

Professionalising Volunteers?

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Overview

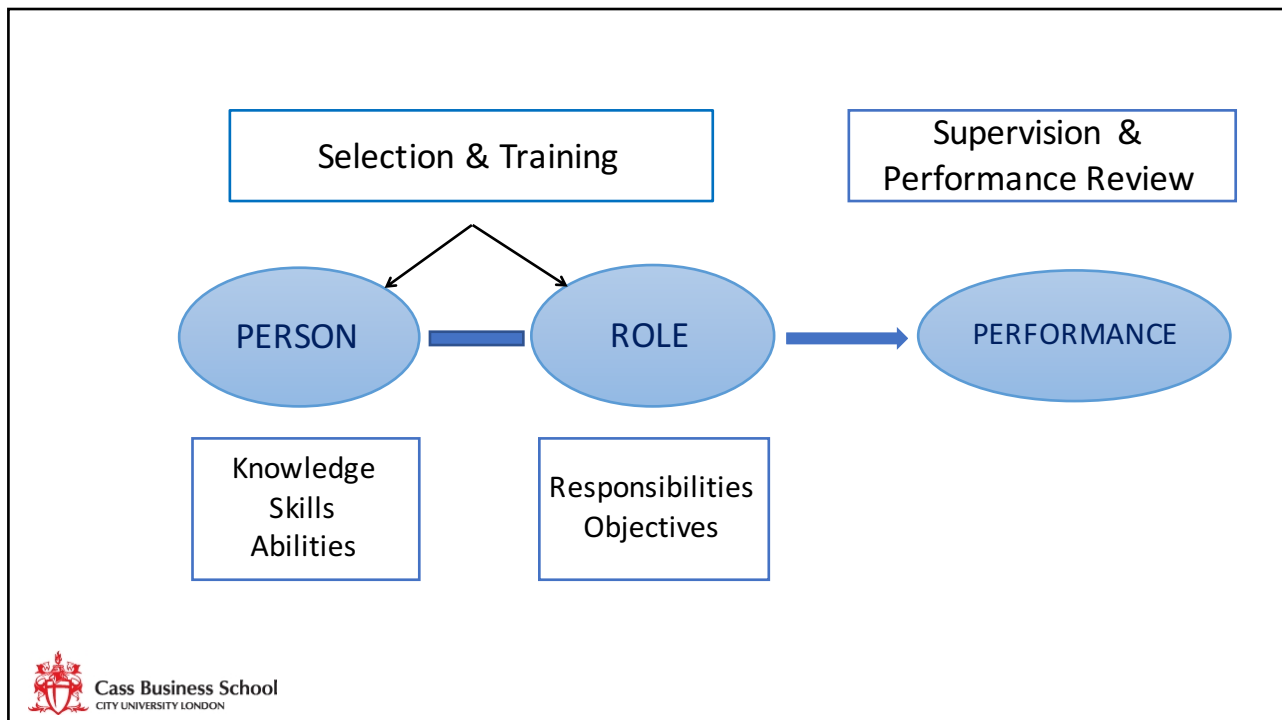
- Does human resource management (HRM) have a role to play in volunteer management?
- Key drivers
- Advocates and opponents of 'professionalization'
- What we know and don't know
- The project: befriending adults with mental health problems
- Findings
- Implications and next steps

Drivers of 'professionalization'

- Philanthropists and government funders
- Competition for funds
- Pressure for transparency, accountability, efficiency and 'value for money':
 - Management systems needed to collect information on how donations are spent and the benefits that ensue

Arguments for...

- Improved selection, training and supervision of volunteers leads to greater efficiencies and improved performance
- Greater understanding of role reduces stress, and increase retention and satisfaction
- Improved safe-guarding
- Organisations may value volunteers more



Arguments against....

- Morally wrong
 - Leads to downstream professionalization of volunteer roles
 - Implies a managerial hierarchy
 - Reflects employment-centred managerial bias that assumes the organisation's aims must be prioritised
 - Devalues volunteer contributions (who give their time and skills for free)
 - Contradicts values of volunteerism (i.e., altruism, participation, collaboration)
- Practically difficult
 - Volunteers are not contractually tied to an employment relationship
 - Can reduce trust between volunteers and organisers

What do we know?

