



Volunteering in UK hospices: looking to the future

By Dr Justin Davis Smith, Institute for Volunteering Research

About Help the Hospices

Help the Hospices represents the views of independent, charitable hospices to key opinion formers and decision makers. It co-ordinates UK-wide fundraising initiatives; offers information and advice; gives grants to hospice staff and volunteers; and provides and subsidizes specialist training. Help the Hospices raises awareness and understanding of hospice care and supports hospice care internationally, through the sharing of ideas, knowledge and skills between hospices in the UK and overseas.

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Preface

Help the Hospices' Millennium Awards scheme, which was completed in June 2002, proved to be an unprecedented success - providing training and development opportunities for hospice volunteers and creating new services for patients, families and other hospice volunteers across the UK. Over the three years of the programme, over £900,00 was awarded to 444 volunteers working at 127 hospices.

With the completion of the Millennium Awards, Help the Hospices remains committed to supporting hospice volunteers and volunteering and has set up a Volunteer Advisory Panel to inform a programme of work that will include practical support for volunteers as well as more strategic support for volunteering.

The Volunteer Advisory Panel is a partnership initiative with Involve, the professional association for Managers of Volunteer Services in Palliative Care, but includes representatives from other key partners: the Association of Hospice and Specialist Palliative Care Social Workers; the Association for Hospice Management; the Forum of Chairmen of Independent Hospices; the National Association of Hospice Fundraisers; RCN Nurses Managing Hospices and Specialist Palliative Care Services. Hospice volunteers are also represented on the Panel.

This report is the second of two that Help the Hospices commissioned from the Institute for Volunteering Research. The first report, The economics of hospice volunteering, looked at the economic 'value' of hospice volunteering using the VIVA tool and highlighted the benefits to hospices of undertaking such an audit.

This second report brings together evidence from three separate surveys to provide a detailed and contemporary picture of the involvement of volunteers in UK hospices - the number and profile of volunteers and the roles they undertake; the ways in which they are managed and supported; the role of and investment in volunteer management; and the challenges facing volunteering programmes over the next five years.

The report underlines that there is much to celebrate in hospice volunteering and volunteer management. However the challenges are significant - especially if the current standard of volunteer management is to be maintained and developed in the context of sustaining existing volunteer numbers and recruiting a more diverse volunteer base.

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1. Introduction

Volunteering is crucial to the hospice movement in the UK. Volunteers are engaged in a wide variety of roles, including administration, providing diversionary activities for day-care patients, providing bereavement support and complementary therapies, running support groups for carers, driving patients to day-care and hospital appointments and providing listening and befriending skills to patients and carers in their own homes. The trustees of independent, charitable hospices also represent a distinct group of volunteers. Volunteers bring something unique and distinctive to the hospice movement - a sense of community and fellowship, at a difficult and vulnerable time in people's lives, and a special mix of skills and experiences. They also make a significant economic contribution. One recent study found that:

On average each volunteer contributes £1,500 worth of work each year, and is supported by nearly £200 worth of hospice management. Making a crude extrapolation, this indicates that 90,000 hospice volunteers do more than 18 million hours a year, with a value of £133 million, in return of expenditure of £16.7 million.¹

The role of volunteers in the hospice movement is set to grow still further over the next ten years, as changes in health and social care provision open up new opportunities for individuals to contribute their time and resources to public service provision. With volunteering taking on a higher profile amongst public policy makers the opportunities exist for hospices to involve volunteers in ever more expansive and imaginative ways.

Hospices are in a prime position to take advantage of this trend. They start from a strong volunteer base, and a value system which places volunteering at the heart of the movement. Many hospices are at the forefront of new developments and debates in volunteer management, and most are blessed with a loyal and committed volunteer workforce. In order to fully capitalize on this favourable position hospices need to take stock of where they currently are in terms of their engagement of volunteers - the challenges and difficulties as well as the successes and achievements; and to use the information gathered to plan future strategies to maximize the contribution of volunteers in the future. This report is aimed at helping hospices to meet this challenge.

The research

The report is based on three separate surveys carried out or commissioned by Help the Hospices in 2003:²

- The first was a survey of hospice volunteer managers and co-ordinators sent out in Spring 2003 by the Hospice Volunteer Advisory Panel. The results are based on 153 responses that had been returned by mid-July 2003 (70 per cent response rate).
- The second was a survey of voluntary services managers in palliative care sent out in Spring 2003 by inVOLve. The results are based on 138 responses that had been returned by mid-July 2003 (63 per cent response rate).
- The third was a survey of volunteers in hospice and palliative care sent out in Autumn 2003 by Help the Hospices. The results are based on 661 responses that had been returned by mid-November 2003.

¹ Gaskin K (2003) *The economics of hospice volunteering*. London: Help the Hospices.

² For copies of the separate surveys, contact Help the Hospices (see back cover for details).

The report offers a detailed and up-to-date picture of the involvement of volunteers in UK hospices - the number and profile of volunteers involved and the roles they occupy, the various ways in which they are managed and supported, the role and status of volunteer managers, and the challenges facing hospice volunteering programmes over the next five years. In order to stimulate discussion within the hospice movement the report outlines the key themes emerging from the research and makes suggestions for action.

This report is intended to be read as a stand-alone document. However, it is important to note that it is not the first study of volunteering within hospices and that readers looking for a broader understanding of the subject might want to refer to previously published texts, including the recent collection of essays on *Volunteers in Hospice and Palliative Care* edited by Derek Doyle.³ It is also worth noting that many of the findings in this report mirror those from studies of volunteering in other sectors, suggesting that the issues and challenges facing hospices are not unique.⁴

³ Doyle D (ed) (2002) *Volunteers in Hospice and Palliative Care*. Oxford University Press. See also Addington-Hall J and Karlson S (1999) *Summary of a national survey of health professionals and volunteers working in voluntary hospices*. London: Help the Hospices, and Whitewood B (1999) 'The role of the volunteer in British palliative care'. *European Journal of Palliative Care*, 6(2).

⁴ There is vast volunteering literature from the USA and UK, much of it dealing with the organisational challenges of involving and managing volunteers. Good starting points would be Pearce J (1993) *Volunteers: The Organizational Behaviour of Unpaid Workers*. Routledge, and Davis-Smith J, 'Should volunteers be managed?', in Billis D and Harris M (1996) *Voluntary Agencies: Challenges of Organisation and Management*. Macmillan.

2. Volunteering in hospices

Numbers and profile of volunteers

Volunteers are involved in hospices in significant numbers. Three quarters of hospices involve 100 or more volunteers in their activities, with one in ten involving more than 500. A crude extrapolation across the UK's 241 hospices would suggest that the total number of volunteers involved in hospices is in the region of some 70,000. However, many volunteers are involved in multiple roles and we therefore estimate that as many as 98,000 volunteers are active across the three main areas of hospices, hospice shops and fundraising.

While all types of people are involved in hospice volunteering to some extent, some groups are far more likely to be involved than others. A 'typical' hospice volunteer is likely to be 55 or over, retired, female and white. As Table 1 shows, three-quarters of hospice volunteers are aged between 55 and 74, with ten per cent aged 75 and over. Only four per cent of hospice volunteers are under 45 years of age.

