Volunteering and health: good practice case studies

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Institute for Volunteering Research

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Contents

1. Executive Summary

This report presents a number of case studies that reinforce the benefits of volunteering in health, public health and social care, and provide examples of good volunteering practice. By increasing the access to information and best practice, decision makers, commissioners and providers of health and social care will be encouraged to develop a more strategic approach towards volunteering.

The case studies are based on interviews with volunteers and key members of staff as well as secondary literature. The case studies were selected to illustrate one of the vision's four themes: leadership; partnership; commissioning; and volunteer support.

The case studies demonstrate a number of key lessons for organisations associated with volunteering in health and social care, which can build on existing good practice to help create an environment that promotes and supports the multiple benefits of volunteering:

- Leaders should find ways to promote and support volunteering, enabling people to become active participants in developing services rather than passive recipients;
- Organisations should work together to create a more integrated approach that better meets the needs of target audiences;
- Commissioners should recognise the valuable role voluntary and community organisations and volunteering can play in developing more integrated services;
- Volunteers should be well supported and appropriately appreciated to ensure that their motivations and needs are met so that they can effectively carry out their role;
- The use of technology and the involvement of volunteers has the potential to develop new and alternative ways of delivering services that are cost effective and drive up productivity and quality.

This, and earlier work by IVR that examines the benefits of volunteering, is an important step in helping to realise the Department of Health's strategic vision for volunteering.

2. Introduction

On 17 October 2011, the Minister for Care Services, Paul Burstow, launched the Department of Health's (DH) refreshed vision for volunteering[1]. The vision presented a number of examples of good volunteering practice that demonstrate the benefits to the health and well-being of both volunteers and service users, and how volunteer programmes can help build greater capacity within communities. The vision included a plan of action to address barriers to volunteering, outlining how DH will work with stakeholders to develop the evidence base relating to the value of volunteer involvement in health, public health and social care, and facilitate improved access to information and good practice.

This report brings together a number of case studies that supplement in greater detail the good practice examples presented in DH's vision, illustrating ways in which volunteering is being successfully promoted and supported within the health and care sectors. This is an important stage in realising the ambitions of the vision. The information presented supports DH's vision in providing decision makers and commissioners of health and social care the tools and data needed to achieve a more informed stance on volunteering. This will help in promoting a more strategic approach, leading to the necessary investment that will deliver longer-term benefits to individuals, the organisation and wider society. The report builds on a literature review[2] conducted by IVR that provides a background to volunteering and health and signposts leaders and practitioners to research that can help inform their own decision making around volunteering initiatives.

The case studies presented in this report cover the fields of health, public health and social care, further informing the vision's four strategic themes: leadership, partnership, commissioning, and volunteer support. Each case study outlines how the volunteering initiative was set up and developed, its impact and the key lessons learned.

Summaries of the following seven case studies are presented in section four with a more detailed analysis provided in Appendix A:

- Early Presentation of Cancer Symptoms, North East Lincolnshire Care Trust Plus (leadership)
- Hull Churches Home from Hospital (leadership)
- Sydenham Garden (partnership)
- Seafaring Link, Community Network (partnership)
- Time 2 Trade, Sandwell PCT (commissioning)
- Ask Brook, Brook (volunteer support)

[1] Department of Health (2011) *Social action for health and well-being: building co-operative communities. Department of Health strategic vision for volunteering.*

[2] Paylor, J. (2011) *Volunteering and health: evidence of impact and implications for policy and practice*. London: Institute for Volunteering Research

- The Blackburn and District Kidney Support Group (volunteer support)

Section five summarises the key findings to emerge from the case studies and concludes by outlining a number of key points that can help inform the development of volunteering within health, social care and public health.

3. Methodology

3.1. Selecting the cases

During extensive consultation with volunteer-involving organisations and their representatives, including the establishment of a volunteering network, DH collected numerous examples of good volunteering practice. Some of the best examples were showcased in the vision itself. Selected examples were further reviewed by DH, with the support of IVR, to identify the cases. This was based on their locality, specific field, innovative approach, and relevance to one of the vision's four strategic themes.

3.2. Methods

The fieldwork was undertaken between July 2011 and September 2011. Semi structured interviews were conducted with one or two key members of staff and one or two volunteers. Interviews generally lasted one hour and were either face-to-face or via the telephone. Data from the interviews was supplemented by literature on the organisation and project.

4. Summary of findings

This section provides a summary of each of the seven case studies. Detailed findings can be found in Appendix A.

4.1. Early Presentation of Cancer Symptoms

North East Lincolnshire Care Trust Plus (NELCTP) has taken a leading role in promoting volunteering and volunteer-led services, developing a number of innovative programmes that recognise and build on the assets and strengths that exist amongst service users and the local community. One of these is Early Presentation of Cancer Symptoms (EPOCS): a community-led programme that aims to reduce cancer mortality rates. The programme is run by four teams of local volunteers who work across deprived communities in North East Lincolnshire. The teams undertake research to help gather an understanding of the local community needs. They use this knowledge to develop social marketing tools that raise awareness of the signs and symptoms of cancer and encourage earlier presentation. The teams also make direct links with local services to ensure the bridge they help build between hard-to-reach groups and service providers is connected.

The programme has helped increase awareness of cancer symptoms as well as referrals for suspected cancers. Key achievements include:

- 50 per cent increase in bowel cancer two week referrals;
- 67 per cent increase in prostate cancer two week referrals;
- 25 per cent increase in gynaecological cancer two week referrals.

To inspire others to support volunteering and to share learning, NETCTP has developed a dissemination strategy where the work and successes of the programme have been shared with other organisations.

4.2. Hull Churches Home from Hospital

Hull Churches Home from Hospital (HFH) has played an active role in developing new ways of involving volunteers and tapping into the potential that exists within local communities. St Cuthbert's Church established the charity in 1995 to support adult patients who faced difficulties when discharged from hospital. Volunteers were central to setting up this 'Adult Re-ablement' service and continue to play a vital role in providing social and practical support to adult patients who have little or no local support network.

Following the initial success of the Adult Re-ablement service, HFH expanded its services and developed a number of different schemes. These include support services for carers, families of cancer patients, and patients with

chronic heart failure, chronic obstructive pulmonary disease, and diabetes. The number of volunteers is increasing and there are currently 82 involved – many of whom are drawn from outside St Cuthbert's congregation. Over the past eighteen years, the volunteers have provided support to over 1,600 people. Notably, the readmission rates for patients who have received the re-ablement service is three times lower than the national average for that group.

4.3. Sydenham Garden

Sydenham Garden is a local charity which provides horticultural and art therapy to people experiencing mental health illness and physical disability. A GP and group of local residents voluntarily set up the garden in 2002 to create a facility that would offer an alternative to conventional clinical intervention. It became a registered charity in 2004. Volunteers remain at the heart of the organisation; 42 people currently volunteer by facilitating horticultural sessions and art classes as well as helping staff to run the charity.

Sydenham Garden now has links with 30 community organisations and health sector agencies that refer patients to them. This has helped create an integrated approach where people who experience mental and physical health problems engage with members of the local community. Patients referred to Sydenham Garden, known as 'co-workers', have demonstrated reductions in stress and a notable improvement in well-being.

4.4. Seafarers Link

Seafarers Link is a telephone befriending project the social enterprise Community Network set up to combat feelings of isolation amongst retired seafarers. Community Network has established eight telephone befriending groups across the UK. Members of the groups connect once a week for an hour. Volunteers from within the seafaring community facilitate the groups by organising and facilitating the phone calls. Members of the groups have benefited by building connections with those who have similar backgrounds and by developing a network of support. Volunteers have also benefited from gaining a sense of purpose and keeping active and engaged with life. One facilitator, for instance, who had never volunteered before, now also volunteers by giving presentations on seafaring at care homes.

With little previous knowledge of and contact with the seafaring community, Community Network had to establish partnerships with organisations within the seafaring and maritime sector. These partnerships were vital in identifying and recruiting seafarers to take part in the telephone groups. Staff are also seeking to expand the project by collaborating with NHS trusts and GP practices. It is hoped that this will create a more joined approach whereby relevant patients can be referred to Seafarers Link and members of Seafarers Link can be directed to appropriate services.

4.5. Time 2 Trade

Time 2 Trade is a Timebank funded by Sandwell PCT. Over 200 residents and 20 organisations from the local area are members of the Timebank – all of whom can exchange an hour of their time/resource for an hour of another member's time/resource. Members offer various skills and services, ranging from gardening and decorating to youth work and child care. More than 34,000 hours have been traded since Time 2 Trade has been recording its activity. Individual members have benefited from keeping active and gaining a sense of purpose as well as building a network of support that they can draw on in times of need. Organisations have benefited from developing links with other agencies and increasing their capacity through sharing resources.

