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Together We Can is a collection of resources for organisations developing a service where volunteers support families of a child with a life-limiting or life-threatening condition. The resources were developed and tested specifically for this purpose with volunteers working in the homes of a child with a life-limiting condition, but might be useful for any organisation developing volunteer services.

**Family support volunteer training toolkit: Guide for facilitators**

Beginning in 2014, Volunteer Support for Families was a pilot project which aimed to test the feasibility of using volunteers to provide practical support to families accessing children’s palliative care services. The project aimed to test different models of volunteering in a range of voluntary and statutory services and encourage us all to re-think the role of the volunteer in this sector. It involved 9 UK organisations with expertise in children’s palliative care, volunteering or both, as follows: Children’s Hospices Across Scotland (CHAS), East Anglia’s Children’s Hospices (EACH), Jessie May Children’s Hospice at Home, NHS South Warwickshire Foundation Trust, NHS Whittington Health Trust, Noah’s Ark Children’s Hospice, Rainbow Trust Children’s Charity, Together for Short Lives and, Volunteering Matters. The pilot was initiated and co-funded by The Royal Foundation of the Duke and Duchess of Cambridge and Prince Harry, and the True Colours Trust.

**Disclaimer**

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**1: Training toolkit overview**

**Background**

The European Association for Palliative Care (EAPC) IMPaCCT Standards for paediatric palliative care in Europe (2007) recommend that: “All professionals and volunteers working in paediatric palliative care should receive comprehensive training and support”[[1]](#footnote-1) (p112).

This training programme was developed as part of Family Support Volunteering, a pilot project which aimed to test the feasibility of using volunteers to provide practical support to families accessing children’s palliative care services. The project aimed to test different models of volunteering in a range of voluntary and statutory services and encourage us all to re-think the role of the volunteer in this sector. It involved nine UK organisations with expertise in children’s palliative care, volunteering or both, as follows: Children’s Hospices Across Scotland (CHAS), East Anglia’s Children’s Hospices (EACH), Jessie May Children’s Hospice at Home, NHS South Warwickshire Foundation Trust, NHS Whittington Health Trust, Noah’s Ark Children’s Hospice, Rainbow Trust Children’s Charity, Together for Short Lives and, Volunteering Matters. The pilot was initiated and co-funded by The Royal Foundation of the Duke and Duchess of Cambridge and Prince Harry, and the True Colours Trust. Project materials were drafted by Dr Ros Scott for the second phase of the pilot and were further developed based on feedback from the involved organisations.

The aim of the training programme is to:

* Ensure a consistent approach to preparing volunteers for their roles.
* Enable volunteers to be confident, safe and effective in their role in providing high quality support to children, young people and their families.
* Offer personal development opportunities for volunteers.

Together for Short Lives [[2]](#footnote-2) highlights that ‘there are 49,000 babies, children and young people in the UK with life-limiting conditions which mean that they might not reach adulthood. Some will live a matter of moments; others will make the transition to adulthood. Some will have recognised conditions such as cancer and muscular dystrophy. Others will have genetic or metabolic conditions so rare that they have no name.

‘These children and their families rely on a network of many excellent and invaluable services which make up children’s palliative care available across the UK – hospitals, children’s hospices, community children’s nurses, social care providers, educators, wish-makers, therapists, psychologists, sibling workers, bereavement counsellors – and many, many more’ 2 (p2).

Volunteers are an important part of these teams, bringing a valuable additional contribution to families in terms of social and practical support, occupying a unique place between the professional and family caregivers.

When there is a child with a life-limiting condition in the family, everyone is affected. Each child and family is unique with a different range of needs and siblings are often involved as young carers.

**The role of volunteers in children’s hospice and palliative care**

It is estimated that there are over 17,000 volunteers involved in children’s hospice services giving 38,000 hours of time every week with an estimate value of £23m per year[[3]](#footnote-3). Caring for a child with a life-limiting condition takes 24 hours per day, every day and often leaves little room for spending time with siblings or time together as a family.

Recent research suggests that “meeting the child’s care needs, and the impact of that on parents’ time to fulfill other roles and responsibilities within the family, emerged as a dominant issue and one where studies consistently report parents feel there is insufficient support” (p25) [[4]](#footnote-4).

