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UNIVERSITY OF SOUTHAMPTON

FACULTY OF SOCIAL AND HUMAN SCIENCES

School of Social Sciences

Volunteers' personal support and learning systems operating between volunteers, paid staff and management in two voluntary human service delivery organisations in the south of England.

by

Roy Greenhalgh

Thesis for the degree of Doctor of Philosophy

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ABSTRACT

FACULTY OF LAW, ARTS AND SOCIAL SCIENCES

SCHOOL OF SOCIAL SCIENCES

Thesis for the degree of Doctor of Philosophy

VOLUNTEERS' PERSONAL SUPPORT AND LEARNING SYSTEMS OPERATING BETWEEN VOLUNTEERS, PAID STAFF AND MANAGEMENT IN TWO VOLUNTARY HUMAN SERVICE DELIVERY ORGANISATIONS IN THE SOUTH OF ENGLAND.

Roy Greenhalgh

Current research into the management of volunteers has tended to focus on the managers' perspective, particularly the volunteer recruitment processes. Consequently it has overlooked aspects of the day-to-day interactions between volunteers and their managers, their fellow volunteers and any paid staff. This study explores the nature and content of those relationships, particularly matters of personal support and opportunities to learn on the job in two different voluntary human service delivery organisations. The experiences of a group of established volunteer receptionists at a day hospice are compared with a mixed group of volunteer newcomers and paid, experienced carers at a drug and alcohol support centre. The formation and development of their relationships with others is analysed from the twin perspectives of volunteers seeking and receiving support, and their initial and day-to-day learning about their work. Since the groups were small, standard statistical approaches would have been inappropriate. Instead a relational network approach was adopted which, together with traditional qualitative analysis techniques facilitated analysis of the groups as well as individuals in the two sets of participants. Learning was found to be dependent on the growth of personal support networks as well as utilising the expertise of 'old timers'. Maintaining small networks of support providers was found to be essential to volunteers who worked in isolated circumstances. The findings indicate a need for systematic studies of management-led support and mentoring of volunteers.

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List of abbreviations

NCVO	National Council for Voluntary Organisations
ESRC	Economic and Social Research Council
NHS	National Health Service
VCS	Voluntary Community Service
CIPD	Chartered Institute of Personnel Development
CEO	Chief Executive Officer
CMI	Chartered Management Institute
CITB	Construction Industry Training Board
NVQ	National Vocational Qualification
CoP	Community of Practice
HRW	Harm Reduction Worker
CRB	Criminal Record Bureau
CCV	Certificate of Community Volunteering
AAR	After Action Review
FTE	Full-time employee

DECLARATION OF AUTHORSHIP

I,[please print name]

declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

Volunteers' personal support and learning systems operating between volunteers, paid staff and management in two voluntary human service delivery organisations in the south of England.

I confirm that:

1. This work was done wholly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission.

Signed:

Date:

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Preface

We ascribe personal dignity or worth to people – to human individuals – because of the sense that in relationship each of us has a presence or a meaning in someone else’s existence. We live in another’s life. To be the point where lines of a relationship intersect means that we can’t simply lift some abstract thing called ‘the person’ out of it all. We’re talking about a reality in which people enter into the experience, the aspiration, the sense of self, of others. And that capacity to live in the life of another – to have a life in someone else’s life – is part of the implication of this profound mysteriousness about personal reality. Deny this, and you are back with that deeply unsatisfactory model in which somebody decides who is going to count as human. What makes me a person, this person rather than another, is not simply a set of facts. Or rather it’s the enormous fact of my being here rather than elsewhere, being in these relations with those around me, being a child of these parents, a parent of these children, the friend of x, the not-so-intimate friend of y, I stand in the middle of a network of relations, the point where the lines cross.

So as a person I embody, I carry with me, all the things that have happened to me – the things that are, as a matter of fact, true about me. But moment by moment I respond to that agenda in different ways, I activate what is there in different ways, and I set up new chains of connection and relationship.

Archbishop Rowan Williams,
The Theos Annual Lecture, 2012
“The Persona and the Individual”

Chapter 1: Positioning this study.

To volunteer is usually a personal decision, even if one has been persuaded by a friend to “come along with me and try it”. A conscious decision is made to work alongside others, most of whom one may not know, but some who may become, over time, very close friends. It may be that the purpose of a particular voluntary organisation appeals, or that the incentive is just being with a friend at the voluntary organisation of their choice. For whatever the reason, one is going to encounter others as fellow volunteers and come face to face with those the voluntary organisation seeks to help or serve. The act of helping another is done by volunteers, I suggest, not because the organisation expects it - although as a voluntary organisation with human service as its purpose, it rightly would - but because of how we value people, and, in Williams’ words, “because of the sense that in relationship each of us has a presence or a meaning in someone else’s existence” (2012 p.3).

Developing Williams’ ‘presence or a meaning’ with others involves embarking on a pathway with an unknown other that may lead to a worthwhile relationship, something we do from birth. That collection of friends, acquaintances and trusted confidantes enables us to stand in Williams’ “middle of a network of relations, the point where the lines cross” (2012). But workplaces don’t offer us ‘free choices’: we frequently cannot choose with whom we will work. Homans’ (1951) ground breaking analysis of Roethlisberger and Dickson’s (1939) study of the Hawthorne Works wiring room illustrates how different relationships developed in two different situations: as task work-mates and as break time games mates. The games groups were created by deliberate selection of chosen individuals while the work team structures were determined by management. Where belief in the aims of the voluntary organisation is a strong factor, who one works with may be of secondary importance, while the formation of friendships is an added bonus.

The complexity of voluntary organisations’ structures ranges from Smith’s (2000) small, kitchen table variety to the multi-silo’ed structures found in international campaigning/service delivery organisations such as Salvation Army (2012) or Oxfam (2012). Single issue campaigning and advocacy

groups, many of them dealing with global issues, occupy a large segment of the constellation of voluntary organisations. However, human service delivery organisations occupy the largest segment (NCVO 2013). Such organisations cater for distinct sets of human needs, such as child care, health, education, employment, mental health, or home care. A frequent condition of the granting of public or state funding to human service delivery organisations was that new financial accountabilities were imposed by the funder on the organisation (Scott and Russell 2001). Such impositions changed the character, and sometimes the altruistic purpose of voluntary organisations. Both Billis (2010) and Rochester (2013) have explored the consequences of changes to the complexity of voluntary organisations as they moved from unambiguous, volunteer-led and volunteer-run associations to 'entrenched hybridised' organisations. By hybridised, Billis means the consequences of the adoption and implementation of the modern 'workplace' management model (e.g. Drucker and Marciariello 2008), employing paid staff and establishing a hierarchical structure of its managers, staff and volunteers. Carmel and Harlock (2008p.156) consider that hybridisation has become so endemic that 'the governance of third sector organisations not only privileges market-like behaviour and market-style organisational forms, but assumes their necessity'

In the England and Wales, voluntary organisations registered with the Charity Commission are required to have a board of trustees or non-paid directors who are 'the responsible body' (Charity Commission 2010). That responsibility is primarily a financial one (Charity Commission 2009). Reporting to that trustee body can be any form of structure which is capable of administering the charity. Consequently, the management structure of voluntary organisations, charities and not-for-profits can vary enormously. One model of a human service delivery organisation has a board of volunteer trustees, a paid chief executive officer (CEO), one or more management committees, and groups of aid staff and unpaid volunteers (e.g. the structure of Cystic Fibrosis Trust 2011). Volunteers may do very similar work to paid staff, working alongside them during their regular shift. Smaller, registered organisations may have their management committee composed of a selection, or the whole group, of trustees, for example the Julian Trust (2012) where all functions, except the company secretary are filled by volunteers.

This study will explore some of the characteristics of the relationships, particularly those that offer and provide support, that develop, exist and operate between volunteers, volunteers and paid staff colleagues, and volunteers and their managers in two very different voluntary human service delivery organisations. Considering that day-to-day learning is a critical contribution to more effective work, the second main thrust of the study investigates how volunteers have set up their own personal learning arrangements, how colleagues – both volunteers and paid staff - may be involved in those arrangements, in what ways such learning changes their approach to their work, and if the management of their voluntary organisation in any way contributes.

The researcher/author of this study has over 50 years' experience of volunteering in many of the forms of voluntary organisations outlined above. He has extensive experience of small membership voluntary groups both as a member as well as serving on their organising committees over that time. He has served as a volunteer as well as a committee member with a number of voluntary human service delivery organisations, such as Samaritans and Cruse in England and Wales. In 1994 he was the secretary, that is the committee member with a computer, of a small group of villagers which set out to open a volunteer staffed and managed village shop and post office following the closure of the original commercially run establishment. Unlike other shops that started as voluntarily run, our village shop is still staffed and managed by volunteers, 20 years later and is still very active. He is a founder trustee of a small wholly voluntary NGO in the UK, founded in 2004, working to support volunteer teachers in a number of community schools in the townships situated in the north-east quadrant of Lusaka, Zambia.

As a management consultant with over 30 years' experience of working in the public and private sectors in the UK and Europe he has brought to this study his experiences of personal learning and training as well as his analysis of personal support and supervision offered by line managers to paid staff and volunteers alike. His approach to the project, its overall planning, the forms of data collection employed and the mixed methods of data analysis, emerged from the combination of his personal voluntary activities, his professional life and his growing knowledge of research methods.

1.1 Research questions.

The following two pairs of research questions have emerged from the relevant literature which is examined and discussed below in chapter 2:-

- 1a. What are the key characteristics of the support structures that operate between volunteers, paid staff and managers?
- 1b. How are these support structures created, maintained and managed by those using them?
- 2a. What are the characteristics of any personal learning structures and processes that volunteers have set up?
- 2b. How do such support structures enable learning *in situ* and with what results?

1.2 Why is this important?

Volunteering with a hybridised organisation will, over time, present the volunteer with numerous organisational characteristics: how it is hierarchically structured, managed or supervised; how activity content is designed; how people are implemented into that design; and how information technology has affected traditional work/human interactions. Two characteristics central to this study, which feature amongst an organisation's operational structure, are how people are supported in carrying out their work and how they learn how to do that work.

These two characteristics of work are often viewed as management functions (Senge, Ross et al. 1994 p.12), but rarely make a stage entrance in volunteer literature. Consequently, as we know little about the day-to-day management of volunteers (Elsdon, Reynolds et al. 1998; Gay 2001), we are unable to assess the effectiveness of managerial practices on the production of work by volunteers. On the other hand, we understand the importance of effective management in the public and private sectors not only in increasing production rates, improving product or service quality and reducing costs but also in providing interesting and satisfying work for paid employees (e.g. Spear 2004; Seddon 2008; Watkins 2012). Furthermore, Spear and Seddon, amongst others, have determined how work can be made interesting and satisfying for salaried and hourly paid workers alike. How do managers in

voluntary organisations ensure that unpaid volunteers are provided with interesting and satisfying work? What do managers of volunteers bring to the content and style of their management practice that volunteers perceive as ‘good interventions’?

Meijs and Ten Hoorn (2008) claim that the majority of literature, describing management practices of voluntary organisations and volunteers, concentrates on service delivery organisations which predominantly operate a single model of management – the workplace model. This dominant management style orientates how groups of volunteers carry out their work, and therefore the opportunities for the development of inter-personal relations between them. However, an understanding of what characterises the day-to-day interpersonal relations between volunteer and volunteer, and between volunteers and paid staff in voluntary organisations is lacking. The limited (and it is very limited when compared with the burgeoning literature relating to volunteer recruitment) descriptive literature that I have found, based not on UK national surveys but on focus groups, unstructured interviews (Illesley 1990; Pearce 1993; Gay 2000; Gaskin 2003; Lie and Baines 2007) and two ethnographies (Foster 2006; Eliasoph 2011) indicates that volunteers augment whatever support, attention and direction that they receive from their supervisors and managers with their own considerable mutual support. How that augmentation takes place and under what circumstances has been rarely researched. Focus groups and unstructured interviews/discussions permit the researcher to explore the hinted-at notions of work-arounds, augmentations and dissatisfactions, behaviours that Pearce (1993) and particularly Eliasoph (2011) explore.

Support is generally portrayed as a single, nebulous entity, and its provision as part of the supervisory function (Jenkinson 2011). Surveys haven’t asked which specific forms of personal support are provided by managers/supervisors, nor what forms volunteers need (Low, Butt et al. 2007; Machin and Paine 2008; Brewis, Hill et al. 2010). For example, the question to managers about the provision of support in Brewis et al’s survey, ‘Valuing Management Skills’ (2010 p.50) reads ‘14. *In your organisation, do you undertake or are you developing the following practices ...[do you] Offer one-to-one supervision to volunteers?*’ (without defining the content, frequency and

practice of supervision). Machin and Paine (2008) in their survey, aimed at managers' opinions, ask a similar question '*39.d Does your organisation ... have a key person or persons who volunteers can go to for advice and support?*' (again with no definition of support). The 2007 'Helping Out' survey (Low, Butt et al. 2007 pp.44-45), specifically targeted at volunteers, surprisingly only asked three questions about the provision of support: (i) 'is advice and support available?' (but it didn't explore what forms of support or where that support came from); (ii) 'did the volunteer feel the need for advice and support?' (responses were only 'yes' or 'no'); and (iii) 'what was the level of satisfaction with the advice and support that was provided?', without asking how that level of satisfaction was measured.

From an analysis of these three surveys we learn that, overall, personal supervision is available to less than half the volunteers of whom approximately only 1 out of 3 can expect to have a manager available for more than 2 days per week and even then they may be competing for his/her time with possibly up to 14 other volunteers. Further, of those who did receive supervision, 2 out of 5 volunteers felt that the supervision and support they received was less than "very adequate" while 4 out of 5 had not received any training which could have increased their skills and perhaps reduced their need for support.

Research discusses training provision but rarely its success when viewed from the perspective of a person's learning. Training is something that is delivered, given or distributed in classrooms or electronically. A supervisor's failure to explore a volunteer's needs for, and the supervisor's limited provision of, day-to-day support and learning opportunities are likely to impair the effectiveness of the volunteer's efforts in two ways. Firstly, the organisation may fail to capitalise as effectively as it could on the skills and donated time that volunteers offer. Secondly, they are reducing the retention possibilities of those who have benefitted from costly training and any day-to-day supervision (Brudney 2005; McCurley 2005; Foster 2006; Musick and Wilson 2008; Yanay and Yanay 2008).

It is recognised that volunteers seek an engagement with a voluntary organisation believing that not only can they 'give something back', but also that their personal needs will in part be met (Brudney 2005; McCurley 2005;

Foster 2006; Musick and Wilson 2008; Eliasoph 2011). Since volunteers want to do the best job they can, they will look for specific forms of personal support and will want to know how its provision is implemented in the organisation (Waldron 2003). A second personal need is to gain competence and confidence in the tasks allocated by the voluntary organisation and which are sometimes met by formal training provided by the organisation. The volunteer hopefully learns not just the content and the processes of the work as the organisation presents them, but also needs opportunities to understand how such work matches the organisation's purpose or benefits its clients. They also need to understand the authority and power structures that exist and operate within the organisation. Such learning of skills, attitudes and information about the organisation takes longer for a volunteer who only works either shifts – a day per week or fortnight, or part-time compared with a full time paid employee. Personal learning not only increases one's self-esteem as a 'better volunteer' (Beattie 2006; Musick and Wilson 2008 p.106), but increases the effectiveness of the work done by volunteers for the organisation as well as increasing the chances of the organisation retaining the volunteer. That increased effectiveness in turn increases the quality of the service provided to its users. As both Eliasoph (2011) and Foster (2006) describe, volunteers undergo a process of acculturation as they pass through training, are inducted and learn to carry out the tasks assigned to them, work within the processes of the organisation and interact with other volunteers and paid staff. This study seeks to understand the content of those processes and how the volunteer engages in such acculturation.

An outcome of this study is to add to the knowledge about the volunteer's day-to-day experiences of working and learning with others.

1.3 The role of support amongst volunteers.

A volunteer comes to a voluntary organisation with their own personal needs which require fulfilment if the volunteer is to be successful and effective in their contribution to the organisation's work. These can be considered as their 'joining needs'. The volunteer can assess how these joining needs are satisfied as they progress through the stages of recruitment and into the early stages of their work (Foster 2006). These personal needs are different to their

needs to enable them to carry out work tasks. Their need for continuing support in learning what to do and how to do it while carrying out tasks is the subject of this study, not the 'joining needs'.

Within the study of personal relationships, support is variously defined (Sarason, Levine et al. 1983; Vaux 1988; Sarason and Sarason 2009) but is generally accepted to be, 'The existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us' (Sarason, Levine et al. 1983). This is the form of support that Foster (2006) describes as existing between herself and a group of six fellow volunteers who, as a group, underwent training at a large US-based hospice and were then deployed as visitors to terminally ill patients. Foster's ethnography covered a 12 month period with unstructured interviews taking place immediately following training, after 6 and after 12 months. Members of Gaskin's (2003) focus groups disclosed how they phoned trusted others rather than approaching supervisors or managers after difficult sessions with clients. In both cases, the requests for support were predominantly for varieties of emotional support, and to a lesser extent, for instrumental and informational support. Instrumental support is defined by Wellman (1989) in a domestic context as major and minor personal services such as lending items or assisting with small household jobs. In the work situation, it can be operationalised as instructions, advice or perhaps demonstrations in how to carry out a task, or perform a task better. Informational support is defined as the provision of information about the job one does, the people one works with and the organisation for which one works.

Support is necessary as the newcomer makes their first tentative steps from their initial enquiry through the various stages of recruitment until they are inducted into the organisation as a full participatory member. Foster (2006) describes her feelings and her reactions to events happening around her on the day she visited the hospice to enquire about volunteering and which turned into her initial interview with the woman who became her coordinator over the next nine months. During that interview the first ties were formed between the two women since Foster was asked to relate details of losses in her life which, in her case were her divorce and her difficulties with a dying grandmother (2006 pp.6-7). Foster indicates that different forms of support

are required once the trainee has become an inducted member of the volunteer force and as they start to do the work in a realistic rather than their imagined, idealistic fashion. This study sets out to explore what support is requested by volunteers and from whom in the workplace.

1.4 The role of personal learning.

The second main thrust of this study focuses on seeking to understand how volunteers have set up their own personal learning arrangements, how colleagues – both volunteers and paid staff – may be involved in those arrangements, in what ways such learning changes their approach to their volunteering, and if their ‘employer’ in any way contributes. There is a burgeoning literature on the initial steps of becoming a volunteer which includes guides and methods regarding the training given to volunteers (e.g. Fisher and Cole 1993; McCurley and Lynch 1998; Lee and Catagnus 1999; McCurley 2005; Musick and Wilson 2008; Ellis 2010). But how targeted are they at a learner’s specific situation, or are they generic? What are far less common are assessments – by the learner – of the effectiveness of those training programmes, if and where they exist.

Personal learning is not necessarily classroom based: it is mainly situated in the work that the volunteers do with voluntary and paid colleagues. Lave and Wenger (1991) and Lave (2011a) saw learning as a social activity, a concept that our understanding of apprenticeship embraces (Fuller, Hodkinson et al. 2005). Wenger uses the term ‘communities of practice’ for groups of people who are engaged in some form of enterprise, perhaps a human services delivery voluntary organisation. As they work together, learning from each other, sharing forms of practice, individuals interact with each other. Wenger argues that over time, ‘this collective learning results in practices that reflect both the pursuit of [the] enterprise and the attendant social relations’ (1998a p.45). Consequently Wenger names such groups as ‘communities of practice’. Fuller et al (2005) make the connection between learning and participation in social communities of practice in the following way. Becoming a member of such a social community enables participation, and it is participation in social practice that reifies membership -- the belonging to a community. Fuller et al go on to restate how ‘the processes, relationships and experiences which

constitute the participant's sense of belonging underpin the nature and extent of subsequent learning.' (Fuller, Hodkinson et al. 2005 p.51). Both Fuller, and Kimble and Hildreth (2004) see this form of learning having some similarities to apprenticeship. But Lave's underpinning research, the Via and Gola tailors in West Africa (Lave 1977; Lave 2011a) and Jordan's (1989) findings from a group of Yucatan midwives indicates that this form of learning is more than 'learning by doing'. Learning has a strong relational characteristic. Lave and Wenger (1991) describe this as a shift from 'the individual as learner to learning as participation in the social world, and from the concept of cognitive process to the more encompassing view of social practice'.

More recently, Wenger, Trayner et al (2011 p.9) have proposed that communities of practice have considerable similarities to social networks: 'We see communities and networks as two aspects of the social fabric of learning rather than separate structures'. While they suggest that a personal network is not a community of practice, they do consider that for most groups the two aspects are combined in various ways: 'A community usually involves a network of relationships. And many networks exist because participants are all committed to some kind of joint enterprise or domain, even if not expressed in collective terms' (2011 p.12).

Wenger et al's current conceptualisation of communities of practice therefore permits us to legitimately apply methods of exploring and analysing social networks to learning communities and, by extension, to apprenticeship schemes. Thus I can apply the investigation of the existence of ties, the strengths of ties, how ties represent forms of support and their flows not only to support structures but personal learning.

1.5 How the questions emerged.

The research questions have emerged as a response to how I could open up and explore a gap in the limited current literature. Current literature continues to research volunteering predominantly from the managers/supervisors' perspective, particularly the two activities of how and from where volunteers receive support in their work, and how they learn to do that work.

That gap consequently can be explored by researching the twofold question: what are the forms of support that volunteers seek while doing their work; and how and from whom is support sought, delivered and with what effect? Secondly, the second pair of questions were prompted not only by the lack of data regarding personal learning structures in voluntary organisations, but if and how communities of practice (Lave and Wenger 1991; Wenger 1998a; Wenger 1998b) could be shown to be structures that assisted such learning. We can additionally consider their theories of learning in communities of practice from a social network perspective, in other words, from a socially supportive social network stance.

Further, while structured surveys could ask for data (but haven't so far) about forms of requested support, from whom they are sought and with what result, an additional objective of the study was to get 'behind' the sorts of answers that such a study might produce. Krackhardt and Kilduff (2008 p.15) capture this 'behindness' in their four 'leading ideas' of network research. They are (i) the importance of relations, (ii) the principle of embeddedness in a network, (iii) the social utility of network connections and (iv) the emphasis on structural patterning in networks. These leading ideas will be instrumental in the analysis of the findings.

1.6 Summary of the method, data collection and analysis.

In setting out to explore this complex, nebulous and variously defined concept and practice called 'support', I plan to investigate the nature of the relationships between an individual and those others they name as either 'very close' or 'somewhat close'. This will be done for each participant, that is each volunteer and where relevant, their paid staff colleagues. From this data I will be able to determine their embeddedness within their own network and the networks of all relevant volunteers, paid staff and managers. Secondly, each participant will construct a pictorial representation of their support network from which I will determine its 'social utility' (Kilduff and Krackhardt 2008). By augmenting information from semi-structured interviews, I will be able to determine what forms of support are requested and from whom in their network they are sourced. The interview will additionally explore colleagues'

reactions to requests for support, and how volunteers work as groups and respond to requests for, and share information and expertise.

Data analysis will use network analysis techniques (Wasserman and Faust 1994; Kilduff and Tsai 2003) to provide information about each individual volunteer's or relevant paid member of staff's personal network. These individual personal network representations will be analysed to show the structural patterning of the networks. What are the common features of, and do reasons emerge to explain, any significant differences in network structures? The analysis will present the importance of the different relations between each individual. Analysis will also indicate to what extent volunteers are embedded in networks rather than occupying superficial positions, and what that deeper embeddedness means.

An analysis of each focal individual (participant) will be made alongside a consolidated analysis of each main group of volunteers to which they belong. Such analyses may inform us of the circumstances under which individual volunteers feel the need for support, its form, how they practically request support and process any result; what Krackhardt et al (2008) call 'the social utility of network connections'. It will show what forms of support the volunteer body as a whole appears to require to do its work. Such information should be useful to supervisors and managers as they design their interventions with volunteers. The analysis will also show how volunteers move from being a newcomer to becoming a skilled participant which is a stage of learning and developing one's practice that is beyond basic training and induction. Such information may be useful to voluntary service organisations' managers as they design their on-going training.

1.6.1 The data collection sites.

Data was collected in two very different organisations which, using Handy's (1988 p.10) basic typology of voluntary organisations, can be classified as voluntary human service delivery organisations, although Handy simply calls them 'service providers'. The core requirements of the sites were that the organisation had engaged volunteers who worked in groups ideally not smaller than 5. Five is considered by Hackman (1990; 2002) to be the

optimum working-group size. The organisation had to have paid staff and managers who were accessible to the volunteers.

The first site was a day-hospice where 'day' means that the hospice had no beds. Patients were transported to and from the hospice for a day, perhaps once per week, for various forms of care and therapies. The volunteers were selected for the study on the basis that they either worked as a group or worked in the same department. In the hospice a group of 9 volunteers worked as receptionists and telephone operators, usually in pairs. The group was managed by a paid manager.

The second site was a charitable Drug and Alcohol Counselling organisation (which I call the drug agency) in a major city in the south of England. The participants were a group of 5 volunteers and 4 full time paid staff who worked very closely together each Tuesday. The volunteers provided three services: staffing the Help Line phone, operating the needle exchange service and acting as listeners and counsellors to the drug users in the drop-in centre, a room which was open during the day for drug users to discuss their situation. The volunteers were managed by a paid person who acted as the voluntary services manager (this term is discussed below) as well as the volunteer's line manager. The paid staff had their own paid manager.

1.7 Outline of the thesis.

This chapter has identified a gap in our understanding of the volunteer experience and presented the aim and actions that will be pursued in this study to partially fill that gap. It has outlined the purpose, the approach and the method that will be used in this mixed methods investigation.

Chapter 2 will bring together the relevant literatures on the human service delivery organisational structures found in voluntary organisations, some of the relevant managerial structures that are found in such organisations, and the key characteristics of the manager/volunteer interface that being a mixed paid/volunteer staffed organisation presents. The importance of the psychological contract, a concept of what is understood and possibly agreed regarding conditions of service and expectations between a volunteer and their manager/supervisor is explored. How this concept has been

implemented is critical to the expectations of both the volunteer and the organisation they work for. The chapter will also explore issues of support and learning. Chapter 3 will describe my thinking of how I could explore the research questions, what data I needed and how I could analyse it. The overall method is mixed, using traditional approaches to analysing the qualitative data but adopting an unusual approach to both gathering and analysing the quantitative data. Issues relating to data availability will be discussed. Chapters 4 and 5 will each address the research questions against one of the two data collection sites. Further relevant literature references will be used as appropriate. Chapter 6 will compare and contrast the major findings from the two sites, drawing conclusions and suggesting areas for future research.