Sandwell PCT's support has been central to Time 2 Trade's success, allowing the Timebank to develop over a significant period of time and to remain focused on its goals. The PCT has also benefited from the close working partnership that has developed. Through Time 2 Trade's connection with the local community, the PCT has been able to involve the local people in the design and delivery of its services and provide healthy lifestyle 'nudges' to the community. For example, as part of the PCT's healthy eating campaign, Eatwell, members can use credits to buy food from one of Eatwell's associated cafes. Members also measure the quality of the service and feed information back to the PCT to help improve its provision.

4.6. Ask Brook

The Ask Brook volunteer programme is run by Brook, a sexual health charity that provides support and advice to young people under the age of 25. Volunteers respond to online enquiries and mobile phone text enquiries from their peers. They provide details about sexual health services in local areas as well as basic information and support on a range of sexual health topics. Since the start of the programme, Ask Brook has recruited 20 volunteers aged between 16-24 of mixed gender and ethnicity. The volunteers have helped increase the number of service users that Ask Brook engage with and enhance the quality and responsiveness of the service. Despite the increase in users, Ask Brook has consistently met its three key performance indicators:

1. Call strike rate of 80 per cent;
2. Replying to online messages within three working days;
3. Answering instant texts within one working day.

Volunteers have also benefited from developing their skills and building their confidence. Three quarters of the volunteers recruited when the programme was first launched have moved into paid positions within Ask Brook.

Ask Brook's volunteer management and support has been vital to this success. Given the sensitive and confidential nature of the role, each volunteer completes an application form and undertakes an informal interview

and CRB check. Ask Brook use the application process as a way to establish the volunteer's needs and interests, allowing them to tailor activities to individual circumstances. While thorough, Ask Brook aims to keep the application process informal and avoids unnecessary bureaucratic barriers to ensure that volunteers are not discouraged.

Once recruited, volunteers attend a four day training programme which is followed by a four to five week induction period. Volunteers also receive ongoing support from a volunteer co-coordinator and Ask Brook staff members who act as 'mentors'. These mechanisms and procedures help ensure that volunteers feel valued and supported and that they are able to carry out their role effectively and safely. Ask Brook staff are however wary of not being overbearing and attempt to give volunteers a sense of autonomy and responsibility to facilitate their personal development.

4.7. Blackburn and District Kidney Support Group

The Blackburn and District Kidney Support Group is a small voluntary group run by nine volunteers who are either kidney patients or carers of patients. The group organises open meetings and provides a listening service for patients and their carers to raise awareness of kidney disease and related issues. The group has helped bridge the gap between statutory services and hard-to-reach groups, helping patients and their carers to make more informed decisions about how to manage their condition. Volunteers have benefited from developing their skills and gaining a positive perspective about their own experience of kidney disease.

The group adopts an informal but supportive approach to the management and support of volunteers. Volunteers are recruited by the organisation through existing peer networks and events. They have an informal conversation with the chair and are not required to go through a formal application process. Volunteer roles and responsibilities are designed to match individual preferences and skills, and activities are allocated accordingly. Volunteers are supported by their peers, and challenges are resolved at committee meetings. Volunteers have received training in areas including listening and presenting skills, although it is not compulsory, again reflecting the informal nature of the organisation.

5. Conclusions

The case studies presented in this report highlight the value of volunteer involvement in health, pubic health and social care. They demonstrate how volunteers can bring special qualities and fresh perspectives that help to develop interventions and services that are people centred and responsive to the needs of local people. Furthermore, particularly where peer support is nurtured, initiatives have shown how volunteers can contribute towards prevention strategies and possibly offset the need to provide costly service provision.

The case studies also reveal the multiple benefits for volunteers themselves, including learning new skills and information, meeting new people, developing a sense of purpose, and keeping active in life. As the Seafarers Link project highlighted, such benefits are particularly valuable for the well-being of older people experiencing social isolation.

One of the key points to emerge when undertaking the research, which is difficult to convey in a written report, was the enthusiasm and commitment of the volunteers. Volunteers spoke passionately about their involvement and it was clear they contributed an enormous amount of effort.

The case studies were not designed to comprehensively cover all aspects of volunteering within health, public health and social care. Nevertheless, they illustrate a number of key points which can direct how to move forward and facilitate this passion and create an environment that promotes and supports the multiple impacts of volunteering.

Firstly, there needs to be organisations and people at the local level to lead the cause to promote and support volunteering. As Early Presentation of Cancer Symptoms and Hull Churches Home from Hospital demonstrated, this involves leaders recognising the potential assets and strengths that exist amongst service users and wider communities, and finding ways to enable people to become active participants in developing services rather than passive recipients. Furthermore, it requires leaders to share learning and inspire others to support volunteering.

Secondly, to successfully set up and develop volunteering initiatives and to create a more integrated approach that better meets the needs of target audiences, agencies should attempt to develop partnerships and cross sector relationships. As highlighted by the Seafarers Link projected, to effectively do so, relationships should be based on trust, an understanding of the value of partnerships, a willingness to collaborate, and a shared vision.

Thirdly, commissioners should recognise the valuable role voluntary and community organisations and volunteering generally can play in the delivery of health and social care. Indeed, as the relationship between Sandwell PCT and Time 2 Trade demonstrated, commissioners should look towards such

organisations to develop more integrated services that have the potential to enhance service outcomes. In doing so, the model of commissioning should be appropriate to local and organisational context and not just based on piecemeal initiatives.

Fourthly, volunteers should be well supported and appreciated to ensure that their motivations and needs are met so that they can effectively carry out their role. This involves tailoring activities and opportunities to the individual's specific needs and desires; providing volunteers with an adequate level of training and support; putting in place procedures for recruiting and supporting volunteers that are proportionate to the specific activities being carried out; utilising different strategies that make volunteering accessible to a range of people and that engage hard-to-reach groups; and recognising and valuing the contribution of volunteers. As the Blackburn and District Kidney Support Group demonstrated, however, there is no one single approach to involving volunteers, and the mechanisms put in place to support volunteers should be tailored to the specific organisational context.

Finally, innovation is central to improving and developing services. As the case studies here have revealed, the use of technology and the involvement of volunteers has the potential to develop new and alternative ways of delivering services that are cost effective and drive up productivity and quality.

Appendix A: Detailed findings

This Appendix presents detailed findings from each of the seven case studies.

1. Early Presentation of Cancer Symptoms

Organisation: North East Lincolnshire Care Trust Plus (NELCTP)
Project: Early Presentation of Cancer Symptoms (EPOCS)
Area: Health
Strategic theme: Leadership
Location: North East Lincolnshire
Dates: Pilot 2007 to 2008; now a core part of NELCTP's work.
Funding: Initially funded through Neighbourhood Renewal Funding; now funded by NELCTP
Website: www.nelctp.nhs.uk

5.1. Background

NELCTP is responsible for the commissioning of health and adult social care services in North East Lincolnshire. It also manages the community health and adult social care staff who provide these services to local patients and service users.

Disadvantaged communities present later with suspected cancer symptoms and experience higher rates of cancer mortality. Recognising this, in 2007, NELCTP designed and implemented a community social marketing programme to increase early presentation of cancer symptoms amongst harder-to-reach populations. The programme involves teams of local volunteers ('Community Change Teams') who set out to enhance understanding of the needs of the local community, and to increase awareness of cancer symptoms by spreading targeted messages across a range of formats and settings such as buses, local media, supermarkets and public houses.

5.2. Strategic theme: leadership

NELCTP has a history of leading the development of innovative volunteering programmes. As well as EPOCS, they have established the Older People's Health and Wellbeing Programme, the Coronary Heart Disease Collaborative, and the Skin Health Collaborative. In all these programmes, NELCTP have attempted to build on the assets and strengths that exist amongst service

users and wider communities and find ways to implement co-production. This is an approach in which people who use services become active participants in developing their services, rather than passive recipients. NELCTP also developed an effective dissemination strategy to share the programme's successes and learning. This included a DVD of the EPOCS programme, which has been used at presentations to the Board, the steering group and other key players.

5.3. Programme set-up and development

Initial funding from the Neighbourhood Renewal Funding paid for planning and set-up, as well as a pilot programme. During the pilot, NELCTP worked with the social enterprise Unique Improvements to design and implement the programme. With their background in social marketing, Unique Improvements helped develop new and innovative interventions. At the same time, a steering group, consisting of health professionals and community volunteers, was set up to oversee and guide the programme.

