

Author: Ashley Myers

Module Code: 6FBS1501

Module Title:

Leadership and Professional Development Project

Word Count: 6574

Assignment Title:

A study comparing the competencies of voluntary and employed recovery workers to inform training needs and broaden the scope of service delivery.

Abstract

Purpose: This study will establish how and to what level adult substance misuse clients rate the competency of their recovery workers. Clients work with both voluntary and paid workers and the purpose of this research is to compare both perspectives to identify any differences or similarities. Differences will inform training needs to better prepare our workforce for their role in the services and similarities will confirm that volunteers are regarded as equal in competency to paid workers. If the findings show clients perceive their voluntary workers as equally competent to paid ones, it will potentially drive a national organisational change around assigning volunteers more responsibility in the workplace.

Method: Small-scale research on an exploratory sample of participants using a group-administered, self-completion questionnaire. Type of sampling was purposive due to small numbers in the research community and a limited timescale. Research was conducted with a targeted sample of adult substance misuse clients in publicly-funded treatment services in Hertfordshire. Using a Likert Scale, quantitative ordinal data on worker competencies was taken and analysed for differences. Qualitative questions were also used to allow the researcher to get a better depth of understanding for some responses.

Results: A major theme underlying all responses was the high level of professionalism and competency to which clients viewed their workers. Both paid and unpaid workers were perceived as highly professional with voluntary workers being rated as slightly higher in competence. Findings indicate that the majority of clients are happy to have a volunteer as their worker. This research has also identified the factors which influence clients to choose not to work with a volunteer with secondary research findings corroborating the results herein.

Conclusions: Findings demonstrate clients in Hertfordshire services perceive their volunteer workers to be 5% higher in competency and ability than their employed workers. Further research could identify the conditions necessary for this successful collaboration between volunteer and services however; this research concludes that such conditions exist in Hertfordshire and therefore could be replicated elsewhere. It affirms the hypothesis that if clients locally can perceive their unpaid workers on this level then the same can be applied nationally. Following a bespoke performance development framework will allow volunteers the opportunity to train for more technical duties and for managers to evidence their ability to do so. Successful collaboration between service and volunteer will broaden the scope of the services we deliver and better prepare the voluntary workforce for paid employment.

Introduction

This research was conducted across nine Hertfordshire services within a national, publically funded substance misuse treatment organisation. Having worked as a middle manager for the organisation for 5 years and in the same field for around 20, I am in a good position to conduct practitioner research. My role in the organisation involves recruiting, training and supporting volunteers for nine services across Hertfordshire and managing a team of people with the same aims.

One of the aims in our 2016 Strategic Plan is to broaden the scope of service delivery and to be able to deliver more despite cuts and freezes in funding (Biddle, 2014). Volunteers are a resource in health and social care which is increasingly needed because of the constraints faced in public funding, leading to more scarce human resources in care (Koivula, 2014). Studies have also highlighted the opportunities emerging from current Government policy around greater inclusion of the voluntary sector within the criminal justice system and substance misuse services (CLINKS, 2012).

All services nationally place a great deal of value on their volunteers, however not all train their volunteers to the same level or for the same types of duties. Services differ in the way they collaborate with volunteers with some locations only allowing low level duties whereas others will prepare their volunteers for more advanced duties. We work with vulnerable adults so there is a need for both paid and unpaid staff to be competent in their work to ensure effective outcomes. Paid workers go through the performance development framework which evidences their competencies however volunteers do not, so invariably the more technical tasks are not given. Also, managers can be hesitant of giving technical duties to a volunteer unless they have some way of evidencing the individual's competency. To this aim, I created a volunteer development plan which evidences developmental milestones, this in turn can reassure managers to then give volunteers more technical duties or provide a reason to not give such duties. It is currently being piloted in Hertfordshire with the aim of introducing it nationally along with the research findings. Locally, I manage around 150 individuals with an estimated 70%+ volunteering specifically to establish the necessary skills to work in his field. Nationally, we have a voluntary workforce of around 2000 individuals; if we are not training as many of these individuals as possible to do advanced technical tasks then we are potentially under utilising a huge resource of manpower. My firm belief is that people are capable of achieving great things and as a leader; I always aim to empower individuals to meet their full potential. My aim is to create a culture in the organisation where volunteers are valued and perceived as equal in quality and competency to that of paid staff.

My volunteer development plan seems to be working well for local managers however, I question whether all managers would adopt it due to local variations in service delivery. This is where I

found my driver for the practitioner research project, understanding how volunteers are perceived to not only inform training needs but to hopefully show clients can perceive volunteers as equal in competency. If findings show that clients can perceive volunteers as professional and capable, it serves to reassure managers to confidently utilise these volunteers for more advanced duties. My hope is that the results will evidence successful collaboration in Hertfordshire therefore, acting as a driver for national organisational change.

By focussing on improving specific leadership skills over the last year, I have ensured a positive outcome from this research and a lot of self-development. Designing the survey and analysing the data has improved my conceptualising abilities and conducting the research has had positive outcomes for emotional self-awareness. These factors are directly related to the balanced processing and relational transparency components of authentic leadership which, in turn have improved greatly (Northouse, 2014). Developing emotional self-awareness has helped me express my passion for the subject matter of this research in a much more effective way, motivating those around me rather than alienating. Goleman (2013) argues that the primal job of leadership is emotional and the fundamental task for all leaders is to prime good feelings in their followers creating a resonance which brings out the best in them.

Challenges and Constraints

As a leader in the organisation my main aim is to use these findings to inform and influence senior management, better prepare our unpaid workers and change the culture around how we perceive our volunteers on a national level. These professional aims were juxtaposed to my aims as a researcher causing difficulties in my development of the research. Denscombe (2014) refers to the 'researcher's self' where I could either suspend my aims, remaining cautious about making judgements for the duration of the research or rather be transparent around how the research agenda has been shaped by my experience. As my leadership development involved focussing on emotional self-awareness, I chose to be transparent around how the research agenda was shaped by my personal experience and background. I needed to make the transition from worker to researcher as the aims of my research were to simply explore perspectives however my professional objectives were complicating this.