Chapter 2: Review of relevant literature.

This chapter explores three aspects of the voluntary landscape: the structural organisation of voluntary human service delivery organisations; some of the characteristics of the volunteer/manager interface, and aspects of social support and learning in such organisations.

Before entering the chapter, some definitions are necessary to assist the reader. The three definitions given below are all based on Susan J. Ellis (2010).

- Voluntarism refers to all of the voluntary activities that occur within an organisation.
- Volunteerism refers to anything involving volunteers. Thus the act of volunteering to work for a voluntary group or a mixed group of unpaid volunteers and paid staff is termed volunteerism.
- Volunteering is the act of being a volunteer.

2.1 The variety of organisational structures found in voluntary human service delivery organisations.

As new purposes have arisen for the provision of services to individuals and communities of people, new forms of human service delivery organisations have developed. The basic, unregistered, informal variety is perhaps the most common with its activists, its service recipients and its organising committee self-forming and self-funding. It invariably operates out of someone's home with its meetings taking place around the kitchen table (Humphrys 2013). We know only of their activities because we see a notice pinned up on the "Community Notice Board" in a supermarket or the corner shop, or we happen to meet one of its members. They emerge, and function for as long as the activists support it, but close when it becomes "too much" for the few that are left. Regional and national human service delivery organisations use current electronic means of advertising their purpose and have adopted modern methods of structuring, funding, managing and staffing their organisation as is further explored below. The multi-silo'ed structures found in international campaigning/service delivery organisations such as Salvation Army (2012) or

Oxfam (2012) operate as charitable companies (Charity Commission 2012) with extensive retail subsidiaries and management structures not dissimilar to medium to large corporations .

A frequent condition of the granting of public or state funding to voluntary organisations was that new financial accountabilities were imposed by the funder on the organisation (Scott and Russell 2001). In the UK, voluntary organisations registered with the Charity Commission are required to have a board of trustees or non-paid directors who are 'the responsible body' (Charity Commission 2010). That responsibility is primarily a financial one (Charity Commission 2009). Reporting to that trustee body can be any form of structure which is capable of administering the charity. Consequently, the management structure of voluntary organisations, charities and not-for-profits can vary enormously. Some human services delivery organisations have a board of volunteer trustees, a paid chief executive officer (CEO) and one or more management committees (e.g. Cystic Fibrosis Trust 2011). Smaller registered organisations may have their management committee composed of a selection, or the whole group of trustees, for example the Julian Trust (2012) where all functions, except the company secretary are filled by volunteers.

The adoption of the workplace management model.

Meeting the requirements of financial accountability has encouraged voluntary organisations to adopt commercial models of management, not least the 'workplace model' (McCurley and Lynch 1998; Gay 2000; Hager and Brudney 2004; Meijs and Ten Hoorn 2008; Rochester 2013). This model derives from Taylor's (1911) original model from the 1880s which was designed for the emerging manufacturing industries in the USA. It is characterised by a hierarchical management structure, emphasising upward reporting and downwards command. Separate departments within the organisation are highly autonomous especially at budgetary level. Such a management system has undergone great change not least by Drucker and Maciariello (2008), Deming (1986) and Ohno at Toyota (1988) in the post-World War 2 years.

Deming and Ohno's major contributions to modern management practice are exemplified by Watkins (2012). Watkins considers that leaders of workers need to abandon the old command and control style of management, and, instead adapt their language such that they can empathise with the other,

achieved by asking questions and listening carefully – the antithesis of command and control. When a leader is made aware of the problem they should go and have a look at it, and using their own knowledge and expertise, recognise aspects of what has gone wrong. They should be able to coach the worker as, together, they set about trying to understand what has gone wrong. And the leader should be able to assist the worker solve the problem, that is, decide what needs to be done to make the operation go correctly. All along that sequence, the role of the leader is to give constructive feedback.

In various forms, the workplace management approach dominates western private sector business, with a variant, called the New Public Management (e.g. Osborne 2006), as the prevalent model for the public sector. Voluntary organisations have adopted micro-versions with modified reporting structures and similar financial systems (Handy 1988; Drucker 1990; Scott and Russell 2001) because voluntary organisations believe, questionably, that their methods and tools work. Indeed, Gay's survey (2000) of 125 managers of volunteers found that the majority accepted the formalised approach as *faits accomplis*, with some participants feeling that formalisation had advantages over the previous patterns of management. Handy (1988) recognised the possible 'heavy-handedness' of traditional, i.e. workplace, managerial practices, and warned that 'Voluntary organisations, however, would be foolish to throw the baby out with the managerial bath-water'.

In reporting voluntary organisations' management practices, there is a major difference between the US based literature and the UK/European literature, and nowhere does it show itself more than in discussions of methods of day-to-day management. Much US literature (Brudney 1990; Fisher and Cole 1993; McCurley and Lynch 1998; McCurley 2005; Ellis 2010) - apart from some notable exceptions, for example Smith and Green (1993), and Smith (2000) - make the assumption that unpaid volunteers are to be treated as paid staff. McCurley (2005) considers that the supervision of volunteers involves three Taylorist elements: (i) establishing criteria for success, standards of performance and an annual plan of work: (ii) measuring actual performance against expectations or targets: and (iii) 'making corrections through managerial action' (2005 p.608). He extends this by stating that 'the supervision of volunteers is essentially no different in concept or execution from the supervision of any other type of staff for an agency'.

In contrast to the US practices, the UK/European voluntary organisations operate a range of day-to-day management practices. Paton and Hooker (1990 p.9), for example advise voluntary organisations to ‘look elsewhere – and especially to their own traditions – to develop an authentic approach to effective voluntary action and organisation’. Paton and Cornforth (1992) emphasise the need for additional personal sensitivity and influence rather than using one’s authority, the hallmark of the workplace model, in managing volunteers. Zimmeck (2001) proposes the ‘home grown’ model which has a single aim, to enable organisations to express most fully their core values in what they do and how they do it. Paton and Hooker (1990) indicate that organisations with paid staff and volunteers will have a far wider range of uncertainty and ambiguity regarding a volunteer’s position *vis-a-vis* the organisation’s goals and methods of working. As an advocate of the workplace model, Bates (2009) argues that it is the role of the full management team to address such issues through the volunteer manager and the departmental manager. From a different perspective, Beattie (2006) argues that an important role of the line manager is to develop their staff and volunteers.

The emphasis on finance in voluntary organisations.

While voluntary organisations have historically faced financial insecurity (e.g. Harris 2001), many are becoming more dependent on public donations and commercial revenue generating activities rather than state funding. NCVO (2013) estimates that ‘Public funding for charities could be 12% lower by 2017/18,’ that is £1.7 billion lower in 2017/18 than it was in 2010/11, the latest year for which data is available. London Voluntary Service Council’s (Butler 2013) annual report shows the reduction in grants and donations which fell from £1,458,000 in 2010/11 to £801,000 in 2011/12, a reduction of 55%. Charities Aid Foundation’s (2012) research indicates that this shortfall in funding from government and grant givers is unlikely to be compensated by public donations. Indeed, donations from the public in 2011/12 were 20 % down on the previous year (Charities Aid Foundation 2012).

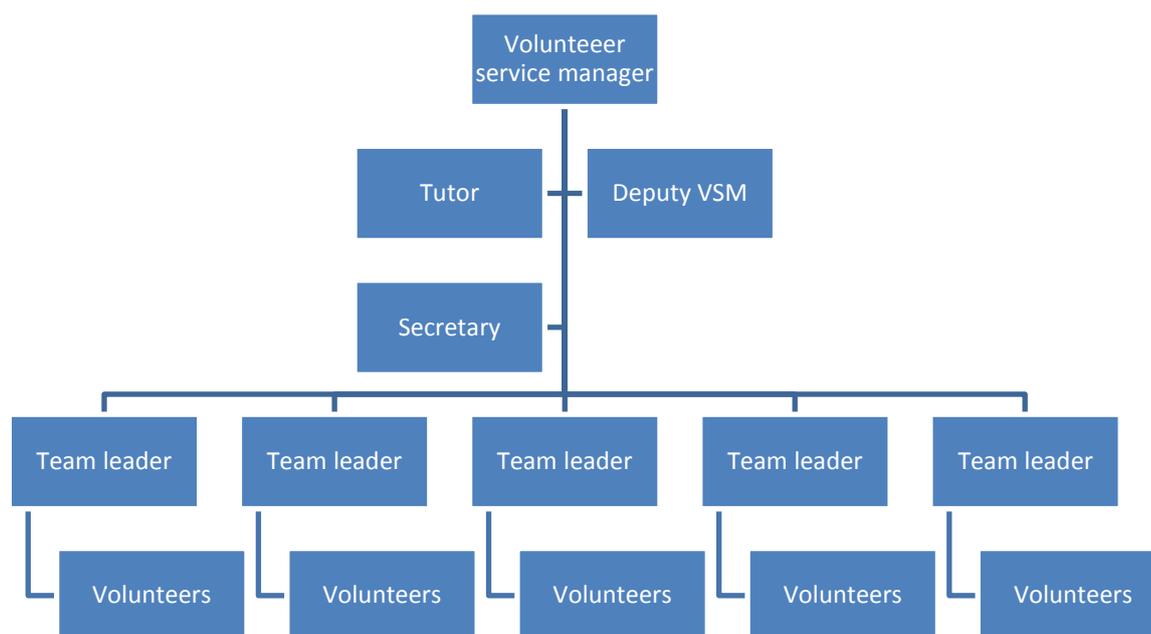
Anheier (2000) argues that this financial insecurity emphasises the importance and role of financial management. He further proposes that ‘management’ in voluntary organisations is predominantly ‘financial management’ which, as

formal management, is not concerned with purpose or enacting the beliefs of its founders and members. The UK's England and Wales Charity Commission requires just annual financial returns while only summarised information about key aims, headcounts, activities and achievements are required of charities with an income of over one million pounds (Charity Commission 2011). These requirements fail to present an equal emphasis on the use of human resources, both paid and voluntary, nor does the Charity Commission require evidence of how the organisation meets its objectives. The financial accounting systems used in voluntary organisations follow similar standards and practices to those used in the private sector. There is a growing requirement for increasingly complex annual returns from voluntary organisations even from those that do not receive public grants. An example is individual Anglican church parishes, which have wholly voluntary management committees, who have to forward complex annual financial returns to their parent diocese (e.g. Diocese of Gloucester 2009).

Titles, roles, status and authority of managers of volunteers.

Limited research has explored the status, roles, titles and personal working arrangements of managers of volunteers (Machin and Paine 2008; Brewis, Hill et al. 2010). Where and how a manager of volunteers' authority lies is similarly under-researched. Do such managers share the same status, have the same scope of authority and are considered to be equal by their peers? Full organisational hierarchical 'tree' structures, which are indicative of the organisational management structure of a voluntary organisation and therefore the ranking of the volunteer's manager, are rarely found in the literature, Bates (2009 p.29) being a clear exception as shown below:-

Figure 2:1 The management structure of a volunteer service in a hospice.



(Source: Bates (2009) p.29)

In the UK's NHS, which employs very large numbers of volunteers¹, it appears that the manager of volunteers is very frequently not a director and may not be a member of the senior management team. A survey of Scottish hospices (Volunteer Development Scotland 2003 see Appendix 1) found that most managers of volunteers only reported to the administration manager/director. A similar survey (Volunteer Development Scotland 2003 see Appendix 2) indicated that most managers of volunteers who worked in large acute hospitals, smaller hospitals, and in community settings, reported to a senior line manager or associate director while 40 % were managed by ward nurses. Bates (2009) argues that, since the manager of volunteers has overall responsibility for recruitment, training, induction, human resource administration and overall management of volunteers, that manager should be in the senior management team. Strategic planning is normally a senior management team activity and therefore, as Bates argues, it should include

1 Machin, J. and A. Ellis-Paine (2008). Management matters: a national survey of volunteer management capacity. London, Institute for Volunteering Research.

report that "NHS organisations involved higher ratios of volunteers to managers compared to those in the VCS: 60% reported they had 101 or more volunteers compared to 16 % in the VCS".

the manager of volunteers since they are responsible for setting volunteer budget, the strategy for volunteer recruitment and engagement.

The literature shows that there is no consistency in how the managers of volunteers are titled. Macduff et al (2009) use five titles: manager, supervisor, coordinator, administrator and community practitioner – almost interchangeably. Titles of managers responsible for managing or supervising volunteers vary as do their responsibilities. Some managers of volunteers have no title (Machin and Paine 2008; Brewis, Hill et al. 2010) while Brewis et al (2010) found that only 15 % of the people managing volunteers were classified in the role of ‘volunteer coordinator’ or ‘volunteer manager’: the rest were in administration or general management. People were more likely to have such a title if they were paid. Similarly, managers of volunteers could be without a written role description: they may have had to interpret and invent their role. Machin and Paine (2008) found that 25 % of paid managers of paid volunteers either had no written job description at all or that managing volunteers was not part of their main job description while 54 % of unpaid managers were without any job description at all. They also found that it was more likely that managers of volunteers who were unpaid and had no job description were to be found in smaller organisations. Driggers and Dumas (2002) show that where there was no job description for a manager of volunteers, the person may have difficulty in knowing what their responsibilities were, and the volunteers may consequently suffer from lack of direction and leadership.

In this study I will, for convenience, adopt the title ‘volunteer manager’ for anyone with the role, no matter how formalised, of managing volunteers.

Voluntary organisations are extremely varied in their hierarchical structures, partly determined by the organisation’s purpose and originally by the influence of the volunteer body. If registered with the Charity Commission they will have a duty to manage and report their finances, an indication of Billis’s hybridity and a clear sign that a variant that the workplace management model has been adopted. While regional, national and international voluntary organisations advertise the purpose of their work, their successes, their costs and their dependence on the public for donations, there is far less emphasis

on accountability of their human resources. In view of the low status of the volunteer manager (Brewis, Hill et al. 2010 p.20) in the management hierarchy, we can conclude that in mixed paid and volunteer organisations a champion for the volunteers may be missing in the senior management board room. Further, the organisational status of the volunteer's manager may be affected by their paid status. Voluntary volunteer managers are more likely to have no role description, a cause of ambiguity which may be reflected in how the volunteers perceive themselves.

2.1.1 The availability of skilled, experienced managers of volunteers.

The allocation of managers to manage volunteers varies considerably, with organisational size (Cornforth and Simpson 2002) or income as major determinants. Some volunteers were managed by external organisations; some organisations shared the management of volunteers across a number of people including line-managers; other organisations had a single volunteer manager responsible for all volunteers while a few organisations appeared to operate with no management structure (Machin and Ellis-Paine 2008). Machin et al (2008 p.44 Note 21) note that 1 in 9 organisations from the original sample in their survey were unable to identify anyone who had the responsibility for managing volunteers. These authors further report that 1 in 4 volunteer managers were solely responsible for managing volunteers. Regarding the amount of time that volunteer managers could allocate to their work with volunteers, over three-quarters of Machin and Paine's respondents spent only 50 percent or less of their time managing volunteers while over half spent less than 25 % managing volunteers. Importantly, there was no definition of what was meant by managing. With the overall person-management function split between line management (Ohno 1988; Seddon 2003) and human resource administration, with aspects of leadership (Deming 1986; Senge 2008) and personal development (Beattie 2007) still being debated, it is questionable what the surveys were referring to.

Clark's (2007) UK survey of skills amongst paid staff in the voluntary sector indicates that there were skill shortages in many functions, including paid volunteer managers. Her survey did not cover unpaid volunteer managers. A quarter of organisations reported that there were few or no applicants for certain roles, human resources and volunteer management among them.

Further, 12 % of organisations report skills shortages in overall paid management and 14 % in human resource management. Such deficiencies are likely to be felt more by volunteers since paid staff will no doubt claim the attention of whatever skills and experience reside in their paid managers. Management skills in voluntary organisations, especially strategic and people management skills, were found by Venter and Sung (2007) to be the most critical as they affect the whole of the organisation. These shortages may be due to the incumbent having limited skills in that function or that the post is vacant as it is found to be ‘hard-to-fill’ (Clark 2007). Clark’s survey further shows that 24 % of organisations claim that applicants for most paid posts in voluntary organisations don’t have specialist skills.

The specific skills and behaviours that a volunteer manager requires have not yet been adequately identified (Brewis, Hill et al. 2010 p.11), however Watkins (2012) indicates the approach and skills a manager requires in a private sector environment. Beattie (2006) offers behaviours she considers appropriate to a line manager who undertakes personal development work with volunteers, as shown below.

Table 2:1 Beattie’s developmental behaviours list.

Category	Behaviour	Description
Caring	Supporting Encouraging Being approachable Reassuring Being committed/involved Empathising	Giving aid or courage to; Inspiring or instilling confidence; Easy to approach; Assist in relieving anxiety; Gives this time; Shows understanding of another's situation.
Informing	Sharing knowledge	Transmission of information.
Being professional	Role modelling Standards setting	Behaving in a manner that people respect and wish to emulate; Outlining or encouraging an acceptable level of performance or

	Planning and preparing	quality; Organising and structuring learning.
Advising	Instructing Coaching Guiding Counselling	Directing an individual in a specific task; Discussion and guided activity; Providing advice; Helping others take control of their own behaviour and solve problems.
Assessing	Providing feedback and recognition Identifying development needs	Letting someone know how they are performing and acknowledging their achievements; Assessing what is required to enhance current performance or career development.
Thinking	Reflective or prospective thinking Clarifying	Process of taking time to consider what has happened in the past all may happen in the future; Process of making something clearer or easier to understand.
Empowering	Delegating Trusting	To give duties, responsibilities to another; Having confidence in someone.
Developing developers	Developing developers	Stimulating the acquisition of skills and knowledge by employees to develop others.
Challenging	Challenging	Stimulating people to stretch themselves.

(Source Beattie (2006))

Beattie displays these behaviours in three bands. The top band contains the basic behaviours which she calls ‘foundational’ since they comprised the basic behaviours of the social care and nursing backgrounds of her participant managers. They were the most frequently observed behaviours. The middle band contains those behaviours that develop with practise, by observing and

working alongside more experienced colleagues. The bottom band shows the least frequently practised and observed behaviours. Beattie suggests that their acquisition is likely to occur through progression up the managerial ladder and by observing managers practising such advanced skills. They can of course also be learned by specialised training.

In summary, the availability of a volunteer manager to a group of volunteers appears to depend on a number of factors: is the manager a member of paid staff or a volunteer; are they full or part time; are they recognised or titled managers or not; do they have additional duties over and above being the main manager of volunteers, and if so what proportion of their time can they give to dealing with volunteers. How many volunteers do they manage; to what extent have they received training firstly as a manager, and secondly in how to manage volunteers; what experience do they have; and do they share the role with anyone else? Each of these factors determines not only the effectiveness of the manager but their own feelings towards their success in carrying out the role (Howlett, Machin et al. 2005; Venter and Sung 2007; Machin and Paine 2008; Bates 2009; Brewis, Hill et al. 2010).

2.1.2 What do managers do?

Volunteer managers are variously described as leaders of the volunteer cadre (Pearce 1993; Lee and Catagnus 1999; Gay 2000); they develop the volunteer's skills and attitudes (Gay 2000; Beattie 2006; Foster 2006); they may act as internal trainers or engage external trainers (Hedley 1992; Gay 2000; Foster 2006); they may be the first port of call when a volunteer needs any form of support (Hedley 1992; Gay 2000; Foster 2006; Eliasoph 2011); they set, along with senior manager colleagues, and drive through the strategy of volunteer engagement (Bates 2009); and they handle all the administration relating to volunteer recruitment, selection, training, and placement (Gay 2000). Bates (2009) claims that volunteer managers in UK hospices are required to act as managers and not coordinators. The volunteers in any group have diverse characteristics in temperament, in skills brought to their task, in the wealth of personal experiences and in wishing to advance their chosen cause using their personal set of skills and abilities. As such they

cannot be co-ordinated: such a diverse set of people and tasks as found in a hospice required careful management (Bates 2009).

Bates (2009), Spencer-Gray (2009a) and Hamilton (2009) describe the jobs and their content associated with the overall process of attracting potential volunteers, selecting and preparing them for work in a Scottish hospice. These are seen primarily as responsibilities of the volunteer manager, with Bates considering many of her findings of both job content and approach generalisable. The following list/description is based on their findings.

The various steps or stages of the overall recruitment process may include: –

- Devising and agreeing with the senior management team the policy regarding the recruitment, selection, training, budget and day-to-day management of volunteers;
- Advertising that volunteers are needed;
- Handling the application via the web, phone call, email, letter, or walk in. Having the potential volunteer complete an application form may be considered the first accept/reject point in the recruitment process ;
- Organising and conducting an interview or ‘chat’ with the prospective volunteer. This interview is a stage of the selection process, and operates bi-directionally between the volunteer and the organisation. The voluntary organisation may come to the interview with a list of vacant positions, the skill set for those positions, and ideas about the attitudes they are looking for. The voluntary organisation uses the occasion to assess the match between skills required and those offered by a potential candidate, the suitability of the volunteer to successfully meet the voluntary organisation’s objectives, and assess the applicant’s attitudes to working with other volunteers, paid staff and managers. This selection process may be conducted by the volunteer manager alone or jointly with a line manager. The selection process is also the first opportunity for the volunteer to understand more about the role content, the organisation, its purpose, how it is structured and how it works. It is also the key occasion for the volunteer to assess their skills and experience against what the voluntary organisation is looking for. Does the volunteer like the sound of the available roles, and have they the skills and experience? This is a point in the process where both

parties can indicate whether or not to proceed with the application. In other words is the candidate suitable, and does the candidate want to work at this organisation. This is the second accept/reject point in the recruitment process;

- Processing any possible CRB and reference checks. This is the third accept/reject point in the recruitment process;
- Inviting the potential volunteer to join, possibly subject to a probation period. At this stage the volunteer may be given any further documentation which is appropriate.
- Carrying out any initial training with the new recruit;
- Introducing the volunteer to the workgroup;
- Informing the new volunteer what the personal management arrangement will be: that is, the volunteer will be managed by the line manager alone, or line manager and the volunteer service manager, or the volunteer service manager only.

The job list shown above is towards one end of a spectrum of the practice of recruitment. I experienced the opposite end of this range when I applied to be a volunteer at a night shelter in a city in the south of England. The interview lasted just 45 minutes, and consisted of the interviewer, who was a member of the management committee and also a trustee, reading through the 2 page description of the purpose of the charity, its method of operation and what my duties would be. My training was to observe and shadow other volunteers on the first evening. On the second evening I assumed the full role.

There is a burgeoning array of prescriptive literature describing the recruitment processes: the corresponding day-to-day management literature is however far more limited. Ilsley (1990), Hedley (1992), Pearce (1993), Gay (2000; 2001), Hagan (2008) and Eliasoph (2011) have explored the day-to-day management practices in voluntary organisations. Hedley claims that supervision and support are one and the same thing, and as such constitute a complication to managing volunteers not present in managing paid staff. Knowing the volunteer's personal needs and trying to work within them was considered by Hedley's volunteer manager respondents as being a big strain. Both Ilsley and Pearce argue that the volunteer manager has to manage the sometimes difficult relationships between paid staff and unpaid volunteers. Pearce shows that effective 'social control' of volunteers is achieved through

personal influence since volunteer managers can hardly use the sanctions available to a manager of paid staff. Hamilton (2009) argues that the distinctive aspect of managing volunteers is that volunteer managers need to recognise volunteers as individuals. Supporting this stance, Watkins (2012), exploring the role of the paid line manager as a teacher, coach and skill developer, argues that all employees have to be treated as individuals when problems occur in administrative processes, not least because each person has their own way of learning. It would seem that just because a person volunteers rather than gets paid, there is no reason why the same considerations shouldn't apply.

The volunteer's personal needs may be expressed during the initial interview, or may emerge over time and should be built into the volunteer's psychological contract (Liao-Troth 2005) (see 2.3.1 below). Being aware of them and checking, early on in the new volunteer's time, if they are being met is an essential task of the volunteer manager (Liao-Troth 2005). It also means the volunteer manager needs to know and have considerable experience of the role (Goodall 2012), to be able to assess the volunteer's success in carrying it out, and be able to discuss with the volunteer if any remedial action is required from a knowledgeable position. This requires managers to be present, observing and overhearing conversations between volunteers and others as well as carrying out some form of assessment, perhaps during periodic reviews, a process well described by Davis and Davis (2001). Against this recommendation, based on extensive empirical evidence, Brewis et al (2010) found just 14% of their sample of volunteer managers spend more than three-quarters of their time organising volunteers and 56% spend less than a quarter of their time doing this.

Hedley (1992) singles out ambiguity as a major issue faced by the volunteer, an issue explored by Yanay and Yanay (2008). Yanay and Yanay claim that the volunteer manager should minimise ambiguity by the provision of very clear, written descriptions of the role, what the organisation will provide and the obligations placed on the volunteer. Additionally, when roles are shared by volunteers and paid staff, clear boundaries between the two should be

defined, which should form part of the written role description for the volunteer.

An important responsibility of managers is retaining the volunteer. Venter and Sung (2007 p.63) state that ‘most research seems to find that “poor management” is consistently detrimental to volunteer retention’. While Machin and Ellis Paine (2008) found that only 10 % of organisations claimed ‘a lot’ of difficulty retaining volunteers, Brewis et al (2010) found, overall, that one in three volunteers would leave within a year. Yanay and Yanay’s (2008) study of the reasons for volunteers dropping out in an Israeli Rape Crisis Centre found there were very high levels of stress experienced by the volunteers. The authors concluded that a contributory cause was that managers failed to ensure that a full, reciprocal psychological contract was made with the volunteers and was honoured by the organisation (see 2.3.1 below). Jamison (2003) claims that a crucial distinction between those who persevered and those who gave up volunteering was their satisfaction level with the work they were given.

Volunteer managers clearly have a very broad set of tasks as well as many responsibilities towards volunteers. To ensure a stable cadre of volunteers, the volunteer manager needs to have representation at the appropriate level of the organisation’s overall management, have an adequate budget (volunteers are not free: they consume human supervisory resources), as well as to have agreed policies and management practices relating to the engagement of volunteers with fellow managers. Rather than the job being an add-on to a recognised managerial post, the literature shows that it has a greater content of day-to-day personal issues to deal with than a similar role with paid staff (Hedley 1992; Beattie 2006; Bates 2009). As such it is more onerous and takes more time. This is particularly so in human services delivery organisations where there may be additional stresses felt by volunteers due to problems caused by working with difficult or sick clients.