NELCTP undertook research at the start of the programme to inform its development, including: an extensive review of previous programmes and best practice; an 'Experts on the Ground Event' which brought together 100 local service providers, staff and community members; discussions with key stakeholders; and analysis of public health data.

This research, and collaboration with the steering group, determined the focus and location of this project. This was five tumour sites (bowel, ovarian and cervical, oral, prostate) and four target neighbourhoods (Immingham, Cleethorpes, Hainton, Heneage and Park, and West Marsh). Following the pilot, the programme has been established as a core area of work within NELCTP.

5.4. Volunteer procedures

Within each of the four target neighbourhoods, local volunteers were recruited to form Community Change Teams. To do this, NELCTP utilised existing local networks and invited local community members to talks and events. Each team attended a workshop to develop the skills and knowledge needed to undertake their role. Training for the teams has continued throughout the programme, ensuring that they are supported and that their skills are continually developed.

5.5. What volunteers do

The Community Change Teams began their involvement by surveying local people to explore levels of social capital, symptom awareness and behavioural goals. This data helped programme planners understand the

specific needs of each community, enabling them to design appropriate interventions and to decide which cancer tumour should be the focus of which community.

As the programme progressed, the teams continued to play a central role in developing and implementing interventions. Efforts were made by the Cleethorpes team to reverse a local decline in smear test uptake by young women by developing radio commercials and materials such as emery boards and lip balms. Awareness of prostate cancer was raised at a Grimsby Town football match when the Hainton, Heneage and Park team handed out 1,250 wallet-sized information cards. And awareness of bowel cancer was raised amongst older people by the Immingham team's 'Bowel Cancer, Don't Sit on it' campaign which targeted groups at bingo halls using bingo dabbers and beer mats to spread the message.

> *"People have come back to me in the street and said 'I went to the Doctors after you spoke to me, just to get checked out', and it makes you feel really good about being able to make a difference."* - Community Change Team volunteer[3]

The teams continue to meet monthly to develop their understanding of their target group, adapt their approaches and develop new interventions. They also make direct links with local services, such as GP surgeries, to ensure the approach is joined-up and that people take action to present possible symptoms to a health professional.

5.6. Evaluation and impact

Every year, questionnaires measuring a range of outcomes are distributed across the different communities and target areas to assess the impact of the programme. Furthermore, on a monthly basis, two-week referral data is compared against a three-year aggregate baseline produced by the Diana Princess of Wales Hospital. Findings are shared across the Community Change Teams. This informs their planning and helps them understand the impact of their work.

External evaluations[4] of the project demonstrate its success in raising awareness of cancer symptoms and increasing rates of early presentation of cancer symptoms. Key findings from the annual pre/post questionnaire include:

- 8 per cent increase in people knowing who to contact for help within health and social care;

[3] North East Lincolnshire Care Trust Plus (2011) *Impact Report: Early Presentation of Cancer Symptoms.*
[4] North East Lincolnshire Care Trust Plus (2011) *Impact Report: Early Presentation of Cancer Symptoms.*

- 15 per cent increase in people feeling confident in identifying early symptoms of cancer;
- 11 per cent increase in reported willingness to act on symptoms;
- 8 per cent increase in people reporting they think they can help with changing attitudes and improving things in the area in which they live.

Key findings from the two-week referral data include:

- 50 per cent increase in bowel cancer two week wait referrals;
- 67 per cent increase in prostate cancer two week wait referrals;
- 25 per cent increase in gynaecological cancer two week wait referrals.

5.7. Lessons learned

The strengths of co-production
EPOCS model of community-led social marketing demonstrates the value of enabling service users and community members to become active participants in shaping and delivering services, rather than viewing them as passive recipients. The programme highlights that such co-production approaches have the potential to tap into perspectives not always accessible to professionals which in turn help to create services that are more responsive to local needs.

> *"We are ordinary people with no medical background, not used to having to put a message across, but we do and people are prepared to listen. It's different for the community, team members talk to people who talk to people – there is a big information exchange"* - Community Change Team volunteer[5]

Work closely with Community Change Teams
It is evident that teams have been provided with comprehensive support and training throughout the programme. Staff report that this has resulted in volunteers feeling empowered and confident enough to go out into the community and reach those people who may otherwise be excluded.

[5] North East Lincolnshire Care Trust Plus (2011) *Impact Report: Early Presentation of Cancer Symptoms.*

6. Hull Churches Home from Hospital

Organisation: Hull Churches Home from Hospital (HFH)
Projects: Adult Reablement; Families Together; Carer Support; GP Development; and Telehealth
Area: Health and social care
Strategic Theme: Leadership
Location: Hull
Dates: 1994 – present
Funding: Hull PCT, Hull City Social Services and donations from organisations and individuals
Website: hchfh.wordpress.com

6.1. Background

In the early 1990s the small city centre church of St. Cuthberts was concerned to widen its community involvement. With this in mind, volunteers from the church carried out a survey of residents in the immediate vicinity. The survey identified concerns regarding the high degree of difficulties experienced by older people being discharged from hospital. As a response to this finding, Hull Churches Home from Hospital was set up to provide a volunteer-staffed service for this group of people.

6.2. Programme set-up and development

The survey revealed that there was sufficient capacity for the project to be set up and run by volunteers. In 1995 the first volunteers were recruited and trained. Due to its initial success, HFH expanded its services and developed the Families Together project. This project provides practical, emotional and financial support to families where a parent is undergoing treatment for cancer. HFH then created The Carers Support Scheme. This initiative gives carers help in various ways, including befriending, sitting with the cared-for person and helping with benefits applications. Continuing its work to support carers, HFH set up the GP Development project. This helps GPs to identify people on the patient list who are carers and to target them for any additional attention they may need.

HFH's latest development is a pilot scheme to test Telehealth. Telehealth is a home-based electronic monitoring system for patients suffering from chronic heart failure, chronic obstructive pulmonary disease (COPD), diabetes, and high blood pressure. HFH's role is to introduce the equipment to the patient individually and support them in its use.

Through these various schemes, HFH has widened its cohort of volunteers, engaging people from churches across Hull as well as people of other faiths and no faith. Currently there are 82 volunteers and 14 members of staff amounting to 8 full time equivalents.

HFH could not function without the links it has generated with health and social care agencies who play a vital role in referring patients to HFH. These include community care services, Primary Care Trusts, MacMillian Cancer Relief, and Age UK.

In 2000 HFH became a Registered Charity.

6.3. Strategic theme: leadership

HFH provides a good example of a community group taking the lead in encouraging, promoting and supporting volunteering within public services and local communities. From its inception, volunteers have been at the heart HFH, helping to set up and run the project. HFH's management continue to recognise the strengths and assets of community members, finding new ways of involving volunteers in the delivery of services.

6.4. Volunteer procedures

HFH recruit volunteers on an on-going process. To do so, they utilise their links with the church community and other organisations, including the local CVS, Age UK and the university.

Given the sensitive nature of the voluntary activity, HFH undertakes a systematic volunteer selection procedure. Volunteers first attend an informal pre-interview to discuss the application. This is followed by a formal interview where the role description, training requirements and the necessary checks are discussed. The volunteer attends a final interview where they provide completed documentation including a CRB check and references.

Following the application procedure, volunteers then undertake their training which is conducted over several weeks. Volunteers first attend workshop programmes that cover Health and Safety, First Aid and Safeguarding. Volunteers then carry out a 'mini apprenticeship' with mentors who are themselves volunteers. Here volunteers compile their own portfolio of experience and can request further mentoring if they feel they need it.

The training is accredited to OCN/NVQ levels 2 and 3. Many volunteers have subsequently moved onto employment or higher education as a result of gaining certificates. The following quotes from volunteers suggest how the training helped them to progress:

"I have learned about boundaries and how to cope with ending – knowing when to talk and when to listen."

"Gave me confidence and insight into myself and helped me realise my strengths and weaknesses."

"I feel very confident about going further because of the mentoring relationship."

Once all the preliminary stages have been successfully completed, the volunteer will be paired with a client. The pairing is based on mutual suitability and the nature of the task.

Volunteers receive ongoing support from staff and have access to a Volunteer Handbook, quarterly newsletters and a comprehensive Information Pack which contains a code of conduct. Furthermore, there is recognition of the volunteers' work through social events such as the Christmas party.