A major challenge in this research was making sure I only surveyed clients who were currently in rehabilitation from substance misuse. It would not be ethical to question those in early treatment or who are vulnerable and potentially lack mental capacity. Targeting a specific cohort ensured minimal impact on client wellbeing and also helped with ensuring quality responses. Denscombe (2014) states that respondent abilities and disabilities need to be taken into consideration when designing a questionnaire, if difficult to complete, the validity and rate of the responses will suffer. There were also a number of challenges in regards to senior management having their own

agenda for the research which distracted me from focussing on it clearly as a researcher. By being transparent with those involved around my motivations as a researcher, organisational pressure lessened and I was able to progress with the project. Correspondence with my peers during the approval process demonstrates that the approach I used ensured a favourable response to the research project (Appendix 3).

Over the last 18 months I have gone through considerable growth in regards to my leadership style. I have found that working on my emotional self-awareness has had a beneficial impact on the relational transparency component of authentic leadership. My primary area for development was around being able to express my core feelings in an effective manner. Kernis (2003) describes relational transparency occurring when individuals share their core feelings, motives and inclinations with others in an appropriate way. Authentic leadership also has another component called balanced processing which involves the individual being able to analyse information from multiple sources objectively (Northouse, 2014). Conducting the work on this research project has increased my skills around analysis and conceptualising which, in turn has had a positive impact on the balanced processing component. I would agree with Luthans and Avolio (2003) who conceptualised authentic leadership as a lifelong learning process and argued that this style of leadership can be developed over time.

Gaining ethics approval required significant emotional resilience on my part and gave opportunity to test how aware I was of each conflicting emotion. Also, developing effective communication around my core feelings was a learning curve which I documented in a reflective journal (Appendix 2). I identified the areas to work on back in January (Journal, page 1) and it wasn't until August (Journal, page 16) that the changes in my behaviour really started to show positive results amongst my peers.

Secondary Research

A number of studies have highlighted the benefits of having voluntary workers engage with vulnerable populations such as homelessness, offending behaviour, mental health and substance misuse. However, research is limited in regards to how competent clients perceive their volunteer workers to be. Identifying specific benefits, CLINKS and the Mentoring and Befriending Foundation (2012) surveyed a number of organisations who utilise volunteers to work with offending clients. They found that organisations face challenges around recruiting quality volunteers with appropriate skills and also highlighted alongside this, the challenges of retaining them. Relevant to the aims of my primary research around identifying a shared life experience in workers, several organisations in the study identified benefits of ex-service users becoming volunteers (CLINKS, 2012). Volunteers are moved to serve in areas in which they may not be well prepared, substance misuse being one such field. Identifying the caring needs of high-risk vulnerable populations and

therefore the training needs of volunteers is of paramount importance (Hutchison, 1993); this corresponds with the objective of the primary research around identifying training needs. Based on experiences in a training environment, Hutchison and Quartaro (1995) isolated seven factors which if applied, contribute to the successful collaboration between services and volunteers. In regards to volunteers working with offending clients, Hucklesby and Wincup (2014) suggest a need for policy-makers and practitioners to be re-educated about what volunteering can be expected to achieve. If leaders and practitioners in my organisation accept the findings of this primary research, a re-education should occur which will allow a better understanding around the type of duties volunteers can do, in turn reducing ambiguities on a national level.

I ask clients what competencies an ideal worker should possess and whether they would value an unpaid worker, if their worker had a shared life experience. Meier et al (2005) suggest that therapeutic alliance plays an important role in predicting positive drug treatment outcomes. Therapeutic alliance can be established if the worker has a similar lived experience to the client and therefore a good level of empathy and understanding. Munro (2010) acknowledged that supervised volunteers have a role to play as an aid to the early support workforce for children, young people, their families and carers, offering flexible help. Our services demonstrate what Rose and Jones (2007) highlighted around the informality of the relationship between volunteer and client encouraging a level of social discourse and interaction that may not always be readily achieved within more structured situations. Macduff et al (2009) identified an emerging increase of episodic or periodic volunteering which can create challenges for the more traditional volunteer management where volunteers are expected to commit themselves to a certain organisation for a specific length of time. To become an integrated and complementary part of care services volunteering needs an organisational-level strategy, encompassing the multifaceted nature of volunteer tasks possible as well as the various types of volunteers (Koivula, 2014). A strategy of this type will enable an integrated approach to volunteering in this organisation. It is my aim to introduce the volunteer performance development plan along with the findings from this research to drive an organisational change, where volunteers nationally are trained to deliver the same interventions as employed workers.

Research Methodology and Rationale

Historically, social researchers would choose between the interpretivist paradigm which focuses on gathering qualitative data and the positivist paradigm of collecting quantitative data (Denscombe, 2014). However, in recent studies social scientists have come to abandon the spurious choice between qualitative and quantitative data being more concerned with a combination of both, which makes use of the most valuable features of each (Mackenzie, 2006). Denscombe (2014) suggests that the most effective method for gathering facts in order to test a

theory would be best accomplished using a survey and that a survey lends itself to tight time-planning. Studies have established that for quantitative data, the larger the number of responses the more statistically reliable the data will be. By contrast, qualitative data tends to involve relatively few people reflecting the need for a depth of study and 'thick description' (Denscombe, 2014).

I could not conduct the required number of interviews to collect a broad scope of qualitative data in the time I had. Also, I did not have the numbers of potential participants to provide a representative or proportional sample for purely quantitative data. As a result, I produced a self-completion questionnaire which included mostly quantitative questions but also some qualitative ones to give a better depth of understanding in certain areas.

Other studies have used similar sampling strategies to this one; Koivula et al (2014) also used purposive sampling and CLINKS (2012) used convenience sampling to collect their quantitative data. Most of the secondary research in this field uses small samples similar to this research although all have stuck to the rule of getting over 30 responses to enable a representative statistical analysis (Denscombe, 2014).

We have approximately 2000 clients in Hertfordshire which equates to around 222 individuals in treatment at each service. I would estimate around 50% of clients are in the early stages of their treatment which could mean that they are especially vulnerable and/or lack mental capacity. My strategy involved looking at feasibility, as I needed to access a specific cohort of participants across nine different locations. With a potential research community of 111 clients per service or 999 for the county I was aiming for a 10% response rate or approx 10 responses from each location. Taking the self-completion questionnaires to services on a day when stable clients were attending specific groups enabled purposive sampling of suitable respondents via a group-administered questionnaire (Denscombe, 2014). Groups consist of clients who are in a stable place in terms of their treatment and were able to give quality responses, also ensuring excellent response rates. Also, both types of respondent were attending the groups and I was able to compare perspectives for both paid and unpaid workers. Not all individuals agreed to participate which impacted on the response rate and further visits to the services had to be arranged. In total each service was visited twice in June and July 2016, with an average of 10 responses collected per service.