It is often things such as household tasks, caring for pets, and lack of social contact that make life even more difficult for families. This is where volunteers have a valuable role to play. Some additional support from a volunteer with practical tasks, may improve family wellbeing may through the reduction in stress, allowing families to concentrate on what is important to them.

Family support volunteers may provide help in many different ways including help with: shopping, ironing, general housework, cooking, gardening, providing transport to appointments, collecting prescriptions, walking dogs, caring for other pets, play activities with the affected child, helping siblings with homework, taking siblings to and from school, helping with social outings, signposting to advice on finance, giving support at appointments, helping to find additional local support, help with IT, sharing hobbies and interests. It is anticipated that volunteers will work in a flexible way once allocated to a family, doing what is needed by the family **provided it falls within the boundaries of the volunteering role.**

**Introduction to the training programme**

This training programme is an integral part of the volunteer selection process and is an assessment of suitability for the role. Recognising the different range of learning styles, delivery of the training is by a combination of group work, discussions/role play and presentations and will give volunteers an opportunity for personal development. It is also intended to give a safe space for volunteers to share their skills and experience with each other.

The programme has been designed to be delivered by two facilitators. It is recommended that these include the Volunteer Manager and a care team member with experience of delivering training and that the same two people are present throughout the programme to enable a consistent approach to assessment.

Training is split into six core units totaling approximately 21– 24 hours, ideally delivered over three full days as outlined below. However, organisations may choose to match the recommended training components in this programme to the existing training they have in place. Volunteer training should cover all the subjects presented in the six core units, and to the same depth. Once training is complete it is recommended that a local certificate of completion is awarded to mark and record this. A second interview is recommended at the end of the training programme to feedback to volunteers on their progress and whether they have been successful in being selected to become a family support volunteer. Best practice requires that volunteers then shadow a member of staff or experienced volunteer as observers on one home visit before being matched with a family.

**Core Training Units**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit** | **Title** | **Recommended Time Required\*** | |
| 1 | Introduction to the organisation | 2h 30m | Day 1 |
| 2 | Introduction to children’s palliative care | 3h 30m | Day 1 |
| 3 | Volunteer roles, responsibilities and boundaries | 3h 30m | Day 2 |
| 4 | Meeting the needs of families | 3 h | Day 2 |
| 5 | An introduction to loss, grief and bereavement. | 3 h 30m | Day 3 |
| 6 | Reflection and self-care: building resilience | 2h 30m | Day 3 |

\*You can adjust these timings at your own discretion

**Principles underpinning the training programme**

The underpinning principles of the training are to:

* Recognise that volunteers are complementary to paid staff, having a unique role within the multi-professional team.
* Nurture the essence of volunteering and the skills that each individual brings.
* Facilitate and support personal development.

**Competences for family support volunteering**

It is important that volunteers choose or are placed in a role that is best suited to their interests, skills and qualities. In addition to the initial interview, training forms part of two-way selection process. It gives the organisation an opportunity to assess whether a prospective volunteer is suited to the role and allows the volunteer to consider whether it is right for them.

These are key competences required by people wishing to become family support volunteers. These will form the basis of assessment throughout the recruitment and training phases and include an ability to show:

* Commitment to the organisation and the wellbeing of children, young people and families.
* Good self-awareness and ability to reflect on actions and experience.
* Good listening and communication skills.
* Respect for others at all times.
* A non-judgemental approach, sensitivity to the needs of children, young people and families of all backgrounds.
* Understanding of and adherence to confidentiality, boundaries and safeguarding requirements.
* Willingness and flexibility to undertake a range of activities.
* They are reliable, organised and can use initiative.
* They can work effectively as part of a team.
* A commitment to self-care and to engage in support and supervision.

It is preferable that prospective volunteers have not recently experienced personal loss, loss of relationship or bereavement.

A Training and Assessment Record should be completed for every volunteer at the end of **each** unit. An example with guidance notes is included as a separate document in Together We Can or within this toolkit (p13-14). Electronic versions are available for printing. A copy is also included in the Unit 1 Handouts. A volunteer Reflective Log sheet template is also available for volunteers to keep a record of their experiences.