6.5. What volunteers do

Adult Re-ablement
HFH's first venture, the Adult Re-ablement Service, offers 2-3 visits a week over a 6-8 week period to patients who live alone or with a frail partner and do not have much in the way of support networks when they are discharged from hospital. Volunteers undertake practical tasks like shopping, prescription collection, helping with welfare rights applications, changing compression stockings, and less tangibly, befriending and social support. More recently, HFH decided that as the Adult Service was as much about helping clients to gain independence and greater self esteem as it was to practical help, 'Re-ablement' was seen as a better description of its function and was incorporated into the title.

Ward staff at the hospital usually refer patients to the service. There is also a 24 hour self referral service available. Notably, no one offered the service at ward level has ever refused it.

Carers Support
HFH set up The Carers Support Scheme in 2004 to give practical and emotional support to carers looking after those with life limiting illnesses. Volunteers' provide a sitting service, befriending, help with welfare applications, days off for the carer, and social activities over an eight week period or longer as necessary.

The volunteers support plays a part in enhancing the quality of life for both the carer and the cared-for person. There is some feedback to suggest that relieving carer stress can reduce patient admission to hospital when carers feel they cannot cope.

The Carers Support Scheme has developed good working relationships across the local social and health services networks.

Families Together
Families Together came into being to offer specialist support to families where a parent with cancer is undergoing chemotherapy, radiotherapy or has had surgery.

Specially trained volunteers volunteer up to 12 weeks by giving practical help like transport and shopping, by playing with the children or just 'being there' for parents and children. The volunteers' help is highly valued by service users in knowing that disruption to the family is kept to the minimum. Initially funded by MacMillan, Families Together is now funded by the Primary Care Trust.

Telehealth
HFH was chosen to trial a pilot project to test the operation and viability of home based electronic monitoring of patients with chronic heart failure, COPD and diabetes. It is a partnership with Hull University, Hull City Council, East Yorkshire Hospitals NHS Trust, and NHS Hull. The equipment consists of a television screen and set top box, blood pressure cuff and scales. One hundred patients were recruited to the trial. Project staff are responsible for installation and instructing patients in how to use it. Volunteers help by following up queries about operating the equipment and give further support to users if they need it. Over the one year trial period, there has been a significant drop in the number of hospital re-admissions for this group. Volunteers have had a role in ensuring its smooth operation.

One carer stated*: "it's great...it's like having someone else caring for my husband. It takes the pressure of knowing he's being well looked after."*

Telehealth has been so successful that it is due for a national rollout in the near future.

6.6. Evaluation and impact

HFH has monitored the number of clients they have helped over the eighteen years of its existence. The most recent figures (2010) show:

Project	No of clients
Adult Reablement	1456
Carer Support	63
Families Together	20
Telehealth	c.100
GP Development	400 practices

A further measure of impact is the readmission rates: the percentage of patients who return to hospital within 28 days of discharge. Notably, the readmission rate for patients who received the Adult Re-ablement service is 11.7%; this is against a national average of 36.2% for this group.

HFH has received national recognition with the presentation of King's Fund Impact Award and the Queen's Award.

6.7. Lessons learned

Ensure volunteers are prepared for their role
The volunteers play a responsible role in caring for people who are all vulnerable to different degrees. HFH's thorough selection and training ensures the volunteers are prepared to carry out their role and the client is well supported and cared for.

Ensure volunteers are continually supported
Support of volunteers is crucial to effective delivery and must be readily available at all times. HFH achieves this by having easily accessible management and supervision processes in place. The training manager is always on hand if the need arises.

The importance of a strong and cohesive management structure
HFH has built up a comprehensive organisational structure in which a manager leads each of the projects and there is constant interaction between

them. HFH has been successful in recruiting high calibre staff with an impressive array of skills.

7. Sydenham Garden

Organisation: Sydenham Garden
Area: Public health and social care
Strategic theme: Partnership
Location: South London
Dates: 2008 – present
Funding: Big Lottery Fund, with additional funding from trusts and foundations and small donations from individuals and fund-raising events
Website: www.sydenhamgarden.org.uk

7.1. Background

Aware of the social isolation and low self-esteem experienced by many patients with mental health problems, a GP and a group of local people began to explore ways of providing opportunities for meaningful activity in a community setting. Sydenham Green Health Centre had already run successful weekly arts and crafts sessions for this group of patients and the opportunity to extend this facility to include horticultural therapy was taken. In 2002 the group was leased a neglected nature reserve by the local authority. Volunteers spent the following year clearing the site and turning it into a community garden suitable for horticultural therapy. Sydenham Garden was officially opened in 2005.

The Garden's aim is to 'promote the physical and mental health of the residents of the boroughs of Lewisham and Bromley', something that needed to be underpinned by partnership working from the start.

Patients and clients who are referred to the project are called 'co-workers', both to recognise their contribution and to reduce stigma. Volunteers work alongside co-workers and run horticultural sessions and art classes. Volunteers are also involved in the everyday running of the charity.

7.2. Programme set-up and development

Sydenham Garden was initially run entirely by volunteers from the local area with help from staff at the Health Centre. Once funding had been secured, the Garden was able to employ a team of six paid staff, led by a CEO. The volunteers are supported by the therapeutic garden worker.

In 2010 the Garden opened a new Resource Centre, a timber building which accommodates offices and a kitchen, and a space for arts and crafts sessions, training sessions, meetings, displays and other events. The majority of the £330,000 cost of the Centre was secured from the Big Lottery Fund, although numerous smaller donations were raised over a two year period.

The Garden aims to expand its current position as a provider of therapeutic activities, extend its partnership working, and strengthen its engagement in the community. A key aim for the future is for the Garden to become a mainstream social enterprise.

7.3. Strategic theme: partnership

Partnerships with other agencies have been crucial to the development of Sydenham Garden. Links have been established with 30 referring agencies, including doctors, community nurses, social workers and other local health professionals.

Strong links have also been forged with the community, something demonstrated through the high level of public participation in the Garden's regular calendar of events. Local businesses have also been actively involved. Local accountants and solicitors have provided pro bono support, and the Garden was chosen by Sainsbury as their local charity for 2011.

The Garden's partnerships have helped create a connected approach that has enabled people who experience mental and physical health problems to be referred directly to the Garden and ultimately engage with members of the local community. The staff felt this is a key way of reducing social exclusion among many of the Garden's beneficiaries.

7.4. Volunteer procedures

Sydenham Garden uses a range of recruitment methods, including: Voluntary Action Lewisham, the Do It website, its own website, and adverts in the monthly Volunteer News and the Newsletter. Leaflets advertising events are also regularly distributed door-to-door in the local area.

Volunteer recruitment begins with a would-be volunteer filling in an application form and visiting the Garden for an informal chat. This allows the individual to familiarise themselves with the project and provides an opportunity for staff to explore their motivations and skill set. If both parties are happy, an Enhanced CRB check is sought and two references are taken up. Once clearance is received, the volunteer is given a Volunteer Handbook and will receive an initial induction and training session, the content of which has been devised by the Maudesley Hospital.

Supervision is light-touch, with regular feedback sessions. If a volunteer leaves, an exit interview is conducted, although turnover is very low.

7.5. What volunteers do

Volunteers are recruited for formal hands-on work with co-workers or to serve in an informal ad hoc capacity. Twenty one people volunteer on a regular basis: seventeen as session volunteers and four in administration. Staff estimate that the time and expertise contributed by the formal volunteers amounts to between two and three full time staff and is worth around £60,000 p.a. Volunteers outnumber staff by a ratio of three to one.

On a weekly basis, the Garden offers five horticultural sessions. Around twelve co-workers attend each session and start the day with a tailor made plan jointly devised between themselves, staff and a small group of volunteers. They all work together throughout the session, preparing beds and harvesting fruits and vegetables.

Co-workers also attend art therapy classes, which are held twice a week and are run by volunteers. An array of paintings, felt craft work and photography has been produced, framed and in many cases sold at events throughout the year.

In addition to the horticultural and art sessions, informal volunteers, who are not able to contribute on a regular basis, provide support by helping to organise events, clearing sites, supplying goods for stalls, and undertaking fundraising activities. The Garden also has 200 Friends whose main role is fundraising.

The Garden has recently acquired a one acre allotment site, and co-workers and volunteers have been working to clear the ground. Once a month on a Saturday, people from the local community are invited ‘to just turn up’ to help to clear the site. The site has been found to contain a number of mature orchard trees, and a recent feasibility study has highlighted demand for locally grown, organic food. A three-year business plan has been drawn up, with the aim of establishing the Garden as a social enterprise.

