

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

Produced by

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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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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 This work changed the process of the ethical review in this area and was used until it was superseded in 2004 by the implementation of the European Union Directive on 'Good Clinical Practice in the conduct of clinical trials on medicinal products for human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.

1 Introduction

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. Each hospice is likely to have more volunteers than paid staff, albeit not on the premises at any one time. Hospices are universally respected and appreciated, and therefore it is likely that they will continue to attract volunteers. After all, the community chooses to reflect its appreciation in two distinct ways: donation of money, and donation of time and effort.

The assumptions behind this statement though might not be clear-cut. The nature of volunteering is changing, and the communities in which hospices operate are also changing. As this report highlights, volunteers have many different reasons for supporting hospices. They may choose to support hospices because they associate themselves with them, possibly because they have direct experience of the benefits of hospices and wish to somehow repay them, or because they have some particular skills that they feel could especially benefit hospices. In addition it might be that they particularly identify with the philosophy and objectives of hospices.

As the nature of volunteering changes, so also does the way volunteers are managed. It is the role of the Voluntary Services Manager (VSM) to manage and coordinate the activities of volunteers. This is a particularly demanding management role, requiring the application of a range of skills and methods. The role of the VSM continues to evolve in response to changes in volunteering, and in response to how hospices operate in the national and local environment.

The changing role of the VSM is also being reflected in how the hospice, as an organisation, operates. It is not enough that a VSM post is created and funded. There is a growing body of research to demonstrate that VSMs must be fully integrated into the management decision-making structure of the organisation.

Background to the Project

There are two main areas of research which provide the background to this report. Firstly, there is research conducted in relation to volunteering in the UK as a whole, regardless of sector. Secondly, there is research relating to volunteering in hospices. These are of course interrelated, and research into volunteering in hospices has been especially influential in the development and understanding of volunteering in general. Many of the most influential people and reports have emerged from experience in the hospice movement. Below is a very brief summary of key reports (see *References* for further information).

Volunteering in the UK

The Commission on the Future of Volunteering was established in the Spring of 2006. This was an independent body established by the England Volunteering Development Council. As part of its work the Commission published a literature review *Making Sense of Volunteering* (Rochester, 2006). This provides a thorough introduction to the history of volunteering, and considers how it will evolve in the future. Three perspectives on volunteering are discussed: volunteering as unpaid work; volunteering as activism; and volunteering as serious leisure.

It also highlights the differences between what is called 'classic volunteerism', this being characterised by long-term and regular service in an altruistic context, and 'new volunteerism', which is characterised by shorter or time limited service within a more reciprocal relationship. Younger volunteers are typically regarded as being in the 'new volunteerism' mode.

Volunteering in Hospices

It is interesting to note that a paper produced over 30 years ago by Sheila Hanna (1975), who was the first Voluntary Services Organiser at St Christopher's Hospice, focused on various themes including teamwork, flexibility, and communication as important factors. The paper is firmly rooted in its time, but it raises issues that a VSM today would recognise. Good practice evolves; it is not static or fixed, but rather a reflection of its time and place.

More recently Claxton-Oldfield et al (2004) specifically looked at the motivations of volunteers in palliative care settings. They reviewed previous British and American studies in the area and carried out further interviews to compile a list of 22 reasons for volunteering. After further analysis they found that four key motivational themes emerged which they described as: altruism, civic responsibility, leisure, and personal gain. Palliative care volunteers serve for a variety of reasons, and it would be misleading to suggest that the motivations of volunteers are fixed and unchanging.

Another study (Addington-Hall & Karlsen, 2005) looked at the experiences of volunteers and staff working in hospices, and found that an organisation can have a different relationship with a variety of constituent groups. The authors report the results from a national survey of hospice services in the UK. They found that support from management was a key issue, with those feeling supported being less likely to consider leaving. Doctors felt the most appreciated members of staff, while volunteers and doctors were the least likely to have considered leaving. The researchers noted that to enhance teamwork, organisations must look at the differences between staff groups and their experience of the organisation. They also remarked on the importance of high quality leadership programmes to promote effective and supportive working relationships.

Help the Hospices

Help the Hospices (HtH) have been at the forefront of researching into the role of the volunteer. In 2003 it commissioned two reports from the Institute of Volunteering Research. The first report, *The*

Economics of Hospice Volunteering, by Katherine Gaskin (2003a), looked at the economic value of hospice volunteering using her Volunteer Investment and Value Audit (VIVA). The second report, *Volunteering in UK Hospices: Looking to the Future* by Justin Davis Smith (2004), used the results from three surveys undertaken in 2003. These surveys looked at how volunteers are supported, the role of the volunteer services manager, and the challenges facing hospice volunteering programmes over the following five years. The report noted the high standard of volunteer management and development, but also noted that there were a number of key issues to be developed to maintain the high standard that had been achieved in the past.

Aim of the Project

In reviewing the research outlined above 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.

Changes in Volunteering

The overall nature of volunteering is changing throughout the UK and in all sectors. Those who volunteer in the future might well have different expectations from those in the past. Government, directly and indirectly, also has a significant impact on the economic and social infrastructure in which volunteering takes place. As such, volunteering is becoming more integrated with the rest of the socio-economic system. There may be a greater role for, and regulation from, government, both at national and local levels. There is an increased emphasis on training and development, with colleges and other providers offering more courses and access to specialist qualifications. Furthermore, volunteers themselves are beginning to expect an experience that complements their other life experiences, such as their careers or social networking.

