

## Volunteers: Getting the right team.

Volunteering with a Link (also referred to as a 'health partnership') is demanding on your time, sometimes frustrating, and very rewarding. Getting a team of enthusiastic and dedicated individuals in place is essential. Links participating at the Sharing and Learning events (June 2012) gave their thoughts and advice on selecting volunteers and sending them overseas to work on the partnership's projects.

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### 1. Bring together a strong team of volunteers and supporters.

The importance of finding the right people is critical as one volunteer commented: "Having passionate team leaders is crucial to the projects, or you couldn't do it this long, it's all voluntary, because we are working clinically full-time, you don't get the time to do it...You do have to have the right people in the project, right from the beginning. I think that's where we have seen successes and failures in our project." As Links point out, volunteering is immensely rewarding so make sure your volunteer selection and induction processes reflect this by emphasising the personal and professional benefits of being involved.

Links have used the following to attract and select their volunteers in the UK:

- Open evenings – introduce prospective volunteers to the partnership; illustrate your work to a wide audience;
- Interviews – ensure that your volunteers have skills that will help the partnership meet its aims;
- Professional development – present volunteering with the Link as a reward for good performance at work; speak to line managers about the competencies that staff have to meet and consider how you can match the experience of volunteering with your project to providing evidence for these competencies.

### ***Additional resources for health partnerships:***

*Health Links Manual, Chapter 2.1 'Thinking about a Link?'*

THET's 2012 annual conference 'Building Partnerships for Global Health' began with the debate: This house believes global health partnerships offer an appropriate and sustainable approach to international development. The presentations for the motion by Dr Shams Syed and Dr Liz Grant have some inspiring reflections that could help you in putting together materials to attract people to get involved in your health partnership. You can see the presentations [here](#).

**Guidance for health partnerships:** *Fundraising is a positive way to involve people from your institution in the UK who are not in a position to volunteer overseas. Links have found that fundraising within their institution brings colleagues together for a common cause. It also helps to raise the partnership's profile and colleagues' understanding of your work, and some Links have found that it can even engender greater team spirit across disciplines in the hospital.*

## 2. Volunteers must be prepared to deal with the unexpected and to cope with culturally different ways of working.

Some of the characteristics that Links stressed when speaking about a good Health Link volunteer were, 'enthusiasm', being 'knowledgeable', and in particular, 'flexibility' since the partners can have good plans in place but most Links find that these plans rarely run to course once the visit is underway. As one volunteer for a project in Uganda explained: "I've turned up to teaching sessions, rooms are double booked, [so I've] found a hallway, got a plug, got a white wall, gather some chairs together, we're in the foyer, never mind, let's crack on. Just taking a flexible attitude and not being disheartened..." By contrast, a volunteer gave an interesting example of a situation where it was not appropriate to be flexible. In this example, the Link volunteer explained that trainees were using their mobile phones in lectures so they decided to set boundaries which might have meant a change to the trainees' usual behaviour, but meant that the trainers could deliver the training more effectively. Although this may sound relatively minor, this example illustrates that partners in a health partnership will have to negotiate differences in culturally accepted ways of working.

**Guidance for health partnerships:** *Ask volunteers to complete visit reports that can be used in induction materials for other volunteers so that they know what to expect and ways in which people have dealt with challenges. You could also do a post trip interview to find out how the volunteer coped and whether their role and responsibilities as a volunteer need reviewing.*

## 3. Ensure the skills and experience of your volunteers complement the skills gap that the partnership wants to address.

Volunteers must have the professional skills and experience to deliver training that is relevant in a resource-poor setting. Links spoke about the importance of recruiting volunteers whose level of experience and skills were relevant to the project, especially those that involve training procedures or equipment that are no longer used in the UK. For some projects, this has meant that students and those at the start of their careers were not suitable: "[at the beginning] you have to send somebody that understands the level that

they are working out at the moment, and have to stay working at because of the [resource] restrictions they've got." This means that the pool of potential volunteers is reduced, putting extra pressure on the project leads to find enough people in time for the training visits.