7.6. Evaluation and impact

An evaluation of the work of the Garden carried out by the Institute of Psychiatry and NHS South East London in 2008-9 provides valuable evidence of its impact. It found that after only six months, a significant number of co-workers demonstrated reductions in distress, dropping from clinical to ‘normal’ levels, and showed notable improvements in their overall well-being. Volunteers were not included in the study.

When interviewed for this project, volunteers reported a wide range of positive benefits as a result of being involved. They described improvements in confidence and self-esteem, but also spoke of their involvement as being ‘calming’ and ‘enjoyable’, as well as allowing them to pursue an interest in

gardening. Several volunteers also reported professional benefits, such as supporting courses they were undertaking elsewhere.

In its short life, the Garden has won several awards, including Lewisham in Bloom Community Garden Award and Lewisham Council 'Make a Difference Award'.

7.7. Lessons learned

Developing preventative strategies
The Sydenham Garden model demonstrates how activities such as horticulture and art therapy can function as preventative strategies and potentially offset the need for more costly service provision. Community organisations and volunteers are well placed to facilitate such interventions and should be seen as a vital resource.

Offering a range of volunteering opportunities
Sydenham Garden provides a range of volunteering opportunities; some regular and formal, while others are more informal and on an ad hoc basis. The diversity of roles has meant that the Garden has been able to match activities to people's individual needs and interests, engage a large number of people, and tap into the assets and skills that exist within the community.

8. Seafarers Link

Organisation: Community Network
Project: Seafarers Link
Area: Social care
Strategic theme: Partnership
Location: UK-wide
Dates: 2008 – present
Funding: Grant from Maritime Charities Funding Group; this is supplemented by money generated by selling telephone conferencing
Website: www.community-network.org

8.1. Background

Community Network is a social enterprise that provides affordable conferencing calls for charities and voluntary organisations. They use the surplus profits gained from selling telephone conferencing to set up and run telephone befriending groups for older and disabled people around the UK. The groups aim to tackle social isolation by providing the opportunity for people to talk to others, share interests and make friends. Volunteers from within the target audience are recruited to facilitate the groups. In providing this opportunity, Community Network also aim to enhance the well-being of the volunteers.

Seafarers Link is one of Community Network's current telephone groups. The group was set up in 2008 in light of research carried out by Maritime Charities Funding Group (MCFG), which identified particularly high levels of isolation and depression amongst retired seafarers.

8.2. Programme set-up and development

Community Network obtained funding from MCFG to set up and develop Seafarers Link over a three-year period. Through MCGF contacts, Community Network were able to identify key agencies to work with in order to set up the befriending groups.

Community Network's links with these organisations provided the initial avenues needed to engage with the seafaring community. However, the process of identifying group members and setting up the first few groups was challenging and time consuming. This was due to the target groups' marginal and isolated position and Community Network's lack of knowledge and understanding of the seafaring community. To help overcome such difficulties, Community Network appointed a Project Officer from within the seafaring community to identify and contact potential group members. The Project Officer's knowledge of and close ties with the seafaring community has helped

the project progress with a number of additional groups being established in quick succession.

> *"What really helped with the project's development was having someone from the seafaring community- she had all the contacts and knew the language."* - Community Network staff member

Since the start of the project, a total number of eight groups have been set up, including one in Wales, two in Hull, one in Wallasey and three which are UK wide. There are 6-8 members in each group, many of whom live on their own and reported difficulty with ill-health and mobility. While most of the groups are men only, some are mixed or women only.

8.3. Volunteer procedures

Community Network wanted the facilitators to also be a beneficiary and felt that they needed to have the commitment and understanding to develop relationships with members over a long period of time. Therefore, the volunteers have also been recruited from within the seafaring community. To do so, Community Network explored the avenues and routes that emerged from the relationships they had formed with agencies from within the seafaring and maritime sector. While a range of recruitment methods were utilised, staff favoured more informal processes and found that 'word of mouth' was the most effective approach.

Once recruited, each volunteer completed four one-hour training sessions that were conducted over the telephone. Volunteers learnt everything they needed to know in order to set up and manage successful telephone befriending groups, from the basic practicalities of how to organise the group, through to guidelines on how to get every participant involved and how to deal with any difficulties that may arise. As volunteers have moved onto volunteer, they receive monthly support sessions with the Project Officer via the phone. Furthermore, mechanisms are in place so volunteers can contact the Project Officer whenever they require some guidance or support.

8.4. What volunteers do

Members of groups connect via a telephone conferencing system once a week for an hour. This gives them the opportunity to share stories and experiences, discuss the latest news, communicate relevant information and generally enjoy each others company. The volunteers organise when the calls happen and help ensure that the group session is effective, constructive and cohesive. This involves promoting and guiding discussion, enabling all members to have a voice and mediating any problems that arise between group members.

As volunteers develop friendships with their group members, their role sometimes extends beyond facilitating the phone calls. In particular, they are able to monitor the member's well-being on a weekly basis and can contact the relevant service if required. Furthermore, volunteers have also spoken at conferences and other events about Seafarers Link.

8.5. Strategic theme: partnership

Community Network's partnerships with other organisations have been crucial to its development. At the start of the project, they had little knowledge of and contact with the seafaring community. They therefore had to establish strong working relationships with organisations and agencies within the seafaring and maritime sector to identify and recruit seafarers to take part in the telephone befriending groups. Project workers are now also attempting to build stronger links with NHS trusts and GP practices. It is hoped that this will create a more connected approach whereby relevant patients can be referred to Seafarers Link, and members of Seafarers Link can be directed to appropriate services. Staff from Community Network expressed that an effective partnership needs to be based on an understanding of the value partnerships, a willingness to collaborate and a shared vision of the intended outcomes of the project.

> *"The people who understand partnerships say 'Hey, I think we can do something together'. It's people who see the value of partnership working and networking. They see the value of it and they understand that the whole is greater than the sum of its parts."* - Community Network staff member

8.6. Evaluation and impact

Since the start of the project, Community Network have carried out two internal evaluations, one in April 2010 and another in May/June 2011. These were based on questionnaires sent to both members and facilitators of the groups when they first joined and every six months during their involvement. The outcomes to emerge from these evaluations were reflected in the accounts of staff members and volunteers interviewed for this project.

Impact on the members

Seafarers Link is an important part of many member's lives and a vital way of maintaining a connection to a meaningful stage in their past. Members reported that they had experienced difficulty in keeping in touch with old shipmates and often felt isolated. The group provides a way of overcoming this by making new connections with those with similar backgrounds. Indeed, members expressed that they mostly enjoyed the camaraderie and talking about the 'good old days' with the new friends they had formed. Similarly, others valued the opportunity to share experiences and problems with those

who understood their circumstances. Members also reported that the group was the highlight of their week and that it gave them something to look forward to. Furthermore, members have benefited from being able to ask questions about problems they face and gaining new information about services and facilities available to them.

> *"Older seafarers don't realise that there are things out there for them, like meals on wheels. And you get one person saying something on the phone and then another guy saying 'Oh, I didn't know we could do that'."* - Volunteer

Impact on the volunteers
Facilitators also gain a lot from volunteering. They felt that their role gave them a sense of purpose and confidence and kept them active and engaged with life. Notably, one facilitator who had never volunteered before now also volunteers by giving presentations on seafaring at care homes.

> *"Being a volunteer you go into situations you didn't do in your working life and you learn different things and one thing leads to another… it's a new life."* - Volunteer

8.7. Lessons learned

The added value of peer volunteers
The facilitator's position as both a volunteer and a person from the seafaring community has been central in cultivating the meaningful relationships that are formed between group members. Staff and volunteers felt that such 'peer volunteers' are more committed to their group and can foster more interpersonal relationships that develop over time. Furthermore, it was suggested that peer volunteers enable members to speak more freely about their experiences and difficulties.

> *"One member who lost his leg in the war, dealing with what he did, he might have never talked about that, and because he is with other seamen on the telephone link, he can get it off his chest. He probably wouldn't talk to someone else*." - Volunteer

The importance of innovation
Community Network's telephone befriending model provides a good example of the benefits of looking towards technology to develop and enhance services. Attempts to tackle problems of social isolation have traditionally been through encouraging people to attend day centres and similar facilities that allow people to interact and meet with others. This approach, however, relies on the availability of a suitable venue that is within easy reach of those who want to attend. Telephone befriending overcomes this difficulty, providing a flexible and cost effective alternative which is accessible to a wide range of people. Furthermore, in increasing the social interaction of isolated people,

the phone groups are key way of preventing the effects of isolation and potentially offsetting the need for more costly health and social care provision.