Key Challenges for Volunteering in Hospices

The research outlined above 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. Younger volunteers have more expectations about learning new skills and using these in their paid employment.
- 2 Maintain and promote flexibility in volunteering practice. It can be a challenge to balance this requirement with formal procedures (eg recruitment, CRB checks).
- 3 Engage with volunteers from diverse groups. Hospices should consider ways to reach men, young people, and people from black and minority ethnic communities. Hospices should reflect the profile of local communities.
- 4 Ensure that Voluntary Services Managers/Coordinators be integrated into the management structure of the organisation.

These challenges are not specific targets or objectives. One reason for this is that the terminology is open to interpretation, eg flexibility and diversity might come to have different meanings as the socio-economic environment changes. Perhaps more importantly, there is no authoritative policy that suggests these are objectives that should be met, and identifies any success criteria for doing so. All the challenges might not be achievable, and other requirements might supersede them in the future. Without some way of quantifying these challenges they cannot be specified and measured. However, this does not mean that it is not possible to monitor progress towards meeting these challenges.

Five years on from the 2003 research, this project, *Sharing Good Practice: The Management of Hospice Volunteering*, is designed to look at the progress that has been made. This project complements the research that has already been undertaken by talking directly to a select sample of experienced VSMs. In so doing it provides an insight into how the challenges outlined above are being addressed. This report also explores a number of other issues that have emerged during the research which are contributing to the development of hospice volunteering. One of these is the role of the VSM itself, and how that is developing in the face of new challenges.

Methodology

The aims of the research lend themselves to a qualitative rather than a quantitative approach. Interviewing provides opportunities to discover the reasons why some changes are happening and others are not. This will enable a more in-depth understanding of the issues arising from the management of volunteers. The people best in a position to know about the management of volunteers are clearly the Voluntary Services Managers (VSMs), also known as Volunteer Services Managers/Coordinators and other titles in some hospices (for the sake of brevity in this report we refer to all of them as VSMs: see section below on Job Title).

Sample of VSMs

The VSMs who took part in the research were recommended for their good practice by their peers, other staff, and volunteers. Good practice is a generic term covering an individual being effective in their position. Some people did not specify why they were recommending an individual, while others cited a particular reason, for example having an innovative approach, introducing a specific policy, or managing change well. Recommendations were taken at face value, and all those selected for interview were recommended by more than one source. Over 30 VSMs met the criteria for inclusion in this study, and these were filtered down in order to meet resource requirements and to ensure a geographical representation of the hospice community. The VSMs worked in independent Hospices or Palliative Care settings across England, Ireland, Scotland, and Wales.

Interview Process

Of the 20 VSMs interviewed, 12 VSMs were interviewed face to face at their place of work, and interviews were usually completed in 2 hours. A further 8 were interviewed by phone, and these

discussions lasted between 20–45 minutes. Interviews were carried out between May 2007 and March 2008. All the interviews were carried out by the author of this report.

VSMs were contacted by the researcher either by phone or email. All research participants were assured that their contributions would remain anonymous. They were sent a copy of the project briefing note so that they were aware of the purpose of the project. Research materials can be found in the *Appendices*.

The interview schedule for the face to face interviews was drafted following initial desk research and discussions with a number of VSMs and other interested parties. It was revised following the initial interviews so that it captured as much information as possible within a manageable format. For phone interviews, the project information sheet formed the basis for the discussion.

The face to face interviews were used to inform any quantitative results provided in this report, while the telephone interview results were used to reinforce this and provide further context and comment. Of course the results should be considered in the context of the numbers involved, but the research itself is based on the wider consultation of 2003, which involved over 200 VSMs. There is no evidence to suggest that the issues raised are atypical even if the VSMs involved in the work have been recommended for their good practice. In addition, the VSMs involved often reflected on their own situation and remarked on the contrast with other VSMs who may not have had the necessary resources or support to follow through on various initiatives. VSMs who were members of their own professional association, the Association of Voluntary Services Managers (AVSM), had the benefit of discussions at regional and national meetings to inform their view.

Analysis Process

During the interviews notes were taken of the discussions and later analysed by the researcher 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.

2 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.

Job Role of VSMs

Throughout this research one issue that continues to emerge is the distinction between VSMs and volunteer coordinators. Many people assume that VSMs primarily coordinate volunteers, and therefore volunteer coordinator is an appropriate job title. However, the job title of VSM is something that covers far more than this, and for this reason it is also important to consider what the abbreviation VSM actually means.

Job Title

In this report we use the abbreviation VSM to cover the role of voluntary or volunteer service(s) manager or coordinator with responsibility for services provided by volunteers. Different job titles for the same work role often emerge. In the 2003 research half of the sample held the title coordinator and one third held that of manager. In the current sample the results are transposed. Two thirds of the sample held the title VSM or similar, including Head of Voluntary Services/Resources and Human Resources and Volunteer Services Manager. One third had the title VSC or similar, including Human Resources and Voluntary Services Assistant. A number of the VSMs interviewed have had their job titles revised over recent years, the most common move being from coordinator to manager. Generally the abbreviation VSM is the most commonly used, and it has the benefit of acknowledging that the role is recognised as a management one.

The AVSM, which is the professional association for those managing volunteers in palliative care, is called the Association of *Voluntary Services Managers*. *Voluntary Services* as a concept has the benefit of covering services that are provided on a voluntary basis. These services can be provided by unpaid workers (ie volunteers), but they can also be provided by paid workers (ie staff). For example, many staff will help out at fund-raising events, or even by just working longer than they are paid. When they provide these voluntary services, they also become volunteers, but clearly are still staff. If the focus is *Volunteer Services*, then this could be interpreted that the services are about helping the volunteers. There is a danger that this marginalises volunteers. In addition, *Volunteer Services* is used as a term to describe services that are available nationally or locally that are characterised by the deployment of volunteers, eg housing support charities, money advice centres etc. They are akin to public services, or even private services.