**Recruitment and assessment process**

Volunteers will be recruited to the training programme if considered suitable at an initial interview. Some volunteers will inevitably drop out at various stages of the training as they discover that it is not what they want to do. It may also be necessary to let some volunteers go if it becomes apparent during the course that a volunteer is clearly unsuitable. Should this happen, it would be unfair to everyone concerned for the volunteer to continue with the training. This should be handled sensitively in a one to one meeting with the volunteer where feedback is given.

A second interview will be held at the end of Unit 6 and it will be at this stage that successful volunteers will be accepted to go forward to be matched with families. Unsuccessful volunteers will be given sensitive feedback and encouraged to contact the local volunteer centre to explore alternative volunteering opportunities.

**Using the toolkit**

The training toolkit is based on best practice in the field of volunteering and draws upon successful hospice and palliative training programmes from the UK, Europe and Canada. As previously outlined, the training is an integral part of the selection process and is a key element of the assessment of suitability for volunteering.

Recognising that people have different learning styles, delivery of the training is by a combination of group work, discussions and presentations and is intended to give volunteers an opportunity for personal development.

The training toolkit is designed to enable delivery by different staff. Each unit contains:

* Facilitator information.
* Individual unit and session outlines with full text of content for each presentation
* Accompanying Power Point slides.
* The resources/materials required for each unit.
* Suggestions for icebreakers and group activity sessions.
* Handouts for participants.
* Signposts to further resources.
* Volunteer training assessment Record sheet.

It is recognised that some facilitators may wish to adapt these resources to their own style. Where this happens, it is important to ensure that all key areas included in the Toolkit are covered to ensure that volunteers are prepared effectively for their role.

The Toolkit uses symbols throughout to highlight the different elements of the units.

**Please note** the training refers to children’s palliative care throughout. It is important to make clear to participants that this term includes babies, children and young people.

**Toolkit symbols**

|  |  |
| --- | --- |
| **F** | Facilitator information. |
| **A** | Activity with participants. |
| **R** | Resources/equipment required for the unit/session. |
| **S** | This denotes input that is recommended from a specialist or guest speaker. For example: clinical team member to talk on children’s conditions, parent speaking about their experiences. |
| **Input**  **Slide 1** | Presentation with accompanying PowerPoint slide number. Full text is available so that a range of people may deliver the presentations. |
|  | Signpost to additional resources. |

**2: Guidance for facilitators**

**The role of the facilitator [[5]](#footnote-5)**

The role of the facilitator is key to the success of the training and the experience of the participants. An effective facilitator is:

* Well prepared and informed.
* Non-judgemental and able to remain objective.
* Engaging, enthusiastic and supportive.
* Able to role model the values and skills being taught.
* Accepting of the diversity of the group and the different approaches to learning.
* Able to manage interaction, participation and emotional reactions.
* Someone with experience of delivering training in a similar field.

The role of the facilitator is to:

* Ensure that the learning outcomes for each unit are met through the approach to the delivery of each unit.
* Create a friendly and open environment at each training session that enables people to participate well.
* Enable volunteers to be confident and effective in their role in providing high quality support to children, young people and their families.
* Offer participants opportunities for development, enabling them to reflect and build upon their skills.
* Select an appropriate approach to the activities in each unit that best meet the needs of the volunteers.
* Use his/her judgment and the results of the training assessment to consider whether each volunteer has the knowledge and skills to be a suitable family support volunteer.
* Give feedback sensitively to volunteers during and after completion of the training on their progress and outcomes of assessment, highlighting their strengths and abilities.
* Give feedback sensitively to those who do not meet the assessment criteria explaining why this is the case, discuss the areas of concern in a supportive way.
* Use their knowledge and experience of each volunteer to contribute to the process of matching the volunteer with a family.
* Complete the individual assessment forms at the end of each unit.

**Preparing for training**

It is recommended that the same two facilitators deliver all course units to enable effective and fair assessment. This should always include the Volunteer Manager and a member of the care team with training experience. Prior to the event ensure that all volunteers have full information about the training programme well in advance (dates, times, venue, outline for the day) and the dates for the second interview.