Translating criterion from the front-line worker performance development framework into easily understood statements for the questionnaire was a challenge. My first couple of drafts were complex and ambiguous and needed simplifying for the target audience; this was where I was able to develop my conceptualising skills as identified in the Emotional Social Competency Inventory (Boyatzis, 2007). Ambiguity of the questions and length of the questionnaire are a major factor for questionnaire fatigue (Denscombe, 2014). Having professional knowledge of the research community within which I was working helped in this regard. A significant proportion of

respondents hail from socially deprived backgrounds and as a number of studies have shown this can have a negative impact on literacy levels, combinations of social disadvantage powerfully affect school performance (Sparkes, 1999).

Special attention was given to meeting the key principles of ethical research due to the research community being made up of potentially vulnerable adults. The four principles of ethical research were originally established by the Nuremberg Code (1947-49) and later the Declaration of Helsinki (Rickham, 1964); they enshrine the fundamental principle that the ends do not justify the means in the pursuit of knowledge (Denscombe, 2014). Gaining approval from the Ethics committee was difficult as I had no experience of what was required for the approval process, a lot of time could have been saved with prior knowledge of the process. Familiarity with the specific ethics committee procedures is central to success and time spent considering any potential issues could avoid costly delays (Curtis, 2013). I initially intended on using random sampling by leaving the questionnaire at the services for any and all clients to complete. However, the ethics committee expressed concerns around the potential lack of mental capacity and vulnerability of participants. To circumvent this concern, I decided on purposive sampling to ensure only stable clients participated.

Questions were designed to ask respondents to rate the levels of competency in their workers and a Likert Scale was used to score responses. When responding to a question, respondents specified their level of agreement or disagreement on a symmetric agree-disagree scale which allowed the intensity of their feelings on the subject to be captured (Likert, 1932). Numerical values were added to the responses on the scale giving me a score for each worker the client fed back on. Due to it being a self-completion questionnaire, ambiguity in the questions had to be avoided at all costs as I was not on hand to explain anything to the respondents (Brace, 2013). All clients know me as the volunteer coordinator and potentially they could have altered their responses according to what they think I want to hear. This is what Denscombe (2014) refers to as the 'interviewer effect'; not being present while participants completed their responses ensured there was no undue influence on responses.

Research Findings

With the potential research population of around 111 clients per service I was aiming for an average of 10 responses at each location. Figure 1 shows the responses for each service as well as the overall for the county, I achieved my 10% objective and numbers are sufficient to constitute

Responses by service	Employed	Volunteer	Total
Borehamwood	9	3	12
Hatfield	7	13	20
Hemel Hempstead	4	2	6
Hertford	5	1	6
Letchworth	11	3	14
St. Albans	5	2	7
Stevenage	6	6	12
Waltham Cross	9	2	11
Watford	10	2	12
Total	66	34	100

Fig. 1: Number per service and overall for county.

an exploratory sample. Approximately 5% of clients work with volunteer recovery workers countywide however, at some locations this ratio differs by 1-2%. With a low count of responses for voluntary workers there could be potential difficulties getting a comparison. A group-administered survey ensured the participants included clients who worked with both volunteer and employed workers. This strategy provided a sufficient number of each type and enabled a comparison between the two types of worker. When the same data is viewed in a bar graph (Fig. 2) you can see that most services have a

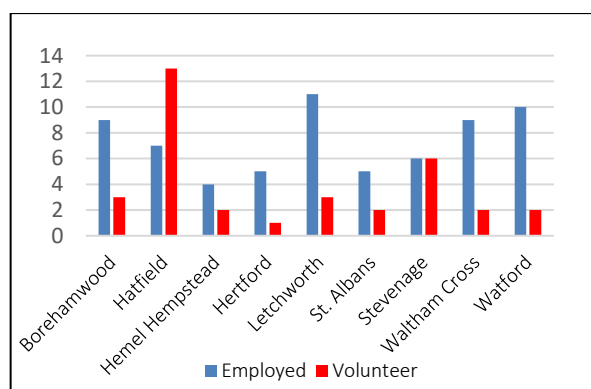


Fig. 2: Graph representation

an exploratory sample. Approximately 5% of clients work with volunteer recovery workers countywide however, at some locations this ratio differs by 1-2%. With a low count of responses for voluntary workers there could be potential difficulties getting a comparison. A group-administered survey ensured the participants included clients who worked with both volunteer and employed workers. This strategy provided a

Age group by service	18-29	30-49	50-64	65 +	Total
Borehamwood	1	6	4	1	12
Hatfield	3	12	3	2	20
Hemel Hempstead	1	2	3	0	6
Hertford	1	4	1	0	6
Letchworth	1	10	2	1	14
St. Albans	1	0	4	2	7
Stevenage	6	5	1	0	12
Waltham Cross	2	6	3	0	11
Watford	0	8	3	1	12
Total	16	53	24	7	100

Fig. 3: Responses by age group

representative number of volunteer and employed responses. Due to differences in the type membership in the groups, Hatfield and Stevenage each had a disproportionate amount of volunteer responses. This has not had any negative impact on the data analysis and comparison as the total scores from each respondent were summed then averaged to give an accurate picture for the service. Figure 3 shows the breakdown of responses by age group reflecting the actual ages in our services with the majority being 30-50.