9. Time 2 Trade

Organisation: Sandwell Primary Care Trust
Project: Time 2 Trade
Area: Public health
Strategic theme: Commissioning
Location: Sandwell, West Midlands
Dates: 2001 – present
Funding: Sandwell PCT

9.1. Background

In 1998, Sandwell, a borough located on the outskirts of Birmingham, was given the status of a Health Action Zone. A Health Action Zone is an area which is identified as having significant health problems, such as high mortality or morbidity rates, combined with poor housing stock, high levels of unemployment and other indicators of social exclusion. In 2001, with the aim of reducing health inequalities in the local area, Sandwell was awarded a sum of money from the Health Action Innovation Fund to develop innovate ways of delivering health services. Part of this funding was used to set up Time 2 Trade, a Timebank which is now fully funded by Sandwell Primary Care Trust.

Timebanking involves participants offering their time and skills to others in exchange for time bank credits (one hour equalling one credit). Members can use their earned credits to buy time from others in areas which they may lack skills or are unable to do. In implementing this form of reciprocal volunteering, Time 2 Trade aims to strengthen community networks, encourage healthy lifestyle choices, enable members to access a wide range of services available to them, and ultimately promote the health and well-being of the local community.

9.2. Project set-up and development

To ensure Time 2 Trade was set up and managed efficiently, a Timebank development manager was employed. He decided that it was important that the local community were involved in the project from the offset. With this in mind, he established a steering group, consisting of community members, to set up, plan and design the project and to guide its continual development.

Partnerships with third sector and statutory organisations have also been central to Time 2 Trade's development. Partnerships have been cultivated and strengthened by the fact that membership to Time 2 Trade is not just restricted to individuals; organisations can also join. Organisations are able to earn time credits by providing services for other members, while members are able to earn credits by volunteering at these organisations. Current

organisations include Bridging the Gap Community Centre, Sandwell Probation Centre, Sure Start Centres and Sandwell PCT.
Time 2 Trade has been able to expand its activities and the range of services on offer through these relationships. As many of the individual members share similar skills and similar needs, there is a demand for services that individual members can't always meet. The partnerships have therefore proven to be a key factor in overcoming this challenge and in keeping the Timebank sustainable.

9.3. Volunteer procedures

When setting up the project, the Timebank manager decided a good way to recruit members was to promote Time 2 Trade at community events as well as health promotion events. He continues to still give presentations to community groups and attends events. However, he now finds that as the word is out within the community, the most effective way of recruiting new members is 'word of mouth'. Currently Time 2 Trade has 20 active organisations and over 200 members.

When joining Time 2 Trade, members have an informal interview with the Timebank manager to discuss their interests, skills and needs. Members here also find out how Time 2 Trade functions and receive a member pack which provides information to help guide their participation. Members also fill out an application form, listing what skills they can offer, their availability and any details of assistance they might need themselves. This is then entered on a database which members can use to search and to request a service.

Where members offer specialist skills, such as plumbing, they are required to show the relevant qualifications/certificates. All members also need to provide two references. Where members are volunteering with vulnerable people on a regular basis they need to undertake a CRB.

Members have the opportunity to attend courses, such as food hygiene and first aid, once they have joined the group. Furthermore, Time 2 Trade also holds regular social events including barbeques and day trips. These provide members with the opportunity to meet one another; a key way of promoting the services on offer and stimulating activity.

9.4. What volunteers do

The skills and services offered by members vary greatly and include:

- Admin
- Adult literacy/reading lessons
- Bookkeeping and budgeting
- Car washing and maintenance
- Catering and bar work
- Child care and after school care
- Computer skills tuition
- Dog walking
- Gardening and plant watering
- Housework
- Language tuition
- Letter writing
- Office work and word processing
- Painting, decorating, DIY and building maintenance
- Running fitness, and well-being classes
- Shopping/running errands
- Translation and interpretation
- Typing
- Visiting the housebound
- Washing and ironing
- Youth Work

One notable initiative, which illustrates the types of activities members are involved in, is a healthy eating project which forms part Sandwell PCT's Eatwell campaign. Members are able to use their credits to buy quality and healthy food from one of Eatwell's associated cafes. When visiting the cafes, members also take on the role of a mystery shopper and measure the quality of the service. Individual members therefore benefit from accessing healthy food at no monetary cost. The PCT also benefits from saving money from not having to use an agency to employ a mystery shopper. Moreover, it receives information directly from the local community which can be used to improve its services.

9.5. Strategic theme: commissioning

Time 2 Trade was initially set up in 2002 with money gained through the Health Action Zone Innovations Fund. When this funding stream came to an end in 2005, Sandwell PCT and the Greets Green partnership continued to fund Time 2 Trade for a further three years. Due to the success of the project, when the Greets Green Partnership finished in 2008, the PCT took on all the costs of the Timebank.

Time 2 Trade is the only time bank in the UK that is fully funded by a PCT. Time 2 Trade is therefore different to most other Timebanking schemes in that it works directly with public services. The working partnership and subsequent outcomes that have arisen out of this funding arrangement demonstrate the value of commissioners enabling voluntary and community organisations to play a role in the delivery of services. As the mystery shopper initiative highlights, through supporting Time 2 Trade, the PCT is able to involve the local community in the design and delivery of its services as well as providing healthy lifestyle 'nudges' to the community. In addition to creating a more joined up approach, the PCT's funding has allowed Time 2 Trade to grow and develop over a significant period of time and keep sight of its aims and objectives.

9.6. Evaluation and impact

Time 2 Trade uses an hour count to record its activity. The total number of hours that have been traded since Time 2 Trade has been recording its activity is just over 34,000.

While this highlights the great volume of activity, it doesn't reveal the impact of Time 2 Trade on the members, stakeholders and wider community. Furthermore, no external evaluations have been undertaken. What follows below is therefore based on the views expressed by members when interviewed for this project.

Time 2 Trade has kept individual members- many of whom reported difficulties with health- active and engaged with life. One member, for instance, who joined Time 2 Trade at a time when she was diagnosed with cancer and was unable to work, stated:

> *"Without Time 2 Trade I would have sunk even lower. It came to the stage that I didn't want to even come out my house, and joining Time 2 Trade got me out the house. If Time 2 Trade wasn't there for me, I'd have nothing really to look forward to… I think I would be very low and depressed and probably need a lot of help."*

The member has been involved in the time bank for four years. Over the past two years she has been helping with Time 2 Trade's administration work. The time credits she has earned in doing so have enabled her to complete an NVQ level 2 in Business Administration. With her new qualification and skills, she is now looking to return to fulltime employment once her cancer treatment is complete.

Members have also benefited from the help and support they have received in areas they are unable to do themselves. Such support is particularly valuable for older and disabled people, as one member suggested:

> *"We have a tremendous amount of older people and disabled people who can't do their own decorating or gardening, and they have been in*

tears when it has been done. I have been up to people who are crying and they're saying 'look at it, look at it- we have been waiting years to have this done'...this is what makes it all worth it."

The support members receive is enhanced and reinforced through the networks they build from joining Time 2 Trade. Members expressed how they benefited from meeting new people and how this has helped to foster a sense of community in the local area. One member stated:

"Where I live, before people would walk down the street, and if they were feeling really down, they had no-one to talk to. Now, as we have set up the breakfast club and the bingo and knitting and the different things, as the word has got round, people who had never ever spoken to each other have come together, and now you have got a lovely little community...it's knitting the community."

The quotes above suggest how the benefits can also spill over into the wider community, making it more cohesive and enhancing its capacity. A staff member from Bridging the Gap- an organisational member- also felt that through working in partnership with Time 2 Trade they have been able to share resources and services. This has increased their capacity and enabled them to pursue initiatives that they wouldn't have been able to do on their own:

"We would have never ever got in contact with the local authority and done the gardening project, and we would probably never have branched out and done volunteering in other people's houses- most of the stuff is done on site. So, it's widened our capacity and our view point."

9.7. Lesson learned

Strengths of reciprocal volunteering
Time 2 Trade illustrates the value of looking towards new and alternative models of volunteering which can be embedded in public services. Timebanking, unlike traditional concepts of volunteering, is based on a give and take relationship between those who contribute time and skills. This reciprocal relationship functions to recognise and value the skills and assets of all people. This enables recipients of services to also become an active contributor. As the Timebank manager suggested, this is a move which can help people develop a sense of self worth:

"If you feel you are always the recipient, your feeling of self worth goes down. But if you can say to yourself 'I have offered, I am not take, take, take from the Timebank, and I can do this if somebody wants it', you are not a passive recipient."

