

**Sharing Good Practice:
The Management
of
Hospice Volunteering**

(Abridged Version of Report)

Full Report is available at www.leighbarron.com/hospices

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PREFACE

With Thanks to

The VSMs who participated in this research. Your time, generosity, and expertise are much appreciated. The issues raised within the report are the result of our discussions, but the conclusions drawn are my own.

Although there was no formal steering group for this project, I would like to thank my informal supporters for their advice, time, and generosity: Jean Hindmarsh and Terry Magee of Help the Hospices, Ruth Pressley of the Association of Voluntary Services Managers, and Denise Brady of St Christopher's Hospice.

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To all at Prospect Hospice, it was a pleasure to work with you. With particular thanks to Barbara Fenn, who mentored me through the volunteer ropes!

And finally to all at St Christopher's Hospice who provided the Barron family with comfort and support during my Mother's last weeks of life.

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About the Author

Dr Anne-Marie Barron has worked as a researcher for over 20 years. She achieved a PhD in 1989 at the University of Wales, Cardiff, looking at the impact of social interaction on learning and cognitive achievement. She is a Chartered Psychologist and an Associate Fellow of the British Psychological Society. She was a Research Fellow at the University of Leeds when she co founded a research practice, Leigh & Barron Consulting, with Dr Alan Leigh in 1994. Following her work at the University of Leeds, Anne-Marie was made an Honorary Research Fellow and is a member of the University's Institute for Lifelong Learning.

Anne-Marie is a Director of Leigh & Barron Consulting, and continues to work as a research consultant and project manager for a variety of organisations. With the company she has undertaken research and development projects for a number of national government departments and industry/sectoral organisations, covering Education, Training and Development, Advice Guidance and Counselling, Museums Galleries and Archives, Publishing, Engineering, Manufacturing, Logistics, IT, and Management.

Anne-Marie led a Department of Health initiative to produce competences for Research Ethics Committees. This work changed the process of the ethical review in this area and was used until it was superseded in 2004 by the implementation of the European Union Directive on 'Good Clinical Practice in the conduct of clinical trials on medicinal products for human use'. For Skills for Health (the Sector Skills Council for Health, funded by the Department for Employment & Skills and the Department of Health), Anne-Marie produced competence guidelines to support the National Service Frameworks for those working with children, older people, and people with long term neurological conditions.

Anne-Marie is co-author with Professor Simon Holdaway of a book based on a Home Office funded project, *Resigners? The Experience of Black and Asian Police Officers*, which has been published by Macmillan.

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Executive Summary

The aim of this project is to look at the progress that has been made in hospice volunteering since 2003 when a number of surveys were undertaken. In particular it looks at the key role of Voluntary Services Manager (VSM) and how this role has developed in response to changes in volunteering in the UK. According to the previous research, the main challenges for VSMs in responding to change are to:

- 1 Recognise that the nature of volunteering is moving away from a 'classic' service model to a 'new' development model.
- 2 Maintain and promote flexibility in volunteering practice.
- 3 Engage with volunteers from diverse groups.
- 4 Ensure that Voluntary Services Managers/Coordinators be integrated into the management structure of the organisation.

This new project looks at how VSMs have dealt with these challenges over the past 5 years. Twenty interviews were undertaken with VSMs who were identified as demonstrating good practice within their role.

The responsibilities of VSMs are varied and complex, and constitute a management role. The people who become VSMs come from a variety of backgrounds and require the development of a range of skills. VSMs are becoming more involved in the management team of the hospice.

Managing the work of volunteers is central to the role of VSMs, but this is far more than coordinating their activities. They have to ensure that the volunteer route leads to the volunteers being integrated with the rest of the hospice team, in other words 'buy-in'. In particular it is important that the staff accept that volunteers are a valuable resource with much to offer the organisation as a whole.

The VSMs have to find ways of engaging volunteers when the requirements of volunteers themselves are changing. Volunteers who continue to provide their unpaid work because they want to give something back to hospices are now gradually being joined by 'new volunteers' (mainly younger people), who want to obtain more experience, and in some cases credit, in return for their contribution. VSMs are also keen to promote the diversity of volunteers, and in particular need to find ways to encourage more people from black and minority ethnic communities to volunteer. This is an issue that the hospice movement as a whole has to respond to, as the volunteer base has been largely a function of its user base.

The results of the research demonstrate that VSMs have responded speedily and flexibly to the changes in the volunteering landscape and are keen to engage with 'new volunteers' and volunteers from diverse groups. This report ends by providing a number of recommendations that could be used as principles of good practice.

Introduction

This is an abridged version of the Final Report, and is designed to provide the main summary points only for those who do not need to access the supporting information and discussion.

Hospices hold a particularly special place in the hearts and minds of the community. Volunteering has always been an integral part of the hospice movement. The nature of volunteering is however changing, and the communities in which hospices operate are also changing; inevitably this means that the way volunteers are managed is also evolving. It is the role of the Voluntary Services Manager (VSM) to manage and coordinate the activities of volunteers. The changing role of the VSM is also being reflected in how the hospice, as an organisation, operates.