One of the first questions in the survey asked whether clients would be happy for their recovery worker to be a volunteer, 80% said they would be, 12% didn't know and 8% said no (Fig. 4). I asked clients to explain why they would choose to work with a volunteer and from these descriptors produced a 'wordle' picture (Feinberg, 2009) of the key competencies which informed their choices (Appendix 1). Understanding is the biggest factor clients appreciate from a worker and only usually exists from the outset if the worker has a similar life experience to the client. After

completing the competency section of the questionnaire, participants were then asked whether they would be happy to work with a volunteer who had a similar lived experience and demonstrated all the competencies previously discussed. Results (Fig. 4) indicate that a similar

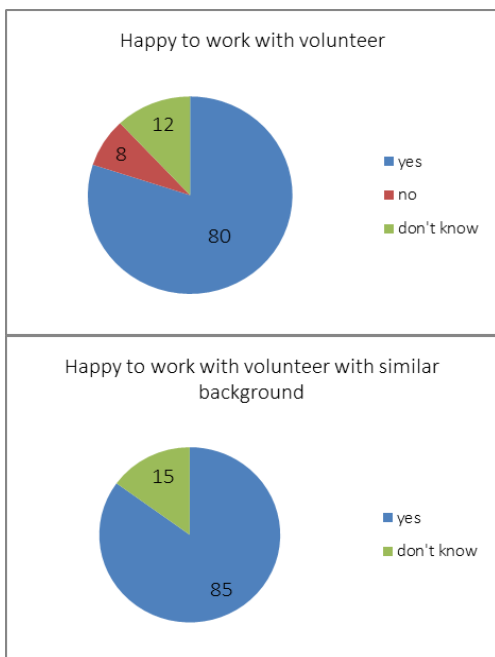


Fig. 4: Numbers of clients happy to work with a volunteer

lived experience increases the value of a volunteer worker as there is an increase in numbers from 80 to 85 with no negative responses in the second question. I asked respondents to explain their choices so that I could get a better depth of understanding. A theme emerged in four responses from the 8 individuals who initially said no to working with a volunteer. Responses included; 'volunteers come and go' and that they are 'here one minute and gone the next' and that 'volunteering is temporary'. This is again echoed in the qualitative data from the second question where 15 respondents said that they didn't know. I explore these factors in the following outcomes chapter, as there are implications for establishing therapeutic alliance as well as managing the temporary nature of volunteer placements.

Most important qualities for recovery worker	Score	Rank
Non-judgemental and respect peoples' differences	182	1
Empowers you to build a strong recovery	107	2
Empathic, communicating in a clear, effective manner	107	2
Honest, speaks up for what's right	76	3
Empowers you to reach your full potential	69	4
Delivers great results for you	28	5
Comes to sound conclusions	21	6
Thinks creatively when solving problems	18	7

Fig. 5: Preferred competencies in order of importance.

I asked clients which competencies they value the most in their workers and the top three responses were factors which our volunteers, especially the ones who come through treatment - generally demonstrate.

Respondents stated that their top choice of competency in a worker

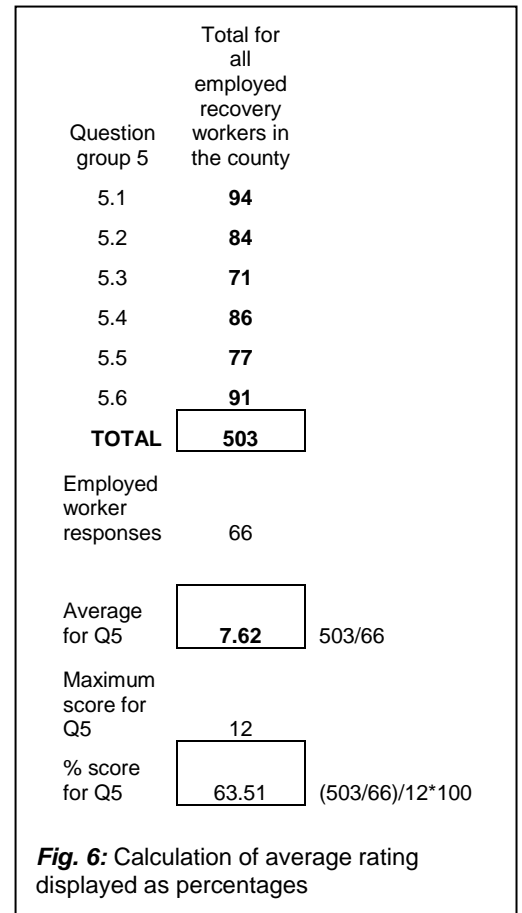
was to be non-judgemental, followed by the ability to empower and then empathy (Fig 5). Order of importance was calculated by applying a value to each response, first choice was 3, second was 2 and the third choice was 1. I was able to count how many of each value then calculated a weighting for each competency to show which was the most popular.

For the competency section in the questionnaire, I wanted to compare how clients rate their paid workers against their voluntary workers. I applied a numerical value to each response on the question scale so that I could total the scores and get an overall mark for that participant's worker, the highest potential score being 60.

Figure 6 shows how the average rating was calculated then displayed as a percentage. Using Q5 as an example, all employed responses were totalled giving a score of 503 for employed workers across the county. This score of 503 was then divided by the 66 employed responses which gave an average rating of 7.62 for employed workers for Q5. The highest potential score for Q5 is 12; so on average employed workers rated 7.62 in regards to respecting differences and being non-judgemental. To present the data as a percentage, I divided the average of 7.62 by the potential score of 12x100 giving an average rating of 63.5%. In comparison, volunteers scored 68.14% so were 4.64% more effective at respecting people's differences and being non-judgemental as perceived by clients.

Questions 5-12 in the survey focussed on workers' competencies and used a scoring system to rate both volunteer and paid workers. Respondents would agree or disagree with statements in regards to how competent they viewed their workers to be. A score was applied to each response on the scale with strongly agree being 2, agree was 1, neutral was 0, disagree was -1 and strongly disagree -2.

Figure 7 shows the comparison between paid and voluntary workers with countywide scores for each individual question totalled in the right hand column. I was surprised to see that for each question volunteers across the county rated higher in competency than paid workers. This differs when the data is looked at from the perspective of each individual service. All services except two scored their volunteers higher across all competency questions. In the row at the bottom of the table you can see that Borehamwood and St. Albans scored their employed workers higher than the voluntary ones over all questions. When looking closer at each question, volunteers only scored higher for one question at Borehamwood and no volunteers scored higher at St. Albans. All other services scored their volunteers higher which gives an overall figure of 67.8% for all services across all questions whereas employed workers were scored at 62.8%. I have yet to identify why these two locations scored differently to all other locations and may need to refer back to the original responses to identify causes.