Focusing on the term *Voluntary Services* means that the role of the VSM can then be viewed as harnessing the sources of voluntary or unpaid labour, whether this derives from volunteers or staff. Clearly though it is up to hospices to decide what job title to use when describing work roles. For the purposes of this report, the abbreviation VSM covers job roles incorporating the following terms or similar: Voluntary or Volunteer Service(s) Manager or Coordinator (but subsequently referred to for brevity as Voluntary Services Manager).

Work Activities

As with many job titles, there is no definitive description of the work activities associated with the role of VSM. Throughout the reports reviewed by this study and in discussion with the VSMS themselves, the following functions can be associated with the role:

- recruiting volunteers
- organising training and development activities for volunteers
- providing education on the role of volunteers
- allocating work activities to volunteers
- coordinating the time provided by volunteers
- providing mentoring, advice, and support to volunteers
- providing information on volunteering
- setting and monitoring budgets
- contributing to the overall management of the hospice
- representing the hospice on volunteering issues
- obtaining and reviewing information on volunteer matters
- networking with other VSMS

These functions clearly constitute a management role in that they are concerned with the management of resources, in this case primarily the unpaid work of volunteers.

Development of VSMS

The description of the VSM job role above illustrates its contribution to hospices. As such, the people occupying that role require a development process, which can be provided by hospices themselves, and also through experience of working in other sectors.

Occupational Background

The VSMS arrived in their role by a variety of routes; some had backgrounds in health or education, while others came from a management position in another sector, or had their own business. VSMS have had a diverse grounding, and this diversity contributes to meeting the challenges of the role itself, which is multi-faceted and varied.

The VSMs interviewed had an average service of five and a half years in the role, split between half serving less than five years and half serving more than five years. The shortest time in post was 2 years, and the longest time in post was 11 years.

Skills required by VSMs

The management of volunteers is a challenging area and one that should be informed by

“the right blend for the organisation, combining both choice and control, flexibility and organisation, to be experienced by the volunteer as a blend of informality and efficiency, personal and professional support. This must take account of the blend of characteristics, motivations and needs within the volunteering workforce; and the type of volunteering and context in which it is carried out” (Gaskin, 2003b).

To be able to develop and deliver this complex blend of skills, VSMs should have access to a broad range of organisational systems and support.

Interviewees were asked what they considered to be the key skills necessary for a VSM. A large number of skills were described with the most frequently mentioned being communication, management, interpersonal, and organisational.

From this research, the key skills that stood out during the interactions with VSMs were their flexibility, creativity, and motivation. The interviewees were all extremely committed to their VSM role, which involved developing volunteers, staff, and the organisation, and continually striving to improve their practice. Whenever it was remarked that their role was a complex one they typically responded that they enjoyed the challenge of it and were energised by the variety.

Of course this is not to suggest that the role of the VSM cannot be overwhelming. Indeed the majority of interviewees felt that it was an untenable position without key supports. VSMs need to have organisational resources and recognition to effectively function. They need to sit on or have access to the senior management team (SMT) or similar management teams so that they are aware of organisational developments and discussions. They also need access to other VSMs so that they can update and maintain their knowledge of the volunteer landscape. Resources and recognition are the two main issues here, and the VSMs that were interviewed noted that it was not possible to effectively perform the VSM role without them.

Professional Development

Professional development of VSMs was not an issue that interviewees were specifically asked about, but a number of VSMs did raise the issue within the context of other discussions. The majority of the sample were members of the AVSM so they did have opportunities to discuss and develop their ideas at meetings and conferences.

There is no clearly defined progression route or career path for VSMs. While the VSMs are aware of the availability of various accredited courses, they question the value of these courses and how they are recognised outside the sector. There is also concern that these courses may become the only route for development and that alternative routes such as informal learning, peer mentoring, and networking, will no longer be recognised. Again the VSM needs support from the organisation to ensure that they have access to some form of training and development that benefits the VSM and their organisation.

Contribution of VSMs to Hospice Management

The report, *Volunteering in UK Hospices: Looking to the Future*, found that only 43% of volunteer managers and coordinators were members of a senior management team. The research undertaken for this report underlines the growing importance of having the VSM clearly specified in relation to the senior management structure of the organisation.

Integration into the Management Structure

A majority of the sample of VSMs interviewed (75%) sat on a senior management team responsible for major decisions affecting specific functions of the organisation, and almost half the sample actually sat on the Senior Management Team itself (at Chief Executive level, overseeing all activities of the organisation). The key issue for VSMs is the level of access they have to the Chief Executive or equivalent, and how quickly they can raise any key initiatives that they want to discuss.

Encouragingly, all of the VSMs interviewed were able to bring their proposals to their Chief Executive either directly (75% of the sample) or through their line manager.

Management Initiatives

A number of the VSMs interviewed (30%) had led or been involved with a variety of management initiatives. There were formal initiatives such as Investors in Volunteers (IiV) and Investors in People (IIP), or other initiatives such as an organisational audit. All these initiatives shared a review and assessment phase, which provided the organisation with an overview of their practice and a framework for introducing structures and new systems.

The VSMs who had worked on these initiatives felt that having the commitment of the Chief Executive was crucial. This helped establish the principle that staff throughout the organisation should support the new initiatives. These VSMs all commented that they had good access to the Chief Executive and could take proposals directly to them at an early stage for informal discussions. These informal discussions are of great importance to the development of any organisation.