Table1: Age bands of volunteers

	Percentage
Under 45	4
45-54	12
55-64	37
65-74	37
75 and over	10
Base (volunteers)	655

Most hospices have some sort of age limit on the involvement of volunteers. Most common is a lower age limit, imposed by 80 per cent of hospices, with the average age being 17 years, although the limit ranges from 11 years to 30 years. Less common is an upper age limit, although this is still in place in 28 per cent of hospices. The average upper age limit is 76 years, with a range of 70 to 90 years. The upper limits are not always fixed for all volunteers, and in some hospices are only applied to drivers. One respondent pointed out that volunteers over 80 are no longer insured, although they gave no indication of imposing age limits themselves.

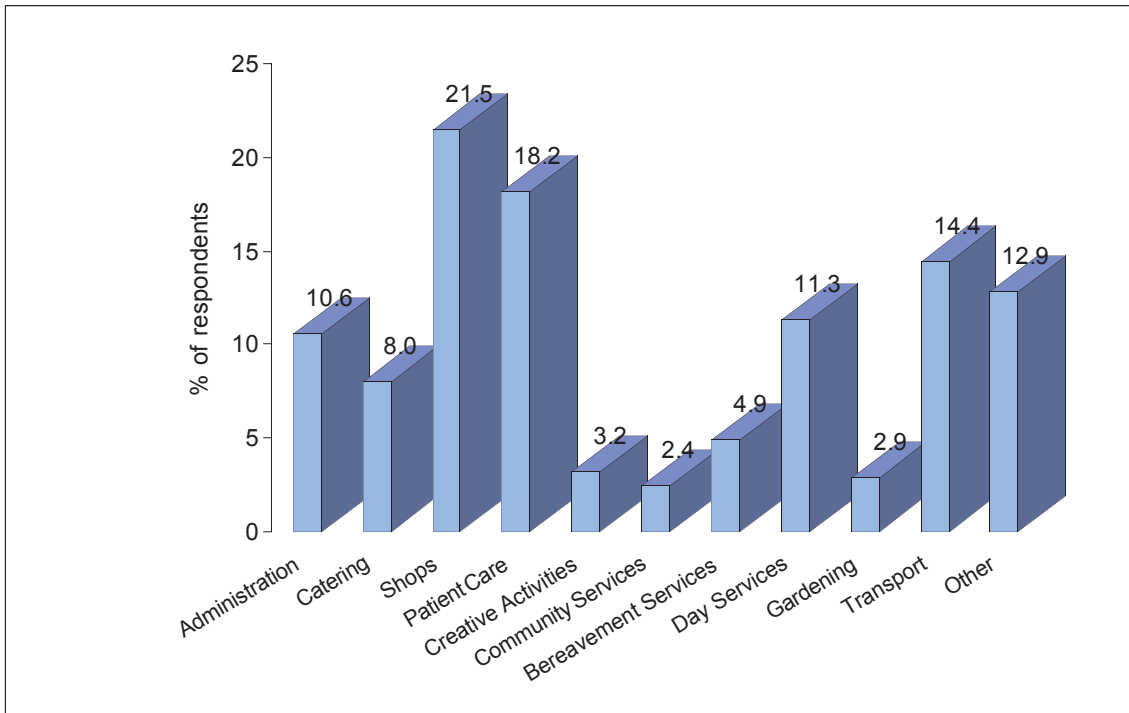
Men are significantly under-represented as hospice volunteers, comprising just 18 per cent of the total number of volunteers. People from black and minority ethnic communities (BME) are also under-represented, with 98 per cent of all volunteers claiming to be of 'White-British' origin. Thirty-nine per cent of hospices have no volunteers from BME backgrounds and a further 30 per cent involve just one per cent or less of volunteers from such groups. Only three hospices have more than ten per cent of volunteers from ethnic minorities (15 per cent, 18 per cent and 20 per cent in hospices in Leicester, Bradford and the Wirral respectively, no doubt reflecting the population profile of these areas). Most volunteers involved in hospices are retired, with only 18 per cent in paid work.

What volunteers do

As Figure 1 reveals (see page four), volunteers are involved in a wide variety of different roles, covering nearly all aspects of hospice life. The most common roles performed by volunteers are shop work and patient care, with about one in five volunteers involved in both these areas of work. The next most common are transport, followed by day care services, administration and catering. Less common activities for volunteers include providing bereavement services, creative activities and gardening.

Nine in ten hospices impose restrictions on what volunteers can do, mostly in the area of nursing care. The minority who do not put a limit on the activities of volunteers stress that involvement in such sensitive areas is dependent on volunteers receiving the necessary training for the role. In addition to nursing care a minority of hospices impose restrictions on volunteers in other areas, such as handling or banking money and housekeeping and catering.

Figure 1: The types of roles volunteers carry out



Developing volunteer roles

One in three co-ordinators and managers feel there is scope for developing volunteer roles in hospices over the next few years. There is some support for additional volunteer training, to help volunteers take on additional tasks and so relieve the pressure on paid staff. For example, one respondent commented that 'proper training of volunteers' should be provided 'to decrease the workload of paid staff and so stretch scarce resources', with another adding that 'the reliance of hospices on their volunteers creates the need for structured and evaluated training'.

With appropriate training there is a feeling that there is scope for volunteers to take on additional tasks, particularly in the area of nursing care and community outreach. For example, one respondent commented that efforts should be made to facilitate 'as much contact as possible' between volunteers and patients, to include 'visits, outings, and practical help', while another felt that hospices should put emphasis on 'developing additional volunteers in the community to help support families' and another called for an extension of 'home visits' involving volunteers. 'More involvement with patients', and 'more time to be involved with patients', were common sentiments expressed in the research.

There is a view among some co-ordinators and managers that volunteers should be given more responsibility and brought more into the overall running of the hospice. 'Involve volunteers more in the every day running of the day care', was the view of one respondent, a view echoed by another who called for the hospice to 'listen to volunteers more', and another who argued that volunteers should be given greater 'management involvement'. Finally, there is a feeling among some co-ordinators and managers that the development of volunteering in the future will depend to a great extent on the improvement of working relationships between volunteers and paid staff, by 'greater integration' and 'better liaison' between the two groups.

Level of involvement of volunteers

Two-thirds of volunteers are involved on a weekly basis, with ten per cent involved two or three times a week and five per cent every day, as Table 2 illustrates.