	Borehamwood	Hatfield	Hemel Hempstead	Hertford	Letchworth	St. Albans	Stevenage	Waltham Cross	Watford	Total
Q5. Your worker has the ability and willingness to be non-judgemental and respect peoples' differences										
Employed	48.15	61.90	70.83	65.00	65.15	70.00	76.39	64.81	60.83	63.51
Volunteer	41.67	66.03	100.00	83.33	75.00	58.33	70.83	70.83	70.83	68.14
Q6. Your worker empowers you to build strength and resilience in your recovery										
Employed	55.56	72.86	80.00	76.00	70.00	76.00	76.67	75.56	69.00	71.06
Volunteer	40.00	67.69	100.00	80.00	80.00	55.00	75.00	80.00	95.00	71.47
Q7. Your worker has the willingness and ability to speak up for what's right										
Employed	44.44	69.05	66.67	70.00	71.21	73.33	66.67	62.96	78.33	66.67
Volunteer	44.44	69.23	100.00	100.00	83.33	50.00	75.00	100.00	83.33	73.53
Q8. Your worker has the ability to empower you to reach your full potential										
Employed	51.85	69.05	66.67	73.33	72.73	76.67	69.44	70.37	73.33	68.94
Volunteer	55.56	69.23	100.00	66.67	72.22	50.00	77.78	100.00	83.33	73.04
Q9. Your worker has the ability and willingness to apply insight and empathy to communicate in a clear and effective manner to you and others										
Employed	58.33	67.86	75.00	75.00	68.18	70.00	66.67	80.56	67.50	69.32
Volunteer	16.67	71.15	100.00	75.00	83.33	37.50	83.33	100.00	75.00	71.32
Q10. Your worker has the ability and willingness to incorporate creative thinking to solve problems and create new opportunities for you and others										
Employed	33.33	53.57	59.38	67.50	60.23	62.50	58.33	52.78	72.50	57.20
Volunteer	29.17	58.65	100.00	75.00	58.33	50.00	75.00	100.00	62.50	63.97
Q11. Your worker has the ability and willingness to make things happen and deliver great results for you, the team and the wider community										
Employed	41.67	42.86	62.50	70.00	61.36	60.00	75.00	63.89	70.00	60.23
Volunteer	25.00	65.38	100.00	50.00	66.67	25.00	75.00	100.00	100.00	66.91
Q12. Your worker has the ability and willingness to reach sound conclusions										
Employed	37.78	45.71	67.50	46.00	54.55	60.00	66.67	48.89	46.00	50.91
Volunteer	13.33	52.31	90.00	70.00	66.67	45.00	75.00	100.00	55.00	59.41
Average % Score										
Employed	45.93	60.48	69.17	66.33	64.85	68.67	70.00	63.70	65.33	62.85
Volunteer	33.89	63.97	98.33	76.67	72.78	49.17	75.00	90.83	75.83	67.84

Fig.7: breakdown of worker ratings by percentage for individual service and county



Fig. 8: Average score broken down by hub expressed as a percentage

Figure 8 shows a different view of the same data with a black line to show the overall county average for both types of worker.

Borehamwood had low scores overall and suspect that some of the 12 responses included negative scores for workers. For volunteers to be rated higher in competency in 7 out of 9 services demonstrates a culture locally in

our services around valuing voluntary workers. It also evidences our effective training programme (Hutchison, 1993) as shown by Q12 which focuses on the ability to come to sound conclusions. Highlighting the competent standing of our voluntary workers in Hertfordshire, the ability to come to sound conclusions is usually the domain of well trained workers. Clients score volunteers 8.5% higher than their paid workers across the county on this competency. However, the two volunteer responses from Waltham Cross rated at 100% for Q12 may have had a positive impact on the overall averages.

Outcomes & Impact

80% of our clients in Hertfordshire would be happy for their worker to be a volunteer; this demonstrates a positive culture of valuing volunteers in Hertfordshire. I would suggest that one of the reasons clients' value volunteers to this level would be our effective training programme, without which we would not have this level of professionalism demonstrated amongst our voluntary workforce (Hutchison, 1993).

Findings indicate that the main reason for clients refusing to work with volunteers was primarily due to the temporary nature of volunteer placements. This corresponds with Macduff et al (2009) who identified challenges from an emerging increase of episodic or periodic volunteering in healthcare settings. To account for this, managers need to ensure volunteers have a minimum commitment in regards to the time they give to their respective services and demonstrate reliability before they are given clients to work with.

Question 7 focussed on the workers ability to speak up for what is right and showed a large difference of 6.8% in favour of the volunteers. This could be partly due to what Rose and Jones (2007) suggest around the informality of the relationship between volunteer and client encouraging a better level of social discourse. Clients are attracted to working with volunteers due to the informal nature of the relationship and services nationally could do more to promote this way of

working. Training needs to reflect the potential dependence and trust clients place on volunteers so that volunteers can better manage clients' expectations (Hutchison, 1993).

Having empathy and being non-judgemental towards clients can take years for a worker to develop, however with a shared lived experience these competencies are already in place. Meier et al (2005) suggest that therapeutic alliance plays an important role in predicting positive drug treatment outcomes. This alliance can be established if the worker has had a similar life experience to the client and could explain why our volunteers rated so highly in the study as around 50% have been through treatment and therefore have the required lived experience. When asked if they would value a voluntary recovery worker with a similar lived experience, 85 out of 100 clients indicated that they would and 15 said they didn't know. Looking at the qualitative data behind the 15 who didn't know, it showed bonafide reasons as to why respondents were unsure. Respondents were unsure of the training regimen for volunteers indicating a need for practitioners to be re-educated around what volunteers can do (Hucklesby, 2014) and also whether volunteers would be able to demonstrate professionalism (Hutchison, 1993). Concerns around continuity of care were highlighted due to the temporary nature of volunteering (Macduff, 2009) again highlighting the need for volunteers to follow the steps in the performance development plan which evidences their reliability. All concerns expressed would be easily addressed by re-educating managers around the type of work volunteers can do, in turn producing awareness at ground level amongst clients (Hucklesby, 2014).

Evidence shows clients can rate their volunteer workers higher in competency than paid ones however further research would be needed to identify relevant factors which could contribute to this. In Hertfordshire we have the right conditions in place already for successful collaboration between services and volunteers (Hutchison, 1995) although I question whether it would be easily replicated on a national level taking into account local variations.

I set out to establish how competent clients perceive their voluntary workers to be in comparison to paid workers and was relieved to see that they were rated equally if not higher than their paid counterparts. This validates the work I have completed over the last five years in regards to up-skilling our volunteer workforce and also shows that this culture could be replicated elsewhere in the organisation. This positive perception of volunteers ensures that they are assigned advanced duties in turn broadening the scope of the service delivery.