2.1.3 Volunteer managers as developmental managers.

An important and common aspect of managing paid staff in the public and the private sectors is to provide personal developmental opportunities (Senge, Ross et al. 1994; Senge 2008; Watkins 2012) which involve personal learning

that may be done in formal or informal situations. Beattie (2006) studied two large human services delivery charities in Scotland to explore how line managers saw their role as developmental agents for volunteers and paid staff. As she considered that the workplace was a site of 'natural learning', the role of leading this learning-as-development was perceived as being the responsibility of line managers (Senge, Ross et al. 1994; NSTF 2000; Beattie 2006; Watkins 2012).

Rapport and trust between a worker and their manager are essential if such developmental relationships are to form and be maintained. Supervision is the activity that provides the link between the individual and their manager, and the individual and the organisation. However, Beattie (2006) cites Marsick and Volpe (1999) claiming that while informal learning is the most pervasive form of learning in the work environment, 'we know little of how it can be best supported, encouraged and developed' (2006 p.102). Beattie further argues that there is little empirical literature describing how managers behave as development managers since most of the literature is prescriptive and rhetorical. However, Senge et al (1994) illustrate how organisations can promote and encourage these developmental learning practices, and the skills that managers require in delivering them. Line-managers should have some knowledge of the theories of, and practice in, adult and work-place learning (Beattie 2006). However, a report from the Institute of Personnel Development (1995) raised concerns about the competence of line managers to do such work since they themselves had received little training and received little support from their superiors. CIPD's recent survey (2011) shows that over a 2-year period, coaching, as a function of line management, fell from 37 % to 32 percent in the surveyed organisations with more organisations using external professional coaches.

Beattie's (2006) study shows that once human service delivery line-managers had been educated in adult learning practices and trained in relevant skills, then senior management supported their efforts. Line workers also positively responded to these changes. From Beattie's findings, we can infer that there should be a programme of personal development for regular volunteers who are defined as those who work to an agreed roster or schedule. Of course, the degree of investment in such development programmes that an organisation can afford will vary, but where volunteers carry out critical activities with

clients or patients, development activities can be beneficial to the volunteer, the manager, the organisation and ultimately the client. The content of that development will be site-specific, but the essential element from Beattie's assessment of desired developmental behaviours is the need to treat the workplace as a learning place.

Beattie (2006) states that line managers set the tone for what is expected; they model behaviour, encourage learning, ask questions and encourage the asking of questions, and promote the development of learning attitudes. Wenger (1998a) argues that these activities assist in the formation of the community of practice. Thus the line manager has to spend time with their volunteers, getting to know them, and to be able to make accurate assessments of their needs for further training and other development needs. They should also give clear on-the-job instruction, be able to coach and counsel their workers while at the same time delivering to the organisation what they are meant to deliver (Watkins 2012). Informal learning should be encouraged, allowing workers to make mistakes since most can be rapidly rectified. It is important that the worker knows that they will not be punished for making mistakes (Ryan and Oestreich 1991). It is not clear from the main English surveys from Machin and Ellis-Paine (2008) and Brewis et al (2010) if such personal development activities form a major component of the volunteer manager's work. Where line managers lack these skills, organisations should aim to fund either external courses, or bring external trainers into the organisation.

But all these proposals for personal development behaviours are presented from the managers' perspectives. There is little literature describing the day-to-day needs as expressed by the volunteer. This study will explore some of requirements for personal development of two sets of volunteers.

2.1.4 Styles of management.

The successful outcome of a volunteer's donation of time and skills is partially dependent on the style of management they receive. While some volunteers will appreciate clear instructions regarding what to do and what not to do, others will expect to be able to use their initiative, discuss areas of ambiguity with their manager and get on with it. A number of researchers, including Leonard et al (2004), Pearce (1993) and Ilsley (1990) have specifically studied

styles of managing volunteers, the general outcome of which shows that the adopted style of management may be related to the effectiveness of the volunteers. All three studies recognised that volunteers were donating time and skills rather than being involved in hard-nosed economic exchanges and that the style of management should reflect this difference.

Leonard et al (2004) studied 21 'volunteer coordinators' from Sydney and New South Wales, Australia, all working in voluntary human services delivery organisations. None of the coordinators had been formally trained in management techniques. The survey identified three main styles of coordination or management: a horizontal style, a nurturing style and a managerial style. The horizontal style allowed considerable autonomy in the way volunteers worked. The main characteristics of this style were open communication, with decision making by the volunteers, work schedules determined by volunteers and 'mutual empowerment by volunteers'. The coordinator worked 'at [a] grassroots level' with the volunteers.' (Leonard, Onyx et al. 2004 p.212). The nurturing style was the most frequently practiced, providing a balance between permitting autonomy and offering direction to the volunteer. Coordinators who practised this style were very conscious of their volunteers' personal needs by offering debriefing opportunities and counselling when required - both being forms of emotional support. At the heart of this approach were the development and maintenance of close relationships and good, two-way communication between volunteer and their coordinator, and volunteer and their client.

Leonard et al drew the main distinction between the horizontal and nurturing styles and the third style, the managerial style, in maintaining that the first two were concerned with a personalised concern for the outcome rather than a 'mechanistic', process-based outcome. This third style was heavily underpinned by an emphasis on formal policies, procedures and strict one-on-one supervision of volunteers ensuring that they followed correct procedures. Leonard et al claimed that this third style did not encourage the development of close relationships between volunteers and clients. The authors found that while elements of all three styles were adopted by a few coordinators, the nurturing and horizontal styles were more frequently found together. The nurturing and managerial styles also occurred together to a lesser extent. Leonard et al comment that their results support Pearce's contention (1993)

that excessive control by volunteer managers moves against the retention of volunteers.

From an organisational viewpoint, Pearce (1993) strongly advocates the role of personal influence by managers and supervisors rather than managers depending on organisational positional authority. Such influential individuals have strongly 'bought into' the organisation and display what Pearce calls 'a rather dispassionate respect for the individual's expertise' (1993 p.132). Pearce goes further, describing such an inspirational leader as 'a martyr'. Such a leader uses strong personal influence rather than organisational authority to get individuals to do work. However there are risks associated with such star individuals in that the loss of the martyr could mean the collapse of the organisation. Mature voluntary organisations plan managerial succession, and move managers about the organisation over time to permit them learn different skills and acquire a broader set of experiences.

Illesley (1990) investigated different managerial attitudes and approaches in over 17 different types of voluntary organisations in the USA. In terms of the complexity of the service, they ranged from adult literacy groups offering one-on-one support to conflict resolution groups which off-loaded civil disputes from the county courts. Training needs of the volunteers ranged from none to over 80 hours over a 6 month period. Organisational structures varied as did ratios of managers to volunteers. Illesley's researchers explored not only the different needs for skills, experience and training of its volunteers but also the managers' assumptions about the purpose of supervision. Illesley categorised supervisors/managers into three groups: managers who distrusted volunteers; managers who tolerated volunteers; and managers who trusted volunteers.

Firstly, distrustful managers considered that volunteers needed 'more structure and a more controlled situation' in which to work (Illesley 1990). Their distrust of volunteers was partly based on a belief that volunteers saw themselves as separate from others in the organisation. Their management style would have stressed authority, imposed carefully structured training programmes and rigid supervision.

Secondly, managers who tolerated volunteers expressed only limited trust in volunteers. One could expect fairness and a lack of arbitrariness from such managers whose role was to ensure that rules were obeyed and standards

maintained. Any influence exerted by volunteers would have been very limited. Developing a warm and confiding relationship with such a person may have been easier for some than others. Thirdly, managers who trusted volunteers also trusted their paid staff: they saw little or no difference between volunteers and paid staff. It was understood that volunteers may have brought to the organisation extensive experience and skill and as such expected to be able to apply them. Volunteers were expected to take initiatives and carry them out, receiving appropriate instrumental, informational and if necessary, emotional support from their manager. Such a manager/supervisor was considered by Ilesley (1990) to be a facilitator.

In summary, Leonard et al (2004) claim that judicious use of all three styles, with limited use of the managerial approach may lead to the most satisfactory coordination of volunteers. Pearce goes further claiming that influence alone may overcome a resistive stance by a volunteer who does not want to do a specific task. Ilesley sees volunteer managers who trust their volunteers amenable to two-way influence as a means of employing the extensive skills and experience that volunteers may bring to their chosen organisation. While all three studies argue for adequate management training for volunteer managers, Machin et al (2008 p.14) found that three in ten of her respondents didn't have funding for managing volunteers let alone for training volunteer services managers. The characteristics of approaches to management by type of organisation appear to be an under-researched aspect.

2.2 The volunteer/manager interface.

Lying at the heart of this study, the following section has been constructed upon the concept and implementation of the psychological contract since it underpins the two-way working relationship between a volunteer and their manager (Rousseau 1989; Robinson and Rousseau 1994; Farmer and Fedor 1999; Rousseau 2001; Kim, Trail et al. 2009; Nichols 2013). Section 2.2 is divided into 5 subsections: the first discusses the psychological contract and its understood importance in the manager/volunteer relationship; the second draws on data from surveys relating to recruitment phase activities of

volunteers while the third compares differences between managers' and volunteers' perceptions of support. The fourth subsection discusses day-to-day management activities in the context of the psychological contract. The fifth section looks specifically at characteristics of the relationship between volunteers and their managers before exploring volunteers' reported experiences of being supported by managers and by fellow volunteers.

2.2.1 The psychological contract.

The psychological contract is a 'mental model' (Senge 1990), a theoretical framework (Nichols 2013) or a personal construct created over time by the employee representing the relationship between the self and their employer (Rousseau 1989; Liao Troth 2001). It isn't in any form a legal contract. Robinson and Rousseau (1994 p.246) define it as 'beliefs in paid-for-promises or reciprocal obligations'. The contract is thus made up of two components: a belief that some form of promise has been made by one or both parties, and secondly that the terms and conditions of the contract have been accepted by both parties. However, parties are likely to possess somewhat different and possibly unique beliefs about what each owes to the other. Robinson and Rousseau make a clear distinction between expectations and what the psychological contract may deliver. What the employee can expect is likely to be described in their employment contract. The psychological contract on the other hand refers to the 'perceived *mutual obligations*' (Robinson and Rousseau 1994 p.246 original emphasis) between the employer and the employee.

Research has shown that there is a spectrum of the psychological contract, with the relational form and the transactional form forming the two 'ends'. The transactional form is summed up in the saying 'a fair day's pay for a fair day's work': it focuses on 'monetizeable exchange of obligation and entitlement' (Nichols 2013 p.2) . The relational form considers that a relational contract 'focuses on open-ended relationships involving considerable investments by both employees and employers' (Nichols 2013 p.3). Such investments involve 'a high degree of mutual interdependence and barriers to exit' (Rousseau 1995 p.92).

While most research into psychological contracts has taken place in the paid employee sector (e.g. Robinson and Rousseau 1994; Rousseau and Tijoriwala 1996; Rousseau, Sitkin et al. 1998), other researchers (Farmer and Fedor 1999; Leonard, Onyx et al. 2004; Kim, Trail et al. 2009; Macduff, Netting et al. 2009; Stirling, Kilpatrick et al. 2011; Nichols 2013) have found its underlying theory applicable to the volunteer/manager situation. Liao-Troth (2001) shows that findings about the psychological contract with paid workers may be generalised to apply to volunteers, except for any economic contractual issues. He says that 'if a manager is not aware of his or her volunteer's psychological contracts, then he or she may unintentionally violate the volunteer's psychological contracts, which can have negative consequences in terms of role performance' (Liao Troth 2001 p.437). Farmer et al (1999) found that the contract was pertinent to understanding how the combination of a volunteer's expectations and the level of organisational support, (and therefore managerial support) that the volunteer received together influenced the volunteer's intention to quit. Kim et al (2009) discovered that the volunteer, valuing the social relationships, friendships and learning opportunities may construct a more relational form of psychological contract rather than a transactional form based on material exchanges. Stirling et al (2011) found that relational considerations by management were far more important to the volunteer than transactional.

Nichols (2013) , critiquing twelve major studies, found that most of them took a unilateral view of the contract, that is what the employee or volunteer expected of the employer. Nichols argues that a bi-lateral perspective is essential: the firm, the voluntary organisation, managers and supervisors also have expectations of the employee or volunteer. Further, most studies adopted a quantitative form of analysis. The full nature of the volunteer/manager relationship requires an understanding of both perspectives, a consideration echoing Pearce's (1993) view that without an appreciation of the manager's understanding, the volunteer's un-met expectations are a result of the manager's deficiencies.

Trust-based psychological contracts are, however, violated, not just occasionally, but as Robinson and Rousseau (1994) report, as the norm. Robinson and Rousseau define violation as 'when one party in relationship perceives another to have failed to fulfil promised obligations'. As such,

psychological contract violation can generate distrust, dissatisfaction and may lead to the break-up of the relationship (Farmer and Fedor 1999). Rousseau (1989) argues that when the psychological contract is violated, the outcome is likely to be more intense than when just expectations are not fulfilled. That outcome can include feelings of 'being wronged', even to feelings of betrayal (Robinson and Rousseau 1994 p.247). Disturbingly, the researchers found that 'violations occur[ed] in almost every area related to human resource management with training, development, compensation, and promotion being the most frequently mentioned' (Robinson and Rousseau 1994 p.247).

As a critical task of volunteer managers and first line-managers is to maintain a working relationship which encourages the retention of volunteers (McCurley 2005), it is important that the manager ensures that an adequate relational form of psychological contract has been created with the volunteer, and that it is verbalised (Macduff, Netting et al. 2009). Such a contract affects the volunteer's overall satisfaction not only with the organisation, but also the individual who personifies it, namely their line manager.

The completeness and health of the psychological contract are clearly central to the productive and satisfying working relationship between a volunteer and their volunteer manager who needs to understand the prospective volunteer's personal needs. As Liao-Troth explains, 'An understanding of relational and transactional psychological contracts is important for volunteer management because it provides a categorization system that explains what type of relationship the volunteer believes she or he has with the organization: explicit exchange or the more intangible long-term loyalty.'(2005 p.512). At the same time, the volunteer needs to recognise if management's actions are re-enforcing the mental model forming in the mind of the post-entrant. Ideally, the volunteer manager has to ensure that new volunteers are fed a constant stream of high quality, accurate and consistent information to enable them to form and re-enforce their mental model of the organisation. The volunteer manager leads the formation of an accurate psychological contract. Thus the process of retaining volunteers starts with the initial interview.

2.2.2 What we know about volunteers' satisfaction with the recruitment process.

It is during the recruitment process that potential volunteers will initially create and verify large portions of their psychological contracts (Rousseau 1990). Liao-Troth (2004) claims that the process by which the psychological contract is formed is currently under-researched. However, we can hypothesise that the psychological contract is partly based on three identified components. Firstly, the interviewer's claims, promises and illustrations of what others have received (Robinson and Rousseau 1994) may contribute to what the prospective volunteer accepts as representing the organisation, its practices and its attitudes. Secondly, Liao-Troth (2004) claims that a key constituent is how well-defined is the role description offered to the volunteer. If poorly defined, the volunteer will only have their own, possibly inaccurate psychological construct to fall back on, whereas a well-defined role description fills the gap that a written contract would have provided in paid employment (Leonard, Onyx et al. 2004). Thirdly is that the interviewer explains fully, clearly and accurately the volunteer's obligations to the organisation as well as the entitlements the volunteer can assume are offered by the organisation (Nicholls 2012). Compliance by the organisation with these three components can be viewed as being constituent to a volunteer's satisfaction with their recruitment experience.

In exploring such levels of satisfaction, the main source of data comes from Low et al's (2007) English national survey 'Helping Out'. Low et al's survey is the largest of a few of the English surveys aimed specifically at volunteers and not their managers. One of its main objectives was to examine 'how and why people gave unpaid help to organisations, and what they think of their experiences' (Low, Butt et al. 2007). Its sample was a sub-set of the previous 2005 Citizenship Survey, with data collection by phone interview. The survey (n=2156) found that 59% of the sample had been involved in formal volunteering, that is help given through groups and organisations, during the previous 12 months with 39% having been regular volunteers (defined in the survey as donating at least one session per month). Sixty-seven per cent of the sampled volunteers' activities were related to fund raising with 50% organising and running events: some participants indicated they did multiple activities. In other words the majority of volunteers in this survey were not

actively involved in face-to-face social welfare work. Twenty-two per cent were involved in health and disability activities, 8% involved with elderly people and 7% in social welfare activities (Low, Butt et al. 2007 table 4.5).

A second, different and far smaller dataset is Gay's (2001) output from an investigation into related, but unknown aspects of the 1997 National Survey (J Davis Smith 1998). Gay received 133 useable survey forms representing 38% of the questionnaires distributed. Important for my study is that all of Gay's surveyed organisations were involved in human services delivery.

Significantly, Gay also recognised that most studies of volunteer management have sought the views of managers while 'there is much less on what volunteers themselves think' (2001 p.51).

The following section draws primarily on these two surveys with additional English material but excludes USA data. This is because the designation 'volunteer' in the USA may mean a salaried person, albeit the salary is less than market rates (Pearce 1993: Pearce explicitly states this p.17). In the UK, volunteer is generally meant as unsalaried – the volunteer receives no financial rewards except perhaps expenses. Consequently, US based descriptions of how volunteers feel about the way they are managed may frequently be descriptions of how low-paid employees view their salary granting manager or organisation. The take up in the USA of low paid jobs in not-for-profit organisations may be because volunteerism is more 'idealised', is a strong part of the USA culture and is part of the national identity for many USA citizens (Liao-Troth and Dunn 1999).

Low et al's survey (2007) asked for satisfaction ratings on three factors related to the recruitment process: the interview, the provision of training and the written role description. All three will be explored below. Two of these factors, the interview and access to training have received relevant attention from other researchers.

Firstly, Low et al's (2007) volunteers show that 4 out of 5 (78%) did not participate in, and consequently did not benefit from, an initial interview while 7 out of 10 (72%) of those who were regular volunteers claimed that this stage had been omitted in their recruitment experience. On the other hand, Gay's (2001) survey reports that almost all of the 80% of the 133 respondents indicated that initial interview was good or quite good. Critically, this is the

point where the volunteer declares their own personal needs which they anticipate will be met by volunteering. It is also the point in the process when the organisation can assess the volunteer's skills and experiences, disclose the available vacancies, the skills and experiences required and whether or not the organisation is likely to meet the volunteer's personal needs. This is considered by the organisation as an exit point for the volunteer. It is also an opportunity for the organisation to assess if the volunteer is flexible about the tasks to be undertaken. Caldwell et al (2008) claim that organisations that do not use effective methods of matching the attitudes and skills of potential recruits to appropriate roles will experience more difficulties in integrating and maximising the contribution of older volunteers and volunteers who differ in age from the majority of the work group. It is also the start of the formation of any psychological contract between volunteer and voluntary organisation (Farmer and Fedor 1999).

Secondly, volunteer training is dependent on the nature of the work of the organisation and can consequently range in duration and complexity from simply shadowing a colleague for one session to undergoing a lengthy, intensive period of learning (Ilsley 1990; Macduff 2005; Yanay and Yanay 2008). Training may be part of any future personal development as well as possibly being a mandatory part of the recruitment process (Paull, Holloway et al. 2010). Low et al (2007) found that, overall, there had been little change in the UK in the provision of training of volunteers since 1997. Low et al's research shows that, overall, 79% of volunteers claimed that they had not received any training. Participants were not asked about required training. However, Low et al showed that, overall, only 19 % of the sample received training and, of that number, 96% considered it fairly or very adequate. Of the 60% of Gay's (2000) respondents who had received training, nearly all reported that they found it was good or very good. However, regular volunteers had benefited from an increase in training opportunities from 20% to 25% over the same period. Forty-three per cent of regular volunteers who worked in the advice, counselling or support sectors claimed to receive training as did 40% who offered befriending services. Paull et al (2010), from a survey of 64 mixed type voluntary organisations in Western Australia in 2009 found that 22 organisations considered training as compulsory prior to placement in a role; 44 organisations claimed that training was on-going; and

only 5 organisations said training was either unnecessary or was optional. Provision is of course dependent on the ability of the organisation to furnish such training. As far as is known, Paull's (2010) exercise determining the necessity of training has not been conducted on any national scale in England.

Jamison (2003) and Venter and Sung (2007) argue that training, given as part of the recruitment process, can influence a volunteer's decision to stay with the organisation or quit. Training additionally plays an important role in helping to integrate new volunteers into work groups, increasing the volunteer's effectiveness. Jamison states that of those who reported having received no pre-service training, over 55% were dissatisfied with the volunteer experience. Jamison (2003), Haski-Leventhal et al (2008) and Yanay and Yanay (2008) have shown that feelings of uncertainty, ambiguity – even fear, can be caused by volunteers lacking appropriate skills, knowledge and experience in their early days of volunteering. Initial and in-service training can provide information and skills which fill gaps in knowledge and competencies, and help form a more complete psychological contract. Managers who offer appropriate forms of support to volunteers can assist them to manage these feelings. These managerial activities contribute to the constant stream of high quality, accurate and consistent information that is assembled by the volunteer as they form their psychological contract. Sensitive managerial interventions can be most important for retaining volunteers, and for ensuring that those who stay are effective.

Thirdly, overall, Low et al (2007) report that only 19% of volunteers received a written role description, as did 24% of regular volunteers. Thirty-eight per cent of those volunteers who provided befriending or advice services claimed to have had a written role description while only 29% of volunteers working in administration did.

The written role description, or 'position description' was considered important since it clarified roles and differentiated what volunteers did from what any paid employees did (Ellis 2010): it reduced ambiguity. As such it provided critical information at the recruitment stage. It describes the skills required to do the work; whom a volunteer, occupying that position, may be working with; what training may be offered; what the organisation expected the volunteer 'to deliver'; and the organisation's expectations regarding hours

of work. From the organisation's viewpoint, it formed the basis for matching the requirements of open positions to a prospective volunteer's skills and attitudes (Ellis 2010). It is, therefore a reference held by the volunteer and the volunteer manager or line manager that can be used to assess the effectiveness of the work done by the volunteer once they have been inducted. In terms of the psychological contract, it forms a promise, made by the organisation, in exchange for the volunteer's time and commitment. It is also a reference that the volunteer can use to assess if they feel the psychological contract is being honoured or not.

2.2.3 Differences between managers' and volunteers' perceptions of managing and supporting.

Any relevant data regarding the satisfaction with the support that volunteers receive should come from practicing volunteers, not their managers. This assertion is based on findings by Seddon (1992; Seddon 2003; 2008) that managers frequently have different views from their (paid) staff, both as to the job's content and the production output. Seddon found that few managers are wholly aware of what their subordinates do since they are often physically remote from the result-producing activities of day-to-day work. A manager having an office separated from the work place appears not to be uncommon. Davis et al (2001) consider that effective management comes from 'walking about': the managers see for themselves what is happening, listen to conversations and can question what their staff are doing. Seddon (2003 Chapter 6) tells how a client who, as the CEO, locked the office doors of his subordinate managers forcing them, for a day, to sit at desks amongst their workers. As such they couldn't but fail to overhear the phone conversations and inter-colleague discussions of the difficulties they experienced in dealing with customers, and particularly the organisation's internal systems. The point made by the CEO, once he had brought the 'locked-out' managers together, was that they needed to work alongside their staff to enable them to handle everything their staff needed at the point of the transaction. Seddon reports that they solved the problems within three weeks, improving performance and creating a radically different culture.

The table below, drawn from the three referenced surveys, shows the differences that existed between managers' and volunteers' perceptions of the

Table 2:2 Comparison of the functions claimed to be performed by managers and reported by volunteers.

Claim	Brewis et al	Machin et al	Low et al
	<i>Managers' opinions</i>	<i>Managers' opinions</i>	<i>Volunteers' opinions</i>
Volunteers who participated in initial interview.	87% managers initially met volunteers and may have offered initial interview (p.21).	84% held initial interview while a further 8% sometimes held an interview (p.30).	Volunteers claim that overall only 22% 'had been asked to attend an interview at any stage' (p.48). 27% of regular volunteers had interview.
Volunteer managers who arranged or offered initial training.	54% 'had a plan' and 71% claimed to have offered training (p.25)	78% claimed to have arranged initial training (p.28).	Overall only 19% claimed to have 'received' training while 25% of regular volunteers had (p.48).
Provision of role description for volunteers.	58% claimed to have written role description available (p.21).	54% claimed to have a written role description available while a further 25% sometimes had it (p.30).	Overall only 19% of volunteers were 'provided' with a written role description. 24% of regular volunteers had one (p.49).

three key elements of the recruitment process as discussed above. The samples for these three surveys are different, hence care has to be exercised

in making comparisons. However, in view of Seddon's findings that there can be major differences between managers' and workers' perceptions, I consider the differences between Low et al's findings and those of Machin et al and Brewis et al to be significant. (All figures are overall.)

Summarising, despite some very high reported levels of volunteers' satisfaction in Gay's (2001) survey, Brewis et al's survey (2010) found that one in three volunteers will drop out post induction. While considerable literature illustrates various methods of carrying out the overall recruitment process, which includes at least one initial interview, 4 in 5 would-be volunteers claim they are denied an early opportunity of an initial interview through which they would find out what would happen to them as a volunteer, and what it would personally cost them. In failing to carry out this interview, voluntary organisations add to their costs by possibly training and inducting individuals who are amongst Brewis's one in three quitters. Additionally, both the organisation and the volunteers are known to fail to create the all important psychological contract.

The lack of an adequate role description leaves volunteers unclear as to the content of the work they should do. As Yanay and Yanay (2008) claim, in organisations where work is stressful, such uncertainty can be, for the volunteer, disorienting. Pre-induction training offers opportunities for team building and selective personal tie creation. Training provides more than an introduction to, and practice in specific skills: it starts the process of volunteers cooperating with and trusting each other. Beattie's (2006) study demonstrated that if not done at the recruitment phase, line managers have to disrupt work to retrospectively 'fit in' essential and expensive interpersonal skill learning.

