



## **Dimbleby Marie Curie Cancer Care Research Fund - Project Grant**

**Project details** 

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VOLUNTEER MANAGEMENT IN PALLIATIVE CARE Meeting the specific challenges of involving volunteers in palliative care roles which require direct contact with patients or their families

Duration of project: 24 months Start date: 1 July 2011 Budget: £137,910

## Abstract

Hospices and other palliative care services are facing a potential squeeze between increased demand for volunteer involvement due to changes in the funding environment and fewer people coming forward to volunteer due to wider economic and demographic changes. In response they will need to improve their volunteer recruitment and retention as well as increasingly involve volunteers in roles involving direct contact with patients or their families. The proposed research will identify the challenges and existing good practice in these areas in ways that will guide the sector in ensuring that sufficient volunteers can be recruited and appropriately supported in these evolving roles.

Currently we have very little knowledge about the impact of having increased numbers of volunteers carrying out roles in hospices and palliative care services that require direct contact with patients or their families. Experience from other sectors suggests that while volunteer involvement can have numerous positive impacts, without appropriate support or the application of good practice there is the potential to cause harm to the volunteers themselves, the organisations involving them and the clients receiving the services.

This research does not propose to test one intervention against another or examine clinical outcomes. Instead, it draws from the applicants' expertise in volunteer management and end of life care to identify good practice in the hospice and palliative care sector. It will then ensure this good practice is broadly shared by identifying the most appropriate and viable interventions for the involvement of volunteers and making recommendations on the most effective ways to support volunteers in these new roles. Additionally the research will develop a robust research protocol which will design a future study and be ready for submission for funding.

The research will consist of five phases including:

1. A national survey of UK hospices and other specialist palliative care services to update that carried out in 2004 along with an updated literature review;

2. Case studies of volunteer engagement in 12 hospices in England;

3. Analysis of the data, synthesis with existing knowledge on volunteer management, and expertise input from the Advisory Group to identify models of good practice;

4. Consultation of recommendations with participating organisations through two deliberative workshops, and creation of a good practice guide;

5. Final report incorporating further comments from the Advisory Group and the development of a research protocol for an intervention trial.