The importance of community involvement
Time 2 Trade's steering group has enabled community members to have a voice in the design and delivery of the project. This has ensured that the project is in touch with the local community and is able to engage community members often out of reach from statutory health services.

10. Ask Brook

Organisation: Brook
Project: Ask Brook Volunteering Programme
Area: Public health
Strategic theme: Volunteer support
Location: Nationwide
Dates: 2009-present
Funding: Funded through Brook's core funding from Department of Health; Vodafone funded the launch of the new text service
Website: www.askbrook.org.uk

10.1. Background

Brook is the country's largest young people's sexual health charity. Since the 1960s, the charity has been providing sexual health services, support and advice to people under the age of 25. A central part of Brook's work is the Ask Brook information service. Young people use the service to receive details about sexual health services in their area, as well as basic information and support on a range of sexual health topics. Young people can access the service by either ringing a free phone helpline, sending a question via the Brook website or sending a text message.

In wanting to involve young people in the work they carry out and to implement systems of peer support, Brook launched the Ask Brook volunteer programme. The programme enables young people aged between 16 and 24 to volunteer for Ask Brook by helping to respond to online and text enquiries and feeding into the ongoing design and development of the charity. The Ask Brook team saw this as a valuable way to:

- Increase the capacity of the workforce;
- To draw on the knowledge and understanding of young people to create a service which better meets the needs of the service users;
- To provide young people with the opportunity to develop a career in sexual health.

10.2. Programme set-up and development

To ensure that the volunteering programme was managed effectively and the volunteers received adequate support, Brook recruited a full time volunteer co-ordinator to oversee the development of the programme and to manage the volunteers.

To further assist in the set up, the Ask Brook team approached their local volunteer centre and Volunteering England. Both organisations provided good

practice examples, guidelines and templates to direct and inform the planning and design of the programme. Most significantly, the Ask Brook team received guidance in writing a volunteering policy and defining the volunteer role. This helped the team to clarify why they were involving volunteers and how volunteers should be treated.

Once the programme was designed, the Ask Brook team went about promoting the volunteering programme and recruiting volunteers. The team initially recruited ten volunteers. In October 2010, Ask Brook received funding from Vodafone to launch a new interactive text message service which enables young people to make enquiries and receive information via their mobile phone. To coincide with the launch, the team recruited a further ten volunteers.

10.3. What volunteers do

Given the experience and skills required to respond to the phone calls Ask Brook receive, the volunteer's main role is to deal with the online and text enquiries. This also provides a clear distinction between volunteers and the paid members of staff whom, in the main, respond to phone calls.

The young people tend to volunteer between two to four hours a week. These hours have to fall within Ask Brook's opening hours. However, Ask Brook try to be flexible and allow them to volunteer when they want to. Ask Brook also provide the opportunity for volunteers to volunteer remotely from home to further support the needs of the young volunteers.

The Ask Brook team have also attempted to draw on the young volunteers' knowledge and fresh ideas by involving them in a range of activities beyond their two main roles of responding to online and text enquiries. Volunteers have helped in designing and developing promotional material, promoting Brook at events, and attending staff meetings and Board meetings. Most notably, the volunteers played a central role in planning and designing the text message service.

10.4. Strategic theme: volunteer support

For each stage of volunteer involvement, the Ask Brook team have put in place a number of different mechanisms and procedures to maximise the value of volunteer involvement and to ensure that volunteers are well supported.

The team focus their advertising and promotion on specific institutions and places associated with young people, such as local colleges and universities. The team also spread their advertising more widely to avoid potentially excluding certain groups. The team have found that the Do-It Website is a useful tool in engaging a wider audience. In adopting this approach, by finding a balance between targeting certain areas and exploring a range of avenues,

Ask Brook have been successful in recruiting volunteers aged between 16-24 of mixed gender and ethnicity.

Given the confidential and personal nature of the Ask Brook service, volunteers are required to fill out an application form, attend an informal interview and undertake a CRB check. The Ask Brook team try to keep the process informal and avoid too many bureaucratic barriers that could deter potential volunteers. The Ask Brook team also use the application process as a way to establish the volunteer's interests, skills, availability, and motivations. This helps the team to tailor the volunteer programme around the needs of the individual; a key way to keep the volunteers motivated and committed.

> *"Something we talk about in the interview- what is it that the volunteer wants to get out of volunteering; because if you can understand what their motivation is, you are much more likely to be successful in terms of retention."* - Ask Brook staff member

Once recruited, all volunteers attend a four-day training programme. Volunteers participate in a series of workshops which provide them with a good basic knowledge of sexual health and develop their communication skills. Staff felt that the training is important not only because it prepares the volunteers to carry out their role safely and effectively, but also because it helps the volunteers to identify and connect with the aims and values of the organisation.

Building on the training programme, volunteers then undertake a five week induction. Volunteers spend four hours per week shadowing the Ask Brook team and responding to practice online messages and texts. In cases where volunteers need additional support, their induction is extended and tailored appropriately.

Following the induction period, volunteers continue to receive ongoing support as they undertake their role. Each volunteer is assigned an Ask Brook mentor who provides guidance and support in responding to enquiries. Volunteers also have monthly one-one supervision sessions with the volunteer coordinator, complete evaluation questionnaires every six months, receive top-up training, and attend volunteer socials and group meetings. Volunteers are also paid for their out of pocket expenses. The Ask Brook team felt that these different mechanisms have been vital in ensuring that volunteers have a consistent line of support, feel valued and part of the team, have the opportunity to pursue personal development, and, ultimately, want to keep on volunteering.

> *"It's important that, as a continual process, volunteers feel valued and that your supporting them within their role and also you generally care about them."* - Ask Brook staff member

For the few volunteers that have left and moved on to employment or education, they have had the opportunity to attend an exit interview. The

volunteers feedback has helped inform the continual development of the programme.

10.5. Evaluation and impact

Ask Brook puts in place a number of procedures to evaluate the volunteer programme. These include face-to-face feedback sessions with volunteers, anonymous questionnaires and exit interviews. These have proved a useful way of assessing the impact the programme has had on both the service and the volunteers themselves. Ask Brook also produce yearly evaluation reports which document the progress of the programme and provide recommendations to direct its development. The outcomes to emerge from previous evaluations were reflected in the accounts of staff members and volunteers interviewed for this project.

Impact on service
Ask Brook has increased the number of service users they engage with since the introduction of the volunteer programme and the development of the new text service. Despite this increase, the Ask Brook team have been able to consistently meet its three key performance indicators: call strike rate of 80 per cent; replying to online messages within three working days; and answering instant texts within one working day.

The volunteers have also improved the quality and responsiveness of the service. The volunteer's knowledge and perspective has enabled Ask Brook, and Brook on the whole, to better understand the language of their service users and to identify the areas that need to be prioritised. In other words, it has helped the organisation to connect and relate to their young service users.

> *"It's really useful to be able to have the volunteers input in understanding the way language develops and when new words come up and looking at different trends in the types of questions that get asked… Having young people really supports us in being young people centred."* - Ask Brook staff member

Impact on volunteers
Volunteers have benefited from enhancing their confidence, their IT and communication skills, their ability to work as part of a team, and their knowledge of sexual health. For a number of the volunteers, the experience and attributes they have gained has helped them move into employment. Notably, three quarters of the volunteers recruited when the programme was first launched have moved into paid positions within Ask Brook.

> *"Volunteering really helped me grow up- when I think about how I have stayed here in this organisation, it is huge being introduced at 19 to*

actually what an organisation and an office looks like and how it operates." - Previous volunteer who is now an Ask Brook staff member

10.6. Lessons learned

The importance of innovation
Ask Brook illustrates the value and benefits of continuing to look towards new advancements in technology and developing innovative ways of delivering services. In particular, the launch of the text service has proved to be a vital way of engaging and communicating with young people and driving up the productivity and effectiveness of the service. The team are continuing to develop new ways of enhancing their service and are currently testing out web chats as a way to communicate with their audience.

The need to value volunteers
When setting up the programme, Brook's Board and senior management team fully supported the Ask Brook team. Their support and understanding of the role of volunteers ultimately facilitated the implementation of the volunteer programme, helping to remove potential barriers. Furthermore, all staff have valued the volunteers' contribution and have made them feel a central part of the Ask Brook team. This has helped the volunteers build a sense of self worth and kept them engaged and motivated.