Table 2: Frequency of volunteering with the hospice

	Percentage
Daily	5
Two or three times a week	10
Weekly	65
Fortnightly	7
Monthly	1
One-off events	0
It varies	12
Other	0
Base (volunteers)	636

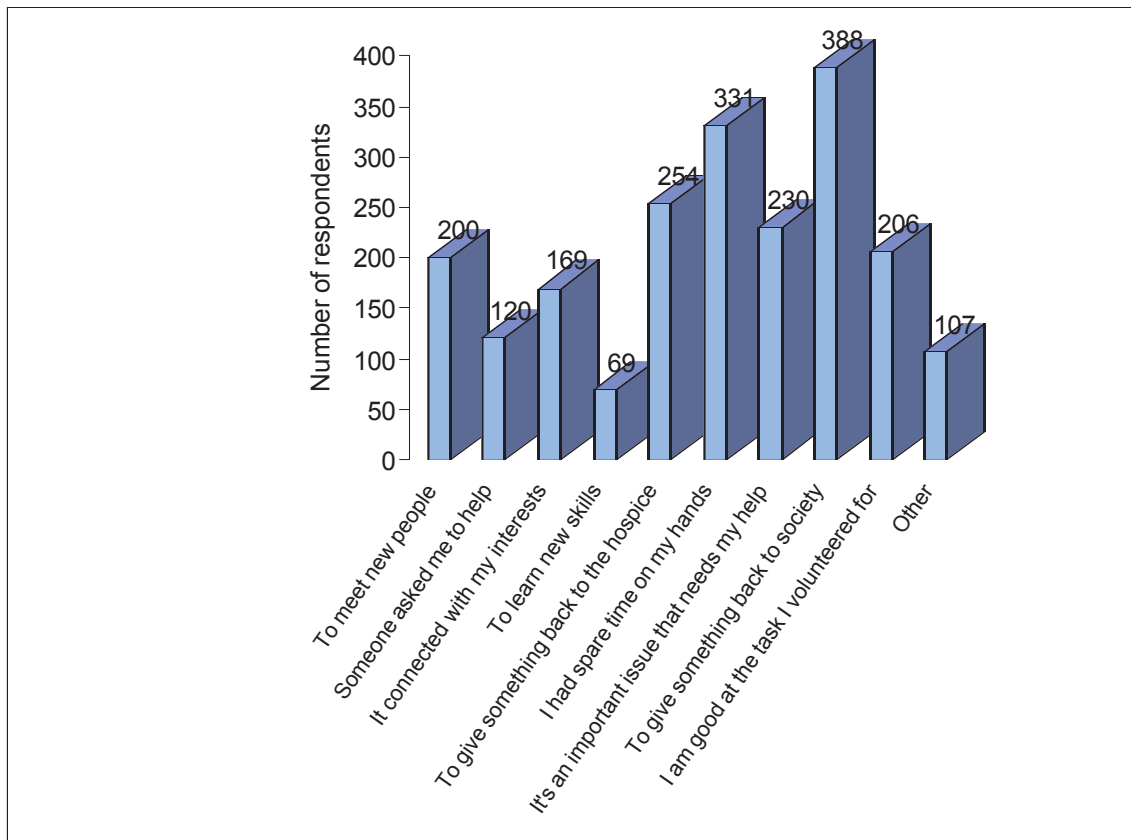
The vast majority of volunteers have been involved with their hospice for more than a year, with 42 per cent having been involved for between three and ten years and 24 per cent for more than ten years. Only ten per cent of volunteers have been involved for less than a year.

Rather than reducing their contribution as time goes by, volunteer commitment increases with length of service, as Table 3 shows (see page six), with almost a quarter of those who have been volunteering for more than ten years involved two or three times a week, compared to only five per cent of those who have been volunteering for less than a year.

Table 3: Frequency of volunteering by number of years volunteering

Frequency	Less than one year	One to three years	Three to ten years	More than ten years
Daily	-	4%	6%	7%
Two or three times a week	5%	6%	10%	15%
Weekly or less frequently	87%	77%	74%	64%
It varies	8%	13%	10%	14%
Base (volunteers)	60	152	263	148

Figure 2: Why did you decide to volunteer?



Getting involved

Hospice volunteers get involved in volunteering for a wide range of reasons, both altruistic and self-interested, as Figure 2 illustrates (see page six). The key motivating factors are to give something back to society, the presence of spare time on one's hands, and to give something back to the hospice. Other significant motivating factors include: the importance of the issue, the desire to use one's existing skills, the opportunity to meet new people and the connection to personal interests. Of less importance seems to be the opportunity provided by volunteering to learn new skills, a finding which is likely to be related to the preponderance of older people amongst hospice volunteers.

As to why people get involved with a particular hospice, the key reasons appear to be that they are recommended by a friend (selected by 27 per cent of respondents) and that a family member or friend was cared for in the hospice (22 per cent).

Benefits and drawbacks of volunteering

As Figure 3 illustrates (see page eight), hospice volunteers get numerous benefits out of volunteering. Nearly all volunteers (96 per cent) agree that volunteering gives them the satisfaction of doing something worthwhile, while 70 per cent say they meet people and make friends, and 49 per cent say that volunteering gives them a broader experience of life. Twelve per cent appreciate the new skills they acquire through volunteering, but less than one per cent identify as a benefit of volunteering the chance to get a qualification or the enhancement of employment prospects, a finding which, as already noted, is likely to be linked to the age profile of the volunteer workforce. The following quotes illustrate the range of benefits volunteers get from their volunteering:

'A bit of manual exercise and completing a task.'

'A lot of fun.'

'Chance to use some of my nursing experience.'

'Different from the day job.'

'I just like it.'

'It's my day for me.'

'You appreciate your own life more.'

As Figure 4 shows (see page eight), most volunteers are satisfied with their volunteering, although a minority have encountered difficulties. The biggest criticism is that the volunteering could be better organised (selected by 13 per cent of volunteers). Nine per cent feel that their efforts are not always appreciated and four per cent say they find themselves out of pocket as a result of their volunteering. Other drawbacks identified by volunteers include:

'Coping with some bereavements.'

'Have to be careful not to tread on anyone's toes.'

'If not busy, then time drags by.'

'Lack of interest from paid staff.'

'Sometimes treated as the lowest of low by paid staff.'

'The hours don't always fit in with my full time employment.'