Management and Leadership Skills

I conducted a 360° appraisal using the Emotional, Social Competency Inventory (Boyatzis, 2007). Others in the appraisal perceived me as consistently demonstrating all competencies; two factors however were identified as being only 'often' demonstrated rather than 'consistently'. These factors were emotional self-awareness and in particular the ability to describe the underlying

reasons for my feelings and also systems thinking or specifically the ability to explain complexities in simple terms. My research proposal also involved developing specific components of authentic leadership, namely emotional self-awareness and conceptualising or what is referred to in terms of authentic leadership as balanced processing (Northouse, 2014). Emotional self-awareness is central to authentic leadership; researchers have recently established a consensus in regards to a leader's self-awareness being the starting point for interpreting what constitutes authentic leadership (Sparrowe, 2005). The emotionally intelligent, authentic leader is able to identify emotions in a given context, uses them to facilitate thinking and understands and manages their emotions effectively and in a context-sensitive manner (Walumbwa et al, 2008; 2007). There were emotional challenges during this research as I had strong feelings about the subject matter and was worried my biases would negatively affect the research. Looking back on my reflective journal (Appendix 2), the main point of learning and change was the feedback from my project proposal. Feedback from my tutor helped me establish a more effective strategy for the research where I was able to understand my role as a researcher and manage my emotions more effectively reducing the risk of my biases coming into play. Authentic leaders need self-awareness to know what is happening with their own emotions, maintain a positive state, keep distressing emotions out of the way and prime positive emotions in others (London & Maurer, 2004). Originally my motivation for the research involved strong emotions; I was incredulous at the fact that managers could refuse to train volunteers and at the same time hold the view that volunteers are unprofessional or incapable. A major factor which served to reassure me in regards to my feelings on the research subject matter was Denscombe's (2014) explanation of positivist and interpretivist approaches. Small-scale research usually requires an interpretivist approach (qualitative) which means that as a social researcher I do not need to be totally objective. I am an insider and part and parcel of the phenomena I am studying, so therefore my views and opinions will in reality, contribute to the research (Denscombe, 2014). Being aware of my core feelings around this research has enabled me to be completely transparent with my emotions and express to those involved, the reasons for the study along with my hopes, fears and aims.

Balanced processing refers to leaders who show that they objectively analyse all relevant data before coming to a decision. Such leaders also solicit views that challenge their deeply held positions (Gardner, Avolio, Luthans, et al., 2005). Studies have described leaders who possess the balanced processing component as willing to accept opinions that contradict their own (Shapira-Lishchinsky, 2015). Throughout this research project I have had plenty of practice at accepting differences in opinion from peers, my tutor and the ethics committee. It has served to make me more adaptive and responsive in regards to how I communicate and influence in the workplace. Dragoni et al (2011) garnered a number of insights from their research regarding leadership development via work experience namely; the accumulation of work experience is positively related to strategic thinking competency in executives and also, executives' cognitive

ability demonstrates the strongest relationship to their strategic thinking competency. In essence, learning to conduct this research has been the catalyst for an increase in my cognitive abilities. Translating the complexities in the performance development framework into plain English statements for the survey has provided invaluable practice at strategic thinking and conceptualising. This in turn has also strengthened the balanced processing component of authentic leadership. My personal and professional development throughout this research project has ensured these skills and abilities are an integrated part of my daily practice.

Conclusion and Recommendations

Clients in Hertfordshire rate their voluntary recovery workers slightly higher in competency than their employed recovery workers. These findings imply that the right conditions exist in the Hertfordshire services for volunteers to be perceived as professional and competent. Further research could identify the factors for successful collaboration between Hertfordshire services and volunteers (Hutchison, 1995), once identified they can be replicated on a national level. I would suggest a well publicised training programme and an integrated system for assigning advanced duties to volunteers. It only takes one or two clients to work with a competent volunteer for a culture of valuing volunteers to occur. I would recommend other services adopt the volunteer development plan and use the findings from this research to reassure and re-educate managers of the feasibility of giving volunteers higher levels of responsibility (Hucklesby, 2014).

Overall, respondents were happy to work with volunteer recovery workers however a theme from the qualitative data was that volunteers cannot be relied upon primarily due to the temporary nature of volunteering (Macduff, 2009). I would recommend services implement a robust system of evidencing a volunteers reliability such as the development plan, before agreeing to train them for the levels of duty discussed. It is important that services use a training regime (Hutchison, 1993) which is also accompanied by checks which show how reliable the volunteer has been over a six month period. If managers are re-educated (Hucklesby, 2014) around how they collaborate with volunteers and assign duties a cultural change could occur where volunteers are perceived equal in competence to paid staff.

Employed workers carry a large and complex caseload which requires structured and formal management. With a small caseload, volunteers can really focus on client care and dedicate more quality time to the individual client (Rose, 2007). Giving volunteers stable clients to work with is an excellent strategy as the more vulnerable clients tend to monopolise the time of paid workers. Our client's also value shared experience in their workers, confirming the views of Meier et al (2005) who suggest therapeutic alliance plays an important role in predicting positive drug treatment outcomes. Around 50% of our volunteers come from a treatment background giving them empathy

and understanding for clients which are essential factors for therapeutic alliance. Several organisations have highlighted the benefits of ex-service users becoming volunteers (CLINKS, 2012) for the same reasons.

I would conclude that my original objective of increasing the scope of the organisation on a national level could be achieved if we adopt the same development plan as piloted in Hertfordshire. This research has evidenced the benefits of a volunteer workforce for our beneficiaries and also shown that culturally volunteers can be valued equally to paid workers. I am confident that with these findings I can prove to managers who do not utilise their volunteers to this level that it is not only possible but preferable. I foresee that nationally all services will put their reliable volunteers through the development plan and in effect create a workforce of volunteers who can easily step into the shoes of paid workers as and when such opportunities become available. Benefits to the organisation are obvious, there will be a bank of skilled workers ready to step into paid roles and existing volunteers will be up-skilled enabling a broader range of interventions to be delivered. For the volunteer it assures progression in terms of their professional development and clients will benefit by having a broader range of interventions and workers to choose from.