2.2.4 How satisfied are volunteers with the day-to-day management and support they receive from line managers?

2.2.4.1 Managing or supporting?

Most of the volunteer survey literature that enquires about support reduces it to a single concept (e.g. Machin and Paine 2008). Low et al (2007) lump

together advice and support without defining either. From a sociological perspective social support is seen 'as the enmeshment of individuals in social roles and networks' (Burlison and MacGeorge 2002 p.375). Social support results from being in or participating in a social network (Kadushin 2012). Wellman (1988a) claims that many 'structural analysts now argue that all social behaviour is best analysed by looking first at the ways in which networks allocate flows of scarce resources to system members'.

The psychological perspective sees support as 'the availability and adequacy of supportive behaviours or relationships' (Burlison and MacGeorge 2002 p.375). Psychological support is essentially various strands of emotional support. Sarason et al, (1983) see it as performing a 'buffering' action between the cause of the distress and the focal person's attempts to cope. Such buffering would be effected by, for example, 'having an individual whom one can trust to listen when you need to talk; someone who could help when you are facing a very stressful situation; someone you could talk to frankly without having to watch what you say; and someone who will comfort you by holding you in their arms' (Sarason, Levine et al. 1983). Hardly a single concept!

Wellman (1981) concluded that social support includes emotional, instrumental and financial aid that is obtained from one's social network. Tilden and Weinart (1987) propose four components of social support, the most frequently employed being emotional support which includes concern, trust, caring, liking, or even love for others. Appraisal support is feedback that affirms self-worth. Informational support is claimed as advice and information, enabling one to solve problems (Wellman 1981). Instrumental support refers to goods and services that can be offered by one to another. In the work environment, social support provided by colleagues and managers can affect the stresses and strains that workers experience from time to time (Henderson and Argyle 1985).

Managerial actions overlap both perspectives. Co-workers invariably belong to one or more networks within the workplace where close work friends may provide emotional help (Homans 1951). Other networks of work colleagues and managers may be able to offer instrumental and informational help (Wellman, Carrington et al. 1988).

Within the context of the workplace, there appear to be specific differences between 'supporting an individual' and 'managing an individual' (Jenkinson 2011), although these are still not clear. Support can be given by anyone regardless of the status or authority they have. Perhaps the ultimate criterion is the willingness of the anticipated recipient to accept the offered support. However managers usually do have invested authority - implied in their title - perhaps to hire and fire individuals, authority that supporters don't have. In the context of offering advice, guidance, assistance or demonstrating a practice - all within the ambit of 'support' - supporters and managers may perform similar tasks with equal authority.

Line managers' responsibilities include support since their role is to work with their volunteers, assisting them as they learn to do the work content of the role as well as subsequently mentoring them in how to improve the quality of their work (Senge, Ross et al. 1994; Watkins 2012). However, a survey of the UK workforce (n=5,000 adults) published by CMI (Millburn) in 2010 highlighted the three most common management styles within UK workplaces as authoritarian (according to 21 %), bureaucratic (16 %) and secretive (12.5 %). Only 10 % described their bosses as accessible and just 7 % thought senior staff within their organisation were empowering.

In the context of this study, I make a distinction between managing and supporting in line with the above reasoning.

2.2.4.2 Volunteer's observations about being managed and supported.

Research in the commercial and public sectors clearly indicates that when enquiring about the worker's reactions to being managed and supported, we should ask the worker (Davis and Davis 2001; Seddon 2003).

Consequently volunteers could be considered as being at the end of a less than adequate management process, an assertion based on the cumulative effects of a number of factors discussed above. Ilsley concluded that volunteers perceived managers either, at worse, as 'obstacles', or at best as 'tools' to help them meet the needs of their clients (Ilsley 1990 p.122). This was well illustrated by one volunteer,

'We do pick the brains of staff members, but we don't rely solely on their advice and direction. The coordinator is considered a good source of the 'don'ts' (Ilsey 1990 p.122).

Foster (2006), who, at the time of her volunteering was a university lecturer, describes her experiences as she underwent selection, training and induction as a volunteer at a hospice in the USA. Her work, and that of her group, was to visit terminally ill patients in their own homes. In a series of personal emails with Foster, I learned that she had mixed experiences with coordinators. She maintained that her first coordinator at the hospice provided a great deal of support and 'sensemaking' as well as occasional instrumental support. Foster maintained her ties with her after switching to a second coordinator whom Foster considered provided 'no support', in part because she was a poor communicator.

Some of the volunteers in her group were unsure about the volunteer-coordinator relationship. Foster considered that it was a small number of volunteers, mainly retirees, who talked with their coordinator and attended the support meetings. Among her cohort, most volunteers did not speak regularly with their coordinators and were quite unsure about when it was appropriate to get in touch and/or what questions to ask. None of the volunteers she spoke to saw their relationship with their coordinator as particularly significant. Supervision was enacted by volunteers writing up and submitting weekly reports, which as Foster noted 'were more about accounting for our time than anything else'(Foster 2011).

Foster (2006) relates two previous experiences of volunteering where she felt 'detached' from coordinators such that in one instance she quit after two months. She felt she was placed inappropriately in a situation that did not need her help. Despite attempts to discuss this with her coordinator, nothing changed. She quit because she thought she was a 'bad volunteer'. It was months later, having started at the hospice, that her first coordinator taught her that it wasn't her fault, and that 'if I didn't have meaningful work to do then it was the coordinator's job to help change that' (Foster 2011).

The skills and time available to volunteers from their volunteer manager or line manager are severely restricted since 40% hold the post of general

managers with volunteer management as an additional role (Brewis, Hill et al. 2010), 40% are part time (Machin and Paine 2008); only 45% of appointees had previous experience of managing volunteers (Machin and Paine 2008); 77% of managers spend less than half of their working time managing volunteers (Machin and Paine 2008); and 38% recognised that the time they spent with volunteers was insufficient (Machin and Paine 2008). Clark's (2007) review of the voluntary sector showed that skilled paid managers, which can include volunteer managers, are amongst the most difficult individuals to recruit.

While no details of the sorts of advice and support offered were provided, neither were their sources of support asked for in Low et al's survey (2007). Eighty-three percent of volunteers said that there was an appointed individual to whom they could go for help. However, we don't know what the day-to-day management activities of the appointed individuals were. Overall, 82% of volunteers did not want advice (why not appears not to have been asked) but of the regular volunteers, one in four did seek advice or support (Low, Butt et al. 2007). More relevant to this study, 45% of volunteers who worked in the advice, counselling and support sector sought advice and support as did the 37% who worked in administration roles (Low, Butt et al. 2007 p.45). Overall, of the 18% that did ask, 94% considered that the advice and support they got was either fairly adequate or very adequate (Low, Butt et al. 2007 p.45).

Overall, Gay's (2001) volunteers were satisfied with their managers' styles of management, although other factors such as the attitude of their clients and their relationships with paid members of staff may have had a significant influence. However, 54% considered that 'things could be better organised' either definitely or to some extent (Gay 2001 p.67). Just over 1 in 4 volunteers got bored or lost interest in the work. While 1 in 6 of Gay's (2001 p.71) participants considered they couldn't always cope with the work they were given, Low et al (2007 p.57) reported that 97% of volunteers claimed that they could cope with given tasks. Ninety-five per cent of Low et al's (2007 p.57) respondents claimed that their efforts were appreciated by management while 68% of Gay's (2001 p.60) sample of volunteers felt that their efforts were either 'definitely' or 'to some extent' appreciated.

Gay's findings regarding organisation, boredom and inability to cope with the work provide pointers to aspects of work that are within the responsibility of

today's managers to change. Those aspects include the real need for support for volunteers, not as a single, undefined entity, but in the forms Wellman or Tilden used or proposed.

Gay's (2001 p.17) panel of managers observed that 'the amount of satisfaction volunteers get is very much to do with the way they are managed' . This was confirmed by Gay (2001 p.64) asking volunteers to what extent their manager played a part in their satisfaction with doing tasks. One fifth considered that the manager had had no hand in the matter. When asked whether the styles of management displayed gave volunteers opportunities for personal development, fewer than 2 in 3 agreed.

In Low et al's survey, the most commonly given reason (54%) for dropping out was 'Not enough time due to changing home or work circumstances/moved away from area'(2007 p.65) while personal loss of interest or reduced relevancy was reported at 20%. However Venter and Sung (2007), from a literature review of 36 journal titles, claim that dropping out and burnout may be due to organisational factors rather than volunteers losing interest. Yanay and Yanay's (2008) detailed investigation of the effects of failure by management to provide an acceptable psychological contract for volunteers has repercussions particularly for those volunteers in those sections of the human services delivery sector that face stress. Venter and Sung (2007) claim that these dysfunctional factors are issues that are in the control of senior management.

2.2.5 Volunteers' perceptions of being supported.

Fundamental to any provision of support is the nature of the relationship between the volunteer and whomsoever they go to for that support (for example Lave and Wenger 1991; Fuller and Unwin 2007; Hagan 2008). While managers may claim to support their volunteers, volunteers also seek forms of support from fellow volunteers and paid staff. Ilsley (1990), Gay (2000; 2001), Leonard et al (2004), Foster's auto-ethnography (2006; 2011) and Hagan's recent study (2008) provide us with glimpses of how the relationships between volunteer and manager, volunteer and volunteer, and volunteer and paid member of staff have formed and functioned.

The continued existence of a relationship depends on communication: when the communication stops, the relationship terminates (Dindia 2003). Waldron (1991) argues that maintaining the superior-subordinate relationship is the most important communication objective pursued by a sub-ordinate. He further argues that there is a very wide range of relationships that have to be maintained in the workplace by the focal person with individuals occupying different positions of power and influence. This is especially so for the new volunteer who has to create new ties with unknown people. The behaviours that individuals can use in the work place are constrained compared with those used to maintain unstructured interpersonal relationships found in the home or with friends: one cannot easily use distancing behaviours or avoidance of discussing a work issue with one's manager. One has to learn different behaviours with different managers. Periodic reviews with one's manager, or chats with one's supervisor, which are never really informal, require a basis of some trust: the more shared trust, the more likely the relationship will work. Authoritarian styles of management can be very destructive (Ilseley 1990). The social forces that hold individuals together must exceed those that drive people apart: 'relationship talk' must prevail (Dindia 2003 p.7).

Training to be a line manager or a volunteer manager ideally should involve training in identifying Dindia's forces and being able to assess what the balance is between them. The manager has the task of trying to maintain that relationship. We can safely imply from Krackhardt and Hanson (1993) that they may also have the task of sharing, even leading the repair of any damaged relationship.

2.2.5.1 Support for volunteers from fellow volunteers or paid staff.

Socialising out of work; discussion of life events such as dating, upcoming weddings or contemplating separation or divorce; effects of bouts of illness; sharing common interests such as hobbies or one's children; talking about work with its procedure problems and its people problems: all of these have been found to be the basis for the development of peer friendships in the workplace (Sias and Cahill 1998; Sias, Heath et al. 2004; Sias 2006). The development of acquaintances into close friends amongst workplace peer colleagues partly results in those friends finding themselves able to discuss

with '*decreased caution and increased intimacy*' issues about their work, work colleagues, managers or supervisors (Sias and Cahill 1998 p.288 emphasis in original).

It seems reasonable to assume that such 'relational talk' about the same topics and with the same feelings takes place between volunteers: such talk has nothing to do with employed/volunteer status. Gaskin's qualitative interviews (2003 p.22) provide instances of such topics amongst volunteers:-

'We didn't really get any support at (two national charities). We just got on with it! We gave each other mutual support; we would sort it out between ourselves. But you do need something, someone to fall back on. (Retired volunteer).'

'It's important to feel you are part of something. Sometimes when I don't hear from X (paid volunteer manager) for a long time, I wonder if it's worth carrying on. (Volunteer in her 30s).'

'Get-togethers become a secret feedback session, you can talk about things. You were thinking, "God, I'm totally out of my depth" and then you find everyone else felt like that! (Young volunteer).'

'If I had a bad experience with a client, I'd ring one of the other volunteers. They know what it's like and you're not showing yourself up. We know and support each other. (Older volunteer).'

Smith (2002) confirms that this emerging mutual support network is used by existing volunteers to train new recruits. Volunteers also operated their own informal day-to-day support systems, particularly for new volunteers. Ilsley (1990) found that volunteers are more likely to turn to fellow volunteers rather than managers or paid staff for most forms of support, particularly, as in the case of AIDS volunteers, where the volunteer carried a high emotional load.

Foster (2006) describes frequent situations where small groups, even just pairs of volunteers discussed aspects of their interventions with patients, their personal behaviour and what they were thinking as a result of volunteer-patient experiences. By far the most frequent occurrence was to do with

disclosure: the volunteer disclosing to other volunteers their feelings of ambivalence brought about by being with, and having to cope with their patient as well as coping with the difficulties they had with a new language they used with their patient. Foster provides an account of one fellow volunteer. She was talking with Tom about his actions at his first visit to a very sick woman. She asked him (2006 p.60), 'Did you hold her hand - or are you not at that point yet?'. Foster offers instances of volunteers feeling 'down', disappointed with what they saw as their inadequacy in dealing with very difficult situations and how they might have 'come and talk[ed] to you about the experience, and that's a very good part of it.'(2006 p.132).

With disclosure came requests for reassurance that what they were saying, what they were doing and how they did it were correct and acceptable. Foster compares her early experiences with those of other volunteers in her cadre when facing, on her own, new situations. She illustrates this sense of alienation well in citing Gudykunst and Kim's (1984 p.23) claim that 'communication with strangers is characterised by the "absence of familiar social scripts"'. Most of Foster's volunteers discussed how they progressively had learned to read new situations, the support they received in those learning situations having come, in part, from the patient.

There were frequent occasions when overt requests were made for help. For example, Hannah, one of Foster's colleagues in discussion with Foster says,

'If a problem comes up, I can go to any one of them [the volunteers] and they're going to be there to help me. It's an uncomfortable situation if you're out there alone, struggling, when you think that if you call they'll think you're stupid.'(2006 p.74) .

These reported discussions offer the reader acute insights into the early experiences of being a volunteer with a terminally ill patient. Such work is at one end of the spectrum of human service delivery volunteering. Eliasoph's experiences of volunteering with young people in after-school clubs provides us with similar, intimate vignettes. Both authors relate instances of eaves-dropping on the uncertainty of a volunteer not knowing what to do or what to say; the ambiguity of their position as a lay-person, yet being asked to give professional opinions; and the isolation felt by not having someone to hand to

offer instruction or advice. We learn of instances of fellow volunteers analysing a situation with the focal volunteer and helping them arrive at an acceptable and agreed form of speech or actions, a form of role play that they will, no doubt, recall for their own future situations.

And yet this is the stuff of support that isn't addressed in current research of volunteers and how they operate inside their chosen organisations. As Foster's (2006) and Eliasoph's (2011) autobiographies and Ilsley's (1990) broad study overwhelmingly show, the nature and provision of support as discussed above lies at the heart of a volunteer being able to function adequately. Having a manager/supervisor/coordinator who has the skills to listen, reassure and work alongside a struggling volunteer may be happening, but appears not to be researched and is not reported. A supervisor who sets out to create and maintain a good personal relationship with one of their volunteers appears necessary. Foster's colleagues were all work-experienced graduates, knew what support they needed and found it wanting in their supervisor. Eliasoph despaired at the inability of her managers to counter the sometimes 'clueless' and 'downright destructive' forms of support she encountered (Eliasoph 2011 pp. 126-27).

2.3 About learning.

2.3.1 Introduction.

As the content of modern jobs has become more complex, demanding higher competences and broader skills, many organisations are faced with the prospect of providing more training while employees are challenged to learn more and at a greater rate. This drive is also felt by voluntary organisations. The Aves report (1969) highlighted the need for suitable training for all volunteers within the context of appropriate supervision. Ilsley, in his major study in 1990, describes how voluntary organisations in, for example, the legal and adult literacy fields required volunteers to undergo lengthy periods of training. The Dispute Resolution Service volunteers underwent 80 hours of training over 6 months while the Literacy Volunteers of America received 38 hours before being matched to their adult learner (Ilsley 1990 pp 143 and 95).

Brewis et al (2010) indicate that 71 % of their respondents claimed to have organised informal training and that 29 % had arranged external training leading to a qualification for their volunteers. However, 42 percent said that lack of funding and of volunteer time were the main barriers to offering training to volunteers.

Many commercial organisations find that funding their own training programmes prohibitively expensive and time consuming, using instead external, commercial training organisations. Currently there are over 2,600 training organisations registered with the UK government's Department of Business and Skills (Skills Funding Agency 2013), with an unknown number of unregistered organisations. But what approach will a selected training organisation adopt towards workplace learning? What theories of learning do they espouse? Will the student's employer get value for money, and are there better ways to learn at work?

2.3.2 Traditional approaches to workplace training.

There are at least two forms of workplace training: formal and informal. The former is frequently contracted to commercial training organisations or to the in-house training group if there is one. There is much under-researched, small scale one-to-one or small group-to-one training which, since it is authorised, is also considered formal. The other form, informal, is that training that takes place between work colleagues (Eraut 2004).

Commercial training organisations fit across a spectrum of providers. The UK has a number of Industry Training Boards, an example being CITB (formerly the Construction Industry Training Board) (CITB 2013). CITB charges a levy to all registered construction companies which is available, for registered companies, as grants towards the costs of apprenticeships, NVQ courses and other training courses. In the year 2012 CITB received £143.8 million pounds in levies and awarded grants of £166.7 million. Other commercial training organisations charge fees per student per course, or may contract to train a fixed number of students for a fixed fee. Other national organisations, e.g. banks, use a combination of external training organisations and their own internal functions. Some national organisations, e.g. the NHS, while using both forms, offer internal specialised training services. Spouse (1996; 1998;

2001; 2008) describes local learning initiatives set up at a number of major hospitals in the UK. These were based on a form of supervision where a skilled, experienced nurse or senior nurse acted as a mentor to a student nurse.

Commercial training organisations create and provide generic courses since their attendees usually come from a variety of organisations with many different functions (Hager and Beckett 2002). Most training methods are forms of classroom pedagogy: they follow the ‘watch/hear and apply/do’ model. Training sessions may be composed of illustrated lectures or demonstrations followed by either groups working together or individuals carrying out predetermined exercises.

2.3.3 What are the factors that affect the effectiveness of forms of training?

A number of factors affect the effectiveness of commercial training courses, not least the trainer’s adopted theory of learning (Aguinis and Kraiger 2009). Hager (2004) argues that the dominant view of learning is where the mind is viewed as a ‘container’, and ‘knowledge as a type of substance’ (e.g. Lakoff and Johnson 1980; Lave 1996). Hager emphasises this cognitive view

‘Under the influence of the mind-as-container metaphor, knowledge is treated as consisting of objects contained in individual minds, something like the contents of mental filing cabinets’ (Bereiter, 2002, p. 179).

This attitude to learning, of adding more and more ‘stuff’ to the mind, epitomises, in Hager’s view, the ‘products of learning’ approach. He extends this view to competency-based training where he claims that typical policy documents consider work performance as a series of individual, decontextualised elements which novice workers are required to pick up one by one. Once a discrete element has been acquired, it is assumed that the learner can, without any difficulty, transfer or apply it to any appropriate future circumstance. Hence he claims that ‘in the literature emanating from employer groups, this assumption is endemic’ (Hager 2004 p.5).

The learning-as-product approach makes two assumptions. The first is that the products are stable over time, that is the training course's contents and outcomes remain the same. Such an approach assumes that commercial and industrial processes don't change! Secondly, the approach assumes that learners learn in an almost identical manner, which, since the very definition of learning is contestable (Lave 1996; Schoenfeld 1999) is highly unlikely. Further, employers, and to a degree schools (Hager 2004) 'understand' this replicability as individual and, therefore as comparative attainment.

The learning-as-product view underpins the 'front-end' model (Winch and Clarke 2003) of many commercial training programmes, a model which Hager (2004) claims is being questioned increasingly for its failures. The term 'front-end' refers to models of work-training that require a period of formal education and/or training that needs to be completed by newcomer workers before they can be regarded as qualified. This period of formal education and/or training usually takes place in training centres away from the workplace. But, most importantly, this model is called 'front end' 'because it implies that *all of the learning* that is needed for *a lifetime of practice* has been completed' (Hager and Beckett 2002 p.99 emphasis added), a view that Hager has modified since he later recognised the value of front-loading alongside on-the-job practical learning as found in sandwich courses (Hager 2004 p.531). With regard to each distinct item of learning, the implication is that, once acquired, the learning with respect to that item is complete. Conducting such training courses in isolation from the students' workplaces lacks the major mechanism by which students can enhance the meaningfulness of their learning, that is by directly seeing its relevance to their specific practice. It isn't sufficient to simply say, 'Now go back and apply this to your work situation'. As students have been taught in a generic fashion, they do not necessarily know how to apply what they have been taught to their specific situation.

An alternative, and sometimes less costly strategy employed to meet such training demands has been on-the-job supervision. Spouse (2001) argues that such a strategy applied to training nurses has met with mixed success because of insufficient numbers of suitably experienced and prepared staff and because supervision has been used synonymously, but frequently wrongly,

with mentorship. She maintains that the most effective form of providing learning opportunities has been through mentorship.

2.3.4 The emerging view of learning.

Dewey's (1916) view of learning was that it is an on-going process, an approach that has found both theoretical and empirical favour with recent researchers (e.g. Lave and Wenger 1991; Lave 1996; Wenger 1998a; Schoenfeld 1999; Hager 2004; Jewson 2007). Hager (2013) offers a theory of combined process and product-of-learning. On the other hand the most influential contemporary approaches offer a social-cultural theory, focusing on processes rather than entities or structures, and stressing the inseparability of the individual and the social (Lave and Wenger 1991; Lave 1996; Wenger 1998a). Also, rather than focusing solely on individual learners, Lave's participation metaphor promotes the importance of learning in groups, communities and organizations.

In the opening two sentences of chapter 1 of 'Situated Learning', Lave and Wenger (1991) weld together two vital concepts of learning. Firstly, that learning should be viewed as situated activity, and secondly, that the mastery of knowledge and skill occurs through the transition of newcomers from a socially peripheral position to one of being at the heart of the socio-cultural activities of their community. Communities of practice and 'legitimate peripheral participation' are two parts of one complex concept, communities of practice being the social containers in which legitimate peripheral participation takes place.

Legitimate peripheral participation describes the network of relations and the flows of activities between individual workers, 'old-timers' and newcomers. The products of the community - activities, created artefacts and the developing identities of the community members, can all be spoken of within this expression of the concept. Kimble and Hildreth (2004) propose that legitimisation is associated with the power and authority relations that exist within a community. Peripherality in this context is an indication of the extent of engagement with community members, its activities and its culture. Participation, which is increasingly central to Lave's thinking (1996; 2011b; 2012), is 'engagement in an activity where the participants have a shared

understanding of what it means in their lives' (Kimble and Hildreth 2004 p.2). As Kimble et al state, 'Taken separately, each has no meaning, but taken together they form the central thread of community of practice activity' (2004 p.2).

Thus learners, once on the periphery, can gradually begin to recognize and appreciate what the whole enterprise, the purpose and structure of the organisation they have joined is about. Learning is improvised: it takes place without a teacher or a formal curriculum. No two apprentices joining at the same time will adopt an identical course of activity. Rather, 'the learning curriculum unfolds in opportunities for engagement in practice' (Lave and Wenger 1991 p.93).

Lave and Wenger's (1991) theory of learning through participation offers us a very different concept of learning to that found in the 'standard paradigm'. Principally, learning is seen not as an individual activity but one which takes place within a group of others: people learn by cooperating in shared practices. Individuals learn because they share social relations with group members. Lave and Wenger (1991), Wenger (1998a) and later Wenger, Trayner and de Laat (2011) continue to emphasise the importance of the relational network.

A conceptually difficult component is how Lave and Wenger perceive the effects of learning something specific by a participant. They answer the question by considering an individual's identity. By becoming more involved with practitioners in their own community, Lave and Wenger consider the individual is not only taking on board new knowledge, but is assimilating that new knowledge into their existing identity thereby creating a modified identity. An individual moves through the range of expertise available in their community by increasing their participation with others in the structured social practices of the community

Consequently learning is essentially relational: the learner learns through the mediation of their community. It is a social process. Equally important is that learning is never context free: learning takes place in the micro-world of the community of practice. As Jean Lave states, 'theories of situated everyday practice insist that persons acting and the social world of activity cannot be separated' (Lave 1996 p.5).

2.3.4.1 Critiques of communities of practice (CoPs).

Examples of both the ideology and the theory's implementation in the two initial studies, Lave and Wenger (1991) and Wenger (1998a), are limited leading to concern being expressed by various researchers over a number of 'omissions'. Amongst them are that communities of practice were somehow 'universal', that 'one size fits all' (Pemberton 2007); communities of practice were 'top-down', mandated and managed organisations (Pemberton, Mavin et al. 2007); that the authors had failed to address issues of power and authority (Contu and Willmott 2003; Roberts 2006; Pemberton, Mavin et al. 2007); the fundamental differences between face-to-face and 'virtual' (i.e. on-line) communities of practice were not addressed (Roberts 2006; Pemberton, Mavin et al. 2007); effects of leaderless groups on the survivability of a community of practice (Pemberton, Mavin et al. 2007); non-treatment of conflict within the community (Veenswijk and Chisalita 2007); and that there may be a need for emotional containment within CoPs and its effects on members (Pemberton, Mavin et al. 2007).

Eraut (2004 p.266) is wholly dismissive of communities of practice: 'How often does the "accolade" of being described as a "community of practice" go beyond wishful thinking (Eraut, 2002a)?'. However, Fuller (2007) argues, an argument that I find persuasive, that the making of the connection between social practice and a theorisation of learning is one of Lave and Wenger's main achievements. Wenger's realisation that networks are communities of practice extends our ability to analyse them with well-established tools.

2.3.5 Advantages of situated learning.

Popular (mis)conceptions of learning are that it is an individual activity; it only takes place in formal settings; it requires recognised, qualified teachers; it involves 'knowledge transfer' from an expert to a novice – teacher to student; and that what is learned is a 'thing', something to be acquired (Fuller 2007). From these misconceptions, much of our post-school and work-based training has formed. Indeed, as the misconceptions have gained ground through learning-as-product practices in training organisations, the strength of the misconceptions has grown.

Spouse (1998) significantly sees legitimate peripheral participation as a process of sponsorship: the newcomer is 'sponsored' throughout their learning period by an experienced practitioner. The important characteristic of sponsorship is that it is public: the newcomer is seen, by the workforce or community, to be associated with a specific sponsor. Sponsorship describes the support and guidance provided by an experienced elder of a community whilst engaging the newcomer in everyday activities according to her/his personal inclination and ability. As the newcomer becomes more settled these activities are adjusted to promote full integration within the organization.