Finding the right balance of support
The team have focused on providing sufficient training, support and guidance to enable the volunteers to carry out their role effectively. However, wary of being overbearing and potentially demotivating the volunteers, the team have also attempted to give the volunteers a sense of autonomy and responsibility. In striking a balance between providing an adequate level of support and leaving volunteers to their own devices, the team have been successful in supporting and guiding volunteers and at the same time providing them with a sense of achievement and self worth.

11. Blackburn and District Kidney Support Group

Organisation: Blackburn and District Kidney Support Group
Area: Health, public health and social care
Strategic theme: Volunteer support
Location: Blackburn
Dates: 2001 – present
Funding: Multiple small grants and donations

11.1. Background

The Blackburn and District Kidney Support Group is a small voluntary group, run by a committee of nine volunteers who are either kidney patients or carers of patients. The group is chaired by a parent of a child with chronic kidney failure. Over the years that her son has been treated for his illness, she became aware of the shortage of organ donors, particularly from the South Asian communities. Through meeting other South Asian renal patients and their carers and families, she also found that many were hindered by a lack of knowledge and understanding of kidney disease. This was partly due to language barriers and the ability of statutory services to fully engage with hard to reach members from within the South Asian community. She set up the group in 2001 with the view to bridge this gap and to raise awareness of kidney disease and related issues.

11.2. Project set-up and development

The Chair had a desire to a set up the group but little knowledge and experience of running a voluntary organisation. She therefore presented her idea to the Blackburn with Darwen CVS who were able to provide some guidance and direction. Following this, the Chair with the support of the CVS, held an event to gauge local community interest. The event garnered a positive response. As a result, the group was established with six people joining who expressed an interest at the event. The group has now grown to nine people, three of them being original members.

In the initial stages of setting up the project, the group also approached the Council of Ethnic Minority Voluntary Sector Organisations to obtain some further guidance. The information and advice the group received helped them to consider how they were to move forward. However, they found that many of the policy and procedures that they learnt about were not applicable to their work and organisational structure.

The group has received numerous small grants and donations which have supported their activity. Most recently the Lancashire Black Police Association held a charity dinner and donated money to the group. Although the funds have been quite small, they have enabled the group to deliver numerous projects and helped cover the costs of training, venue hire and expenses.

The group has developed relationships with numerous agencies in the local area including GP practices, community centres and hospitals. These links have enabled the group to refer patients to the appropriate services, and vice versa have allowed agencies to direct people to the group. In particular, the group has developed a close working relationship with Blackburn with Darwen Carers Service, a local charity that supports unpaid carers. This has not only helped to create a connected service but also enhanced the group's capacity as they have been able to share resources.

11.3. Strategic theme: volunteer support

The group illustrates the variety of organisational contexts in which voluntary action takes place within, highlighting the importance of recognising that there is no 'one size fits all' approach towards volunteer management. The group offers a different example of how volunteers can be recruited and managed to that shown in the Ask Brook case study.

Rather than utilising formal methods to recruit new members, the group builds its membership through existing peer networks and by meeting new people at the open meetings they hold. When joining the group, new members generally have an informal conversation with the Chair to discuss the group's activities, how it functions and what they can contribute. The Chair expressed formal procedures, such as a written application form and a formal induction, are irrelevant and would potentially deter possible members.

The group also differs to Ask Brook in that there is no distinction between volunteers and salaried staff, and volunteers are not positioned in a predetermined role. While the group has the fixed roles of a Chair, Treasurer and Secretary, all members take on numerous roles and volunteer in various capacities. Similarly, although the Chair effectively leads the group, there is no clear hierarchy and she is 'not in charge'. The process of deciding who undertakes what tasks and fills which role reflects this horizontal approach; roles and responsibility are of allocated on the basis of personal interests, skills, resources. Moreover, they are continually negotiated at committee meetings as new projects and activities emerge.

This horizontal approach is evident in the way members receive ongoing support. The Chair provides a point of contact if members need to raise an issue. However, the group generally provide support to one another, and any difficulties and problems that arise are addressed at committee meetings.

Although the support the group provide and receive is informal, members have received training in a number of areas including listening skills,

presenting skills, and bookkeeping. Members expressed that such training not only helps them to undertake their tasks, but provides them with a valuable opportunity for personal development.

11.4. What volunteers do

Central to the group's activity is organising open meetings where professional speakers impart knowledge about chronic kidney illness and related health issues. This provides patients and their carers and families the opportunity to gain knowledge and information to help them make more informed decisions about their condition. As mentioned above, the group's operational activities are shared across members. In this way, the tasks that members undertake vary. They include booking and corresponding with the speaker, organising the venue, providing the refreshments, and inviting and speaking to attendees.

In the past, the group has also provided information about kidney illness, particularly targeted at members of the South Asian community, by distributing multi-lingual leaflets. Group members helped to produce the leaflets and disseminate them across hospitals, community centres and other agencies within the area.

Another key aspect of the group's work is a listener service. Members talk to patients and their carers, offering support based on their own experiences and providing information passed on from health professionals. This provides the opportunity for patients or their carers and family to ask questions they don't feel comfortable asking health professionals. Moreover, for many of the people who use the service, English is not their first language and have been referred on by another agency.

In addition to raising awareness and understanding of kidney illness, the group also organise trips and days out for patients, carers, and other family members. The trips not only give the attendees a break from their daily routine, but also enable them to meet other people in a similar situation and generate peer support.

11.5. Evaluation and impact

At each open group meeting, attendees receive an evaluation form to fill out. This helps to monitor the effectiveness of the meetings and gathers information which can be used to inform and develop future projects. However, the data doesn't assess the impact of the group's work. Furthermore, no external evaluations have been undertaken. What follows below is therefore based on the views expressed by members when interviewed.

Impact on service users
The knowledge and information that the group provide has helped patients and their carers, particularly from within the South Asian community, to make more informed decisions about how to manage their condition. As the quote below from a member suggests, the information and support the group provided has helped patients improve their lifestyle:

> *"We had people who weren't following their diet very closely and because they weren't, they were having a lot of complications. And especially coming from a background having little knowledge of the language, they just couldn't fully understand the dietician. So we were able to step in and help them with that…A lot of patients have a better quality of life because of the information we were able to pass on from the professionals."*

In addition to promoting healthy lifestyles, members also suggested that the support that they have provided has helped patients to move forward and receive the treatment they needed. This is illustrated in the quote below from the Chair:

> *"Some are really scared and some think 'I don't need it, I will be fine and it's just the doctor telling them to do this and that'- they are in denial all the time. And through giving them information and talking to group members and those who have gone through it, they have managed to move on and get the treatment they needed."*

One member of the group also expressed the benefits of such peer support extended to family members of patients, particularly in the early stages of diagnosis. It was suggested that the support members have provided has helped family members to overcome their initial worries and to maintain a positive perspective.

Impact on group members
Members also discussed how their involvement has had an impact on them. The Chair, for instance, who prior to the group was unemployed for a number of years, felt that the experience and skills she had gained were central to her getting a job:

> *"I had no experience of going to meetings, taking minutes, so from volunteering I have learnt a lot. And about five years ago when the carer's advisor job came up, I applied for it and now I have full time employment because of the work I did with the kidney support group."*

Another member, who was diagnosed with kidney failure over thirteen years ago, described how the group has helped her develop a positive perspective about her own personal experience and gain a sense of satisfaction through helping others:

"It's had a big impact on my life. Its given me so much confidence, and it's nice to change someone else's point of view, and it just nice to speak to people who feel at ease after talking to you, thinking you have changed their life for them…it makes me feel good. It also makes me forget about my illness and think I'm better off; I feel like I have been through less than others and I appreciate that very much."

11.6. Lessons learned

There is no single approach to involving volunteers
The group is a good example of a grass roots community organisation in action, highlighting the diverse organisational contexts which volunteering takes place within. The case study illustrates that those approaches and practices that might be appropriate for professionally staffed and formally structured organisations might not be so readily applicable to those organisations towards the informal end of voluntary action. It must therefore be recognised that there is no one single model or approach to involving volunteers and that it is vital that the methods adopted are tailored to the specific organisational context.

Bridging the gap between statutory services and the 'hard to reach'
The group illustrates how voluntary and community organisations can help to bridge the gap between statutory services and hard-to-reach groups. The case study has demonstrated how volunteers and community groups can possess the social networks, cultural understanding and language skills to engage people whom professionals and statutory services are not always able to reach. Furthermore, agencies need to work in collaboration to ensure that this bridge between services and communities is connected.

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