The resources/equipment required are listed at the start of each unit or exercise. Look for the ‘R’ symbol throughout. Check all equipment, resources and room layout before the training to make sure you have everything you need. An informal room layout is more effective and helps to set the tone of the day. It is also worthwhile taking time to run through the PowerPoint presentation.

**Training volunteers**

The purpose of training for volunteers is to equip them for their roles, draw out and build upon their abilities, in addition to helping them to gain an understanding of the context in which they are volunteering. It is intended to prepare them to be ‘good neighbours’ rather than health or social care assistants and to make the most of their unique role within the team. It is important not to train the essence of volunteering out of the volunteer!

The group of volunteers may well be diverse in terms of gender, age, background, culture, work, life and educational experience. This diversity is a rich resource that can be built upon through enabling participants to share experiences and ideas. It is really important to encourage full participation by everyone.

**Creating a safe learning environment**

For some participants it may be some time since they have engaged with education and training, or their experiences may not always have been positive. They may, therefore, be hesitant or anxious. Creating a safe and friendly environment is essential and engaging different methods of delivering the training will accommodate different learning styles. It is important that participants understand how valuable their varied experiences are as a learning resource both for them and the wider group. Supporting more reluctant participants to take part will add to the richness of their experience and wider group learning.

**Dealing with emotional reactions**

Children’s palliative care can be an emotive topic. It is not always possible to predict how individuals will respond to certain sessions. Some participants may even be surprised at their own reactions. Be prepared to manage such situations, making it easy for people to take a short break and ensure that another member of the group is available to offer support as required.

**Setting ground rules**

Ground rules are helpful in giving guidance as to how the group interacts and can be used to encourage positive behaviour. The best way to develop ground rules is to ask participants to suggest what these should be rather than impose these. Once agreed, these may be displayed on the wall and referred to throughout as required. These can be developed throughout the course of the training. There is a suggested activity related to this in Unit 1, Activity 2. An example of some ground rules is included in the Handouts section at the end of Unit 1.

**Overview of training programme content**

This section gives a brief overview of the aims the training programme and content of the units.

**The aims of the training are to:**

* Give participants an understanding of the context in which they will be working, including the opportunities and boundaries of the volunteering role.
* Give participants an understanding of children’s palliative care principles, history and development.
* Help participants to understand the needs of families who care for children with a life-limiting or life-threatening condition.
* Ensure that the volunteer is confident and empowered to use their abilities to provide practical and emotional support to the family.
* Enable the volunteer to feel part of the multi-professional team.

**Core Units**

**Unit 1. Introduction to the organisation**

* Welcome, introductions and icebreaker
* About the organisation/service
* Service and team structure, approach and values
* Range of services provided
* Staff and volunteer roles
* Introduction to family support volunteering
* Overview of training and assessment programme, aims, assessment
* Ground rules

**Unit 2. Introduction to children’s palliative care**

* History, philosophy and principles
* Definitions and misconceptions
* Differences between children’s and adult palliative care
* Categories of life-limiting conditions
* Conditions and their impact on the child
* Care settings and types of care offered
* Supporting families as a volunteer
* Motivations and skills
* Dealing with different views and beliefs
* Initial expectations and concerns

**Unit 3. Volunteer roles, responsibilities and boundaries**

* Boundaries
* Confidentiality
* Safeguarding
* Equality and diversity

**Unit 4. Meeting the needs of families**

* The impact on the whole family
* Exploring your role in this context
* A parent’s experience
* Working safely with families
  + Risk assessment
  + Lone working
* Active listening

**Unit 5. An Introduction to loss, grief and bereavement**

* Introduction to loss
* Introduction to grief and bereavement
* How grief may affect people
* Needs of people who are grieving
* Misconceptions about grief
* Anticipatory grieving
* The loss of a child
* Children, young people and grief
* The needs of bereaved children and young people
* Supporting bereaved families

**Unit 6. Reflection and Self- care: building resilience**

* Dealing with difficult situations
* Reflection and self-care
* Support and supervision
* What happens next?
* Reflection on experiences