Figure 3: Benefits of volunteering

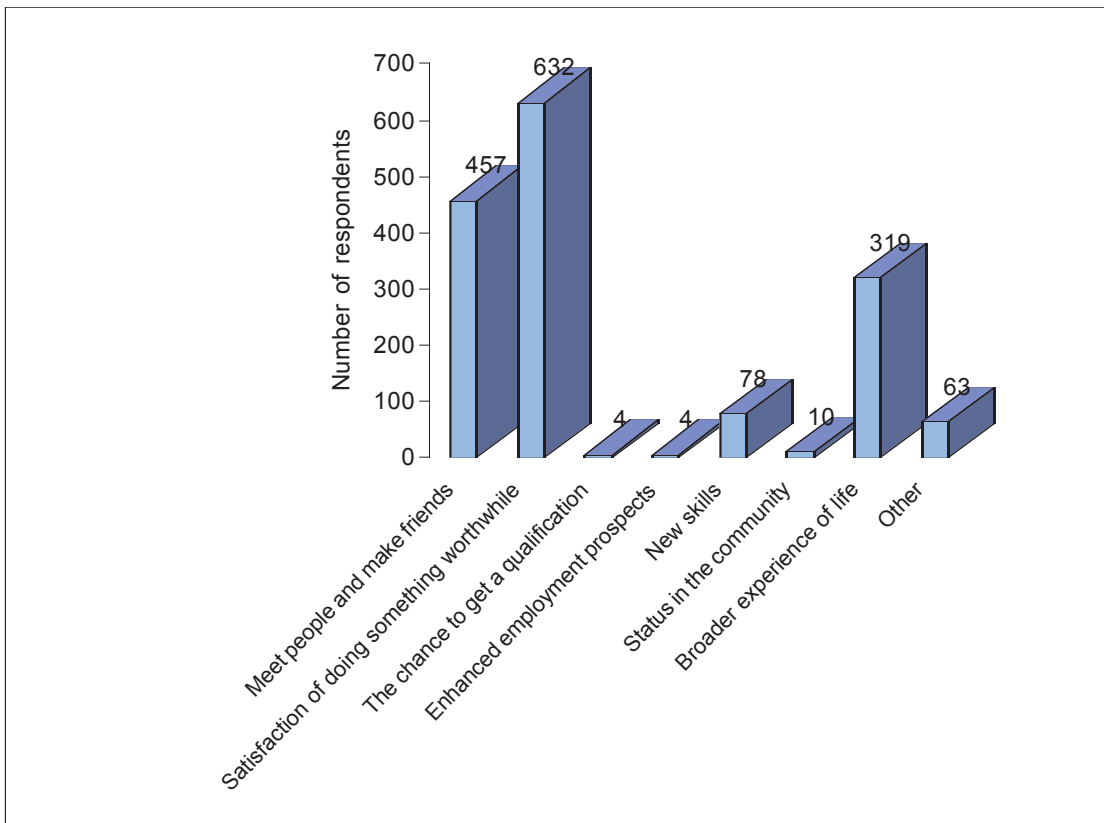
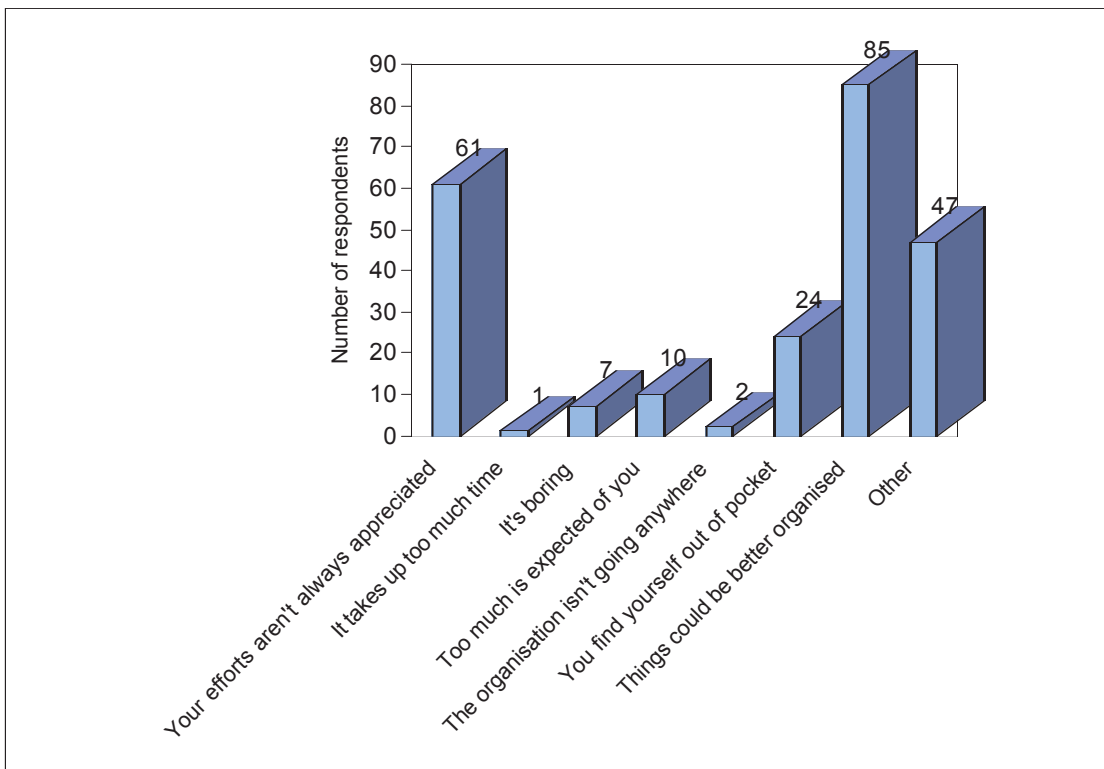


Figure 4: Drawbacks of volunteering



Volunteer recruitment

Table 4: Effectiveness of recruitment methods

Effectiveness	Local community talks	Reputation	Advertisement	Word of mouth	Other
Very effective	5%	45%	7%	62%	14%
Effective	12%	40%	19%	24%	32%
Average	46%	9%	29%	8%	23%
Less effective	27%	1%	31%	3%	14%
Not effective	10%	5%	14%	3%	16%
Base (hospices)	139	148	134	148	22

As Table 4 reveals, the most successful recruitment methods are word of mouth and reputation of the hospice. Advertisements and community talks are seen as significantly less effective.

Twenty-two per cent of hospices are involved with employee volunteering schemes in some way. Examples include offering opportunities for employees from local companies to get involved in group volunteering activities, such as painting a spare room, erecting staging and stalls for an event or sorting out the garden, or by taking on a secondee from a company for a day or two a week.

Recruitment procedures

Would be volunteers are required to go through a variety of different recruitment procedures before becoming a volunteer, as Table 5 illustrates. Many of these are common across hospices, although some hospices appear to have their own unique systems. All hospices require volunteers to undertake an interview and the vast majority to complete an application form and provide references. Most hospices also require volunteers to undergo a criminal records check, whilst a half include a health check in their recruitment procedure. Other less common procedures include: 'confidentiality agreements' and 'driving assessments for drivers'.

Table 5: Volunteer recruitment procedures

	Percentage
Interview	100
Application	98
References	98
Criminal Record Bureau disclosure	84
Introduction prior to commencement	80
Health check	48
Other	20
Base (hospices)	153

Recruiting volunteers over the next five years

Sixty-one per cent of hospices think it will get more difficult to recruit volunteers in the future, with later retirement being cited as the prime cause. Other key contributing factors are held to be changes to legislation, which will make it more difficult for people to volunteer, and the 'economic climate'. Other reasons cited include:

'Less people willing to give up their time to volunteering in the 25-45 age group.'

'Far too much red tape.'

'Grandparents involved heavily in child care'

'Not fashionable.'

'Other organisations needing volunteers.'

Although recruitment is a major headache for co-ordinators and managers, problems are also felt to be caused by the longevity of some volunteers, who become set in their ways and resistant to change, and who perhaps form a block to the involvement of new, younger recruits. One co-ordinator complained that the main difficulty faced was 'dealing with difficult personalities, older volunteers not wanting things to move forward', and another concurred, saying that the main difficulty was 'occasional personality clashes between volunteers' and the 'sometimes reluctance of "old hands" to move with the times'. Far from recruitment being the main problem, one co-ordinator commented that 'retirement of volunteers is the main problem'.

Supporting volunteers

As Table 6 illustrates, volunteers receive a variety of different forms of support from their hospice. The most common are social activities and feedback sessions, followed by support groups, feedback surveys, buddying schemes and advocacy services. There is overwhelming satisfaction from volunteers over the support provided by hospices, with 97 per cent of respondents expressing themselves either very satisfied or satisfied with the support received.

Table 6: Activities carried out to support volunteers

	Percentage
None	2
Social activities	79
Feedback sessions	76
Specific support groups	58
Questionnaire on how volunteers feel about changes/events	40
Buddying	32
Advocacy for volunteers	26
Other	26
Base (hospices)	151

Giving volunteers a voice

Most hospices offer opportunities for volunteers to have a say in the way their volunteering is organised. Three-quarters of hospices hold meetings in which volunteers are offered a chance to express their views, and 70 per cent have an 'open door policy with senior management', which serves a similar function. Forty-seven per cent operate a comment box and 35 per cent have volunteer representation on committees or sub-committees.