2.3.6 Informal learning.

'Workplace learning is both informal and formal - in that order' confidently claims Tynjälä (2008). Cross (2003) suggests that informal learning is as much as 80 percent of our total learning. Whatever the percentage, many researchers are aware of the significance of informal learning in the workplace (e.g. Nonaka and Takeuchi 1995; Marsick and Watkins 1997; Boud and Middleton 2003; Eraut 2004; Fuller, Hodkinson et al. 2005). Marsick and Watkins consider informal learning occurring in the workplace as unplanned, often collaborative, and highly contextualised with unpredictable outcomes. Formal, on-the-job training on the other hand, is often organised, planned and focused on individual learning with expected outcomes. Eraut et al's (2004) empirical findings show that it is often hard for workers to recognise that any learning is taking place while they are working due to the informal nature of workplace learning. Fuller and Unwin (2002) showed in their study that in their daily work people teach each other across the traditional workplace boundaries of age, experience and status. Wenger (1998a) refers to the informal communities that people form as they pursue joint enterprises at work and during their leisure time. Through participation in these communities people share their knowledge, negotiate meanings, form their identities, and develop their work practices.

2.4 Conclusions.

Although much nominal emphasis is given to the importance of supporting volunteers, empirical evidence of the content and practice of day-to-day management of volunteers is relatively scarce. Organisations in the USA treat volunteers as paid staff, sometimes without payment; the UK appears to encourage local forms of management which are ill-defined but are strongly influenced by the workplace model of management. How effective are these UK methods of supervision or management? How are the terms and conditions of working for a chosen voluntary organisation portrayed to potential volunteers, and how they are incorporated into the psychological contract is equally unclear. To what extent the highly structured methods of the recruitment, training and induction process of the Scottish hospice, considered generalisable by the author (Bates 2009), are generally adopted either as they are or in an amended form is unclear. Beattie's (2006) description of the provision of a personal development function, in the large voluntary organisations she surveyed in Glasgow, provides a blueprint for other organisations. However, the extent to which the personal development of their volunteers is considered a function of volunteer managers is unknown. And the learning opportunities made available to new volunteers are also unknown. Is skill training sufficient just to do 'the job' the norm, or do voluntary organisations offer skill development courses which permit a volunteer to take on more complex and responsible roles, and do voluntary organisations offer modern-day apprenticeships?

This study explores two of these broad areas, narrowing them down to be manageable within the context of a thesis. In view of the mix of the roles of volunteer manager and line manager that a volunteer may encounter, I have adopted the concept of 'support' as the means of directing, guiding and mentoring volunteers, rather than 'task managing'. Such a notion permits support to be offered from many quarters, including fellow volunteers and paid staff. It also permits enquiring into the forms of support that volunteers request, from whom and with what results. The notion also encourages an exploration into the existence of the communities of practice in which volunteers, paid staff and managers/supervisors may be participants. The second area of study covers how volunteers learn skills and attitudes, and how

they are socialised into their chosen voluntary organisation. This aspect of the study will investigate any formal support structures established by the organisation as well as any informal structures created by the volunteers themselves which provide support and learning.

From this narrowed perspective of the two key areas, my two pairs of research questions are:-

1a What are the key characteristics of the support structures that operate between volunteers, paid staff and managers?

1b How are these support structures created, maintained and managed?

2a What are the characteristics of any personal learning structures and processes that volunteers have set up?

2b How do such support structures enable learning *in situ* and with what results?

Chapter 3: The research design, method, implementation, and the collection and analysis of the data.

This chapter describes the series of processes involved in creating and executing a project plan to explore the research questions. Following how the research questions were operationalised, I introduce how the methodology emerged to become a mixed methods approach to examining two cases. Criteria influencing the selection of the data collection sites and characteristics of the volunteer and paid staff groups within them are discussed. Concurrent with this was determining which data would be necessary. I then discuss the influences and sources of ideas that determined the composition of the questionnaire instruments and how they reflect the data that were required to answer the research questions. This is followed by sections outlining the questionnaire validation processes and how the ethical issues involved in this work were managed. I then present a fuller description of the data collection sites, their management structures as service delivery organisations and the groups of survey participants.

A major consideration has been which name generation method to adopt, that is how I would get participants to name people they worked with. I discuss and critique the key issues of the dominant methods and describe the method used in this study in sections 3.6.1 and 3.6.2 below. I then present some of the critical activities of gathering the data from volunteers, paid staff and managers, and some of the problems I faced and how many were overcome. Finally I discuss and demonstrate the analytical methods and techniques I adopted. The questionnaire instruments are found in the Appendices.

3.1 The emergence of a methodological approach.

The main hypothesis of the study is that a volunteer's day-to-day provision of requested support and the creation of learning opportunities are conditional upon their social networks. As we don't know how the volunteers have

operationalised those requests for support, how the responses are made and with what effect, two aspects of their social networks will be studied. The first is the interactions between the focal person and those they select for any form of support, and secondly, the interplay between the individual volunteer's social networks.

3.1.1 Operationalising the research questions.

Of the approaches to exploring these research questions, two broad, but different analytical perspectives are a substantialist and a relational approach. The substantialistic approach considers 'things', such as beings or societies with fixed properties (Emirbayer 1997). Crossley (2011) considers that the actor is such a substance. This conceptualisation permits norm-based analysis, and particularly classical statistical analyses of selected attributes of those 'things', while attempting to 'control for' other possible, less relevant or intrusive variables. On the other hand, a relational approach leaves the analyst open to explore not just the visible and disclosed transactions interacting between actors but the under-pinning, dynamic structure of those transactions. In other words, while one could correlate age against instrumental dependency, such a form of analysis discards numerous nuanced characteristics of the ties between the two partners in the dependency relationships. Therefore I choose to study the relationships between individuals and explore those nuanced characteristics which ebb and flow through the ties connecting individuals.

Such a relational approach enables me to study what Emirbayer calls 'the sociology of occasions' (1997 p.295): those face-to-face situations which prompt the need for support and its associated, complex construction of requests, choice of respondent, what is expected and how the requestor processes what is offered. It also permits me to observe and explore those moments where, through discourse, activities and appropriate situations, something becomes understood and is learned thus enabling otherwise 'blocked' activities to take place. Such occasions additionally display the exercise of power and influence as effects of configurations of relationships, not as attributes of individuals.

Relationships form and decay because of the interactions of occasions, or the lack of them (Canary and Dainton 2003). Such occasions occur or emerge within complex social structures, at Williams' "point where the lines of a relationship intersect". They also occur when people behave in ways they wouldn't if others were present, where levels of trust determine willingness to disclose. Emirbayer (1997 p.296) succinctly presents this:

'the study of face-to-face encounters .. becomes a matter of locating regularities across such transactional processes, of specifying recurrent mechanisms, patterns, and sequences in meso-level "occasions".'

At the heart of this study is this interdependence of people. Consequently I will not look at the participants' social worlds through a lens of aggregated, disembodied attributes of sets of individuals. I will look instead at the groups of people, at their relationships, their shared meanings, knowledge and purposes (Wenger 1998a) and their interactions as I consider selected characteristics such as who cares for a volunteer when they have had a stressful session with a client. This relational, structural approach will be applied to both the provision of support of volunteers in their work and to how volunteers learn.

An early consideration in the operationalisation was to establish which types of voluntary or mixed voluntary/paid staff organisations might provide adequate bases on which to explore the situations posed by the research questions. Service delivery organisations engage volunteers and frequently place them into groups when the work has complex rather than simple operational characteristics (e.g. Bates 2009; Eliasoph 2011). Groups of volunteers rather than volunteers working on their own would provide a wider basis for enquiring if and how they were supported and how the volunteers learned and from whom. Complex work procedures suggested that there would be a more substantial need for volunteers to learn as they developed their practice.

Enquiries were made to a selection of voluntary organisations suggested by the Voluntary and Community Sector officers of local councils and selected from directories to test my early theorising. Based on some voluntary

organisations that were initially approached, as well as some that I have worked for, I was able to populate a number of different scenarios with the functions and characteristics that I felt would provide answers. From this reiterative process of identifying the necessary characteristics of the data collection site together with early ideas of the types of data required, there emerged a template, discussed below, of those characteristics that were required of possible suitable sites.

The first requirement of the study was to gain an understanding of the volunteers' organisational structures, how volunteers were incorporated into organisations, the composition of volunteer work groups and the proximity of volunteers and paid staff as they worked (Pearce 1993; Gay 2000; Foster 2006; Eliasoph 2011). This stage additionally required information about managers and supervisors, their involvement in recruitment, formal training – that is by the organisation, and informal coaching (Pearce 1993; Beattie 2006). The structural placement of both the manager and the functions they performed would be essential findings. From this I would be able to discern the existence of any formal and informal supportive arrangements (Burlison and MacGeorge 2002). This wide variety of structures would be mapped following the network analysis practices evolving from Moreno (1953 p.720), Barnes (1969), Mitchell (1969) to the present day (Edwards 2010) .

Networks are one way of conceptualising social structures where the emphasis is on the relationships that emerge and develop among individuals, groups, organisation's functions and even sets of organisations. Hence Emirbayer argues that social network analysis offers 'the best developed and widely used approaches to the analysis of social structure' (1997 p.298). Christakis and Fowler (2009 p.32) propose, 'The science of social networks ... is about individuals and groups, and about how the former actually become the latter'. By studying the transactional nature of patterned social relations, network analysis overcomes the limitations of statistical methods, that is the analysis of selected, aggregated variables. The approach also lays aside the study of attributional categories in favour of what White calls 'observable process-in-relations' (1997 p.60). Significantly, the approach enables observers and analysts to surface the patterns that exist around the invisible relations between actors. The disparities between actors can only be discerned by studying what Burt (1992) calls 'structural holes', namely the absence of ties

between actors, or gaps in networks. Research has found that social structures affect an individual's actions, while individuals, through the formation and re-formation of their relationships with others, can affect the social structures. A networked consideration of a social structure also illustrates how network members access resources. A complex network contains representations of two important network considerations: interactions and flows. Flows couldn't occur without the interactions to prompt and drive them. Networks capture both considerations, illustrate them in drawings, which can be visually analysed, and matrices, which can be mathematically analysed.

The second requirement entailed understanding how volunteers learned the content of their work. What formal learning structures, if any, were provided by the organisation, and secondly, what were the characteristics of any informal structures created and managed by the individual volunteers as they learned? I could explore if and how volunteers learned from their group using Lave and Wenger's (1991) and Wenger's (1998a) social learning theories, particularly the theory of communities of practice as well as Lave's study of apprentice tailors (2011a).

The main sources of examples of these organisational and learning structures were ethnographies. Jordan (1989), Wenger (1998a), Orr (1996), Lave (2011a), and Eliasoph (2011) describe how informal networks were very effective, occasionally essential sources of learning in their workplaces. Foster (2006) and Eliasoph (2011) illustrate how the personal networks formed by their cadres of volunteers provided very mixed, and sometimes 'clueless' and 'downright destructive' forms of support (Eliasoph 2011 pp. 126-27).

This twin-tailed approach required two forms of data. The quantitative data would inform of the social and organisational structures in which volunteers and paid colleagues worked. Such data would identify the self-defined individual relationships between pairs and groups of volunteers, paid staff and managers both within their own organisational 'silo', and, as Homans (1951) argued, more importantly across silos. However, the emergent relationships are represented in quantitative network analysis by binary numerical data: ties are either present or not. The exclusion of ties contributes to a first level of analysis: why is there no tie between A and B? However, it is unable to cast

light on why that tie is absent, and more importantly, the effects of that absence on the overall network. Quantitative network analysis, through its binary representation, ignores much of the data required to fully understand what occurs inside social networks. While quantitative analysis can produce in a single drawing the detailed structure of a network of people, its single, statistical approach is still inadequate. Qualitative data, on the other hand would provide rich, individual thick narratives of lived experiences which would add meaning to the structural relationships as well as providing evidence of group and individual learning experiences.

Pearce (1993) considered that questionnaires were 'more likely than in-depth interviews to elicit only superficial presentational data' (1993 p.173). The main UK surveys of volunteers and their management (e.g. Machin and Ellis-Paine 2008) have used questionnaires and produced data that has failed to analyse, for example, the effects of infrequent interventions by managers or how managers have acted as coaches to their volunteers. McCarty (2010 p.4) commented that, in the design of a study, the adoption of a network analytical approach, with its visualisations of whole networks and ego networks, changed the way they asked questions, and assisted in identifying which questions to ask. Even though it would lengthen the data collection process, I decided to conduct face-to-face interviews. This would enable me to construct questions that may lead to an appreciation of a participant's personal network, to understand the nature of the relationships between people, and explore how requests for support were voiced as well as the circumstances of asking and of receiving.

There are two main methods of analysing networks. A qualitative form is concerned with lived experience, what flows through the networks and the spatial embedding of the individuals (nodes) and their network ties (Edwards 2010). Quantitative analysis, on the other hand, usually collects data from surveys and applies mathematical treatments. Borgatti et al (2013) consider that there are two forms of (quantitative) network analysis: applied and explanatory. (They appear not to consider the qualitative approach as a valid form of network analysis.) The applied form calculates a number of measures to describe aspects of the network's structure or an individual's position in the network. Explanatory methods use classical statistics to describe the variance of certain variables as a function of others. The variation in outcome variables

is understood as the result of causal forces. Such formal methods facilitate analysis of large datasets derived from large populations which would be very difficult without mathematical treatments (for an example of a complex study using only paper matrices see chapter 7 of Kapferer (1972)). They also permit a study of structural relations from the perspective of all the nodes in a network *at the same time* rather than one node at a time (Scott 2000).

Edwards (2010) and Crossley (2010; 2011) make strong arguments that these two approaches can be combined. Crossley affirms that

Network structure is not the whole story, even for ‘network effects’ and mechanisms, and for that reason we need to supplement methods of formal network analysis with qualitative observations about what is ‘going on’ within a network (2010 p.18).

Edwards cites Lievrouw et al (1987) who suggested that by adopting a bi-focal approach, the actual ‘messiness’ of networks is realised. Bidart and Lavenu (2005) add to this pointing out that the ‘quality’ represented by nuanced ties is not shown by a purely quantitative approach, a point also made by Crossley (2010). Highly relevant to my study is their argument that qualitative methods are more likely to indicate the exact ways that ties provide access to resources. The few empirical studies of qualitative network analysis, mainly in the business field (e.g. Coviello 2005; Jack 2005; Jack 2010), and others exploring social regeneration (Rowson, Broome et al. 2010) are strongly augmented by theoretical studies, most notably White (2008) and Mische and White (1998).

Edwards (2010) concludes that a bifocal approach provides three advantages over a single approach. Firstly, she argues that a qualitative approach is superior in collecting relational data. Secondly, a mixed approach can provide a rich context which enables a researcher to make a more informed interpretation of the quantitative representation of the network. Thirdly, not only can researchers create, through a quantitative approach, an ‘external’ view of the network, its structure and any groupings of individuals but, from a qualitative perspective, they will see the content and the ‘meaning of ties for those involved’ (2010 p.18).

I employed a bifocal approach which used methods relevant to the questions being asked, and the kinds of explanation sought (McCarty 2010). The quantitative data would be used to construct the 'whole network' in which volunteers, relevant paid staff and managers operated and interacted. One representation would show the full set of acquaintance relations, and another the flows of requests for forms of support through the interactions between nodes. Qualitative data would provide information about the content of interactions and flows between each ego and their named others. The quantitative element would form the visual representation of ego's interactions and flows. I am not aware of any other attempt to use such a network analysis/qualitative approach to studying support and learning amongst volunteers. As a method of study, this approach adds to the current literature.

3.1.2 Analytical strategy, questionnaires, data collection sites, participatory groups and interviewing.

My analytical strategy is:-

- To examine the allocation of an ego's alters to the categories, or fields of 'very close', 'somewhat close' or no attraction, and extend that analysis to the 4-ring structure (see below);
- To determine the existence and composition of any networks created by volunteers and any restrictive circumstances that inhibit the composition of those networks;
- To examine the association, expressed as ties, between the ego and their alters in terms of seeking sociability, and as sources of forms of support;
- To examine the roles of managers and paid staff in the provision of support;
- To examine if and how the provision of forms of requested support contributes to a volunteer's learning;
- To examine if and how fellow volunteers, staff and managers contribute to personal learning.

Following an understanding of the types of data that were required, and how they could be analysed to inform the research questions, I then designed the

required instruments based on examples predominantly from Wellman (2004; 2004). Hogan et al's (2007; 2008) designs for collecting ego's alters were studied and discussed in detail with Hogan as part of the design exercise. Two key issues emerged regarding the design of the data collection. The first concerned the importance of the participant being able to visualise their own networks as they constructed them. Hogan et al's approach enables participants to consider their relationships with two actors at a time, and represent the difference between the two intensities of closeness by different positions on the 4-ring map. The second was that a visual representation of the participant's network should be available and visible to them as they discussed their relationships with others. If we are to discuss the relationships between ego and their alters, it is essential that the network-as-picture is created as soon as possible and is available throughout any sitting when discussing the characteristics and attributes of those relationships.

Concurrent with the questionnaire development, data collection sites were being considered. To meet my core requirements the organisation:-

- Had to be a service delivery agency which used complex processes and operations (requiring that volunteers needed to learn);
- Had engaged volunteers who worked in groups ideally not smaller than 5. Five is considered by Hackman (1990; 2002) to be the optimum working-group size, although I had to compromise this requirement. Some effects are discussed in chapter 5;
- Had paid staff and managers;
- Had to permit its volunteers to have access to paid staff and managers.

A number of service delivery organisations were identified, but most were rejected on the basis of very small numbers of volunteers working concurrently. Others required specific forms of ethical clearance, e.g. NHS Regional Ethics Committee (REC) which demanded the complete removal of all potentially identifiable characteristics in my data gathering approach. I was informed by the NHS that any agency which received even the smallest element of funding from the NHS would require full REC approval. This restriction caused the removal of all the medical sites I initially approached. Other sites were rejected on the basis that volunteers worked on their own, or away from the centre. Other sites would have proved very difficult to have a

consistent group of volunteers available over a number of data collection sessions.

Two sites were chosen which met, to an acceptable degree, all of the core requirements. They were: a day-care hospice and a drug and alcohol counselling service provider. The hospice delivered psychological therapies as well as respite care for day patients, all of whom had life-limiting illnesses. The drug and alcohol counselling agency offered counselling and intervention services to drug and alcohol abusers, their families, friends and their communities.

Once agreement had been reached with their management that the organisations would act as data collection sites and that my expectations regarding access to volunteers, paid staff and managers could be met, further discussion took place to determine which group or groups of volunteers would be suitable. The core requirements of those volunteer groups were:-

- Some of the volunteers were experienced having been engaged for over a year;
- Some volunteers were either at the point of completing their training or had just completed training and had been inducted into their workgroup.

As this study was not longitudinal, I had to find an alternative to being able to observe the effects of time on both the provision of support and personal learning. By having two groups of volunteers with such different experiences I hoped to be able to understand the socialising and learning trajectories that newcomer volunteers would track by comparing newcomers with 'old timers'. How newcomers learned the content of the new job and how to work with others, how they gained experience, and the role that fellow volunteers, paid staff, managers and supervisors adopted in enabling volunteers to carry out their roles, were central to the study. Experienced volunteers could also provide information about the formation of any work groups - formal and informal, and what changes had occurred over time in those groups.

There were additional core requirements:-

- The volunteers' day-to-day manager was identified and would be available for interview;

- If the person responsible for recruitment and selection was not the volunteers' day-to-day manager that they were identified and would be available for interview;
- The volunteers worked a regular shift, apart from occasional absences for holidays.

One group of 9 volunteers was selected at the hospice which was the full set of receptionists, all of whom worked rostered shifts. This group was co-ordinated, a form of management, by a paid supervisor who was a practicing receptionist herself. She too was interviewed. At the drug agency, a team of 5 volunteers who worked each Tuesday were observed and interviewed along with 4 paid staff who worked alongside the volunteers. Both groups were separately managed by paid managers who were also interviewed

At each site, prior to meeting the volunteers, letters of invitation and copies of the Personal Information Sheet, which had been approved by the ethics committee at the University of Southampton, were distributed by the organisation's management to identified volunteers, paid staff and managers. Interviewing slots were arranged to take place usually before or at the completion of a shift, but occasionally during a shift when cover could be arranged. Some volunteers did contact me to make alternative interviewing arrangements, for example some hospice participants preferred that we met at their homes rather than the hospice. The early experiences at the first site, the hospice, showed up some of the unanticipated activities and issues which had not been planned (nor had been anticipated), for example, a volunteer deciding not to attend for their shift one day causing new scheduling arrangements.

All interviews were recorded, with permission, and transcribed. Each volunteer and paid staff interview session comprised two parts. The first was the creation of a personal network map (described below) which was then used in the second part. This involved working through a semi-structured qualitative interview which explored the participant's own requests for forms of support, and their perceptions of being managed. Interviews commenced with the reading and signing of the Research Consent Sheets (Appendix J), one for the participant and a copy for me. The purpose of the study was then read out from a prepared script, and the participant and I then discussed the use of the

terms 'very close' and 'somewhat close' using a number of examples. Despite my attempts to illustrate and clarify these distinctions, 'very close' and 'somewhat close' are, according to Mitchell (1986), to be considered as 'self-defined'. I had to accept possible differences in meaning which sometimes resulted in very different interpretations in the placement of the name tabs.

The interview schedule used with volunteers and paid staff forms Appendix A. A different semi-structured schedule, Appendix B, was used with managers/supervisors which explored their role as managers, their relationships with their staff/volunteers, other managers and their management style. I have substituted pseudonyms for all of the real names in both case studies.

3.2 More about the selected sites.

3.2.1 Site selection and group frame construction.

The hospice

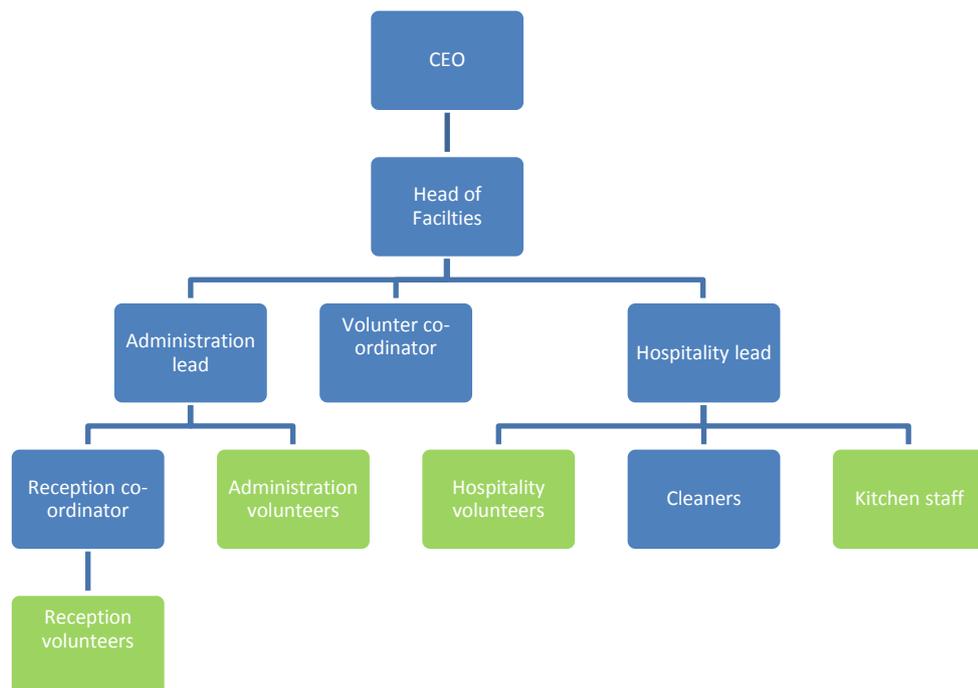
The day-care hospice in the south of England had, in comparison with its total number of volunteers, a small cadre of 61 paid staff with many working part-time. There were over 250 volunteers, a number of supporter groups and an additional large group of fund-raisers. Approximately 50 volunteers worked in the house, with probably no more than 15 present at any one time.

The hospice had a traditional organisational hierarchical structural tree of a board of trustees, a CEO, paid managers, co-ordinators and paid staff as shown in Figure 3:1. It was a charitable company as defined by the Charity Commission. The main departments were finance, fund raising, administration and reception, and a complex tree covering medical aspects of day care and long term home-based 'hospice at home'. Only the reporting lines which involved volunteers (green/light-shading nodes) are shown in the hierarchical diagram (Figure 3:1 below) where blue/dark-shading indicates paid staff and managers. Within the hospice's in-house operations, volunteers occupied relatively unskilled roles, e.g. assistant clerk in the administration section, helpers in the kitchen, doers of the day-to-day tasks in caring for patients (making cups of tea, laying tables for lunch, taking soiled laundry to

the laundry room, etc.). The day care assistants also spent time sitting with day-patients as well as sharing lunch with them.

One group of volunteers, comprising 8 women and one retired man, who acted as receptionists, was identified as suitable participants. All but two of the women were retired, many having been professionals, some senior, in their own fields. The group was supervised by a part-time, paid supervisor with the title ‘reception coordinator’. I explored the volunteers’ tasks and personal support structures as well as how volunteers learned the job’s content. Within the perspective of support, this site particularly offered opportunities to explore how volunteers reacted to the absence of paid managers and some paid staff during the course of the day’s work. The reception coordinator, her first level line manager (called Administration Lead on the chart), the Head of Facilities (the second level line manager) and the Volunteer Co-ordinator were also interviewed.

Figure 3:1 Extract from the organisation chart of the hospice.

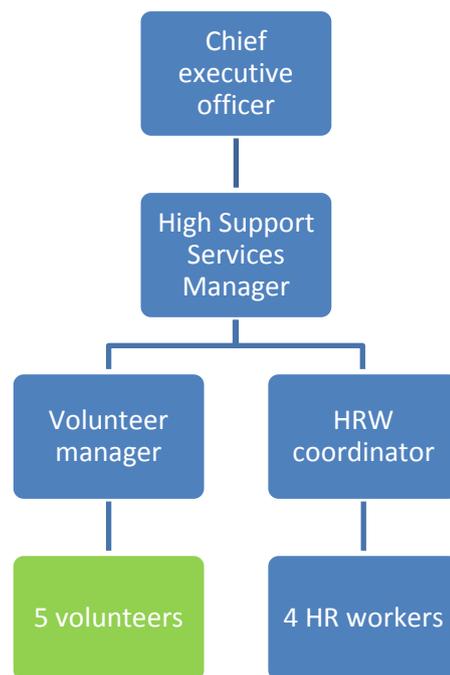


Lighter shaded/green boxes are functions staffed either partly or wholly by volunteers while darker shaded/blue boxes are staffed by paid staff.