There is a growing body of research relevant to the role of the VSM. Firstly, there is research conducted in relation to volunteering in the UK as a whole, regardless of sector, eg that produced by The Commission on the Future of Volunteering. Secondly, there is research relating to volunteering in hospices, eg that produced by Help the Hospices. In reviewing the research it is clear that volunteering is recognised as providing an extremely valuable contribution to hospices. It is also clear that the high standards already achieved cannot be taken for granted, and that there are some key factors that could affect its role in the future. The research highlights some key challenges which the management of volunteering in hospices needs to address if it is to keep abreast of the changing environment. Hospice volunteer management should:

- 1 Recognise that the nature of volunteering is moving away from a 'classic' service model to a new development model.
- 2 Maintain and promote flexibility in volunteering practice.
- 3 Engage with volunteers from diverse groups.
- 4 Ensure that Voluntary Services Managers/Coordinators be integrated into the management structure of the organisation.

This project, *Sharing Good Practice: The Management of Hospice Volunteering*, is designed to look at the progress that has been made since this research was conducted.

Methodology

The people best in a position to know about the management of volunteers are clearly the Voluntary Services Managers (VSMs). The VSMs who took part in the research were recommended for their good practice by their peers, other staff, and volunteers. Twenty VSMs were interviewed, and all the interviews were carried out by the author of this report. During the interviews notes were taken of the discussions and later analysed by the author to look at key issues and themes. Some of these directly related to the questions asked while others arose from the discussion. The analysis was repeated several times to refine and filter the issues. The iterative process helped access themes that were not immediately apparent and so assisted in achieving the most from the discussions.

Results of the Research

Below is a summary of the main issues that emerged from the research. The full report provides a full account and discussion behind these points.

The Role of Voluntary Services Managers

The experience of Voluntary Services Managers (VSMs) is at the core of this report, and how the role is developing is critical to the way volunteering will develop in hospices. For this reason it is important to provide a clear description of the role of the VSM as seen by the VSMs themselves. This includes a review of the job title itself, the functions performed by the VSMs, the background of those holding the role of VSM, and how they view the skills that are needed. In addition, it is important to consider how the VSMs are integrated into the management structure of hospices, and how they network and exchange information.

- The abbreviation VSM can refer to Voluntary or Volunteer Service(s) Manager or Coordinator, but also encompasses a number of other variants.
- VSMs work activities are varied and complex, and clearly managerial in scope.
- VSMs emerge from a variety of routes and occupational backgrounds.
- VSMs require a range of skills, with the most frequently mentioned being communication, management, interpersonal, and organisational.
- Professional development depends on a variety of methods, but there is some concern about the formal courses that are available.
- VSMs are increasingly involved with the senior management team of hospices and have access to the Chief Executive.
- VSMs can be involved in a range of management initiatives.
- VSMs have developed and contribute to a range of local and national networks.
- VSMs obtain and share information in a variety of ways, but sometimes information that they should receive does not reach them.

Managing the Work of Volunteers

Volunteers are of course at the very centre of this research, and it is important to recognise that they are not an homogenous group. Changes in society could affect hospices so that they might find it harder to attract people to volunteering in the future.

- Requirements of volunteers are changing and VSMs are responding positively to this challenge.
- It is important for VSMs to demonstrate flexibility and responsiveness during every stage of the volunteer route, which differs from hospice to hospice.
- Induction sessions held with both volunteers and staff help to introduce volunteers into the hospice organisation.

- It is important to find ways to integrate volunteers with staff into the 'the team'; staff may require some support in this area.
- Volunteers have to be seen as the organisation's volunteers, not the VSM's volunteers.
- CRB checks may cause barriers to engaging volunteers.
- It is important that the financial costs and benefits of volunteers is recognised by hospices; one area where this can be problematic is in the payment of travel expenses to volunteers.
- The emergence of the 'new volunteer' is characterised by those seeking to develop their skills and experience, particularly younger volunteers.
- For most hospices the composition of volunteers is only gradually changing.
- Diversity of volunteers is an issue being addressed, although this is not easy to resolve as the composition of volunteers tend to reflect those who use hospice services.
- There are a number of initiatives being undertaken to increase diversity, both locally and nationally.
- Diversity is an issue which the entire hospice organisation needs to address, and this is helped if the VSM is a key member of the management team.

Looking to the Future

The outlook for VSMs is an exciting and challenging one. They are being recognised as key members of the organisational team and their role is an expanding one. Of course they do have to maintain their profile and ensure that the organisation understands what they contribute and how volunteers are a key component in the structure. By having volunteers the service is rooted in the community in a direct and special way. Their contribution is of great value and cannot be measured simply in financial terms.