Providing information

Hospices utilise a variety of mechanisms for providing information to volunteers. The most common such mechanism is meetings, with 91 per cent of hospices saying they use this method. Two-thirds of hospices provide information through a handbook and through social events (67 per cent and 66 per cent respectively), with 22 per cent utilising videos. Other favoured means of keeping in touch with volunteers include notice-boards, email and website, and volunteering forums.

Most volunteers seem happy with the level of information provided by the hospice. Eighty-one per cent of volunteers said they are always clear about what they could expect from the hospice as a volunteer, with the remainder saying they are sometimes clear about it. Similarly 82 per cent of volunteers said they are always clear what the hospice expects of them, with 18 per cent saying they are sometimes clear. Ninety-nine per cent of volunteers rate their relationship with hospice staff as either very good or good.

Recognition of volunteers

Almost all hospices provide some sort of recognition for their volunteers. The most popular methods are the organising of volunteer events (favoured by 92 per cent of hospices), providing training opportunities (85 per cent), producing newsletters (74 per cent), running award schemes (74 per cent), providing thank you cards (50 per cent) and acknowledging birthdays (33 per cent). Other less common methods include providing Christmas gifts and get well cards.

Evaluation of volunteers

Sixty-seven per cent of hospices have in place systems for evaluating the impact of their volunteers. Forty-five per cent do this through carers and patient assessments, and 22 per cent through wage replacement assessments. Twelve per cent evaluate the effect in some other way, for example, through annual job appraisals and informal interviews with volunteers and members of the team.

Policies for volunteers

Hospices have in place a variety of policies to deal with different aspects of volunteering in the workplace, as Table 7 shows. The most common policies are health and safety, and recruitment (both in place in 84 per cent of hospices). These are followed by four policies in place in three-quarters of hospices: training, insurance, driving, and grievance. Two-thirds of hospices pay expenses and operate a disciplinary policy. Four policies are in place in around half of hospices: supervision, screening, complementary therapies, and risk management. About two-fifths of hospices have appraisals for volunteers and a quarter carry out exit interviews. Other less common policies in place include those covering: dress code, equal opportunities, smoking, and policies relating to volunteers as relatives of patients.

Table 7: Selected policies for volunteers

	Percentage
Health and safety	84
Recruitment	84
Training	77
Insurance	75
Driving	73
Grievance	73
Payment of expenses	69
Disciplinary	67
Supervision	53
Screening	52
Complementary therapies	49
Risk management	46
Appraisal	37
Exit interviews	27
Other	10
Base (hospices)	153

Induction and training

The vast majority of volunteers in hospices are in receipt of basic induction and training, and most are very satisfied with the experience. Eighty-five per cent of volunteers receive some induction and, of those who do, 98 per cent are either very satisfied or satisfied with the experience. Similarly 81 per cent of volunteers receive training from their hospice, with satisfaction levels running at 99 per cent.

The vast majority of volunteer managers and co-ordinators (96 per cent) are involved in training volunteers. Eighty-eight per cent are involved in preparing training and 85 per cent in delivering it. The most common forms of training delivered to volunteers are: reception, driving, and health and safety, which are provided by about a half of all volunteer managers and co-ordinators. The next most common areas include 'moving and handling' (delivered by 30 per cent of volunteer managers and co-ordinators), food hygiene (25 per cent), bereavement (21 per cent) and home visiting (19 per cent).

Less common areas of training for volunteers include training on working with children, delivered by only three per cent of volunteer managers and co-ordinators, although this figure rises to 30 per cent among those hospices specifically caring for children. Other minority forms of training offered to volunteers include: basic computer skills, communication, complementary therapies, confidentiality, equal opportunities, fire, HIV/AIDS infection control, listening skills, and principles of good practice.

Problems encountered in involving volunteers

As Figure 5 shows, the most common problem experienced by hospices in involving volunteers is volunteers not following protocol (reported by 44 per cent of volunteer managers). Next comes various personal problems, followed by problems with staff challenging volunteers and volunteers challenging staff. The following quotes from volunteer managers illustrate the nature of some of the problems encountered:

'A lot of volunteers have been here for a very long time and are quite vociferous in their approach.'

'Helping volunteers to feel part of the team.'

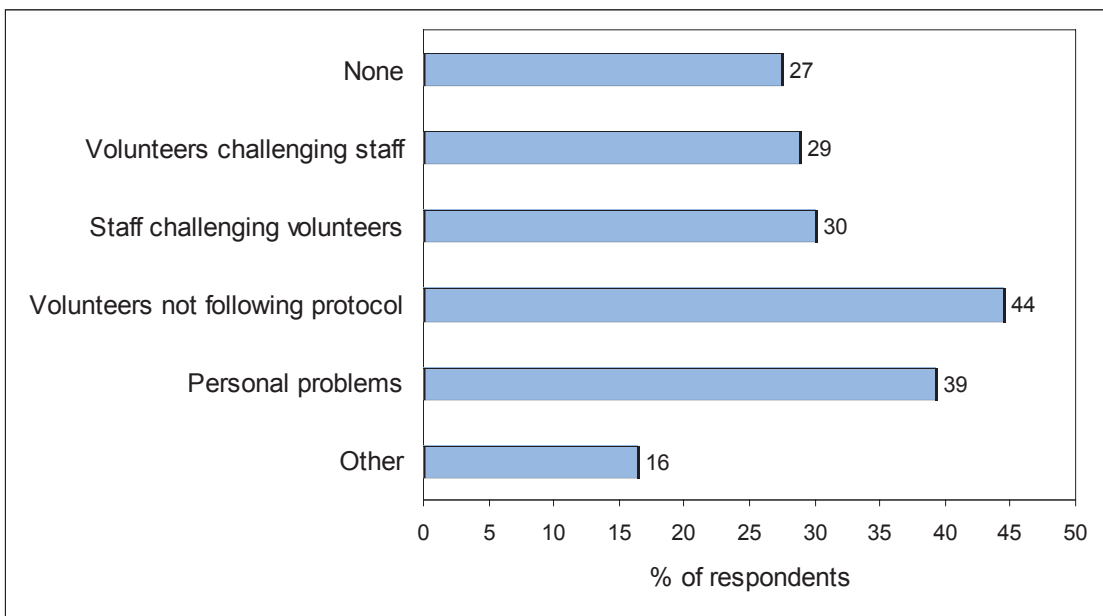
'Management appreciation of volunteers.'

'Not attracting the right volunteers.'

'Recruitment of minority ethnic groups.'

'Retention and managing the odd very challenging volunteer.'

Figure 5: Main problems encountered in a volunteer programme



3. The Volunteer Manager

Role and job title

Staff who are responsible within hospices for the support and management of volunteers go by a variety of job titles. Some of the differences may be simply a question of semantics, but others may suggest a difference in status and role within the organisation.

Fifty-one per cent of staff with responsibility for volunteering have the title co-ordinator, typically either Volunteer Co-ordinator or Voluntary Services Co-ordinator. A further 36 per cent have the title manager, usually either Voluntary Services Manager or Volunteer Services Manager. A number of staff have dual job titles, which reflects the fact that volunteer co-ordination or management is just one part of their job, for example, Community Fundraiser and Volunteer Co-ordinator, and Volunteer Service Manager / Public Involvement Co-ordinator.