The drug and alcohol counselling agency.

The drug and alcohol counselling service provider was situated in the centre of a city in the south of England and employed approximately 100 paid staff and engaged a number of groups of volunteers. The group I selected, because of size and the manner of co-working with paid professionals, was one of the day-teams that worked in the drop-in centre. This was a facility on the ground floor in the main building that was open to drug and alcohol users, many of them being ‘street people’. The participating group of 5 volunteers was one of five groups, each group working on a different day of the week. The group worked very closely alongside a team of 4 paid, experienced staff. This team of staff was a subset of the full set of the professional, paid harm reduction workers (HRWs). All the volunteers were managed by a paid manager with a different manager managing the full team of HRWs.

Figure 3:2 Hierarchical structure of the volunteer group, paid staff group and their managers at the drug agency.



The volunteers had three roles which were carried out according to a rota: to operate the Help Line phone; to work in the needle exchange room; and to act as listeners in the drop-in lounge. Staffing the phone simply meant taking incoming calls, making a note of name and number of the caller and passing a message onto the named individual. The needle exchange duty was the

provision to registered users of fresh syringe needles, requisites for using needles and condoms. Records of registered users were held on a computer, and any returned used needles as well as new supplies were logged against the user's name. Of the three roles, the listening role in the drop-in lounge involved a number of volunteers and paid HRWs working together.

The High Support Service manager, the managers of the Tuesday volunteer and HRW groups, and the teams of Tuesday volunteers and HRWs were interviewed. I also interviewed the manager of a different group of volunteers, all of whom were professional counsellors who provided pro bono services. I carried out this interview to understand more about the culture of the organisation as well as how its different function groups meshed and worked together.

The two sites offered a number of combinations of working arrangements where there was potential for support requests to be met, or not, in a number of ways. The sites also incorporated aspects, structures and practices of wholly voluntary organisations and private sector organisations. The hospice had an obvious organisational structure based on private sector models with a management structure to match. Some work was outsourced and subcontracted to external agencies and private companies. The drug agency had a very slim management structure with a departmental structure designed to match its services.

Both the hospice and the drug agency, by receiving public funding for salaries and overheads, and with their governance structures incorporating directors, met Billis' (2010) criteria for 'entrenched hybridity'.

Table 3:1 Summarised characteristics of the two data collection sites

Type of organisation	Structure type	Nature of group mix as ratio	Group size	Manager status
Day hospice	Entrenched hybrid	9 vols: 1 p/t supervisor.	9	paid
Drug and alcohol counselling service	Entrenched hybrid	5 vols: 1 p/t manager 4 paid staff; 1 f/t manager	5 and 4	paid

At the hospice, the group of receptionist volunteers worked in very close proximity – side by side - to their paid coordinator at the reception counter. This arrangement allowed me to explore how volunteers learned their job as well as understand the detailed role of the receptionists' coordinator. The drug agency provided a small group of 3 newly trained volunteers who worked alongside an experienced pair of volunteers. This mixed group of volunteers in turn worked alongside the 4 HRWs. The volunteers also had a line manager/clinical supervisor who was readily available during the working hours. Thus the drug agency provided a situation where volunteers, paid staff and managers worked in very close proximity providing very rich evidence of support and learning.

3.3 Creation of the interview schedules.

Two types of instrument were required for this study, each requiring very different materials. The first instrument was the personal map which would show the names of others identified by each participant. There would be one map per participant. This required a prepared data collection board with numbered name tabs (see Appendix C), a large sheet of paper (A2 size) with 4 concentric rings (see Figure 3:3 below) and a script used by the researcher to ensure the same explanation and instructions were given to each participant regardless of the data collection site. Getting these names, classifying them and how they were placed on the map is fully described in section 3.6.4 below. The other instrument was an interview schedule, one for the volunteers and paid staff and a second, containing a different set of questions and probes, for the managers/supervisors/co-ordinators. The mapping exercise collected the necessary quantitative data; the interview schedule, while adding to the quantitative data, broadly provided the qualitative data.

This study was interested in what happens inside a volunteer's network that helps them seek and acquire support and develop learning opportunities. A number of studies have used qualitative network analysis to explore social relationships (for example Jack 2005; Bellotti 2008), the former investigating entrepreneurial start-ups and the second exploring personal friendships amongst a group of Milanese single young adults. Wellman et al (1979; 2004; 2004; 2008), who used both quantitative and qualitative techniques developed

a series of models whose styles and content of questions were adapted for this study. Additionally some of the standard questionnaires developed in the field of health social support (for example Sarason, Levine et al. 1983) were considered. One aspect of Sarason et al's "Social Support Questionnaire" (SSQ) (1983) that influenced me in the formation of my questions was the depth, even the directness of the enquiry or the intimacy of the questions. 'Whom could you *really count on* to listen to you when you need to talk?' (italics added) permits a researcher to probe how the participant reacts to the ideas of 'really count on'. The question, 'Whom can you count on to console you when you are very upset?' encouraged me to add my question, 'Looking at your personal network, point to and name those people who show that they care for you'. This question acted as a form of verification of the choice of the named alter as 'very close'.

Vaux (1988 chap 2) reviewed some of these questionnaires which included a group based on support network resources, measures of supportive behaviour, support appraisals, support incidents and assessments of social participation. Most of these questionnaires were too narrow in compass, or strongly biased to psychological support to be used in this study. However Vaux's 'Social Support Incidents' (SSI) (1988) was designed to assess supportive transactions which included items of negative support, resulting effects, and ego's assessments of the effects of the transactions. Some of Vaux's questions have been adapted and incorporated into the main social network analysis interview schedule.

The personal network mapping exercise was designed to expose the complexity of the structure of a volunteer's personal network. The volunteer's qualitative interview schedule enquired about the availability and sources of forms of support, and about incidents of negative support. It also sought sources of perceived influence from others that affected ego's personal behaviour and attitudes. It asked participants to try to verbalise why certain alters had been categorised as 'very close' and others as only 'somewhat close'. Another group of questions explored the participants' feelings and experiences of working with their volunteer and paid colleagues: did they feel they were an individual, worked in a small restricted group or did they feel they worked as a member of a community of co-workers. This last question was frequently opened up to explore how the small group worked, how ideas

relating to work were discussed and shared. The question also provided the opportunity to discuss any feelings of shared identities, development of repertoires of actions and ways of speaking with clients and to what extent they thought themselves to be a cohesive group (Wenger 1998a). Lastly, questions were asked about their opinions regarding how they were managed.

The instrument designed for managers, supervisors and coordinators had 12 sections. These covered the general practices of the supervisors, how they influenced and directed volunteers, how the core values and beliefs of the organisation were transmitted to volunteers, any performance management practices, and how they dealt with the administrative issues of managing a group such as roster, group meetings and feedback.

3.4 Validating the instruments.

I validated the questions used in the volunteers' semi-structured interview using 'cognitive interviewing' techniques (Willis, National Center for Health et al. 1994; Willis 2005). This validation was done at the initial site only with 4 participants. The process was as described in Willis (2005) chapters 10 and 11. Briefly, the draft script is used with potential participants but with a significant difference. The aim is not to elicit answers to the questions, but to establish if the wording of the questions makes sense to the participant. Does their understanding of the question match the researcher's? The outcomes of this stage were twofold: the wording of questions was amended to satisfy the criticisms of the validation participants and the order of questions was revised to better group them into families. Additionally the limitations and shortcomings in the explanation and instructions used in the name generation and elicitation stages were identified and corrected.

3.5 Ethical integrity.

This research has followed the Ethical Guidelines of the Social Research Association (2003), in particular providing Personal Information Sheets,

seeking informed consent through the use of Consent sheets, offering the right to withdrawal, anonymising participants and organisations.

On the issue of ethical clearance of interviewing, it is recognised that network analysis may involve a relatively more invasive form of questioning than may be found in non-network analysis interviewing (Borgatti and Molina 2003; Borgatti and Molina 2005). Social network research enquires about the relationships that exist between people rather than simply asking for categorical data. For example, if we are talking about Alice and Tom, the researcher may enquire deeply into Tom's relationship with Alice (and the question set was designed to probe relationships), and then go and ask Alice equally probing questions about her relationship with Tom. Careless disclosure of such information could be damaging to both parties. Hence the researcher's dilemma is what to do when individuals in a closed network don't want to participate, which I refer to below as non-participants, and yet the nature of the enquiry is such that others will no doubt comment on those non-participants.

Ethical integrity additionally raises the issue of how confidentiality and anonymity are applied. Of themselves, they are very different. It is possible to conduct research that treats information as confidential without offering the provider anonymity. As long as confidentiality is protected then anonymity is less important. However, if names are anonymised, confidentiality isn't necessarily offered. In a small community, it may well be possible to decode anonymised identifiers and attribute the real name. This can lead to compromising the content of what is reported such that the researcher 'dumbs down' the content to maintain confidentiality, or risks offering identification of respondents. I was not faced with this situation at either site.

Once the final draft of the interview instruments had been drawn up, the package of cover letter, the Personal Information Sheets, copies of the ethics consent form and interview topic sheets plus the proposal was submitted to the Ethics Board at the University of Southampton for approval. Approval was granted in a letter dated 27th August 2009 (Appendix H).

3.6 Data collection.

Data collection fell into two phases: data pertinent to each participant gathered from individual interviews, and data drawn from observing individuals and groups as they worked. If I was able to overhear the conversations between participants, not always easy in a room full of noisy individuals, I was interested in the sequence of the conversation, what prompted a question to a supervisor, a fellow volunteer or member of paid staff and how it was answered. I noted who spent non-work time with whom; the nature of conversations at the coffee machine; any patterns of sitting next to preferred others; how the new volunteers at the drug agency approached paid staff and the content of discussions in the drug agency's open office. I always spent a full day at the drug agency even if I interviewed only one participant. I typically spent half days at the hospice, but visits there were more frequent than to the agency. Notes were made after observation sessions and added to the collection of documents used in the qualitative thematic analysis using NVIVO software (QSR International Pty Ltd 1999-2013).

The rest of this section (3.6) describes the method I used to gather data pertinent to each participant.

3.6.1 Discussion of name generation methods and justification/rationale for the method selected.

There are a variety of ways to generate the list of names in network analysis, partly dependent on the placement of the boundary around the focal network. The boundary question involves at least two sets of actors: the set of alters the focal person selects, and the set of alters that the focal person's alters select (Kilduff and Brass 2010). In each of my selected sites, the boundary was defined as the boundary of the organisation: only staff, managers and volunteers who worked for the organisation were possible alters

In these circumstances, a frequently used method to generate alters' names is to allow the participant to extract names from supplied membership lists and rosters (Marsden 2005 ch.2). However, by asking the participant to recall those that are involved in their life and work, Bond et al (1985) found that social relations organize memories of person. This finding is at the core of my

research since this study is interested in ego-networks, specifically personal support networks and has used Hogan et al's technique of encouraging egos to name their alters (Hogan, Carrasco et al. 2007; Carrasco, Hogan et al. 2008).

The history of name generation techniques is long and tortuous. Some of the earliest name generation techniques were devised by Lauman in 1973, Fischer in 1977 and Wellman in 1979. Historically there have been two distinct and influential forms of determining sources of support from a social network perspective. Leighton et al (1978) used a technique which initially asked a participant to name a set of alters. Once that was completed the participant was then asked questions about interactions with each named person in turn as well as which named individuals provided specific forms of support. Fischer on the other hand asked for the names of resource-providing individuals, 'When you do talk with someone about personal matters, who do you talk with?' (Fischer 1982 Question 78b of Respondent Interview on p 330 of the book). The key difference was that Leighton et al's approach was two-stage: surface and record the names of respondents/alters and then, using that name set, ask which of them provides a resource. Fischer's question required two processes performed concurrently: understand what is being asked for in 'talking about personal matters', and then thinking through a mental list of names for an individual or individuals who might have provided that resource. Each question could produce a different set of alters with the network potentially growing with each question's responses. Fischer's method appears to be cognitively more complex, and therefore more likely to fail. Consequently, I adopted Leighton and Wellman's approach.

An advantage of Leighton et al's approach is that it initially defines the network members who were then illustrated on a map very early into each ego's investigation. While very occasionally new names were added during the interview, using this method meant I had a fixed number of names in the network. To have adopted Fischer's approach may have meant adding new names as each question was answered. This would have been unacceptable as it would have been repeatedly disruptive in that there would have been a rearrangement of name-tabs on the rings as new names were added.

3.6.2 Criticisms of name generators.

More recent research has examined the cognitive processes involved in the different forms of name generation. Name generation largely depends on cognitive recall. Forgetting names is common (Marsden 2005 p.12), and researchers have adopted various means whereby mental prompts can be provided. Brewer (2000) asked participants to recall names from memory and then supplemented it by offering a complete list of possible names. Brewer found that participants only remembered a fraction of their alters whereas the likelihood of forgetting names varied inversely with the strength of the tie. Hogan et al (2007) further report that on name recall, respondents can confuse the strength of ties. However frequent interaction with alters leads to greater accuracy of assessment of tie strength, and therefore increases the likelihood of recalling names (Freeman, Romney et al. 1987).

Marsden (2005p.12) argues that using Leighton et al's method when asking a question limits the scope to 'important matters' and 'elicits small networks with "core" ties'. Marsden discusses how Campbell and Lee (1991) and Milardo (1992) showed that intimate name generators produce small networks, as low as between 3 and 7 alters when compared with less intimate methods. Hogan et al's (2007) approach partially overcomes this major issue through its use of network-as-picture as the participant builds their network.

Marsden (2005) further found that the order in which names were recalled (their 'ranked' order) was related to the emergence of a previous name, i.e. names ranked 5 through 9 were likely to be prompted by giving the name ranked 4. Hogan et al used name tabs with pre-written ranking numbers. Marsden also warns that groups of names were separated by periods of thinking and no writing. Not only was this my frequent experience, but the mention by the participant of a form of support or an incident involving a request for support during the interview occasionally prompted new names. They were added, placed on the map and any alter-alter ties added.

Since it was anticipated that gathering data about 'very close' relationships would follow the extremely lengthy pattern experienced by researchers over 30 years, alternative means to capture this data were needed which were shorter in time and quicker to administer. As both categories of closeness and the tie characteristics of the sources of support were key to this study, tie

characteristics have been restricted to alter's name (and therefore gender), the degree of closeness, rank, and ring position along with the form/s of support offered.

3.6.3 The selected method of data collection.

When enquiring about the quality of relationships between people, some limiting characteristics that make up the generality we may call 'closeness' are the depth, commitment and intimacy of the relationship (Fischer 1982 p.58). Granovetter's indicators for defining tie strength included time spent in the relationship and the intimacy, intensity and any reciprocal services within the tie (1973 p.1361). Marsden and Campbell (1984) found that of their five characteristics of tie strength, by far the most indicative was closeness which they considered matched Granovetter's intensity. Modifying Hogan's (2007) model to my groups which were much smaller and where the participants worked in a closed organisation, I concluded that three categories - 'very close', 'somewhat close' and 'not close' would be acceptable. These terms provided an operational characteristic in that 'very close' can be considered as strong ties while 'somewhat close' were weak ties (Jack 2005). The two categories, 'very close' and 'somewhat close' used definitions modelled on Hogan's use of the terms.

'Very close' was defined as: 'people with whom you discuss important matters, OR regularly keep in touch with, OR are there for you when you need help'.

'Somewhat close' was defined as 'more than just casual acquaintances, but not 'very close''.

Using Hogan et al's (2007) model, the materials and props that would be used in each interview were created. How the props and scripts could be used to best advantage was validated at the first site.

There were two distinct stages in gathering quantitative data for network purposes. Firstly there was the name-generation stage and secondly the gathering of specific data from each ego about those alters that they had named, a process called 'name interpretation' (Carrasco, Hogan et al. 2008). The name generation process has been described above, along with some of

its limitations. Name generation can be a complex operation being dependent not only on the ego's social environment, but the chosen sample, and how one goes about the 'opening moves' of data collection. Discussing the meanings of the terms 'very close' or 'somewhat close' was such an opening move.

My two situations were small enough not to have to sample. All of the relevant volunteers and paid staff at both the hospice and drug agency agreed to participate. For convenience, I call the two stages of the data collection process – the personal map construction and going through the schedule – 'the interview'.

3.6.4 Conducting the interview with the volunteers and paid staff.

The purpose of the interview was explained with particular care given to describing what was meant by the term 'personal network' by giving a simple example based on a family or work colleagues. Two cards were introduced containing the definitions of 'very close' and 'somewhat close' (Appendix G). We discussed these definitions until the participant appeared to be content with the wording and its meanings. The two cards were left on the table during the next phase.

The name generation board (see Appendix C) was then introduced and I explained to the participant how it was to be used. The board had two sides, one for 'very close' names and the other for the 'somewhat close' names. In each of the 30 cells on each side a small thumb-sized Post-it® sticky label or tab has been adhered. The tabs on the two sides were of different colours. On each tab there was space for a name to be written. I had already written sequence (ranking) numbers, 1 to 30, in the upper right hand corner of the tabs. A photograph of a completed board was shown to assist them. We again discussed the two key concepts: 'very close' and 'somewhat close', attempting to clarify any remaining uncertainty.

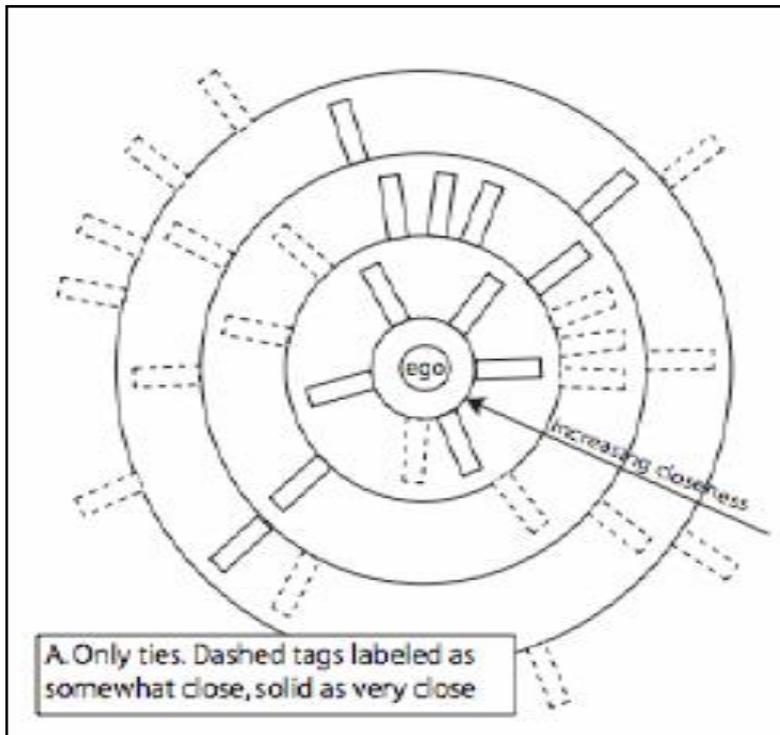
The procedure using the board was in two parts. The participant was first asked to write the names of people within the organisation whom they considered were 'very close', following Hogan et al's (2007) logic. Once it was clear they had stopped adding names, they were asked to turn the board over and write down the names of the 'somewhat close' work colleagues. Participants were told that if they suddenly remembered another 'very close'

name, they could add it. They could add, delete or amend names at any time. They could also move a name from one side of the board to the other by striking out a name and writing it on a fresh tab on the other side. In this way the participant generated the names of their personal network and established two related strengths of their relations with those alters.

This action took us into the second phase, the name elicitation phase where the participant added the characteristics of the ties between themselves and their named alters. Firstly, the self-adhesive completed name tags were transferred to a sheet of paper as shown in Figure 3:3, on which had been drawn an 'archery target', a bull's eye and four concentric rings.

The bull's eye was the position of the participant, the ego, and the four rings represented concentric, decreasing levels of closeness. The participant was then invited to place the 'very close' name tags in whichever ring-space they felt was most appropriate, the closer to the ego, the nearer the bull's eye. Once that set of tabs was transferred, they were asked to do the same thing with the 'somewhat close' tabs.

Figure 3:3 A representation of the placement of the 'very close' and 'somewhat close' name tabs.



(Very close tabs have solid outlines: somewhat close tabs have dashed outlines. Source: Hogan, Carrasco et al. 2007)

It was noticed that despite some of the names being written on the 'very close' tabs they were placed on the middle and outer rings, and 'somewhat close' tabs placed on inner rings. Participants were encouraged to think aloud as they struggled with operationalising relative closeness, but at no time were directions given. Participants were given complete freedom to arrange and re-arrange name tabs until they were satisfied with the end result. Hogan et al argue that it is by asking participants to place all the alters *in relation to each other* that they realise the fine-grained levels of closeness that they perceive operating amongst the members of their network.

The next phase was to review the map and identify any friendships or associations between pairs of alters. Initially, the participants were asked to identify pairs of alters who they considered to be 'very close' to each other, that is the relationship was reciprocal. Sometimes a participant identified a group of alters. This was usually a simple task of recognising and pointing to

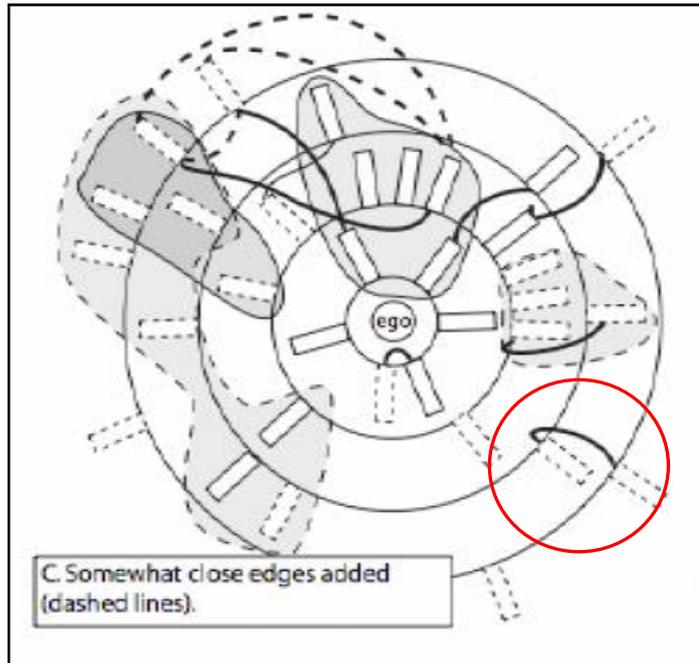
the name tabs. The participant was asked to draw a simple solid-line ring around each clique² in turn. If there were just two members of the group, a solid line was drawn to connect them instead. This signified that there was a reciprocal tie between each member of a dyad inside the ring or at each end of the single line. Participants were then asked to repeat the process for 'somewhat close' alters. In this case they drew dashed lines and rings. It was possible to overlap very close cliques and somewhat close cliques as shown in Figure 3:4 (light grey over dark grey). Figure 3:4 also shows two cliques of alters with solid rings around them, two cliques with dashed rings and examples of solid lines and dashed lines connecting pairs of alters. In the bottom right-hand quadrant, two somewhat close alters (dashed lined tabs) are connected with a single solid line, inside the added red ring. This represents the ego's view that two of their somewhat close alters were themselves very close to each other. This phase of the data gathering process produced dyads and cliques, and nested dyads and nested cliques for both classes of tie strength as shown in Figure 3:4.

At the close of this stage each respondent had created their own sociogram which Carrasco et al (2008) suggest can be defined as a visualisation of the respondent's social network, containing all recalled alter names and the ties among them.

The final stage of this work was to capture and represent the forms of support that an ego requested, and from which alter or alters they were sourced. Using their sociogram, the participant then moved into the interview schedule which asked about their sources of support. Each volunteer was asked the question set shown on Appendix A to which they either gave a name or names, or no name or pointed to a name-tab. They were also asked about aspects of any relationships with any supervisors or managers and attitudes towards the volunteer group as a whole and to paid staff.

Figure 3:4 A personal network showing cliques of alter's alters.

² Note that Hogan et al use the specific term 'clique' in similar circumstances (2007, p 9).



A clique of 'very close' alters is shown by solid lines and darker shading while cliques of 'somewhat close' alters are shown by lighter shading and dotted lines. Cliques of both categories and specific ties between alters clearly overlap. (Source: Hogan, Carrasco et al. 2007)

At this stage the voice recorder was running and no attempt was made to draw on the new sociogram the lines representing forms of support from a specific alter. The questions were read as scripted and the wording was rarely modified except when the question wasn't clear to the participant. (Even cognitive analysis is not 100 % reliable!) When participants pointed to a name-tab as a source of support, I asked them to speak the name, for the sake of the recorder. If participants named alters who were not shown, they were asked to complete a new name tab and place it on the map, creating or modifying alter-alter groups as needed.

A series of questions asked them to recall an instance of requesting support, and to describe the events that caused the request to be made and what the events were that occurred during the 'playing out' of the sequence of events. Where instances were volunteered, the stages of the request and the response were probed: these narratives were planned to form an important section of the findings. Questions relating to the frequency of accessing resource

providing alters would have been very useful but this was abandoned in view of reported errors in recall (e.g. Barnard, Killworth et al. 1982)

3.7 The analytical processes.

3.7.1 Limitations to my analytical approach.

As explained above, Borgatti et al (2013) consider that there are two forms of quantitative network analysis: applied and explanatory. However, both methods require populations with ‘preferably 20 as a minimum’³.

My populations were, in each case, smaller than twenty nodes. Consequently, attempting to use explanatory statistical methods would be pointless. Instead I decided to produce representations of the relational structures in two forms of network. The whole network is the full set of interviewed egos, their named alters, identified alter-alter ties and all the declared ties between them.

Secondly, I would create full illustrations of each ego’s networks, although not all of them would be inserted in this text. These quantitative representations would be heavily augmented with the output of the thematic analysis of the qualitative data. Thirdly, I would use some of Borgatti et al’s measures which were applicable at the whole network level.