- Relatively little systematic research on the use of HRM in volunteering
 - Both where and how these practices are used
 - Yet there are plenty of 'best practice guidelines' and toolkits on offer
 - More research on motivations to volunteer
- Anecdotally...
 - Volunteers are notoriously difficult to manage
 - They give their time for free, but are often time-poor
 - They have more power over whether or how they give their time

Befriending in Mental Health

- UK care policies mean more people living in the community
- Increasingly stretched health sector
- Government policies - volunteering as 'third stream' provider of care
- Increasing number of individuals suffering from social isolation



Background to project



- Professor Stefan Priebe
- NIHR sponsored collaborative research (QMUL, KCL, UCL, City UL, NHS, IVR)
- 4-year project to investigate the potential benefits of volunteer befriending for adults in the community with MH difficulties
- Establish and evaluate a trial programme in East London
- Our role - case studies of 15 befriending schemes to identify best methods for recruiting, training and supervising befriendees (trial and dissemination via web-page)



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Befriending

- Befriending is one of the most intensive forms of volunteering; defined as *'a relationship between two or more individuals, which is initiated, supported and monitored by an agency that has defined one or more parties as likely to benefit... (and where ideally)... the relationship is non-judgemental, mutual and purposeful, and there is commitment over time'* (Dean & Goodlad, 1998, p.5), it typically requires that volunteers form long-term support relationships with a vulnerable person



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- Research Question 1

- What methods are befriending schemes using to recruit, train and supervise befrienders?

- Stage 1 - Internet search – short structured interviews with 33 scheme co-ordinators

- Research Question 2

- Do volunteer befrienders and co-ordinators experiences reflect 'professional' HRM practices?

- Stage 2 - Semi structured interviews with 27 befrienders and 20 co-ordinators
 - Motivation and previous experience of mental health
 - Thematic analysis of transcripts



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Stage 1

- Internet search to identify befriending schemes
- Selection Criteria (217 → 33 schemes)
 - Face-to-face befriending for adults (i.e., 18-65 years) living in the community and experiencing mental health difficulties
 - Schemes must be in England and have been operating for more than six months
 - Befriending should be free and relationships should last for more than two months
- Short 15 minute structured interviews

Stage 2

- Semi structured interviews
 - $N = 27$ volunteers and $N = 20$ co-ordinators
 - 15 schemes (4 NHS, 11 Vol.)
 - *Experiences* of recruitment, training and supervision



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Findings - Recruitment

- Co-ordinators use formal systems 'loosely'
- Perceived 'fit' = emphasis on fitting values
- Volunteers aren't rejected
- Some motives better than others (e.g., personal experience vs. work)
- Volunteers with MH difficulties encouraged and supported

- 62% of schemes report problems in recruiting volunteer befrienders

(Dean & Goodlad, 1998)



After people have made contact with us, we arrange for them to come in and have a chat, sort of an informal interview. Then we give an application if we feel they are suitable.... It works very well because it sieves people out who are maybe not suitable [C13]

We really welcome people who have experienced mental health problems themselves, because they have a real deep understanding of what people are going through. It's the kind of experience that you can't gain just through studying (C13).

This person just hadn't been open on their application about a previous criminal record they had. We do have people that have a criminal record. They meet with me a second time. We would go through a risk assessment, find out a great deal about the reason they had a criminal record and we would then make a decision based on that interview (C19)



Findings - Training

- *a continuation of selection*
- *very diverse – (1/2 day – 6 days)*
- *'mandatory' but not enforced*
- *Co-ordinators adapt to volunteers' needs*



- *On the three days they have to do the compulsory training programme, I am sort of vaguely assessing them as they go through (C12)*



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They do exactly the same in the sense of what our staff do. The whole Trust induction training. It's a day and a half of training (C19)

It is recommended. But you don't particularly have to attend, because you are volunteering your time again (V11)

If you can't go to the training you can have more sessions one-on-one with your coordinator (V8)

It doesn't work out that all the new volunteers can access the training at the same time, (so) they come for it at different times (C9)

(Training) could be during the day, it could be at 8 o'clock in the evening at their house. We just tailor it to their needs, really. (C16)



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Findings - Supervision

- *Very diverse in methods and frequency*
- *Driven by volunteer needs*
- *Procedures exist but are not necessarily adhered to*
- *Time implications for co-ordinator*
- *'Darkside' of volunteering?*



We did try to do group supervision but people didn't turn up. So we're aware that people are doing this for free so we try to give them what they need and not ask for much more and really to focus on the relationship (CP4)