References

- Biddle, D. (2014). *CGL Strategic Plan 2014-16*. Brighton. CGL.
- Boyatzis, R., (2007). The creation of the emotional and social competency inventory (ESCI). *Hay Group: Boston*.
- Brace, I. (2013). *Questionnaire Design*, 3rd edn. Kogan Page.
- Cerni, T., Curtis, G.J. & Colmar, S.H. (2008). Information processing and leadership styles: Constructive thinking and transformational leadership, *Journal of Leadership Studies*, 2(1), 60-73.
- CLINKS and Mentoring and Befriending Foundation (MBF), (2012). Supporting Offenders through Mentoring and Befriending, London: CLINKS.
- Creswell, J.W. & Plano Clark, V.L. (2010). *Designing and conducting mixed methods research*, 2nd edn. SAGE. Thousand Oaks, CA:
- Curtis, E. & Drennan, J. (2013). *Quantitative Health Research: Issues and Methods*, 1st edn. McGraw-Hill Education, Maidenhead.
- Denscombe, M. (2014). *The good research guide: for small scale research projects*, 5th edn, Open University Press, Maidenhead.
- Dragoni, L., Oh, I., Vankatwyk, P. & Tesluk, P.E. (2011). Developing Executive Leaders: The Relative Contribution of Cognitive Ability, Personality, and the Accumulation of Work Experience in Predicting Strategic Thinking Competency. *Personnel Psychology*, 64(4), 829-864.
- Feinberg, J., Wattenberg, M. & Viegas, F.B. (2009). Participatory Visualization with Wordle, *IEEE Transactions on Visualization and Computer Graphics*, (15)6, 1137-1144.
- Gardner, W. L., Avolio, B. J., Luthans, F., May, D. R., & Walumbwa, F. O. (2005). Can you see the real me? A self-based model of authentic leader and follower development. *Leadership Quarterly*, (16), 343-372.
- Goleman, D., Boyatzis, R. and McKee, A., (2013). *Primal leadership: Unleashing the power of emotional intelligence*. Harvard Business Press.
- Hucklesby, A. & Wincup, E. (2014), Assistance, Support and Monitoring? The Paradoxes of Mentoring Adults in the Criminal Justice System, *Journal of Social Policy*, (43)2, 373-390.
- Hutchison, R.R. & Quartaro, E.G. (1993). Training Imperatives for Volunteers Caring for High-Risk, Vulnerable Populations, *Journal of Community Health Nursing*, (10)2, 87-96.
- Hutchison, R.R. & Quartaro, E.G. (1995). High-Risk Vulnerable Populations and Volunteers: A Model of Education and Service Collaboration, *Journal of Community Health Nursing*, (12) 2, 111-119.

- Kernis, M. H. (2003). Toward conceptualisation of optimal self-esteem. *Psychological Inquiry*, (14), 1-26.
- Koivula, U. & Karttunen, S. (2014). Volunteers in a hospital – opportunity or threat? Exploratory study from Finland. *Journal of Health Organization and Management*, (28)5, 674-695.
- Likert, R. (1932). A technique for the measurement of attitudes. *Archives of psychology*. (140), 1–55.
- London, M., & Maurer, T. (2004). Leadership development. In: J. Antonakis, A. Cianciolo & R. Sternberg (Eds), *The nature of leadership*. Thousand Oaks, CA: Sage.
- Luthans, F., & Avolio, B. J. (2003). Authentic leadership development. In K. S. Cameron, J. E. Dutton, & R. E. Quinn (Eds.), *Positive organisational scholarship* (pp 241-258). San Francisco: Berrett-Koehler.
- Macduff, N., Netting, F.E. & O'Connor, M.K. (2009), Multiple ways of coordinating volunteers with differing styles of service, *Journal of Community Practice*, (17)4, 400-423.
- Mackenzie, N. and Knipe, S. (2006). Research dilemmas: Paradigms, methods and methodology. *Issues in educational research*, (16)2, 193-205.
- Meier, P.S., Barrowclough, C. & Donmall, M.C. (2005). The role of the therapeutic alliance in the treatment of substance misuse: a critical review of the literature, *Addiction*, (100)3, 304-316
- Munro, E. (2010). The Munro review of child protection interim report: The child's journey. Available at: <http://dera.ioe.ac.uk/1915/1/Munrointerimreport.pdf> [Accessed: 5 August, 2016]
- Nuremberg Code. (1949). In A. Mitscherlich & F. Mielke, *Doctors of infamy: The story of the Nazi medical crimes* 23-25. New York: Schuman, 1949. (Original work published 1947).
- Rickham, P.P. (1964). Human experimentation. Code of ethics of the world medical association. Declaration of Helsinki. *British medical journal*, 2(5402), 177.
- Rose, R. & Jones, K. (2007). The efficacy of a volunteer mentoring scheme in supporting young people at risk, *Emotional and Behavioural Difficulties*, (12)1, 3-14.
- Shapira-Lishchinsky, O. & Levy-Gazenfrantz, T. (2015). Authentic leadership strategies in support of mentoring processes, *School Leadership & Management*, (35)2, 183-201.
- Sparkes, J. (1999). Schools, Education and Social Exclusion. Available at: SRN: <http://ssrn.com/abstract=1158920> [Accessed: 20th May, 2016]
- Sparrowe, R.T. (2005). Authentic leadership and the narrative self, *The Leadership Quarterly*, 16(3), 419-439
- Walumbwa, F.O., Avolio, B.J., Gardner, W.L., Wernsing, T.S. & Peterson, S.J. (2008; 2007). Authentic Leadership: Development and Validation of a Theory-Based Measure, *Journal of Management*, 34(1), 89-126.

15th January 2016.

1

Mainly focussed on coming up with a title and theme for the research project.

I have completed my 360° ESCI and know what areas to develop. Emotional self-awareness; especially around letting people know my feelings behind actions and explaining or communicating to others my emotions or reasons. My wife agreed with these findings. Another area for developing is 'conceptualizing' or systems thinking. This is about simplifying complexities and especially explaining them to others in an easily understood way.

I am wondering if I can address the EI component by choosing to research something I am emotionally invested in.

Systems thinking could be addressed through the final dissertation and explaining things to interviewees.

I am a little worried as I have looked at other research reports and it looks difficult.

10th April 2016.

5.

After lots of political manoeuvring, I have finally received 'virtual' permission to conduct the research. I spoke to David Bamford who was very favourable towards the research although expressed concerns over the type of language I would be using. He wants to avoid designating 'employment' terms onto volunteers for fear of legal action. I reassured him and agreed to read his attached guidance. Mary responded to my email thread with concerns over my bias and clarity in terms of the research parameters. I initially had concerns my bias might affect the research and eluded to it in the proposal (which I got a very low mark for).