Each site produced two discrete sets of data which were analysed separately. Two different forms of analysis were performed on these datasets: one for the data from the ring maps, the second from the transcripts of the interviews. I separated them and started by analysing the ring maps.

3.7.2 Analysis of ring map data.

3.7.2.1 Preparing the ring map data for analysis.

At the close of the interview, the ring maps were still incomplete; the data relating to forms and sources of support not yet having been added to the

³ Everett, in a personal communication considered that a minimum was approximately 14 but added a preference for 20.

ring maps. On receiving each transcript, I listened to the recording and made corrections or added notes to the text. This not only completed any correction process, but re-acquainted me with the interview, the interviewee and enabled me to recall some of the unrecorded facial and body-movement reactions of the participant.

The transcript was used as the source of information about requested forms of support and to whom the requests were directed. Using a predefined key showing specific coloured lines representing specific forms of support drawn from the questions in the interview schedule, I drew coloured lines from the ego, at the centre of the map, to an alter or set of alters as the participant had indicated (see Figure 3:5 below). For example, in Figure 3:5, Noel, a participant, has indicated two alters, one shown on an orange tab and the other on a purple tab at the '9 o'clock' position on the ring map, whom Noel said he would ask for emotional support in the event of a personal difficulty while working at the reception desk. The connecting tie-lines are orange with tick marks – similar to railway line notation. Note also that Noel has ringed and identified a group of 4 alters, all very close (orange tabs) at position 7 o'clock. He has additionally identified them as a very close clique (solid line).

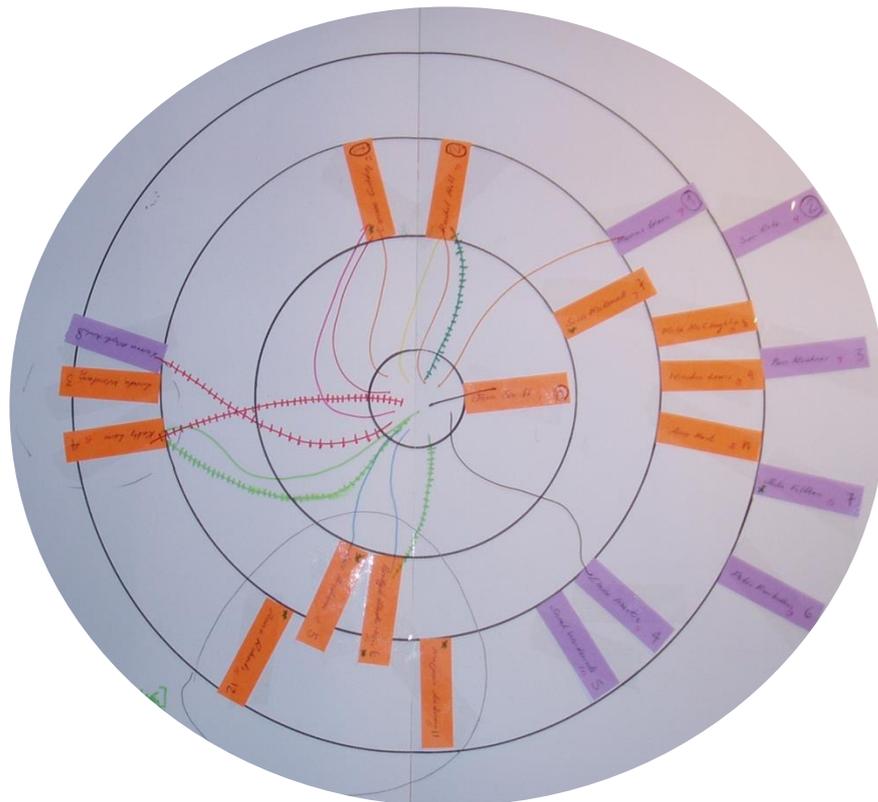
3.7.2.2 Analysis of the ring maps.

There are five variables embedded in the representation in each of the completed ring maps: the names of ego's nominated alters; their gender; a measure of closeness of the alter; the form of support requested by ego; and the source/s of each form of requested support. Two further variables were obtained from the complete organisation chart for the hospice which showed function or function title of each named individual as well as their status – manager/coordinator, staff, or volunteer.

Extracted data was entered into a number of different matrices which were simple Microsoft Excel spreadsheets. The first matrix had the names of all reception volunteers, staff and managers on both rows and columns. Scott (2000 p.40) calls this type a 'case-by-case' matrix. As participants determined the closeness of their alters in a two-pass process, the final placement of name-tabs on the rings was taken as the considered indicator of closeness using Hogan et al's process (2007). This permitted names from the 'very close' side of the name board that had been placed on rings 3 or 4 to be

treated as 'somewhat close', and the 'somewhat close' name tabs that had been placed on rings 1 and 2 as 'very close'. This matrix showed not only the names of the alters identified by each ego and their degrees of closeness but also any identified alter-alter ties. The latter were not specific to any one ego; indeed there were instances of the same alter-alter ties being identified by a number of participants and marked on a number of ring maps.

Figure 3:5 A photograph of Noel's extended ring map showing very close and somewhat close alters as well as identified forms and sources of support.



Names are distorted as they are 'real names'. (Source: researcher).

One of three values could be entered into each matrix cell: 2 for very close, 1 for somewhat close and 0 for not being close at all. In accordance with Hogan's explanation⁴, I have treated all alter-alter ties as 'somewhat close', that is ascribed a value of 1 to these ties. A representative model of this case-by-case matrix is shown below in Table 3:2.

⁴ In a personal communication, Hogan said that in the case study referenced in the journal article, the researchers had decided to treat all alter-alter ties as somewhat close, i.e. ascribe a value of 1.

Table 3:2 A 'case-by-case' matrix showing degrees of closeness in personal relations

	Mary	Tom	Peter	Jill
Mary	0	2	1	0
Tom	2	0	2	2
Peter	1	1	0	2
Jill	1	0	1	0

In Table 3:2, reading across the columns, Mary considers she is very close (value = 2) to Tom but only somewhat close (1) to Peter. She is not close at all (0) to Jill. Note that while Tom considers he is very close to Peter (2), Peter feels only somewhat close (1) to Tom.

The second extraction created a 2-mode matrix, what Scott (2000) calls a case-by-affiliation matrix. In this type of matrix the names of the support providers were on the rows and the forms of support were in the columns. Since support was requested or not, values were 1 for support requested and 0 for not requested. As it was possible for a respondent to name more than one provider for a specific form of support, a separate matrix was created for each of the volunteers. Additional attribute columns were included in these matrices indicating gender, job function/title and status. This set of matrices was further manipulated to provide data for three separate graphs or sociograms: the volunteers' sources of various forms of support; a Pareto chart showing frequency by type of form of support requested; and overall totals of requests for forms of support by source role. The internal NetDraw (Borgatti and Everett 1997) analysis producing the sociograms used what Everett⁵ calls 'ordinal scaling' where the line lengths (unless indicated) represent the strength of the tie: the shorter the line, the stronger the tie. However, as the drawing process optimises over the whole of the set of values, so some of the line lengths may be distorted. Table 3:3 below shows a representative model of a 2-mode matrix.

⁵ Everett in a personal email to researcher.

Table 3:3 A 2-mode matrix showing an ego's view of the forms of support requested from four of her named alters

	Offers friendship	Helps with repairs to car	Babysits	Is a sports partner
Mary	1	0	1	1
Tom	1	1	0	0
Peter	1	0	1	1
Jill	1	1	1	1

. 1 = support requested 0 = support not requested.

3.7.3 Analysis of the qualitative data.

Overall, my qualitative analysis was conducted at the micro level: I was interested in the similarities and the differences between participants as individuals with their personal likes and dislikes, preferences and prejudices. This was in line with my adopted approach of exploring the networks at the level of the individual tie rather than a group characteristic.

The transcripts were prepared for use with Nvivo (QSR International Pty Ltd 1999-2013). For each of the sites I created two document sets based on the type of schedule used. One set contained transcripts of volunteers and staff while the second contained transcripts of managers, supervisors or coordinators.

A formatting pattern was agreed with the typist such that as she heard me read the question to the participant, she would change the heading style for just the question's text. Respondents' answers were typed with no heading style. This design enabled NVIVO's autocoding feature to function. We agreed that the transcripts of the interviews were not to be 'full' in Bazeley's sense (2007) where the 'ums' and 'mmms' and the like were not to be recorded in any manner. Pauses of any length were to be shown by dotted lines. Spoken words, phrases, broken phrases and repetitions were typed as heard. I requested that she did not attempt to 'tidy up' speech forms.

On receipt of each transcript, I played back the recording and annotated and corrected mis-spellings as well as the placements of implied commas especially where such punctuation determined sense making. The form and style of the speaker was fully retained, even to the repeated inclusions of “you know”!

Transcriptions were loaded into NVIVO in a standard manner, with autocoding structuring the layout of the text for easy reading and simple analysis. The initial ‘themes’, as found across all transcriptions, emerged because of the consistent structure of the transcriptions. I treated the theme contained in the question as a high level theme, and progressively identified sub-levels, for example, the characteristics of ‘very close’. This range of sentiments was itself subjected to further analysis which showed up frequency by type, if types were associated with specific alters and whether types were dependent on the role of the alter. A journal holding comments that emerged from this level of analysis was kept during this stage of the analysis enabling a subsequent comparison between such small scale, but important outcomes of the analysis. The results from these analyses were at times overlaid on the declared ties shown on the sociograms. The sociogram was merely the skeleton with the sub-level analyses acting as Kadushin’s ‘clothing’ (2012). Such composite structures were visualised as ego-networks with extensive annotations describing the contents of the subthemes. I was then able to compare the support networks of pairs or groups of respondents. This sub-level form of coding and subsequent analysis was applied to the most fulsome responses to questions.

3.7.4 Analysing the networks.

A full, detailed description of the analytical method used to analyse the networks is provided in Appendix E. I analysed individual ego’s networks using standard network methods (Hanneman and Riddle 2005). I also used known methods to analyse the composite matrices of egos, their alters and their alters’ alters and, secondly, the matrices of named individuals and the forms of support they provided.

I start from the 4-ring map, enquiring who knows who before moving on to who supports whom. From this second line of enquiry I was able to determine

not just an individual ego's forms and sources of support but what forms of support were most frequently called for, and which alters were most frequently sought as providers.

In a third section, I analyse four aspects of the organisational structures at each site based on routines found in Kilduff and Tsai (2003 Appendix 1).

Analysis of the networks was strongly augmented by data from the transcripts. I found myself constantly going back to comments made about named alters, or forms of support as I explored specific network structures, for example the sources of support for the two different groups of receptionists (see Figures 4:5 and 4:7 below). The stark differences between the two whole group network maps required an explanation which emerged from close reading of the transcripts and which is discussed below.

Chapter 4: Volunteering at a hospice: how experiences were affected by the presence or absence of supervisory and colleague support.

4.1 Introduction.

Caring for the sick and dying has attracted volunteers since well before the start of the modern hospice movement. Broome (2011) in her unpublished thesis reports that volunteers were active in the Friedenheim 'Home of Peace for the Dying' as early as 1885, nearly 80 years before Cecily Saunders formed the first recognised hospice, St Christopher's, in London in 1967. In 2013 there were 300 hospices of all types in the UK (May 2013). Hospices the world over benefit considerably from the services of volunteers (for example see Hanley 2009; Kumar 2009), many of whom are the relatives of those who have been cared for or have died at a hospice.

The engagement of volunteers in hospices is well documented (e.g. Field and Johnson 1993; Addington-Hall and Karlsen 2005) as a volunteering practice. In the UK, there is a clear separation between the work done by medical professionals and volunteers unlike the USA where volunteers are trained to work with the terminally sick (Foster 2006; Scott and Howlett 2009). This distinction wasn't noticeable in this case study since the selected volunteers did not work alongside, nor in the shadow of the professional medical staff: the participants were not involved in the day-to-day care of patients. But some of the volunteers, especially those who came from a medical or nursing background, spoke of a sense of professional versus amateur between some staff and the volunteers. These distinctions and how they affected the ability of volunteers to carry out their work, will be described below.

The human face of the hospice was underpinned by a well-designed and functioning collection of administrative systems. Like most hospices in the UK, it was a charitable company. Its state funding was very small; consequently the fund raising and finance management functions took on a

significantly different character to the small/medium private company which sells its products and services. Most hospices in the UK provide their services at no charge to the patient, an example of the original vision – free at the point of delivery - of a National Health Service.

This chapter explores how a group of eight volunteers carried out their well-established role as receptionists/switch-board operators at a non-residential hospice in the south of England. The purpose of the chapter is to report how the volunteers, working in very small groups or on their own, with or without a paid supervisor in attendance, carried out their work. It will analyse the effects caused by these different working group arrangements on the volunteers' relationship building. It will also explore how they sought various forms of support and assistance from others as well as understanding how they learned the content of their practice

4.2 About the hospice.

The hospice offered classic hospice services (e.g. Saunders 2005) to patients with terminal health conditions, as well as caring services for the patient's families, friends and supporters. Unlike some hospices it had no beds: all of its work was done at the day-care level, although it did offer a 'hospice-at-home' service which was staffed by paid qualified nurses. It had a CEO overseeing five departments, two of which were finance subgroups. One was responsible for expenditure and the other for fund raising and revenue earning (see Figure 4:1 below). Both fund raising and income generation were critical to this organisation in view of the costs of its professional nursing staff, building maintenance costs and the offering of its services to patients at no cost to them.

The hospice employed approximately 61 FTE paid staff and engaged over 250 volunteers who worked in the house or in the charity's retail shops. It also had a number of supporter groups and fund raisers. Volunteers were engaged in most of the functional groups but at the lowest level, occupying relatively unskilled roles. In the reception area volunteers worked on each of the five weekdays. The kitchen regularly engaged two volunteers working alongside paid staff during weekdays. There was one volunteer who worked one day per

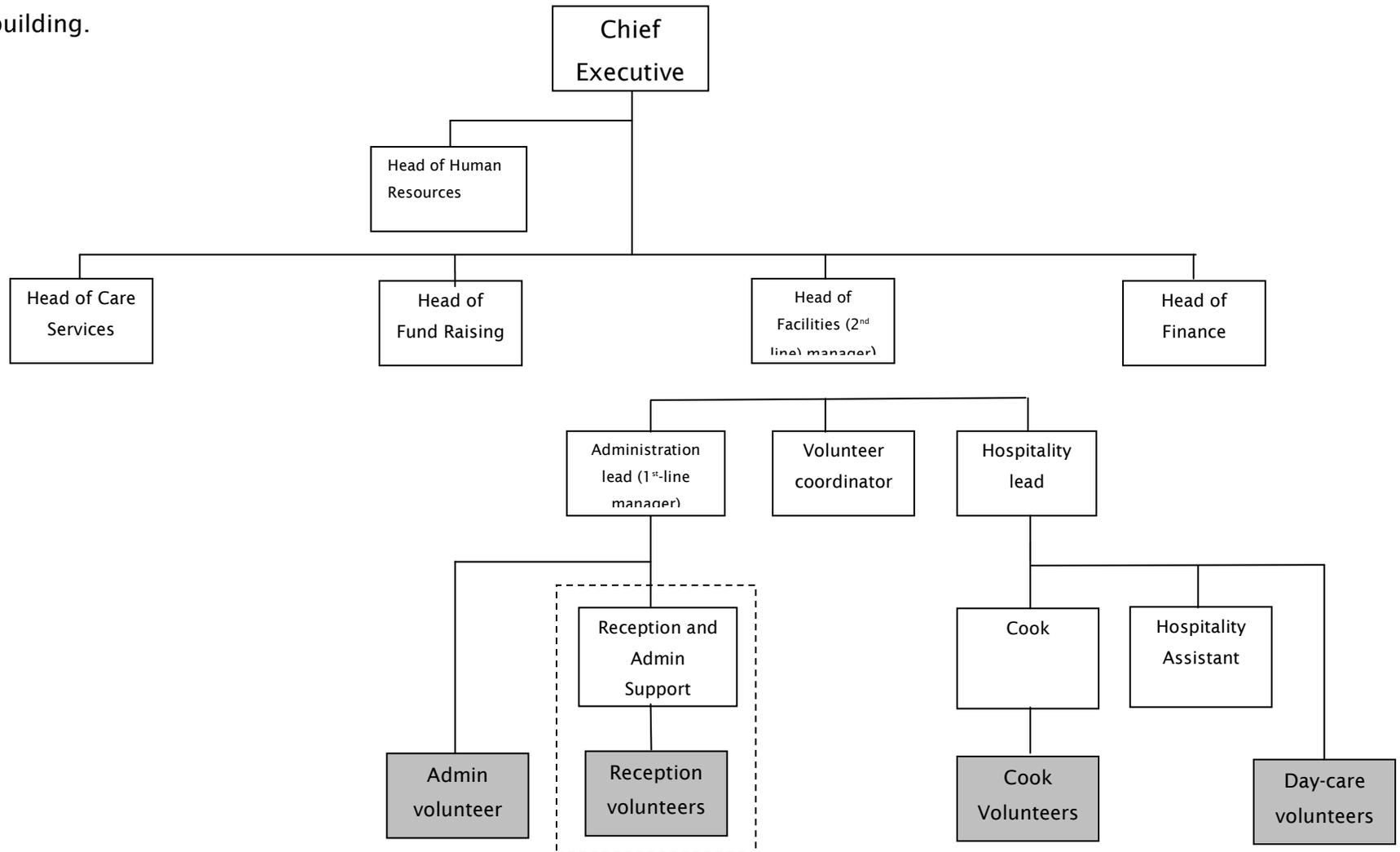
week in general administration and a number of volunteers on call who came in as required to assist with fund-raising administration. A large group of volunteers who worked outside the building were drivers taxiing patients to and from the hospice. Driver volunteers could be active as infrequently as once per month: others drove different patients two or three times a week. Other volunteers worked in the extensive grounds as general handy-men, gardeners and repairers. At the other end of the scale, one elderly woman donated 2 hours each week to arrange flowers in the public rooms.

This study explored the activities of the group of volunteer receptionists, shown in the dotted box in Figure 4:1. As the preferred term for the manager of any group of volunteers at this site was 'coordinator', I use the term 'reception coordinator' to signify the receptionists' manager. I also use the term 'line manager' to indicate paid managers of paid staff.

The hospice met its purpose by providing various forms of support to patients who were suffering from terminal illnesses and in their late and end-stages of life, and to their carers. Care for patients was provided in-house and, during the end-stages of life, through a home-hospice service. In-house care was made up primarily of close companionship offered by specialised nursing staff and day-care volunteers, as well as complementary therapies such as 'art for health', counselling and pastoral care. Local religious leaders were available to patients as required. As caring for the family members or close friends of the terminally ill was recognised as psychologically and physically wearing, the hospice had designed and run a 'caring for the carers' programme. This programme offered carers one-to-one time to discuss with specialist staff not only the condition of their loved ones, but also their own. The programme included social events – shared meals, carers' 'pampering days' or a lunch and an opportunity for carers to meet and share common problems and means of coping. The hospice catered for approximately 100 patients per week on a day-care basis. At the time of data collection, day patients were admitted on three out of the five weekdays only. Paid staff were either full time or part-time, with more being part-time. The full time staff worked a full 5-day week which required the reception desk to operate from 8-30 am until 5 pm each working day. The hospice was, by and large, unused during the weekends unless external education or training sessions were held.

As a registered charitable company, the hospice was run as a business – and had all the trappings of a small-medium commercial company. It set out to make a profit, which because of its charitable status was re-invested in the organisation. It had a traditional organisational structural tree of a Board of trustees with a chief executive reporting to them, a senior management team, first level managers, co-ordinators, supervisors and paid staff. The main departments were finance, fund raising, facilities – which included administration and hospitality, and a complex organisational tree covering medical aspects of day care and long term, home-based hospice care. The financial and fund-raising functions were key to the future existence of the hospice while the various professional palliative care teams were central to the day-to-day provision of services. To assist with fund raising, the hospice also ran an extensive, chargeable education programme for external health and social care professionals. Many of these functions had been established since the hospice moved to a new, purpose-built building a number of years earlier. However, there was no one with the title ‘manager’ who had overall responsibility for the volunteers in the house. The administration line-manager and two coordinators, the reception coordinator and the hospitality coordinator, each had volunteers reporting to them.

Figure 4:1 Departmental structure of the hospice showing senior paid staff and volunteer positions who worked in the hospice building.



The CEO had assumed the role of the interface between the hospice and existing and future sponsors and donors. He attended numerous fund raising events, promoting the services and the philosophy of the hospice. Results of fund raising, expenditure, meeting internal targets and staff changes were recorded on a 'balanced scorecard' (Kaplan and Norton 1996) which was posted in the staff/volunteer kitchen at monthly intervals. The balanced scorecard is a graphical representation of the historical and current state of the set of targets that management had set for the hospice and how they had been met. It constitutes one of the tools of modern workplace management.

4.2.1 The reception department.

The reception area was like the rest of the building – very new with high quality fittings, deep carpets and restful wall decoration. The open reception area was dominated by a long, large desk with computer screens, phones and behind it cupboards, while in front were comfortable sofas and chairs for visitors. The receptionists wore logo'ed name badges. While the volunteers who staffed the desk didn't wear a prescribed uniform, one could nevertheless have been standing at the reception desk of a modern hotel or a corporate office.

Prior to the move to the new building, the hospice had employed a professional, paid receptionist who had engaged and trained volunteer receptionists. On moving to the new building, this woman had resigned and had been replaced by the current reception coordinator who had been in post for two years at the time of data collection. While most of the old building's volunteer receptionists had moved to the new building, additional ones were engaged.

There were normally two receptionists on duty during the morning and one in the afternoon since demand for reception services was far less in the afternoon. Their work was divided between dealing with visitors, patients and their carers, and servicing the phone calls. All the volunteers were trained to do all the activities. On the days when patients were present, receptionists may have assisted them, showing the patient and their carer - if there was one - into the adjacent ground floor lounge until one of the nursing staff came to

take them to the patient lounges. The normal collections and deliveries of goods by commercial couriers occurred throughout the day, being dealt with by the receptionists. During the quieter periods, mostly the afternoons, receptionists doubled up as administration clerks carrying out overflow administrative work such as typing, data entry into spread sheets and photocopying.

Receptionists additionally did the majority of the clerical work required for the major events such a 'Carers' Days' or education sessions provided by the hospice. On days when large numbers of visitors were present, an additional volunteer receptionist was occasionally asked to work an additional morning, the duties being to filter such visitors to a separate reception area and to run the welcome and badging desk.

It was clear that this was a well run, efficient organisation which prided itself on making the visitor not just welcome but comfortable.

4.3 The volunteer experience.

There were two shifts operating during the day for the receptionists: a morning session from 9 until 1 pm, and an afternoon session from 1 pm until 5 pm.

Because of the shift pattern at the hospice, there were two very different volunteer experiences: one was working alongside and under the gaze of the reception coordinator during the morning shift; the other was the afternoon shift where the volunteer worked on their own in what was usually a very quiet reception area. In other words, a consequence of being an afternoon shift volunteer was that management had decided that one had to work on one's own. Some of the afternoon shift volunteers were unconcerned about such isolation. Shiela didn't want a lot of supervision: she said she knew what to do, got on with it and if she needed guidance, she would phone for it. On the other hand, Noel missed the company of other volunteers and staff, but recognised that the small amount of work needing to be done in an afternoon only required one receptionist. However, he did have an extensive network of

very close and somewhat close alters (see Figure 4:3 below). He felt that he belonged to a community of volunteers.

All bar two volunteers in reception were retired; both worked part-time and donated a part day to the hospice. Consequently all the volunteers came to the hospice with a wide variety and depth of skills and experiences. Most were conscious of the hospice's requirements when dealing with visitors, many of them having worked in customer-facing roles in their working lives. Many had come to the hospice with adequate or good IT skills which were essential for the small department's work. One volunteer had been a BT engineer whose skills were invaluable when the new computerised telephone system was installed. He devised and developed a brief training programme for the reception coordinator and the other volunteer receptionists. Another volunteer had been a senior manager-nurse responsible for infection control across a group of UK hospitals; a third was a retired primary school teacher. Many felt considerable satisfaction that they could use their maturity, their skills and experiences in their current voluntary role. Some volunteers took on additional volunteering roles such as being drivers, taxi-ing patients; working in the charity shops; acting as a volunteer day-carer or helping out with the chargeable training sessions run by the hospice. But some restricted their donation of time to a single half day per fortnight.

The working day for the hospice began at 8-30 am and ended at 5 pm. The reception coordinator usually arrived 30 minutes before the volunteer, allowing her to catch up with any hand-over notes from the previous afternoon, or if it was a Friday, from the previous Thursday. She overlapped with the start of the afternoon shift by an hour so that she could provide an adequate handover.

The content of the work was predictable. Day patients only came to the hospice on 3 weekdays when there would be hectic activity as carers brought their charges for the day; otherwise the hospice could be relatively quiet. Consequently, some volunteers never saw patients. As there was but a small and slow turnover of patients, most were known by sight if not by name to the receptionists. The most important thing provided to the patients was a smile and a bright welcome. By 10 am most of the patients had been brought into

the house, and the front desk could concentrate on the post, couriers, handling phone calls and dealing with visitors. Between the short-duration events and incidents that populated the morning's work, small talk about families, grandchildren, and ageing parents slipped in. It was important to the receptionists that amid the bustle and offerings of care to patients and visitors, they re-made their relationships with each other. They made tea or coffee for each other and caught up with domestic and social events since they had last seen each other. However, the afternoon volunteers couldn't benefit from these social activities.

Most of the tasks the receptionists carried out were well rehearsed. Occasionally a task would differ in content, and while some volunteers would have tackled it on their own, others would have discussed the differences with the reception coordinator and agreed a process. Frequently the administration office would bring clerical/administrative work for the receptionists to complete. An example of such work was the preparation of all the correspondence, documents and notices required for chargeable training courses held in the Education Suite at the hospice. New tasks were introduced into the repertoire of work after suitable and efficient methods of carrying them out had been devised, tested and agreed upon. The reception coordinator explained how she would share procedural problems with her volunteers.

I mean I sometimes will say to them 'Oh you know this is a bit complicated, how you think we should be doing this?' - they'll come up with ideas. If they think we could do something in a better way they're able to say that. And if we think it's right ... which 9 times out of 10 we do ... cos they understand the job really well ... we'll implement that.