The support and supervision group is useful, but it's problematic because we don't have a lot of attendees. you've got a problem where you've either got nobody turning up or you've got loads of people turning up and the meeting going on for hours (V41)

They are supposed to feedback after every session, email or do it by phone or do it by text. We don't mind as long as they do it. But it has been an issue with some people not doing it and us losing track of them. That's been a real problem. (C30)

I'm rubbish at filling forms in. I just can't be bothered, if I'm honest. It sounds awful, but there you go. They will ring, or email me and make sure everything's alright. (V46)

C1	M	4	Yes	Support worker for 4 years
C2	F	<1	Yes	Worked in mental health field for 7 years (charities, housing support)
C3	M	1.5	Yes	Advice services for young people (physical and mental health)
C4	M	7	No	-
C5	F	3	Yes	Working with vulnerable people (eating disorders, anxiety, depression, abuse, drug dependence)
C6	F	<1	Yes	Support worker; mental health field for 6 years
C7	F	2	Yes	Supporting people with mental health issues back into paid work
C8	M	1.5	Yes	Working with service users
C9	F	<1	Yes	Personal experience of mental health difficulties (Self)
C10	F	16	Yes	Personal experience of mental health difficulties (Family)
C11	F	1	Yes	Working with service users
C12	F	3	Yes	Working with service users for 7 years
C13	F	1.5	No	-
C14	F	5	Yes	Qualified counsellor
C15	F	18	Yes	Administrative support in mental health
C16	M	9	Yes	Trained Occupational Therapist; worked with people with mental health issues in community
C17	F	3	Yes	Qualified mental health counsellor
C18	M	3	Yes	Worked in health and social care setting for 20 years
C19	F	8	Yes	Worked in health and social care setting
C20	M	2	Yes	Mental health and elderly

Yes	<1	Training/experience for psychotherapy/counselling	No
Yes	<1	Training to become psychotherapist	Personal experience (Family-brother)
Yes	2	New challenge; to learn about MH	No
No	2.5	Wanted to volunteer	Personal experience (Self/friend) previous work
No	2	Wanted to volunteer	Personal experience (Family-brother)
Yes	<1	To gain clinical experience (applying for medicine)	None
Yes	<1	Wanted to volunteer; spare time; help people	Personal experience (Family-mother)
Yes	<1	To help people	Personal experience
Yes	<1	To meet people (just moved to area)	Personal experience (Self and family)
No	2.5	To help people	Personal experience depression (Self, mother, wife)
Yes	1	To work with more severe MH difficulties	Personal experience (Family)
No	>2	To help people and give something back	Personal experience (Self)
No	>4	To help people	Personal experience (Self)
No	2	Considering a career as a MH care nurse	No
Yes	<1	To help people, give something back	Personal experience (Self and family)
Yes	>1	To help/support people who have no one	Personal experience (Husband, schizophrenia)
Yes	<1	To help people	Personal experience (Self)
Yes	2.5	To help people	Personal experience (Self)
Yes	2	To help people	Personal experience (Self)
Yes		To volunteer; have spare time	Personal experience (Self)
Yes	1.5	To volunteer; have spare time	Personal experience (Family)
No	12	To volunteer; have spare time	Personal experience (Friend)
No	11	To give something back	No
No	4	To volunteer; currently out of work	No
Yes	8	To volunteer; have spare time	Not stated
Yes	2.5	Help make a difference, give something back	32 years working in area of MH
Yes	5	To help myself (recent bereavement) and others	No

"Befriending is one of the simplest yet most important but most neglected of services. It meets people in whatever their situation – bereavement, distress, illness, loneliness, vulnerability – and may be, perhaps more than sophisticated services, critical to their survival."

*Terry Philpot, Community Care Magazine
from Hampshire County Council Website*



Discussion

Evidence suggests that HRM is used 'loosely' if at all, possible reasons...

1. Lack of resources/skills/knowledge means an inability to use HRM effectively
 - i.e., voluntary sector needs to be better equipped (guidelines, training etc)
2. An inevitable consequence of the power inequity between volunteers and co-ordinators
 - i.e., HRM is a 'screen' and co-ordinators have no choice but to trust
3. An appropriate and effective response in the volunteer context
 - i.e., value-based HRM may be the most effective strategy in a low power situation

Thank You

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