Working to achieve specific initiatives helped the profile of the VSMs and their departments within the organisation. It also helped raise the visibility of volunteers as contributing to the hospice as a whole.

Voluntary Services and Human Resources

The management of volunteers has increasingly been recognised as an important role and one that requires organisational resources. The management of volunteers and human resources have developed in parallel but there are areas that the two have in common. Different organisations arrange these functions in different ways to facilitate development and effectiveness.

The interface between Voluntary Services and Human Resources (HR) was frequently mentioned. Some VSMs saw them as separate entities and others considered them complimentary. Frequently the VSM and the HR manager were regarded as working in parallel for some of their activities but with their own separate areas of expertise. A number of VSMs said that while the two roles had certain similarities, there were key differences. VSMs often mentioned the importance of recognising that volunteers are people with their own individual skills and talents rather than the 'volunteer receptionist/driver'. The diversity of motivations for volunteering means that VSMs have a range of factors to take account of when involving volunteers. This is not to suggest that HR managers do not have to do this too, but it may be less critical in the case of paid staff. A number of VSMs remarked that close liaison between the three departments of *Volunteer Services*, *Human Resources*, and *Education and Training* would seem a logical route to follow as all three are crucial to the development of the organisation.

VSM Networks and Information Exchange

One of the most important methods for improving the effectiveness of an occupation is the exchange of information between peers. The VSMs have developed a successful network to enable them to exchange information and ensure that they are kept well-informed about all relevant developments.

Local & National Networks

All of the VSMs were connected into various local initiatives or had links with local volunteer hubs. The majority, 75%, were members of the professional association, the AVSM. The AVSM provides guidance and opportunities for development, including regional meetings, an annual conference, a website, and other support materials and activities. All of the 25% who were not members were aware of the AVSM but had not joined or rejoined it due to personal reasons or pressure of work.

VSMs spoke highly of the AVSM and the level of support it provided. The regional network structure was seen as key to its success. A number of VSMs felt that membership of the AVSM was of particular importance when a VSM initially took on the role, but an equal number commented on its assistance as they developed in their role. Members of the AVSM generally felt that to be a VSM without the support of the AVSM was not something they would recommend.

Sharing Information

VSMs are aware that there is an abundance of information to support their work but it can be overwhelming to sort through a surfeit of materials. They are therefore grateful to receive a summary of developments from AVSM, HtH, Hospice UK Online and materials from local or other sources so that they can choose from a shortlist the materials that are of most interest to them. VSMs are a creative and pragmatic group who are ready to customise or adopt materials that are working well in similar environments. Sharing information seems to be accepted practice within this network.

On the whole the project sample felt well supported. Even so, key documents do not always reach VSMs because the dissemination route may be inconsistent. For example, a recent HtH document *Widening Access to Hospice Care: A Briefing Paper for Managers and Trustees* (Gunaratnam, 2006) was mentioned by a number of VSMs in the discussion about diversity. However, some VSMs had to actively chase down the report as it was labelled for managers, and not all dissemination routes categorise the VSM as a manager per se.

Summary

- 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.

3 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. Social changes can affect how volunteers emerge to help their local hospices. For example, younger people have completely different experiences and expectations of life compared to the generation that predominate in hospice volunteering. Without generalising too much, it is fairly safe to say that in the relatively affluent post-80s environment of home ownership, increased mobility, access to entertainment and holidays (albeit with some areas of society continuing to be disadvantaged and marginalised), there are many other opportunities hardly conceivable to the generation growing up soon after the second world war. We are also a more insular society, with less feeling of community. In this situation, it is possible that hospices might find it harder to attract people to volunteering in the future.

Engaging Volunteers

The requirements of volunteers is something that hospices must take into account. In the report *Volunteering in UK Hospices: Looking to the Future* it was noted that:

“In comparison to other industries, hospices would appear to be at the top end in terms of volunteer management practice. However, there is a need to guard against complacency. Despite the fact that the vast majority of volunteers appear to be satisfied with their experience, a minority do have criticisms which deserve to be listened to by hospices.” (Davis Smith, 2004)

Criticisms cited by volunteers at that time included poor organisation, not being valued, and being out of pocket as a result of volunteering. VSMs are aware of these criticisms and are constantly striving to improve their practice. In the *Sharing Good Practice* sample the VSMs were consistently engaged with evaluating their work and responding to feedback from volunteers and staff to develop their practice; there was certainly no evidence of complacency.

The Volunteer Route

The volunteer route is different for each organisation but marked by the key stages of application, recruitment, induction, training, appraisal, and continuing development. These are usually managed by the VSM with assistance from the Human Resources Department and other organisational departments.

Interviewees continually stressed the importance of flexibility and responsiveness in relationship to every stage of the volunteer route. Some VSMs found it helpful to have an informal meeting with prospective volunteers before their application, while others preferred to wait for the formal application. VSMs were keen to do whatever suited applicants the best and were quick to change their practice when necessary. The decision about where a volunteer is placed within the organisation is typically made jointly between the VSM and the volunteer. VSMs frequently noted that

they wished to provide more diverse roles for volunteers but felt that they needed more time and resources to develop such roles.

Volunteer induction sessions are usually provided at regular intervals and often include presentations by a number of managers from the Senior Management Team. A third of VSMs noted that their organisation held joint induction or other training sessions for both volunteers and staff, with the majority of these being introduced since 2005. They felt that this sent an important message to new volunteers, staff, and everyone in the organisation: the message being that volunteers are central to the running of the organisation rather than an 'add on' group of helpers. Receiving organisational information and having access to an official notice board also reinforce the message that volunteers are appreciated and acknowledged by the organisation.