A small number of staff with responsibility for volunteers have some other title, such as Head of Voluntary Services and Volunteer Organiser, and a few have no reference at all to volunteering in their job title, for example: Facilities Manager, Human Resources Manager, Night-Sitting Service Manager, and Transport Co-ordinator.

Previous experience

Those responsible for volunteering within hospices come to the job with a variety of skills and past experiences, which can be broadly broken down into the following eight categories: similar positions; managerial roles, secretarial or administration; personnel and training; health background; education and teaching; other positions in the voluntary and statutory sectors; and other roles, such as bank clerk or police officer.

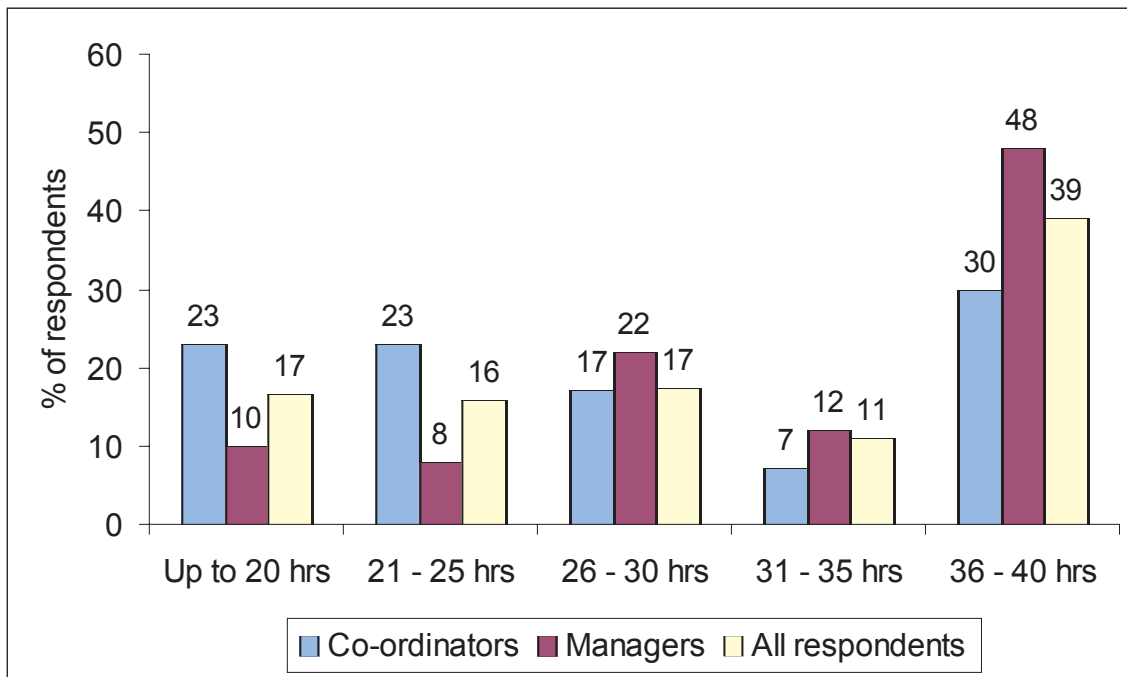
Hours and length of service

As Figure 6 illustrates (see page 14), most managers and co-ordinators do not work full-time, the average working week being in the region of 30 hours, with a range of three to 40 hours a week. Co-ordinators and managers appear to work different hours, with co-ordinators on average working 28 hours a week and managers

32 hours. Only 37 per cent of co-ordinators are contracted for a full working week compared with 60 per cent of managers.

The rate of turnover in post appears to be fairly low, with the average period of employment for managers and co-ordinators being five and a quarter years. Once again there appears to be a difference between co-ordinators and managers, with the average period in post for co-ordinators being over two years less than the average for managers.

Figure 6: Number of hours contracted by respondent



Salaries

On average volunteer managers and co-ordinators in hospices earn around £18,700 per annum for a 37 and a half hour week. Such a figure masks a wide variety of different pay levels, with salaries ranging from less than £10,000 per year to £32,000 (for a Personnel Manager with volunteer manager responsibility). In reality the take home pay of volunteer managers and co-ordinators, however, is lower than this average as most staff work less than full-time. Based on the estimated average working week of 30 hours, the average take-home salary of hospice volunteer managers and co-ordinators can be calculated at just under £15,000 per annum.

Not surprisingly volunteer co-ordinators have lower salaries on average than volunteer managers. The average full time salary for co-ordinators is £17,000, compared to £19,600 for managers. The difference is even more pronounced if we look at actual pay because co-ordinators are generally contracted for fewer hours. The average actual pay for co-ordinators is £13,000 compared to £16,900 for managers.

Pensions

The vast majority (86 per cent) of volunteer managers and co-ordinators are provided with a pension scheme by their hospice, although a significant minority (14 per cent) are not. Volunteer co-ordinators are slightly less likely than managers to have a pension scheme.

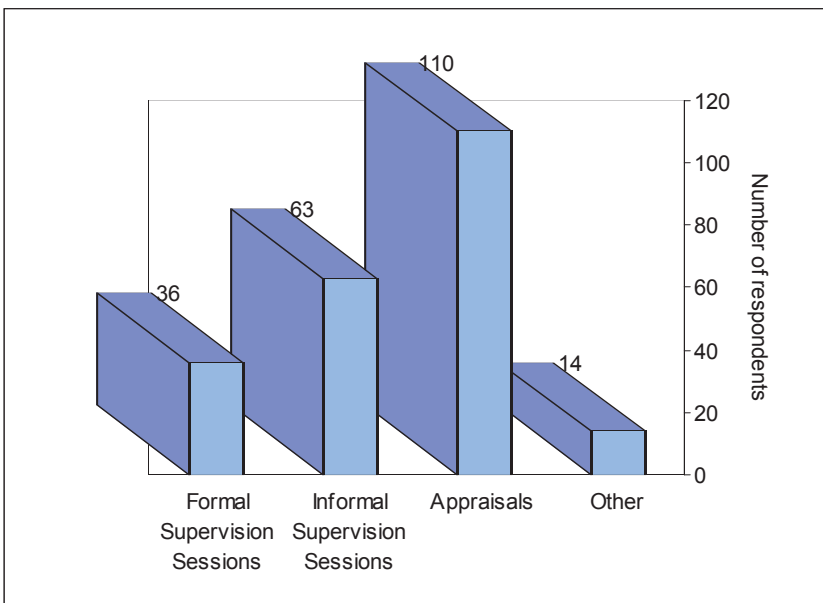
Reporting structures and membership of senior management team

Management structures for volunteering vary between hospices. Thirty-four per cent of volunteer co-ordinators and managers report to Managers of various kinds, for example, the Administration and Personnel Manager or the Hospice Manager. Twenty-four per cent report to Directors or Trustees, for example, the Administrative Director, the Finance Director or, in one instance, the Chairman of Trustees. Nineteen per cent of volunteer managers and co-ordinators report directly to the Chief Executive, eight per cent report to Matrons and seven per cent to Department Heads, such as the Head of Corporate Services or the Head of Palliative Services. Almost a half (43 per cent) of volunteer co-ordinators and managers are members of Senior Management Teams within the hospice.