**Signpost to additional resources**

1. Scott, R. (2014) Volunteering: Vital to our future. How to make the most of volunteering in hospice and palliative care. Bristol: Together for Short Lives. London: Hospice UK. Available from [www.togetherforshortlives.org.uk](http://www.togetherforshortlives.org.uk)
2. Spencer-Gray, S.-A. (2009) The training and education of volunteers in R. Scott, S. Howlett and D. Doyle (Eds.) (2009) Volunteers in Hospice and Palliative Care 2nd Ed. A resource for voluntary services managers. Oxford: Oxford University Press.
3. McCurley, S., Lynch, R., Jackson, R. (2012) The Complete Volunteer Management Handbook (3rd Ed). London: Directory of Social Change. (pp 175-186).

**Volunteer Training Assessment Record**

**Guidance notes for facilitators**

It is important for both facilitators to make time to discuss and complete the assessment sheet for each volunteer soon after the end of each training unit. Before training starts it is important for the organisation to consider the competences and agree what these would look like in practice. What would clearly show achievement of each competence and what would show that this had not been achieved. Some examples are included for discussion and consideration at the end of the Volunteer Training and Assessment Record Form.

Try to be as objective as possible giving examples from the training sessions to support your assessment wherever possible. All assessments should be open and transparent and shared with the volunteer in full and you should be prepared to share everything that you write on the assessment form with the volunteer.

If it becomes apparent that the volunteer is clearly unsuitable for the role, this should be addressed sensitively and supportively in a face-to-face meeting with the volunteer as early as possible at the end of the relevant unit. It is unfair to the volunteer concerned, the facilitators and the others in the group to continue to the next unit.

For volunteers who complete all training units, a second interview date will have been arranged in advance. At this interview you should explore their experiences of the training programme, discuss their assessment fully and sensitively with them, being clear with them whether they have been accepted as a volunteer or not. If they have been successful, explore with them how they feel about now being matched with a family and getting started, address any outstanding questions or concerns. Be clear about what will happen next and the timescale for this.

It is important when turning volunteers down for a particular role at any stage in the process to recognise the skills that they have to volunteer in another context and support and encourage them to seek opportunities better suited to their skills and abilities (e.g. referral to volunteer centre, alternative role in the organisation where appropriate).

**Volunteer Training Assessment Record**

**Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Competence**  Demonstrated during training: | **ND** | **DL** | **DA** | **DW** | **Comments**  (Please be as objective as possible giving examples from training sessions). |
| 1 | Commitment to the organisation and wellbeing of children, young people and families. |  |  |  |  |  |
| 2 | Good self-awareness, ability to reflect on actions and experience. |  |  |  |  |  |
| 3 | Good listening and communication skills. |  |  |  |  |  |
| 4 | Respect for others at all times. |  |  |  |  |  |
| 5 | Non-judgemental approach, sensitivity to the needs of people of all ages and backgrounds. |  |  |  |  |  |
| 6 | Clear understanding of confidentiality during activity sessions. |  |  |  |  |  |
| 7 | Clear understanding of boundaries during activity sessions. |  |  |  |  |  |
| 8 | Clear understanding of safeguarding requirements during activity sessions. |  |  |  |  |  |
| 9 | Willingness and flexibility to undertake a range of activities. |  |  |  |  |  |
| 10 | They are reliable, organised and can use initiative. |  |  |  |  |  |
| 11 | Ability to work effectively as part of a team. |  |  |  |  |  |
| 12 | A commitment to self-care and to engage in support and supervision. |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ND: Not demonstrated | DL: Demonstrated a little | DA: Demonstrated adequately | DW: Demonstrated well |

**Additional comments/ final assessment decision**

|  |
| --- |
|  |

Facilitator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facilitator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date assessment completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Example of assessing competences**