Integrating Volunteers into The Team

How volunteers are regarded by the organisation is crucial to the development of volunteering. The integration of volunteers into the organisational team, in other words 'buy-in', was raised as an issue in the earlier research, but it is now a central concern for the majority of VSMs in the current research. The importance of volunteers being 'owned' by the organisation is a critical one; without it volunteers are marginal and cannot be developed.

The majority of VSMs take the view that the organisational team consisted of both paid and voluntary workers, and in this capacity volunteers have both rights and responsibilities. However, there is a disinclination to say this overtly due to concerns about legal status and employment law. While hospices avoid 'volunteer contracts' they often outline volunteer responsibilities in their volunteer handbook or other materials produced. Volunteers usually respond well to such information as it reinforces their commitment to the cause and demonstrates that they are formally recognised by the organisation. VSMs who work closely with HR managers tend to be less anxious about these employment issues as they are often more involved with the broader organisational framework.

Volunteers readily grasped this concept of the staff and volunteers working together for a common purpose, but staff often had to adjust to this idea. Paid staff need support and education in this area if they in turn are to support the development of volunteers. The training of staff to understand the contribution and broader role of volunteers is important, and it is difficult to see how VSMs can further develop volunteer roles without increased staff support.

VSMs are keen to establish that volunteers are not their volunteers, but rather volunteers of the organisation. As a result of this, responsibility for managing the contribution of the volunteers is shared between the VSM and the paid staff. In this situation the staff are then more likely to regard the volunteers as part of the team rather than being a separate group. When volunteers are viewed as integral to the organisation rather than an 'additional group' the VSM is also more likely to be seen in this context too.

VSMs said that it was often the staff that needed more education in this respect. It can be forgotten that both staff and volunteers have to be introduced to the organisation and its philosophy. As described earlier, several VSMs recommended shared induction sessions for staff and volunteers so that they could see first hand the philosophy working in action. The ongoing nature of this goal was emphasised by VSMs who pointed out that staff and volunteer turnover meant that the process of educating new members should be continuous.

Criminal Record Bureau (CRB) Checks

There has been much discussion about the bureaucracy of volunteering and how this may deter individuals from volunteering. VSMs were keen to make the process as smooth as possible but said that when they explained the reason for the CRB forms volunteers recognised why such checks were in place. Two VSMs mentioned that the CRB check was problematic for asylum seekers or others who had not lived in the UK as they did not have a recognised UK address for 5 years, so this could restrict the roles they could perform. In the CRB Guidance for Volunteering issued by the Office of the Third Sector in June 2008 there is some discussion of the issues that may be problematic for refugees and asylum seekers. This is a complex issue and one that still needs more practical assistance to resolve.

VSMs are keen to keep their systems efficient, responsive, and transparent, but they also have a responsibility to their organisation to ensure volunteers are reliable and 'of sound character'. The important issue for VSMs is to inform volunteers of the system so they understand why the application system is in place and where they are processed, and why CRB checks are necessary. By being open with volunteers VSMs found that frustration with the system was largely diffused.

Volunteer Value

It is important that the financial costs and benefits of volunteers is recognised by hospices. In 2006 a pilot study to look at Volunteer Value was carried out by Help the Hospices and the Association of Voluntary Services Managers (Help the Hospices, 2006). Fifty-nine hospices participated in the survey. The results demonstrated that if hospices employed people to do the work undertaken by volunteers their costs would increase by over 20%. Following this Help the Hospices has published a VIVA toolkit document (Scott, 2007) to assist hospices to assess the volunteer value of their own organisation. The figures generated are useful not only because they help organisations compare their own systems with those of others, but it also helps in demonstrating the contribution of the Voluntary Services Department and the VSM role.

A number of the VSMs mentioned the Volunteer Value report and how this had encouraged them to calculate the expenses of volunteers as part of the process. Of course the results may be inconsistent if volunteer expenses are not recorded formally or if the expenses of only particular volunteers, for example drivers, are included. It is recognised good practice in volunteering to

reimburse volunteers for travel expenses and to have a system in place that administers this. The payment of expenses to volunteers is primarily designed to ensure that they are not 'out of pocket', and in particular those who have limited means are not prevented from offering their voluntary service.

The payment of expenses is usually covered during the induction session for volunteers. However, the majority of volunteers do not claim expenses, and prefer to see this as an additional contribution to hospice funds. While laudable, this creates a two-tier system with volunteers who do claim, the minority, and those who do not, the majority. A few VSMs did suggest that all volunteers should claim expenses, and then those who did not wish to keep the funds could donate them back to their hospice. As this means that a significant number of volunteers actually donate their expenses a number of hospices have maximised this contribution by using the Gift Aid scheme. The system has to be managed so that it conforms to HM Revenue and Customs guidelines, but it has been successful and volunteers who choose to do this are pleased that their own contribution is then increased.

The benefits of adopting this approach would be that it more accurately demonstrates the financial costs and benefits associated with volunteers, as well as eliminating what could be seen as a two-tier structure of volunteers, so that those who need or wish to keep their expenses would be able to do so privately. The downside of this solution is the increased workload for the VSM and/or Finance Officer.

Changes in Volunteering: The 'New Volunteer'

There are a number of developments in volunteering across the UK that are having an impact on the recruitment of volunteers into hospices. These present an opportunity for hospices and the VSMs to ensure they maintain a flow of volunteers who can continue to provide a valuable service.