**Guidance for health partnerships:** *If medical students or those early in their career cannot help with the delivery of training, there are other ways that they can benefit the partnership: research support; project management support; monitoring (gathering data) are all areas that Links engage a wider range of volunteers.*

#### 4. Visits to the developing country partner institution will work best if new volunteers are accompanied by experienced colleagues.

Links agreed that there is so much for a new volunteer to take in during their first visit that they should always be accompanied by an experienced volunteer. Not only will there be a degree of culture shock for many volunteers, but there are many practical challenges such as accommodation, money change, or transport to navigate: "It's very difficult for us to get a new person involved without taking them there and showing them where all the shops are, where you get your sim card, and all these things." Having a mixture of experienced and new volunteers also means that there is more continuity for the developing country partners with some familiar faces returning. One volunteer said return visits were a sign of their commitment to their partner and were crucial for developing their relationship: "...it was only after I'd been back every year for three or four years that people took me seriously, because they see so many people coming and going and never seeing them again." Another Link also spoke about the importance of continuity: "We've tried to take as many people as possible but ensure continuity. A new team every time isn't the right thing to do. It does take people time to adjust when they get there before they can work at a pace."

**Guidance for health partnerships:** *Links often struggle with volunteer availability and ensuring it coincides with the schedule of activities at the partner institution so factor this into your project planning. If the health partnership is completely new to everyone involved then you can get advice from other partnerships working in the same area or even institution by posting a request on the [THET Community of Practice](#) or getting in touch with us for help with networking.*

#### 5. Carry out inductions with all your volunteers especially those going on a visit.

Links see pre-trip volunteer inductions as essential if volunteers are to make the most out of their time during brief visits. Inductions can include practicalities and introduction to the culture, but are also as an important opportunity to manage volunteers' expectations in terms of how much they can expect to do in the short time they will be volunteering. Putting together the induction pack and building on that knowledge with each trip is useful for documenting the partnership. As one Link working in Ghana explained, "There is a document and a process for everything done in G.A.S, how we identify equipment that's been donated, check it's appropriate, how people get their visa, what

guesthouse to stay in, what are the polite greetings in Ghana. I think that enables these busy clinical volunteers to use their time to give training.”

**Guidance for health partnerships:** create a volunteer induction and review after each visit to ensure the content is relevant and up to date. Resource: Health Links Manual Chapter 2.4 ‘Visits to the Developing Country Organisation’ has a detailed section on creating an induction pack. With the arrival of the Long Term Volunteering grants, under the Health Partnership Scheme, partnerships will be able to access volunteer induction tools/templates.

## 6. Getting agreement from NHS Trusts to send health professionals on health partnership work is becoming much harder.

Many Links are finding it progressively harder to secure a volunteer team, at the right time, since the financial pressures on the NHS mean that some Trusts are less willing to release people from post to volunteer with the Link. There are encouraging examples of Trusts that still support Link work, such as one that allows staff to take study leave to cover half their volunteer placement if they match it with annual leave. In another example, a Link had been supported financially by its Trust until the NHS cuts set in: “The Trust originally agreed they would start us with £25,000 which they did in year-one; they said they would repeat it year after year, and then the crunch came. They said they wouldn’t put it in, because there were people who were asking, but they would never not commit if we ran out of money to actually meeting any deficit there was in the programme. We felt fairly reassured but it has required us to raise £10,000 to £15,000 a year.” This quote also highlights the importance of getting enthusiastic and dedicated people on board as it is rare that Links can fund themselves solely through a THET (or other) grant and the majority of partnerships carry out charitable fundraising activities to support their work.

**Lesson for health partnerships:** Pursue other funding opportunities for your health partnership work and take advantage of the resources and training opportunities that THET provides which are transferrable to other grant applications.

**Further resource for health partnerships:** THET is working on a tool to help partners map experience gained volunteering to a competency framework that is meaningful for NHS management.

**Guidance for the THET:** THET must continue to make the case that volunteering with a health partnership can bring benefits to the NHS from the skills that health professionals gain. THET is also commissioning a value for money assessment of the IHLFS, to show that health partnerships are a cost-effective way of delivering capacity-building projects, while also enhancing the expertise of the UK health professionals engaged in this work.