I feel happy from an organisational perspective - supported from high echelons. I am less content in terms of my tutor. Having referred to my biases, it has worried her. My logical reasoning around emphasising my biases was to get an angle on emotional self-awareness.

cont...

My ESCI identified emotional self-awareness and systems thinking as areas for development.

Both have improved significantly during this research project although the emotional self-awareness had no specific factor which contributed to its development and instead was affected by my emotional investment in the research subject matter. Systems thinking changed dramatically due to having to take complex factors and translate them into easy to understand questions. My target respondents potentially have literacy issues and could suffer from questionnaire fatigue more so than others. After producing a draft, I had to re-work it at least eight times to eradicate ambiguities, repetition and questions which simply were not relevant.

I feel blessed by the support from Mary ~~who~~ without which the survey would most likely be unfit for purpose.

5/2/16.

16

Due to adopting behaviours and communication style of researcher - my peers are taking more interest in the subject. I think originally my passion for the subject made me come over as having an axe to grind. I now demonstrate a detachment from the outcome, a professional researcher way of communicating... i.e. if the outcome is A then what does B show e. As a result, leaders and peers in the organisation have expressed a great deal of interest and curiosity. I feel that I am being perceived as more professional although this could be transference on my part as I have developed in a number of areas - Emotional Self-Awareness being key area.

People have noticed the change I have made both professionally and personally - as a result I am being given much more autonomy and free reign to finish the project.

Good talking to you Ashley

Headlines

I think this is a great thing to explore
Let me know if I can help re: approval
It would be great if you could run past me how you are framing your questions

I am attaching an example of the law..... I am particularly interested in the case law examples.....I think we need to think about how to make this plain to people

Take care

From: Ashley Myers
Sent: 04 April 2016 9:03 AM
To: David Bamford
Subject: RE: research project application - 1st April deadline

Hi David,

I look forward to speaking – 0*****5

Kind regards,

Ashley Myers
Peer Mentor and Volunteer Coordinator

From: David Bamford
Sent: 02 April 2016 12:59
To: Charlotte Holding; Ashley Myers
Subject: Re: research project application - 1st April deadline

Hi

Yes, can definitely use provisional

Ashley what is your telephone number.... I think your question is a good one but need to get language right
David Bamford
CRI Director

Mobile No: 0*****5

From: Charlotte Holding
Sent: 01 April 2016 11:30
To: David Bamford
Subject: FW: research project application - 1st April deadline

Hi David,

See below response from Ashley Myers

Charlotte Holding
Research Administrator and Support Officer

From: Ashley Myers
Sent: 01 April 2016 11:28 AM
To: Charlotte Holding
Subject: RE: research project application - 1st April deadline

Hi Charlotte,

Can I use the email below as a 'provisional' acceptance for the ethics committee?

In terms of the definition of 'professional' – I was hoping to explore what the clients perceive as 'professional' or what the worker will need to demonstrate so that the client seems them this way. The volunteers I am including have no professional qualifications as such.

Kind regards,

Ashley Myers
Peer Mentor and Volunteer Coordinator

From: Charlotte Holding
Sent: 31 March 2016 11:24
To: Ashley Myers
Subject: FW: research project application - 1st April deadline

Hi Ashley,

I have had responses from some of the Research Oversight Group and those who have replied so far approve of your proposal assuming you get ethical approval and later provide evidence of this.

One of the ROG has concerns that your application is unclear on your definition of "professional", and also whether the volunteers you are including in this research are professionally qualified, not professionally qualified, or either.

Best wishes,
Charlotte

Charlotte Holding
Research Administrator and Support Officer

From: Bec Davison
Sent: 30 March 2016 4:55 PM
To: Charlotte Holding; Adam Huxley; David Bamford; Jeff Crouch; Kevin Crowley; Leona Smith; Prun Bijral; Richard

Pike; Shirley Riley; Sue Kelly

Subject: RE: research project application - 1st April deadline

Hi Charlotte,

I have no objection to this proposal – I would like however, to have some clarity on what he means by a 'professional'. I think he means a paid worker.

Professionally qualified staff mean a different thing. Can we ask him just to be very clear? Apart from that... will be interesting.

Bec Davison
Director of Quality
CRI

From: Charlotte Holding

Sent: 30 March 2016 10:38 AM

To: Adam Huxley; Bec Davison; David Bamford; Jeff Crouch; Kevin Crowley; Leona Smith; Prun Bijral; Richard Pike; Shirley Riley; Sue Kelly

Subject: FW: research project application - 1st April deadline

Hello all,

The following researcher requires virtual approval before 1st April. They need approval from us before they can get ethical approval from their university.

The application can be summarised as follows;

Title: Addressing the 'professional-volunteer' dichotomy - a study of service user perspectives around working with voluntary staff.

Researcher: Ashley Myers

Type of research: Internal

Sponsor: None

Aims: to establish the factors necessary for a volunteer to be seen as a professional with the aim of addressing the different ways we work with volunteers on a national level. I aim to have one accepted pathway for unpaid professionals to evidence their competencies so that they can work with a low-risk caseload.

Methodology: 1-2-1 interviews with 5 clients who are working closely with volunteers and 5 clients who are managed by paid recovery workers to get a comparison. They will also ask peer mentors to do a questionnaire with clients as part of their service user involvement role. This quantitative data will come from the 9 Hertfordshire services, aiming to get 10 responses from each.

Impact on CRI staff or SUs: results will establish what factors need to be in place for clients to trust the professional relationship with their unpaid worker. This will then inform the development of a pathway which will help staff evidence their volunteers' competencies. Once volunteers have been established as professional unpaid workers they will be able to work more closely and effectively with clients bringing additional benefits to the service.

Thank you,
Charlotte

Charlotte Holding
Research Administrator and Support Officer

From: Ashley Myers

Sent: 22 March 2016 12:54 PM

To: Charlotte Holding; Adam Huxley

Cc: Steve Smith

Subject: research project application - 1st April deadline

Hi Charlotte,

Please find my application to conduct a workplace research project.

I believe I need a letter from CGL giving permission to conduct the research, I then give this to the university so that I can get ethics clearance. Would I need to wait till after the 12th April for the letter or can something be given by my county services manager to 'provisionally' give permission so that i can continue with ethics clearance.

I look forward to hearing from you soon.

Kind Regards,

Ashley Myers
Peer Mentor and Volunteer Coordinator
Spectrum - Hertfordshire