The Emergence of the 'New Volunteer'

There is a growing acceptance that volunteering is changing from a 'classic' or traditional service model to a 'new' skills acquisition model. VSMs from hospices in large cities were more likely to comment on volunteers wishing to use their role to develop skills and then move into paid employment. VSMs are keen to engage in this process and support these volunteers. Being keenly aware of resource issues, VSMs noted that there had to be a balance between their investment in these individuals or particular groups, and the return provided by the volunteers themselves arising from this. The VSMs recognise the need for a significant 'start up' investment of time, and the resource implications of this. They are though generally positive about the benefits of having these volunteers, even when this adds to their workload.

While VSMs recognise that Government initiatives for involving more people into volunteering have played an important role in bringing young people into the voluntary sector, many felt that Government policy and research was inconsistent and confusing. The call for less bureaucracy was

considered particularly galling. It is interesting to note that a number of VSMS did comment that previous experience meant that they now paced themselves more wisely. If they already had several projects running at once they might decide to introduce other plans the following year. Trying to do too much at one time had been counterproductive in the past, and being open about the decision to delay an initiative is seen as better management than trying to proceed without adequate time or resource.

Categories of 'New Volunteer'

The majority of hospices have benefited from a new cohort of younger volunteers, 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 sustainable source of volunteers.

Hospices continue to have young volunteers who generally come from links with local schools, colleges and universities. As a result, young volunteers usually request explicit credit or recognition in order to contribute towards the achievement of their further or higher education. VSMS were keen to emphasise that they need to work with the 'new' volunteers to support them in their roles. The experience of having young volunteers in the hospice is positive. There is also the additional bonus that young volunteers tend to be more diverse than more established volunteers. More volunteers that are male or from black and minority ethnic communities often came from this group, and some hospices report a snowball effect with increased diversity attracting further diversity.

A minority of VSMS mentioned another 'new' group of volunteers, ie those in full time work over 30yrs of age. The main motivation of this group is that they want to use their leisure time more productively. They are not generally interested in learning new skills, but rather want another environment in which to contribute. VSMS noted that this group can often offer specific skills from their occupational repertoire, if the environment allowed. A number of VSMS noted that there is a fine line between promoting opportunities for volunteers and overselling the possibilities available in hospices. As a result they are aware that they may have to manage the expectations of some volunteers.

Impact of the 'New Volunteer'

The research for this report suggests that the overall impact on hospices of the changes outlined above is varied. A minority of interviewees (25%) said that in their experience volunteers had not changed significantly over the last 5 years. The majority of VSMS (75%) said that volunteers are changing, but about half of these felt that the change was a gradual one rather than a dramatic one. The most significant change that has occurred is that there are more young volunteers (16–25 yrs) now than there were in 2003, but other than that change, the pool of volunteers is similar to before.

When VSMS were asked about how 'new volunteers' differed from more established volunteers, the majority of VSMS said that they could not generalise. However, some VSMS suggested that newer volunteers are more flexible, while more established volunteers are more reliable and better at recognising the limits of their responsibility.

Changes in Volunteering: Diversity

The lack of diversity of hospice volunteers was a key issue raised in the report *Volunteering in UK Hospices: Looking to the Future*, where two main groups, men and people from black and minority ethnic communities, were noted as being under-represented.

Factors affecting Diversity

Ensuring the diversity of a pool of volunteers is not an easy issue to resolve, as it is partly a function of the position and role of the hospice in the wider community. If the hospice serves a diverse population, then its pool of volunteers is likely to be derived from that population. However, there are a number of factors that contribute to the diversity of hospice users: location, accessibility, differing health needs, cultural attitudes, social exclusion, education, and knowledge of the existence of hospices.

This inevitably affects the volunteers working for hospices. A significant number of volunteers come into contact with the hospice when a relative or friend uses the service. Due to their positive experience of the hospice, they tend to emphasise the value of the hospice within their own social groups. This can over time increase the demand for hospice services amongst these groups, thereby perpetuating the current composition of hospice patients and the volunteer population.

In the same way that concentration of usage of the hospice by particular social groups reinforces the status quo, the process of increasing diversity in one area of the hospice (be it through patients, staff, or volunteers) could have an impact on other areas, and in effect act as a multiplier effect. Increasing diversity in one area of activity can therefore spread throughout the organisation.

Initiatives on Diversity

VSMS are keen to diversify their volunteer base but have limited resources to support this work. Different hospices have different approaches to these issues. Some focus on outreach work so that the hospice is seen to be in contact with a range of community projects. Others work with local organisations to bring new volunteers into the field. Both routes seem to work well, but the point was made that these initiatives take up a lot of time, and the results are evolving and long term rather than immediate. Maintaining such links are important, but they may be fragile and can fall into abeyance with staff changes or restructuring.

The VSMS are frequently involved with local networks for various community projects, covering people with special needs, projects involving people from black and minority ethnic communities, and

initiatives so that they can promote the organisation and its role within the community. Establishing and maintaining the recognition of the hospice by all groups is an important factor. Some VSMS do this work on their own initiative, while others do it within the context of a specified hospice strategy so that it is recognised and supported explicitly by the organisation. VSMS who operated within this structure felt they had more support and were working on a broader remit to bring diversity to the whole hospice, including patients and staff, rather than just one group, the volunteers.

A number of hospices included a session on diversity as part of their induction for staff and volunteers, but the majority did not. The decision on whether to do so was not taken lightly. VSMS are having to balance the need for an efficient induction that covers the main issues for volunteers at the present time. Those that did include a session on diversity felt it was vital that staff and volunteers understood why diversity is important to the organisation, and why they were actively engaged in increasing diversity. Addressing diversity through the volunteer route alone was felt to be less effective and left the VSM in an isolated position.