Supervision and appraisals

There are also a variety of supervision arrangements in place in hospices, as Figure 7 shows. Eighty per cent of co-ordinators and managers have appraisals, 47 per cent have informal supervision sessions, and 28 per cent have formal supervision sessions. Other less common arrangements include: 'As and when required by me or manager', 'Regular weekly meetings with all staff' and 'Peer support six to eight weekly with Voluntary Services Manager at another Hospice'.

Figure 7: Supervision and appraisals



Facilities

As Table 8 illustrates, about a half of volunteer co-ordinators and managers share their office with other staff and volunteers, while a further half have their own working space. Personal computers and email are available to most staff. Three-fifths of co-ordinators and managers have access to a fax machine, and two-fifths have an answering machine and secretarial support. A third of staff have a budget for voluntary services but less than one-fifth have an assistant voluntary services manager. With the exception of PCs, managers are more likely to have each of the facilities than co-ordinators.

Table 8: Facilities available to respondents

Facility	Co-ordinators	Managers	All respondents
Own office	41%	48%	46%
Shared office	57%	52%	53%
PC	94%	86%	90%
Lap-top	3%	10%	8%
Fax	56%	62%	57%
Email	81%	88%	84%
Answering machine	27%	54%	43%
Assistant Voluntary Services Manager	10%	26%	18%
Secretarial support	34%	56%	42%
Voluntary services budget	20%	50%	32%
Training	61%	82%	67%
Other	-	4%	1%
Base (volunteer managers)	70	50	138

Levels of responsibility of volunteer co-ordinators and managers

The number of volunteers managed by staff, and the system for managing volunteers, varies between hospices. The average number of volunteers managed by a volunteer co-ordinator or manager is 290, ranging from one volunteer to 1,500 volunteers.

On average each hospice volunteer co-ordinator and manager is responsible for volunteers across three different sites. Sixty-two per cent of staff are responsible for just one site while eight per cent are responsible for ten or more sites.

Twenty per cent of co-ordinators and managers manage volunteers indirectly, with line management delegated to another member of staff. Thirty-eight per cent manage their volunteers directly, with a similar proportion engaged in both direct and indirect management of volunteers. Co-ordinators are more likely to be involved in the direct management of volunteers than managers. The range of management structures are hinted at by the following quotes:

'Some areas the volunteers are managed by line managers, others by me directly. Shops managed by Retail Supervisors.'

'Clinical volunteers are managed by nursing staff, all other volunteers by myself. Shop volunteers are managed by Retail Manager.'

'Directly for all involved in patient care, indirectly for others e.g. complementary therapy, bereavement, outlying areas of home-care.'

Responsibility for policy development and paid staff

Nearly all volunteer managers and co-ordinators in hospices (96 per cent) are involved in the development of volunteer guidelines, with nearly two-thirds having responsibility for developing policy and volunteer services (66 per cent and 61 per cent respectively). Managers are more likely than co-ordinators to be involved in such development activity.

Thirty-six per cent of volunteer co-ordinators and managers have line management responsibility for paid staff, with managers twice as likely to have such responsibility as co-ordinators. The most common roles reporting to co-ordinators are various forms of assistant (e.g. Admin Assistant and Assistant Voluntary Services Co-ordinator) and secretary. For volunteer managers typical staff reports include: Voluntary Services Manager Assistant, Secretary and Volunteer Co-ordinator.

Almost half of volunteer managers and co-ordinators (44 per cent) have other roles to fulfill in addition to that of volunteer management, with the figure rising to 53 per cent for volunteer managers.

Problems experienced by volunteer co-ordinators and managers

The problems experienced by volunteer co-ordinators and managers fall into a number of different areas. One area of concern is the low status which volunteering has in some hospices, which is held to be reflected in the low salaries of co-ordinators and managers, a lack of recognition of the management role in the job, a lack of a dedicated budget and the lack of senior management support for volunteering. Typical concerns include:

'Not being part of senior management team, have very little input to major decision making; senior management have very little time so I can never sit down with them to discuss things.'

'Total lack of budget means it's difficult to deal with volunteers' requests for work-gear etc. and to reward them for long service etc.'

'Lack of understanding by management for the need for volunteers to have a dedicated manager. My role is being swallowed up into Human Resources and suffocated by administration.'

'Sometimes feel isolated, sometime lack of planning by other departments - five minutes notice for need of volunteers.'

A more general problem is seen as the difficulty in recruiting and managing volunteers. There is a common perception among co-ordinators and managers that it is becoming more difficult to recruit volunteers and that difficulties remain in trying to ensure broader staff buy-in within the hospice for the involvement of volunteers. Changes in legislation are felt to be making the whole process of volunteer management more cumbersome and bureaucratic. The following quotes illustrate some of these problems being experienced by co-ordinators and managers:

'Communication with staff and them recognising the importance of communicating with volunteers.'

'Making sure volunteers have a role and are valued by staff, so they in turn feel valued.'

'Finding and keeping volunteers; waiting time for disclosure returns; paperwork and filling in questionnaires!!'

'Red tape, keeping up with laws, huge paperwork, need more hours to do the job and help.'

'Recruitment due to bureaucracy e.g. interviews, training, CRB checks, references, occupational health clearance etc.'

For many co-ordinators and managers, however, the biggest problem encountered is the lack of time to do the job properly. A common complaint is that they are being asked to do a full-time job on a part-time basis, with little or no staff assistance or administrative help. With a large volunteer team to manage, in excess of 150 for most hospices, there is felt to be little time to devote to personnel matters or more strategic, developmental issues, as the following comments illustrate:

'Being a Voluntary Service Manager in large chain of PAMS / Nursing staff leaves little time for volunteer problems requiring discussions.'

'Full time job in part time hours; very small staff team means "all hands on deck" approach to all events, activities.'

'Not enough time! Could do with actually being full time. The role is so diverse and varied it is difficult to fit it all in!'

'Too many volunteers to look after and too little time. "Fire-fighting" - no time to react in a considered way to issues.'

Future changes

Most volunteer co-ordinators and managers have ideas on how volunteering can be improved within hospices. Key to improvement is seen to be the recruitment of more volunteers, in particular young volunteers, as Table 9 shows. There is also some support for volunteers to be represented on the boards of trustees of hospices, and for volunteer managers to be included within the senior management structure. Some three in ten co-ordinators and managers, however, feel that things are okay as they are and that no specific changes are required.

Table 9: What would you change about volunteering in your hospice?

	Percentage
Increase number of young volunteers	34
Increase volunteer numbers	31
Volunteer representative on Board of Trustees	26
Have events for volunteers to meet up away from the hospice	16
Voluntary Services Manager would be member of the Management Committee	15
Have more training	10
Improve induction course	6
Review job description	5
No change	27
Base (volunteer managers)	640

4. Discussion and recommendations

An essential resource

This report provides us with a valuable insight into the state of volunteering within UK hospices at the beginning of the twenty-first century. It suggests that volunteering is thriving and that volunteers continue to play an essential role in the work of hospices. It is no exaggeration to say that without the input of volunteers hospices would not be able to operate, at least not on the scale they currently do.