- Hospices are evolving in terms of how volunteers are embedded into the organisation, and how volunteer services and human resources are working together.
- The current differentiation between volunteers and staff is likely to become less distinct, despite some resistance to change.
- Demographic changes will continue to change the requirements of volunteers, both as service providers and service users.
- There will be increasing competition for volunteers from a wider range of organisations taking on more responsibilities.
- Volunteers might provide their skills by working through a more specialised provider, who operates on behalf of a range of different volunteer services.
- There have been three recent reports that have outlined the current and future challenges facing volunteering in the UK.

Conclusions

The role of the VSM is becoming more complex. It should not be viewed as just a role limited to administering the work of volunteers.

Summary of Changes since 2003

It is interesting to note the similarities and differences between the research undertaken in 2003 and the research conducted for this project.

- 1 In the previous research half of the sample of those managing volunteers held the title coordinator, and one third held that of manager. In the current sample the results are transposed, with two thirds holding the title manager or similar and one third coordinator or similar.
- 2 In 2003 43% of volunteer coordinators and managers were members of a senior management team. In this research we found that 75% of the sample are and almost half the sample actually sit on the SMT itself.
- 3 At the time of the earlier research, the key problems identified by volunteer managers and coordinators included a lack of recognition of the management role in the job, the lack of resources, and the difficulty of recruiting volunteers at a point when time is becoming increasingly constrained. All these issues were raised again by the current sample, although not all VSMS felt that their volunteer pool was shrinking due to the increase in young people volunteering.
- 4 The majority of hospices have benefited from a new cohort of younger volunteers since the 2003 research, and VSMS have successfully managed and incorporated this group into their volunteer base. They may have different aspirations and motivations to the 'classic' or traditional volunteer, but VSMS have adapted their procedures so that they are encouraged to contribute. Consistently VSMS have noted that one cohort of younger volunteers leads to others so they have a renewable source of volunteers.
- 5 The integration of volunteers into the organisational team, 'buy-in', was raised as an issue in the earlier research, but it is a central concern for the majority of VSMS in the current research.
- 6 Criticisms cited by volunteers during the earlier research included poor organisation, not being valued, and being 'out of pocket' as a result of volunteering. In the current research, the VSMS were consistently engaged with evaluating their work and responding to feedback from volunteers and staff to develop their practice.

The Importance of VSMS

Although many VSMS do sit on senior management teams, not all do, and this could impede their work. VSMS need access to key documents and discussions so that they understand the organisational priorities and place themselves within this context. They need the support of the management team so that volunteers are integrated and owned throughout the organisation, and they have the commitment that they need.

The role of the VSM is a challenging one and VSMs need the support of all those in the Hospice movement to successfully carry it out. The AVSM, HtH, and other formal and informal networks provide an important service to VSMs outside of their organisation, but without the appropriate internal support and recognition VSMs are unable to provide the organisation with the volunteers that it requires, or provide the volunteers with the support they require.

For the immediate future, the VSM is key to the success of volunteering. However, all those working in palliative care to some extent share the responsibility to develop volunteering, and we have to respond to this need at a time when volunteering across the UK is being developed. Hospices have been at the forefront of the volunteer movement and we owe it to our predecessors to maintain this position.

Recommendations for Principles of Good Practice

Based on the good practice identified by the research work with the VSMs, the following recommendations are made for VSMs and their hospices to develop and support good practice:

VSMs

1. VSMs should work collaboratively with the management team, staff, and other organisations to utilise the work of volunteers.
2. VSMs should be recognised at a senior level in the hospice organisation.
3. VSMs have specific training or development requirements that they need to address to develop their practice, and professional development opportunities should be provided on a regular basis.
4. VSMs should be supported by internal management systems.
5. VSMs should have access to external support networks such as the AVSM, HtH, local volunteer groups, and other networks.
6. VSMs should work closely with the Human Resource team to ensure inclusive practices.
7. VSMs should contribute to a collaborative and hospice-centred approach to meeting the challenge of diversity so that hospices can extend their pool of volunteers.
8. The performance of VSMs should be reviewed regularly in line with other staff at management level so that their contribution to the organisation is clearly acknowledged and recorded.

Volunteering

9. A clear strategy for working with volunteers should be developed and introduced.
10. Goals should be established for the volunteer strategy and assessed at regular intervals by all involved: the VSM, volunteers, management team, and staff.
11. Diversity should be encouraged in principle and practice by the entire hospice management team and embed it in policymaking and strategic planning.
12. Volunteers should be recognised as integral members of the organisational team.
13. Volunteers and staff should receive training so that they understand the organisation's remit for volunteers and how volunteers can develop to work effectively in the organisational team.
14. A variety of methods to recognise the contribution of volunteers should be provided.
15. Formal and informal opportunities should be provided for volunteers to provide feedback to the organisation about their involvement and other issues.
16. New ways of utilising the specialist skills and experience that volunteers can offer should be explored, particularly through collaborating with other hospices and volunteer services.