The majority of VSMS commented that involving younger volunteers had increased diversity, in that the younger groups included more men and volunteers from black and minority ethnic groups. A number of VSMS have also actively recruited volunteers with special needs. This has worked well, but the VSMS involved in this did stress that they had to prepare the ground with other staff and volunteers. Again the resource issues need to be acknowledged and addressed.

Increasing the Diversity of Hospice Volunteers

While the majority of hospice volunteers remain female, white, and over 55 years old, this is changing and VSMS are working hard to expand their pool of volunteers. VSMS need support in this area and reassurance that their work is being noted. Maintaining and growing the volunteer pool is the responsibility of the organisation as a whole, not just the VSM on their own.

Diversity is an area where VSMS need further support and resources if they are to make significant progress. Again this issue highlights the importance of the VSM being regarded as a key member of the organisational team. Within this inclusive structure diversity can be looked at across the organisation rather than in isolation. Being part of the management team ensures that the VSM is part of the discussions about diversity for the whole organisation, and is not trying to tackle this area on their own. Help the Hospices have launched various initiatives to promote access to palliative care services including the *Access for All* and *Widening Access* projects (reports by MacNair, 2006 and Gunaratnam, 2006).

Summary

- 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.

4 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.

Changes for VSMS

Changes within Hospices

VSMS recognise that hospices are evolving and developing. When interviewees were asked what they considered to be the key challenges currently facing VSMS today, two key themes emerged: how volunteers are embedded into the organisational structure, and how the volunteer services and human resources strands or departments work together. This suggests that the VSMS recognise that the current differentiation of staff and volunteers may become less distinct.

Some volunteers, and staff, can be resistant to change, but VSMS felt that good communication could improve the situation. In addition, it is very important to have the resources to manage the change effectively. It was particularly beneficial if VSMS were involved with the organisation's strategic plans at an early stage, so that they could assist in planning how volunteers could be involved in the changes being made in their hospice.

Changes in Volunteering

The VSMS recognised that the changing demographics of retirement would have a significant impact on volunteering. As more people in the population reach retirement age, and live a longer retirement, there would be increasing demand for volunteering. There are two ways this affects potential older volunteers: as service providers and as service users. Firstly, the ageing population itself will require more services and for longer, and much of these will have to be provided by volunteers. This ageing population will also be seeking ways to utilise their free time after retirement to provide voluntary services.

At the same time there is increased competition for volunteers from a wide range of organisations. Many of these organisations are taking on roles that were traditionally undertaken by public services. In fact the distinction between public and volunteer services is becoming more blurred. In addition, there is also increasing demand from younger people to take active volunteering roles, ie the 'new volunteer'.

The changes discussed above mean that there is a problem in basing future voluntary services on the previous profile of volunteers. Different types of people will be offering their services voluntarily, and it

might well be that a much more flexible approach to utilising volunteers will be required. Specialisation, and consequently even volunteer outsourcing, might be an increasing development, with volunteers providing their specific skills to a range of volunteer services, rather than being a generalist in one particular volunteering environment (which might have difficulties in harnessing the skills that are being offered). For example, volunteers might provide a volunteer-based logistics service serving a number of charities rather than a single one, leading to the collection of clothes donation bags that are then sorted and distributed centrally. This would reflect developments in transport and logistics that have to respond to economic and environmental pressures. Already some hospices share resources to improve their efficiency.

There will always be a fine line between efficiency and alienating volunteers, who mainly wish to volunteer services to a specific hospice for a particular personal reason. It is likely that there will still be a core group of volunteers who view a particular hospice as their focus. Nonetheless, as with the 'new volunteer', a 'new voluntary services' model might also emerge.

Recent Reports and their Relevance

Hospices are rightly proud of their volunteer history and their use of the volunteer resource. Three recent reports on volunteering and how it should be developed add to our understanding and place hospice volunteering into a broader context. These reports, all published in 2008, are *Manifesto for Change* from the Commission on the Future of Volunteering; *Volunteering in the Public Services: Health and Social Care* by Baroness Julia Neuberger; and *Management matters: a national survey of volunteer management capacity* from the Institute for Volunteering Research. Hospice volunteering has been at the forefront of volunteer development so it is to be expected that the issues discussed in these three reports have already been identified by hospice VSMs as important ones.

Manifesto for Change

This report was published in January 2008 by The Commission on the Future of Volunteering, which was established in 2006. It heard evidence from 1,190 people and organisations, and examined the opportunities and challenges for volunteering over the next ten years.

The Commission suggests that the government can best support volunteering by adopting a position of 'non-interference' and by resisting developing new initiatives. Instead it suggests that the government should provide additional support to promote volunteering in a variety of ways. The Commission makes six detailed recommendations:

- 1 Raising the profile of volunteering by having volunteering champions and enhancing volunteering promotional events.
- 2 Making volunteering open to all by establishing an *Access to Volunteering Fund*, removing obstacles to volunteering, and extending employer-supported volunteering.

- 3 Modernisation of volunteering by modernising the volunteering infrastructure and volunteer-involving organisations.
- 4 Reward and recognition for volunteers and volunteering by developing new mechanisms that are attuned to the diversity of factors that motivate volunteers.
- 5 Training for volunteers, volunteer managers, and public sector staff.
- 6 The contribution of Government to act as a facilitator by taking responsibility for volunteering, considering the role of regulators, and making a specific commitment to the Compact and Volunteering Code of Practice and monitoring their implementation.