Volunteers are involved in nearly all aspects of hospice life, with the exception of direct nursing and patient care, which traditionally has been seen as the preserve of paid professionals (although some hospices are beginning to look for opportunities for suitably trained volunteers to play a role here as well). Most volunteers are very committed to their work, put several hours a week into their volunteering, stay with the hospice for a number of years, and, rather than reducing their contribution over time, most volunteers take on more activities the longer they remain. The overwhelming majority of volunteers are satisfied with their volunteering, deriving significant personal benefit out of their involvement as well making an important contribution to their local community. Most are happy with the training and support they receive and most get on well with their paid colleagues. The overwhelming picture is of a highly motivated, committed and satisfied group of people making a vital contribution in this crucial arena of health care. Despite concern about recruitment becoming more difficult in the future, most are optimistic and see scope for an expansion of volunteering in hospices over the next five years.

The challenge of diversity

But within this overall positive picture challenges remain if hospices are to fully utilise the volunteer resource. Perhaps chief among these is the challenge of embracing diversity. Currently hospice volunteers are drawn from a fairly narrow stratum of society, in that they tend overwhelmingly to be female, white and over 55 years of age. Why this is so is not revealed in this report. It may be that this type of volunteering is more attractive to this group of people - certainly older people are more likely to come into contact with hospices through the care they provide for

family and friends. But there is also likely to be a cloning effect going on, as the heavy reliance made by hospices on word of mouth as a recruitment mechanism leads to volunteers recruiting other volunteers in their own image.

This homogeneity is not sustainable in the future as older people's time becomes increasingly squeezed, both by an explosion of other possible volunteering, paid work and leisure opportunities and by increased caring responsibilities, a fact recognised by Voluntary Service Managers, who anticipate recruitment becoming more difficult over the next few years. Hospices will be forced to widen their recruitment net if they are to continue to provide the same level of services as they currently do. But there are other pressures to diversify quite apart from the likely decline in the existing volunteer base. If hospices are to present themselves as organisations which fully reflect the profile of the communities in which they operate, then it is paramount that they begin to offer a more heterogeneous public face. A diverse volunteer (and indeed paid) workforce says something very powerful about the nature of the organisation and the market it is aiming to reach. Hospices will need to explore new avenues for engaging the interest of men, young people, and people from black and minority ethnic communities not only if they are to survive at current levels in the future but if they are to fully embrace the diversity of community life.

Such developments will have resource implications for hospices in terms of outreach work to attract new types of volunteers and enhanced support and training for volunteers (and volunteer managers). Hospices might find that the new intake of volunteers have different aspirations and expectations from their traditional supporters; younger volunteers, for example, might be more inclined to see their volunteering as a means of learning new skills and getting into paid employment and may be less willing to sign themselves up for an extended period of service, preferring instead the flexibility to move in and out of volunteering as their other interests allow. Hospices will need to adapt their practices and procedures if they are to retain the interest and commitment of this new group of volunteers, although in the (very laudable) drive to diversify their volunteering base they will need to be sensitive to the needs and interests of their traditional volunteers who may be resistant to

rapid change.

Management excellence

The work of volunteers is overseen by a highly committed, skilled group of co-ordinators and managers. Drawn from a variety of different backgrounds in the voluntary and public sector, Voluntary Service Managers are responsible for the organisation and management of well over 200 volunteers per hospice, often split across several different sites. Salaries vary from hospice to hospice but average out at about £15,000 for a 30 hour week, with managers earning slightly more than co-ordinators as befitting their higher status within their organisation. Most co-ordinators and managers are responsible not only for the direct or indirect management of volunteers, but also for the strategic development of volunteering within the hospice. Most are in receipt of training and most have access to a range of office facilities, including PCs and fax, to help facilitate their work. Many Voluntary Service Managers are well integrated into the management structure of their hospice, with about one in two in membership of the senior management team.

However, in other hospices such staff occupy a more junior position within the management hierarchy, making it all the more difficult to exercise influence across the organisation. If volunteering is going to be given the status it deserves within hospices then a case can be made for enhancing the role and function of the staff member with lead responsibility for volunteering. All senior management teams should have someone on them with responsibility for the strategic development of volunteering within the hospice, and each hospice should identify a dedicated budget line for the development of volunteering. Boards of trustees should also be invited to identify an individual whose responsibility it would be to champion volunteering at the governance level.

Tightening up on practice

Systems are in place in most hospices to deal with such volunteer-workplace issues as recruitment, selection, supervision and appraisals. Most hospices have a volunteering policy and most offer a range of induction and training services to volunteers. Most hospices take seriously the need to recognise and value their volunteers and have developed a range of schemes and systems for expressing their

gratitude. Indeed in comparison to other industries, hospices would appear to be at the top end in terms of volunteer management practice. However, there is a need to guard against complacency. Despite the fact that the vast majority of volunteers appear to be satisfied with their experience, a minority do have criticisms which deserve to be listened to by hospices. Some volunteers complain of poor organisation (a familiar criticism which was voiced in the 1997 National Survey of Volunteering).⁵ Others complain of not being properly valued or of being out of pocket as a consequence of their volunteering.

Hospices should review their current management practice in relation to volunteers and tighten up procedures as and where necessary. Conversely, however, hospices need to guard against over formalising the volunteer experience. Already volunteers are being asked to jump through numerous hoops before they get to volunteer, including being subject to interviews, training and criminal records checks, and care needs to be taken that hospices don't over complicate the volunteering experience by surrounding it with too much of the paraphernalia of paid work. Hospices should introduce only those systems deemed necessary for the effective management of volunteers and should endeavour at all times to try and retain some of the informality and flexibility which lies at the heart of the volunteer contract.

Getting buy-in across the organisation

In many hospices staff, at all levels, are involved with volunteers and are supportive of their involvement. But this is not universally the case. In some hospices there is little buy-in from staff outside of the immediate volunteering 'unit' and suspicions remain that volunteers are being utilised primarily to cut costs and reduce staffing levels. If hospices are to be successful in taking volunteering to the next stage of development then they need to ensure that all staff, from the senior management team onwards, are signed up to the volunteering programme and committed to making it work. Volunteering needs to be owned and valued by the organisation as a whole if it is to avoid being marginalised. This will require hospices to be sensitive to the concerns and fears of paid staff, and any attempts to develop new

⁵ Davis Smith J (1998) *The 1997 National Survey of Volunteering in the UK*. Institute for Volunteering Research.

volunteering roles, especially in such sensitive areas as nursing care, should only be undertaken in consultation with paid staff and their representatives.

Conclusion

Hospices are set to play a greater role in health service provision in the coming years as government looks to the voluntary sector to expand its role in the delivery of public services. Key to the ability of hospices to deliver on this expanded role will be the further development of the volunteer resource. Already volunteers play a crucial role in the delivery of hospice services and the foundations are in place to enable this take-off to take place. Hospices can be proud of their volunteering past. Most are built around a conscious commitment to the engagement of volunteers and many have developed effective policies and systems over the years to maximise the volunteer contribution. However, times change and new challenges emerge and hospices need to adapt and develop their practices if they are to continue to stand at the forefront of the volunteer movement. New people need to be attracted into volunteering and policies need to be tightened up and fine-tuned to ensure that volunteers are able to deliver the maximum impact, free from the straightjacket of excessive bureaucracy. Perhaps most crucially of all hospices need to recognise the centrality of volunteers to their work and ensure that the necessary investment is made in the management and support of this essential human resource.

**Volunteering in UK hospices:
looking to the future**

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