

Young People Helping in Hospitals A Framework

Quality Youth Social Action: The Six Principles

A key goal of the #iwill campaign is to enable organisations to understand and recognise high quality youth social action. Before the launch of the campaign in 2013 a set of six principles that underpin high quality, meaningful youth social action were established. They are laid out below.



We know that youth social action takes place in a range of contexts and can mean formal or informal activities, in any setting; for example online, extracurricular, in clubs and groups, informally, or as part of structured programmes.

In all these contexts, we expect that youth social action which applies the above principles, will be able to demonstrate a clear double benefit – to the young person who takes part by developing their skills, character and life opportunities as well as to a community, cause or social problem. The six principles also help promote inclusive practices so that all young people are able to participate and benefit.

It is felt that Hospitals provide a suitable environment in which the principals can be applied. Three hospitals; the Royal Free, University Hospital Southampton and Western Sussex Hospitals, were the initial test areas. Step Up to Serve and Pears Foundations now wish to develop the programme further by extending into new health locations, including the NHS. This paper provides the framework in which a scheme might operate but it is acknowledged that all NHS organisations are different and therefore a different approach may be required.

We are very grateful to the three participating hospitals, their respective charities and Nesta for pulling together this framework, and for their on-going support and interest in this work.

Key Recommendations from the Young People Helping in Hospitals Cohort

The three sites in the original Nesta pilot have collated their learning to produce the following key recommendations for other hospital trusts and charities, looking to deliver young people impact volunteering service(s):

1. Take time to prepare your young people service(s), with a dedicated young person, without neglecting all other volunteers.

- a. Dedicate time and resources to prepare for delivery. You will need adequate time (suggested c. 90-100 days) to:
 - Understand where young volunteers would have the biggest impact (“research where to place young volunteers within the hospital”).
 - Design roles with young people (*see recommendation no. 2 below*).
 - Understand how many young people you can meaningfully manage and support (from recruitment to ongoing supervision) based on the capacity of your team.
 - Consider your position on inclusivity (e.g., recruitment of young people with learning disabilities, NEET), and the extent of your support structures.
 - Market/publicise roles to support recruitment (engage with partners such as universities, local youth workers, place adverts on social media/newspapers, etc.).
 - Recruit volunteers (design systems/processes for application, interviewing, etc).
 - Induct volunteers (onboarding process, training, DBS checks, occupational health checks, etc.).
 - Design retention strategies (mentoring/buddying, supervision, feedback mechanisms, etc.).
 - Ensure that each new young volunteer is identifiable (uniforms, branding, badges, etc.).
 - Assess the costs of delivering the young people volunteering service (noting the costs associated with the activities above, as well as volunteer expenses).
- b. You will also need to market your young volunteers within the hospital; for senior buy-in and ward-level engagement from clinical staff. Ensure that you are equipped with testimonials from the right people to help.
- c. You will need adequate time to design an appropriate evaluation, with appropriate people/teams at the trust (*see recommendation no. 3 below*). You will also need time to collect baseline data before volunteers start (if you are considering a pre-post evaluation).
- d. Ensure there is a dedicated resource to manage your young people impact volunteering service(s). Key considerations:
 - Should have experience with volunteer management / volunteering services.

- Should have development experience / experience building networks.
 - Should have capacity for managing sensitivities and/or counselling skills.
 - Preferably a young person; someone who could relate to young volunteers.
 - Suggested at c. Band 5-6 (c. £24-25K).
- e. Ensure that you are considering a synchronicity with the existing service – not to isolate existing volunteers. E.g., think about pairing young volunteers with more experience volunteers. Treat all volunteers the same.

2. Design roles with young people, using flexibility as a key principle.

- a. Use young people to design volunteering roles that would be of interest to them. Key considerations:
- Use your existing young volunteers to do some 'market research'.
 - Consider a 'breadth' of different volunteering options, rather than going 'deep' with one or two options.
 - Don't be afraid to take risks with the youngest volunteers (under 16 years old) - find volunteering options that are appropriate within the hospital, or with NHS partners in the community. Consider investing time and resources in 'taster days'.
 - Think about additional opportunities for young volunteers e.g., group fundraising activities, social events. Volunteers appreciate the opportunity to meet other young people – with similar and/or different interests, to engage with those they wouldn't usually meet.
- b. Break down "rules" of minimum commitment requirements, to ensure that your volunteering opportunities are flexible. Key considerations:
- Assess your time requirement for specific roles, and ensure that it's not too draining on young volunteers - ask them! Suggested that flexible working times may work better than fixed hours.
 - Consider 'banding' commitments according to different ages and levels of participation (e.g., similar to Duke of Edinburgh levels scheme).
 - Understand what types of recognition tools are attractive to young people (awards, certifications, etc.).

3. Collect patient-centric data and evidence, whilst considering what is possible to measure.

- a. Ensure that your measurements are patient-centred. Key considerations:
- The volunteering service must convince funders (e.g., hospital charities) that any spending will enhance or supplement (not replace or backfill) services that the hospital already provides.
 - It is suggested that volunteer outcomes are not as important to potential funders (though this is easier to collect and some volunteer data would be helpful to ensure service is fit-for-purpose).

- Work very closely with your funders, or potential funders, to understand their specific requirements for funding, and develop the evaluation plan together.
- b. Consider whether your evaluation plan will provide the information you want. Key considerations:
- Develop a strong logic framework, to understand whether your volunteering activity will *actually* provide the impact you are expecting (for instance, any data on 'amount eaten off a plate' alone will not describe nutrition; some patients may just not like the food available, whilst others will just not have a big appetite).
 - Focus on what data you can capture, which will show causality against your volunteering activity. A simple measure is patient experience after a volunteer interaction.
- c. When it comes to disseminating impact information use 'everyday' language. Key considerations:
- To continuously engage young volunteers, and patients who are interacting with volunteers, ensure that the information is easy to understand, without jargon. Consider using soft outcomes and anecdotal data.
 - However, hard outcomes and quantitative data are also important. You may still be required to understand and use technical terminology, and rigorous/robust data to engage your senior management teams and funders/potential funders.

Key recommendations prepared with input from:

- Chris Burghes (Royal Free Charity)
- Richard Scarth (Royal Free Charity)
- Richard Corden (Southampton Hospital Charity)
- Carrie Smith (University Hospital Southampton)
- Dan Kitson (University Hospital Southampton)
- David Clayton-Evans (Western Sussex Hospitals)
- Jullie Tran Graham (Nesta)
- Annette Holman (Nesta)
- Alice Casey (Nesta)