.** Just 5% of the hours worked with children and families are made up by volunteers, with 95% being worked by paid staff. Many hospices have concerns about the extent to which volunteers can contribute to the care of children with very complex needs, but some are finding innovative ways in which to extend their offer of care through the use of volunteers in more family-facing roles. We encourage all children's hospices to consider ways in which volunteers could enhance the care that can be given to children and families, and for those already doing so to share their experience.

Together for Short Lives is committed to promoting the role of volunteers and supporting children's hospice services to extend the contribution that volunteers make to their services. We will do this in two practical ways over the coming months.

In partnership with Help the Hospices, we are developing a dedicated resource for volunteering in hospice and palliative care services. The resource will provide practical support for hospices to:

- broaden the scope of roles that volunteers work in, including patient-facing and community roles
- develop models for integrating volunteers with hospice clinical teams
- be clear on regulations that apply to the work of volunteers and what needs to be in place to meet them.

We will also publicise and promote examples of children's hospice and palliative care services using volunteers in innovative ways, including patient-facing and community roles.



23 Shining a spotlight on children's hospice volunteers

A big thank you to the following children's hospices, who took the time to complete our survey and contribute to this report:

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St Oswalds Hospice
The Forget Me Not Children's Hospice
Brian House Children's Hospice
Ty Hafan



Together for Short Lives

4th Floor, Bridge House, 48-52 Baldwin Street, Bristol, BS1 1QB

T: 0117 989 7820

E: info@togetherforshortlives.org.uk

www.togetherforshortlives.org.uk

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