This list is not exhaustive but gives just a few examples of how competences may be assessed during training.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Competence**  Demonstrated during training: | **ND** | **DL** | **DA** | **DW** | **Examples of assessing competences** |
| 1 | Commitment to the organisation and wellbeing of children, young people and families. |  |  |  |  | Shows interest and enthusiasm and is keen to learn. Shows understanding and insight during activities and in commenting, asking and answering questions. |
| 2 | Good self-awareness, ability to reflect on actions and experience. |  |  |  |  | Shows understanding and insight of their experiences during activities and in commenting, asking and answering questions. How they interact and respond. Observing body language. |
| 3 | Good listening and communication skills. |  |  |  |  | Listens well to others, does not speak whilst others are talking, shows understanding, participates but does not dominate conversations, questions sensitively and appropriately, reflects back. Has an open and friendly approach. |
| 4 | Respect for others at all times. |  |  |  |  | Meets all commitments, arrives promptly, participates but does not dominate, give others opportunity to speak, considers other points of view – disagrees tactfully, shows consideration to colleagues, is open and honest. |
| 5 | Non-judgemental approach, sensitivity to the needs of people of all ages and backgrounds. |  |  |  |  | Shows respect for others, accepts differing views and values throughout training and in activity sessions, expresses but does not impose own opinions, views and values on others. Does not use judgmental language in discussions. |
| 6 | Clear understanding of confidentiality during activity sessions |  |  |  |  | Shows clear understanding during activities and discussion of when and how to raise issues of concern. |
| 7 | Clear understanding of boundaries during activity sessions. |  |  |  |  | Shows clear recognition during activities and discussion of the importance of boundaries and of working within their limits and the limits of the role. |
| 8 | Clear understanding of safeguarding requirements during activity sessions. |  |  |  |  | Shows clear recognition during activities and discussion of the importance of safeguarding and of how to deal with any concerns during volunteering. A clear understanding of the importance of reporting back. |
| 9 | Willingness and flexibility to undertake a range of activities. |  |  |  |  | Shows interest and enthusiasm and is willing to get involved in training activities. Shows ability to adapt to different situations and people during training activities. |
| 10 | They are reliable, organised and can use initiative. |  |  |  |  | Meets all commitments, arrives promptly. Has shown willingness to take responsibility during training. |
| 11 | Ability to work effectively as part of a team. |  |  |  |  | Has shown ability to co-operate with, support and encourage colleagues during training activities. |
| 12 | A commitment to self-care and to engage in support and supervision. |  |  |  |  | Participated well and openly during the self-care session. Shows understanding of the self-care and the importance of support and supervision throughout activities and discussion. |

|  |  |  |  |
| --- | --- | --- | --- |
| ND: Not demonstrated | DL: Demonstrated a little | DA: Demonstrated adequately | DW: Demonstrated well |

**Volunteer’s reflective log**

**Introduction**

As you embark on this family support volunteers training programme, you might find it useful to keep a log of your experiences throughout the course and also in your role as a volunteer. It might also be helpful to refer to this for during support and supervision sessions. It is not compulsory and you do not need to use these questions – these are here as a suggestion only. This is for your own use only, you will not be asked to share the log. However, insights and feedback as part of the ongoing evaluation will be invaluable in helping us to develop and improve.

**What has surprised me?**

**What has concerned me?**

**Have there been any difficult situations? What happened?**

**What did I do?**

**How did I feel?**

**What will I do differently next time?**

**What support or help do I need?**

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1. EAPC Task Force on palliative care for children and adolescents (2007) *European Journal of Palliative Care 14* (3) pp109-114 [↑](#footnote-ref-1)
2. Together for Short Lives(2015*) Three year strategy 2015-2018. Quality of life, quality of death: Leading change for children’s palliative care*. Bristol: Together for Short Lives. [↑](#footnote-ref-2)
3. Carling, R., Howlett, S., (2013) *Shining a spotlight on children’s hospice volunteers.* Bristol: Together for Short Lives. [↑](#footnote-ref-3)
4. Fraser et al. (2015) Children in Scotland requiring palliative care: identifying numbers and need (the ChiSP Study). York: University of York. [↑](#footnote-ref-4)
5. Adapted from Canadian Hospice Palliative Care Association (2012) Hospice Palliative Care Volunteers Training Toolkit. (P,6-9) [↑](#footnote-ref-5)