All of these recommendations are relevant to this *Sharing Good Practice* report. However, the recommendations about reviewing the volunteering infrastructure, raising the profile of volunteering and the training of VSMs, their volunteers and staff are the most pertinent. The findings of the Commission will be no surprise to VSMs working in palliative care as they support and validate their concerns.

In this project VSMs have consistently raised the issue of staff training with regard to volunteering, and how important it is for staff to understand that volunteers are part of the organisational team. VSMs are actively involved with formal and informal channels to support volunteers, and many are involved with local initiatives and/or champions.

Volunteering in the Public Services: Health and Social Care

This report was published in March 2008 by Baroness Julia Neuberger, Chair of the Commission on the Future of Volunteering, in her role as the Government's Volunteering Champion. In this report the author underlines the fact that while volunteering is an important way to put people at the heart of a service, as she says "It is in no way about services being provided on the cheap".

When discussing the expansion of volunteering in the area of health and social care, Baroness Neuberger suggests that services users would be particularly helpful as volunteers, as they have their own experience to refer to. This is an interesting point to those working with hospice volunteers, many of whom have often come into volunteering through family or personal links. Again this is an area where hospice volunteering is a leader in the field, although as discussed previously, these types of links can maintain the status quo by reinforcing the current profile of volunteers.

Management matters: a national survey of volunteer management capacity

This report was published by the Institute of Volunteer Research in April 2008. This study was based on telephone interviews with 1,382 managers of volunteers, and therefore provides a large scale survey of issues in volunteer management.

The key issues raised by the research were the lack of funding and support for volunteers and volunteer managers; the lack of training opportunities on volunteer management; and an acknowledgement that the capacity of organisations to involve more volunteers may be limited.

However, the authors do caution that their conclusions mask considerable differences between organisations: “There is no one model of volunteer management and no one way of developing and implementing good practice. Further, what works in one organisation may not work in another.” (Machin and Ellis Paine, 2008).

The three reports listed above should be considered as they provide further support to the concerns raised by the VSMS in this research. It is encouraging to find such a clear and consistent view. This should assist efforts to continue the development of VSMS.

Summary

- 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.

5 Conclusions and Recommendations

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. As can be seen by the account provided above, there are many aspects to the role, and it is one that has become more important in the last five years, and will continue this trend into the future.

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.

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Appendices

- Project Briefing Note
- Interview Schedule

Sharing Good Practice: The Management of Hospice Volunteering

Project Briefing Note

Introduction to the Project

In the Help the Hospices 2004 Report, 'Volunteering in UK Hospices: Looking to the Future', a number of key issues were highlighted as needing further development to maintain the high standard of volunteer management and development that has been recognised in the past.

This project, *Sharing Good Practice: Hospice Volunteering*, is being undertaken by Dr Anne-Marie Barron. It will focus on Voluntary Service Managers/Coordinators and the good practice that is already in place. It is widely recognised that the role of the Voluntary Service Manager/Coordinator is a complex and challenging one and it is hoped that this project will support them in their work.

We will be contacting a number of Voluntary Service Managers/Coordinators to participate in the work and very much hope that they will agree to be interviewed for the project. The interviews will focus on examples of good practice relating to how they have responded to the following challenges:

- 1 The changing nature of volunteering, which is moving away from a traditional service model to a development model. Younger volunteers have more expectations about learning new skills and using these in their paid employment.
- 2 Promoting flexibility in volunteering practice. It can be a challenge to balance this requirement with formal procedures (recruitment, CRB checks etc).
- 3 Engaging with volunteers from diverse groups: how managers/coordinators have engaged with men, young people, and people from black and minority ethnic communities.
- 4 Contributing to the management structure of the organisation.

The Project Report will outline strategies that have been helpful in responding to the challenges listed above, and will also identify other issues raised by Voluntary Services Managers/Coordinators.

Project Schedule

<p>The <i>Sharing Good Practice: Hospice Volunteering</i> project report will be published in Summer 2008 and will be made available to all interested parties.</p>	Stage 1 May 07 - July 07	Literature search/review
		Develop and revise interview schedule
		Pilot interviews
	Stage 2 July 07 - Feb 08	Research interviews
		Collation of research
		Initial coding of data
	Stage 3 Feb 08 - May 08	Systematic coding and analysis
		Identify key themes and issues
		Publish Project Report

Thank you for your interest in the project.

Sharing Good Practice: The Management of Hospice Volunteering Interview Schedule

1. Setting the scene, your experience, management responsibility

Your own experience of managing volunteers, career path, VSM title.

Key skills that the VSM has to have.

Support in your role by organisation/Professional Body.

As the volunteer manager/coordinator, how do you contribute to the management structure of the organisation?

2. The volunteer route

Recruitment policy (formal and informal procedures: advertising, application, interview, CRB checks etc).

Allocation of volunteer roles (shop/admin/driving etc).

Volunteer agreements, welcome pack, letter, reviews, further opportunities, grants etc.

3. Are your volunteers changing?

It has been suggested that volunteers are moving away from a traditional service model to a development model with expectations about learning new skills and using these in their paid employment. Is this your experience?

Long serving/regular volunteers versus episodic volunteers – main issues/differences?

4. What do you consider the most important challenges currently facing VSMs?

5. Current initiatives: towards flexibility and diversity

Examples of policies that have worked for you or others in the field.

Lessons learnt, areas to avoid.

Training structure; how to cover all topics in manageable timescale (shared sessions).

How to reach men, young people, and people from black and minority ethnic communities.

6. Other Issues

Please raise any matters that you consider to be important in this area that we have not covered.

Thank you for your contribution to the Sharing Good Practice Project, your time has been much appreciated.

I will send you a copy of the report when it is produced in the summer of 2008.