Once tested and agreed, the new or modified procedures were written into the 'Day Book', the book containing details of the anticipated issues and the appropriate processes to resolve them. This was the best way the reception

coordinator had of communicating with her team since some only worked one shift per fortnight.

The reception coordinator recognised that the group of reception volunteers were unable to make the same sorts of personal relationships with other volunteers or the staff as could paid staff. This was because of the shift system and the infrequency of some volunteers' preferred working arrangements. Creating and maintaining their informal networks was made difficult by the sometimes lengthy time periods between shifts. For the volunteers who were least integrated into the multiple networks, their own informal networks could, at times, be quite fragile. Communicating any changes of staff, their roles or working hours was a major problem for the reception coordinator. Some of the volunteers commented that they had experienced instances when organisational communications had apparently by-passed them. Consequently, a volunteer's knowledge of the formal networks could be limited, even wrong, and for much of the time, was of far less importance than their fragile informal networks.

4.3.1 About the volunteers.

Seven women and one man made up the regular team of volunteer receptionists. Approximations of this high ratio of women to men are found in much of the hospice literature. The following Table 4:1 shows some of the allocations between female and male volunteers in hospices from surveys conducted in the UK, Sweden and New Zealand. US figures are reported by Payne (1998) to be very similar.

Table 4:1 Allocation of hospice volunteers by gender.

Authors	Date of report	% women	% men	Sample size
UK Dept. of Health, ed. Ray Smith	1989	87	13	253
Hoad	1991	91	9	401
Field and Johnson	1993	88	12	276
Carter and Roessler	1996	83	17	96

Davis Smith	2004	82	18	655
Addington-Hall and Karlsen	2005	84	16	215
Andersson and Öhlén	2005	90	10	10
Dein and Abbas	2005	88	12	17

Some of the main demographic features of the subject group are shown in Table 4:2.

Table 4:2 Some demographic details of the participants.

Pseudonym	Age		Previous occupation	Years of service
Alison	Early 60's	Married	Teacher	3 years
Susan	Middle 50's	Widow	IT administration	2¼ years
Kate	Early 60's	Partner	Unknown	More than 3 years
Fiona	Middle 50's	Married	Actively employed	2½ years
Noel	Early 70's	Married (to Wendy)	BT engineer	10 years
Shiela	Early 70's	Unknown	Nurse and nursing manager	More than 3 years
Wendy	Late 60's	Married (to Noel)	Senior manager in very large US hospital	6 months
Joanne	Late 40's	Married	Part time active employment as induction trainer at national retailer	18 mths

The volunteers were varied in their temperament, their attitude towards the hospice and to volunteering. Some characteristics of four of them are presented below.

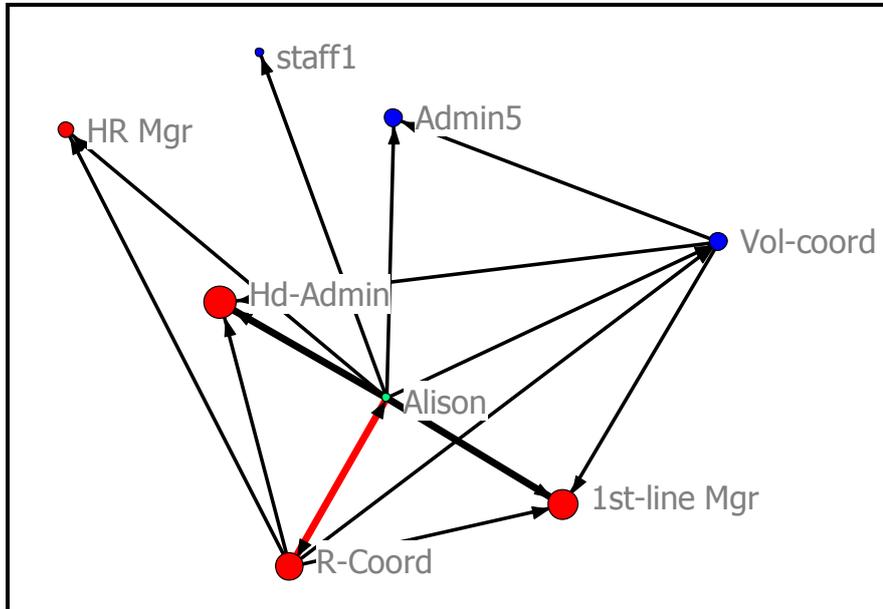
Alison was a loner at the hospice. She had named three very close alters, her reception coordinator and the two line managers, as her prime sources of support. Her shift was one afternoon per two weeks when there were no patients in the building. During her 3 years at the hospice she admitted that she hadn't 'really developed many friendships', and she didn't socialise with anybody from the hospice. She disclosed that she hadn't joined the hospice seeking to make or expand her social network: her social life (which she didn't discuss) was conducted away from the hospice. 'I like the people I work with, I get on well with them for the time I'm there', and yet it was reported that few staff walked about the hospice during the afternoon. She said that she had 'hit it off' with the volunteer coordinator (Vol-Coord in Figure 4:2 below) during the course of a training day in that both of them 'could see through what we thought was some of the pious stuff that some people talk about when they talk about charity work'.

Analysing Alison's ego-network, Figure 4:2, the only inbound tie was from her supervisor, the R-Coord (the reception coordinator). Along with the 1st-line Mgr and the Hd-Admin, the remaining ties, apart from staff1 were additional sources of support. All her alters were female.

Alison had joined the hospice before the move to the new building since when she had witnessed many changes in the organisation, not least the upheaval of settling to the new building. She had seen a new CEO appointed who had set up his own management structure, and a new regime which supervised the receptionists. Despite all this disruption, her work at the hospice mattered very much to her. Being a receptionist was her second choice: she had applied to be a day-carer but there wasn't a vacancy. Alison, a retired teacher, felt that there were 'camps' (cliques) amongst the volunteers, and that the most prestigious was the group that worked face-to-face with patients – the day-carers. She had originally wanted to work in this field, but she found that its members were protective of their groups.

‘It’s like their territory almost .. it was made pretty clear .. by volunteers .. that there wasn’t a place at the moment.’

Figure 4:2 Alison’s ego-network.



Blue shapes	Staff
Red shapes	Managers/ heads of departments
<p>The red lines show the reciprocal ties. Thick lines represent ‘very close’ ties (based on ring number 1 & 2); thin lines represent ‘somewhat close’ (based on ring number 3 & 4). The size of the node represents its indegree value. (Hanneman and Riddle 2005). (Source: researcher)</p>	

The existence of cliques embedded in work groups is not uncommon. Kadushin (2005) argues that all small groups ultimately develop cliques, and it seems reasonable to assume that groups of volunteers are open to this form of behaviour. Homans (1951 see pp. 70-72), analysing Roethlisberger’s Wiring Room workers found that the membership of cliques did not necessarily match the memberships of workgroups. Clique formation in the Wiring Room was based on the games that the men played, and clique sentiments appeared to take priority over workgroup sentiments. As there were different groups of

day-care volunteers at the hospice, clique sentiments were based on the specific day's group of day-care volunteers.

The day-care volunteers had their own physical working spaces within the hospice - the patient lounges and the dining room. Patient lounges were reserved for the patients, the medical staff and the day-care volunteers. Homans (1951) suggests that such an identification of the internal/external nature of physical space is important and a pointer to clique formation. The day-carers had a greater interaction with each other than other in-house volunteer groups. Furthermore, only the day-care volunteers laid the patients' dining tables for lunch, and only the day-care volunteers sat with patients at those tables, sharing lunch. This was a significant statement of territoriality (Salari, Brown et al. 2006), another strong indicator of the existence of cliques. As this group of volunteers was the only one permitted to work closely with patients, such a role may have created a sense of social ranking: day-care volunteers were better than mere receptionists.

Alison didn't suggest any likely cause, other than territoriality for this clique formation amongst the day-carers, but it was clear that their exclusionary behaviour had caused her distress and to feel alienated.

As a retired school teacher she recognised and valued the professionalism she saw in the reception department. She used the word professionalism very frequently to describe people's attitudes and practices as well as the management hierarchies and managerial approaches. She also frequently talked, in an equally approving manner, of the structure she saw in the reception area. 'Am I happy with it? Yes, I think I am in that it is professional.' But having worked in the old building with the previous reception management she admitted that it had lost 'its cosiness'. She did feel that things had taken a turn for the worse with the appointment of the new CEO, 2 years previously. 'With changing the chief exec, I think things have definitely bounced downwards and changed' - and he was the instigator of the high levels of professionalism that Alison admired.

Any limited relationships Alison made were started and developed through approaching others for help: 'and then you sort of become friendlier with them and chat about various things'. However she was hesitant about

approaching paid staff for support, even after more than 3 years of working once per fortnight plus the occasional cover shift. She expressed it as follows:

‘Although I’m okay now, you don’t always ... you don’t always go to the right person ... I don’t always go to the right person, cos I don’t ... I’m not always ... I’m not completely au fait with the titles of what people do. But you know having said that, no one’s ever ... I work on the basis that I’m a volunteer and if I get it wrong well I’m sorry, but you know ... that sort of thing.’

Unlike the morning volunteers who worked alongside the reception coordinator Alison worked on her own and couldn’t take advantage of any help or advice the reception coordinator offered. However, as the reception coordinator had worked full time during the first 8 months since the new house opened, Alison would have sat next to her at each of her shifts. During that time it seems reasonable that she had seen new methods demonstrated, practised new approaches, benefitted from targeted mentoring and had opportunities to discuss work practices with the reception coordinator.

She admitted to finding work stressful at times even though, prior to retirement, she had been a professional woman. She still had to meet deadlines affecting the completion of work which caused her stress occasionally. As an experienced receptionist she admitted to making mistakes, but had adopted the attitude of ‘I’m a volunteer’. She said she did her best and tried to learn from situations. She said she had been let down by paid staff, and occasionally she had come away from a situation thinking that she had been made to feel that she was ‘a bit of an idiot’. But she had never spoken to the reception coordinator about such situations.

Perhaps her true view of the staff and managers was expressed in one of the last comments she made. ‘I’m never sure whether they [the paid staff and managers] know my name’.

Alison wasn’t the only volunteer who felt alienated from the organisation. Fiona, another afternoon receptionist, commented that she felt she was an individual, and not a member of any team. She also worked on a day when there were no planned patient visits. She said that only one member of staff

came down to speak to her during the afternoon. She knew few by name. When asked to indicate on a scale (Appendix D) which number represented her 'felt position' between the outer periphery (1) and the inner core (6), even after 3 years at the hospice, she considered she was in position 2. Completely unaware of the attitudes of other volunteers to their work or what was going on at the hospice, she felt isolated.

I conclude from these two cases that the design of the hospice's reception system was a major factor in the structural isolation experienced by the afternoon receptionists. Even Noel, a fellow afternoon volunteer, who was far more gregarious than Fiona or Alison, commented on his inability to share conversations with those he knew, and knew well. The reception desk was on the ground floor with all of the staff's offices on the floor above. While these physical arrangements imposed physical isolation, more importantly it imposed social isolation. Afternoon volunteers were precluded from any form of mutual negotiation with others regarding the meaning to their role, their work or themselves. While the volunteers could use the artefacts others had created, they could not share that usage, nor could they co-design new artefacts. Senior management saw volunteers as a component in the work of reception, but volunteers had no sense of the joint enterprise in which they worked: the afternoon group had contributed nothing to its construction.

Shiela was one of those people that volunteer coordinators delight in. Her unbridled enthusiasm for the hospice was shown in the time she devoted to it. She acted as a taxi driver for patients on a Wednesday, worked as a volunteer receptionist on a Thursday afternoon – and more if she was asked, and was a sales-assistant in one of the charity's shops each alternate Saturday. Her attachment to the hospice was driven by a personal belief that 'actually working with the patients is the most important bit'.

She had been a nurse all of her working life, but now prided herself in her knowledge of the processes carried out by the reception staff. She ensured that the handover from the morning volunteers to herself was complete, and looked forward to the administration line manager coming down to the desk with any additional clerical work shortly after she had started her shift.

'I don't want a lot of supervision: I'm quite happy to get on and do the job. And if they didn't leave me to get on with the job I wouldn't go in'.

Her circle of very close alters was small: just her reception coordinator and the administration line manager, who, because of the amount of contact this manager and Shiela had during a shift, was shown to be the major provider of different forms of support. She named only four somewhat close individuals, one of whom was the volunteer she relieved at the start of the afternoon shift. The other three were individuals on whom she could call if ever she did need support.

Shiela didn't socialise with anyone at the hospice. Rather, she found joy in dealing with the patients as they came and went, chatting with them and confidently caring for them and their helpers. She seemed to be very comfortable in her own skin, believed strongly that she was accepted by the staff at the hospice and enjoyed working with others (and yet of all the volunteer receptionists, she knew the least number of others).

'And the satisfaction that I get out of knowing that I'm just one small, tiny little cog in helping to get that. And also I think when you volunteer you get a hell of a lot back out of it.'

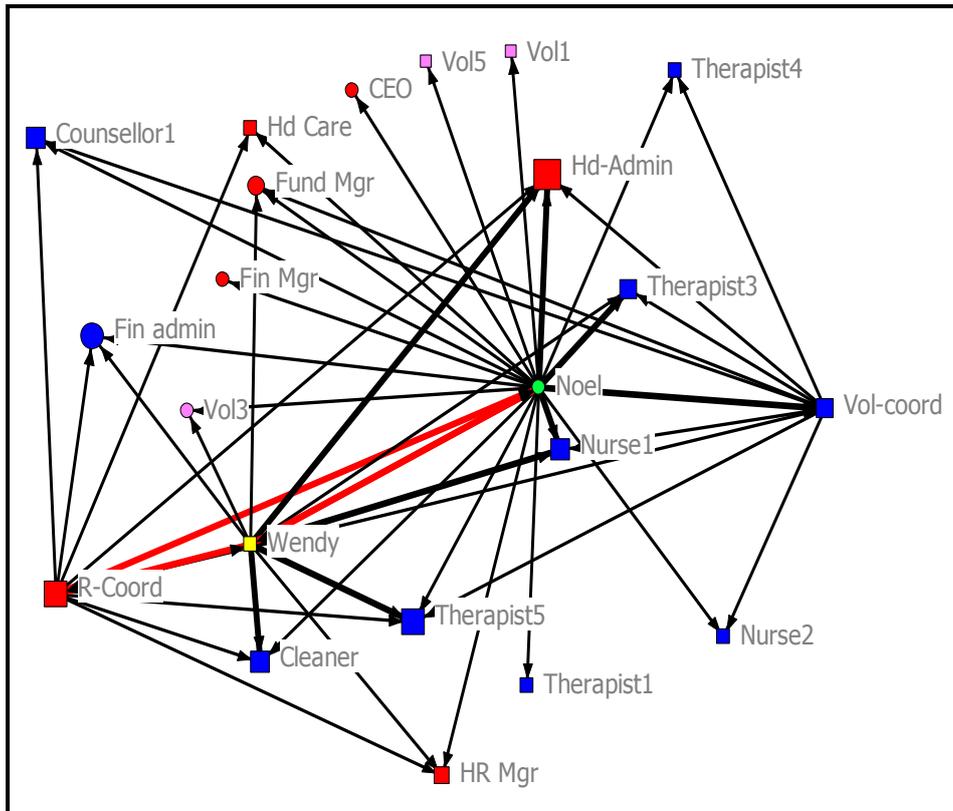
She had previously worked in a large hospital where she had been responsible for infection control across the whole establishment. Consequently, she felt very strongly that any nursing matter with the day patients was not a reception clerk's responsibility. If she was sharing a morning shift and recognised that a day-patient on arrival needed a wheelchair, she wouldn't go to get one. Rather, as she considered this was a nursing task, she would ring the nursing office, explain the situation and wait for a nurse to come with a wheelchair. She further explained that she wasn't being difficult: she considered that dealing with patients required a very professional approach and even though she was a trained nurse, when acting as a receptionist she was not a nurse.

Noel recognised that he was different: he chuckled when he said that it was unusual for a man to be a receptionist. He had been a volunteer at the hospice for over 10 years, initially as a driver. He was married: his wife (Wendy) was also a volunteer on reception and assisted with external training sessions. His interest in classical music was fed through his volunteering for a charity that supported a musical establishment. He worked at the hospice as a receptionist one half day per week and was available to stand in at short notice.

Over his time as a volunteer he had seen extensive changes take place at the hospice. A new purpose built building had made possible enhanced services that were offered to patients. There had been an explosion in the numbers of employed staff as well as engaged volunteers, and an additional wide variety of complementary services were now offered to patients.

Noel, because of his length of service at the hospice, had developed deep relationships with a few people, and very close relationships with many (shown as thick lines in Figure 4:3). He had the highest number of 'very close' alters out of the set of receptionists. Amongst these was a core of 3 or 4 staff who were closest to him as well as being his key sources of support. He made a distinction between emotional and other forms of support, accessing the counselling staff (Therapist2 and Nurse1) for difficult emotional issues. He also recognised that, because he worked on reception, he didn't have the same opportunities to develop working relationships with other volunteers. As he worked one afternoon per week, he, like the other afternoon volunteers, had had to find out paid staff who could answer his questions.

Figure 4:3 Noel's network and his alter-alter ties.



Green shapes	Target set of volunteers who worked afternoons
Yellow shapes	Target set of volunteers who worked mornings
Pink shapes	Volunteers not part of target group
Blue shapes	Staff
Red shapes	Managers/ heads of departments
Managers and staff are identified by function.	
The red lines show the reciprocal ties. Thick lines represent 'very close' ties based on ring numbers 1 & 2; thin lines 'somewhat close' by ring numbers 3 & 4. The size of the node represents its indegree value. (Hanneman and Riddle 2005).	
Squares are female: circles are male. (Source: researcher)	

The agreed third port of call was the duty manager who would, from time to time, put 'do not disturb' on receiving phone calls. This meant ringing office after office until someone would assist him. Noel considered this unreasonable. He had discussed this with his reception coordinator but little had been done about it.

Despite his years of service and having developed an extensive network of very close colleagues, he didn't socialise with anyone from the hospice outside the hospice. But he did admit to socialising with acquaintances and friends at the music society, his other main voluntary activity.

Kate was one of a few volunteers who shared a shift with another volunteer (Susan). As they both worked on a Thursday morning, she wasn't directly supervised. She had a civil partner and, since I interviewed her at her home, I was aware of their great interest in art and particularly prints and paintings. For a person who claimed she was a loner, her collection of very close and somewhat close alters was one of the more densely populated of the set of receptionists. Her reasons for placing certain names on rings 1 and 2 were that she considered them very close 'because they talked about their personal life, that's all'. She considered the individuals she selected as trustworthy people: 'I could trust them all'. Susan, whom she had been working with for only 6 months, was her confidante, chosen because of Susan's 'life experience' and 'the person she was'. Susan considered that managers who showed respect in the manner that they asked volunteers to do work for them received good work and reciprocated respect. At the same time, she was critical of some of the work that volunteers were asked to do: 'You do get the dogsbody stuff to do'.

These illustrations indicate the importance of social inclusion and exclusion, particularly with the afternoon volunteers and the effects of its absence. The reception coordinator recognised that afternoon volunteers were isolated and therefore excluded not only from the rest of the reception volunteers, but largely from the body of workers at the hospice. There was no contagion unlike morning shifts. The shared narrative with colleagues to bond volunteers to others was absent. Exceptions to this were easily recalled by the

afternoon volunteers during the interviews as were the names of individuals who passed through the reception area and stopped for a chat.

4.4 Policies and practices of volunteer recruitment.

Unlike the recommended structure that Bates (2009) describes at her Scottish hospice, this hospice did not have a separate department devoted to volunteer affairs. It didn't have a full-time, named volunteer services manager with full manager status and access to the executive level regarding volunteer issues. Instead it had a number of part time coordinators (who didn't have full manager status) who supervised volunteers in specific departments. The Head of Facilities headed the department that engaged most of the house volunteers: she also managed the volunteer coordinator.

While in the old building, the hospice had had a volunteer coordinator, and had then removed the post due to financial constraints, only to re-instate it following the move to the new building. The current post holder was the result of this re-instatement, having been in her role for two years. She was new to the voluntary sector.

The part-time paid volunteer coordinator said that her primary job was to recruit and induct new volunteers wherever they were required across the hospice. The majority of her time was, however, arranging the day-to-day allocation of volunteer drivers to convey patients to and from the hospice. While she did the clerical work for the volunteers who worked in the hospice's shops, she didn't recruit volunteer shop workers: that was done by the shop managers. She also kept counts of hours donated by all the volunteers. Induction at the hospice meant handing over the volunteer to the appropriate line manager or coordinator after completion of the recruitment processes.

Potential volunteers, on contacting the hospice, were advised to either complete an application form which they could download from the hospice's website, or contact the volunteer co-ordinator by phone. For callers, printed copies of the form were available from the hospice reception desk. The web

also contained short descriptions of the jobs available for volunteers, hours a volunteer might work, and gave details of the CRB process.

If the enquirer was interested in a volunteer post within the house, that is they would be in contact with patients, the first stage was to invite the prospective volunteer to visit the hospice. Here they would be shown round, would see the main patient areas and be invited to discuss their reasons for wanting to volunteer, their past experiences of volunteering and the critical question of why volunteer at a hospice. During 2009, the hospice began to be more specific about the volunteer roles to be filled and consequently the skills and experiences of potential volunteers were more critical. These activities were considered to be essential by Bates (2009). The discussion was also considered to be the first filter that potential volunteers met, in that the volunteer coordinator could end the application during that session if she felt the interviewee was unsuitable. The prospective volunteer could also end their application if there wasn't a vacancy in an area of work that interested them.

The volunteer coordinator commented that she received a number of referrals from the job centre in the nearest town. These were for unemployed people, many of whom came for an initial chat, took the application forms but pursued the application no further. Ellis Paine et al (July 2013) found that volunteering can assist individuals in their move into employment, but its effect was found to be weak.

Potential volunteers were questioned about how they might react to meeting severely ill and dying people. At this point, some withdrew their application or indicated that they would prefer not to work with patients. This level of questioning was considered necessary to protect both the potential volunteer and the hospice, and acted as a second filter. Guirguis-Younger and Grafanaki (2008) found that a degree of 'emotional resilience' was necessary to be an effective hospice volunteer. Such resilience would be formed from a volunteer's personal exposure to dying and death. However, Field and Johnson (1993) found in their survey of a hospice that contact with dying patients did not cause their sample any serious emotional difficulties. The volunteer coordinator attempted to reduce any risk by asking potential

volunteers to reflect on their experiences of deaths of friends or family members.

Those still interested and acceptable were then given a printed role profile and a printed application form and asked to complete and return it. In view of the small fraction returned, this initial process was seen to be advisable since it allowed potential volunteers to think about their expectations against the reality of their recent experiences and to drop out. On return of the application form, CRB checks were made on those who appeared to be suitable volunteers as drivers, complementary therapists or those who would be working in hospitality directly with patients as day-carers. References were taken up and if satisfactory the potential volunteer was invited to start.

The volunteer coordinator's induction process was simple and minimal. Following the successful application for a CRB and the receipt of satisfactory references, volunteers were invited to start. 'Starting' meant being booked in to shadow an experienced volunteer for a couple of sessions in the department they wished to join. This involved the volunteer coordinator introducing the volunteer to the departmental coordinator who, in the case of receptionists, would arrange two morning sessions with the enquirer. During that time the enquirer would sit with and observe how the reception coordinator and the duty volunteer carried out their work. The events of a typical morning were explained and how work between the two receptionists was allocated. During the session the reception coordinator would be able to enquire about the skills of the applicant and determine what sorts of additional training they would need.

Following these two observation sessions, the volunteer coordinator discussed with the applicant how they felt about the nature of the work, the way the group worked, and if what they had observed and heard matched their expectations. If the volunteer expressed satisfaction with their experiences over the two sessions, then the volunteer coordinator discussed the matter with the reception coordinator, and possibly the volunteer was allocated a shift. This 'handing over' of the volunteer to the department constituted induction.

The series of filtering stages weren't guaranteed to filter out those who would prove to be unsuitable. Rather it appeared to provide the hospice with a selected number of volunteers who were likely to be reliable volunteers. Only one volunteer had been asked to leave in nearly 10 years and that was because she was very elderly and was seen to becoming an unacceptable risk to the hospice, and to herself. A number of volunteers had moved from one unit to another as they found themselves either unsuitable for that type of work, or simply wanted a change to what they did.

The reception coordinator said that finding suitable volunteers to be receptionists was difficult in that at the time of the interview she had been waiting over 9 months for a new recruit. Some applicants appeared content to do administrative work, but not the face-to-face aspects of reception. Volunteers were always given the opportunity to indicate that perhaps a certain role was not for them, and to consider an alternative. Two potential volunteers who initially had joined to be receptionists had recently switched after their initial training and moved into hospitality. Volunteers who worked in any form of administration were supervised by the line manager who undertook to train them in the required skills and administrative processes.

4.5 How the training of volunteers was allocated between coordinators.

4.5.1 The role of the volunteer coordinator as trainer.

Hospice literature emphasises the need for appropriate training for volunteers working in a hospice (Foster 2006; Hamilton 2009; Spencer-Gray 2009b). Such training requires that the hospice invest in qualified and experienced trainers, or have access to external trainers. Clearly such training should be designed to meet the needs of the volunteers as well as the business processes and the standards of the hospice. But a training budget can take a sizeable portion of hard won donations.

The hospice ran two formal induction training courses per year, meaning that a new volunteer could have been working up to 5 months before they attended such a session. This course, facilitated by the volunteer coordinator and the education manager, covered the purpose of the hospice, how it catered for patients and the roles of paid staff and unpaid volunteers. The course was designed and constructed around a newcomer's enquiry into 'a patient's journey'. It explored the desirable and the undesirable qualities that the hospice looked for in volunteers. It emphasised for those volunteers working face-to-face with patients how levels of closeness and dependency between a patient and a volunteer could develop, and how volunteers should cope with them. The session brought together volunteers from different departments of the hospice in small groups to discuss their own particular roles such that all would leave the session with some understanding of what other volunteers did. It also included any instruction in mandatory health and safety issues.

Any training in how to be a receptionist, how to deal with visitors, suppliers and the door-step welcome and caring for patients was not done by the volunteer coordinator, but by the reception coordinator.

4.5.2 The role of the reception coordinator as trainer.

The volunteer receptionist was both the face and the voice of the hospice to visitors and callers. The reception coordinator was the linchpin to enabling newcomer volunteers to be able to learn the necessary skills as well as construct their own practice in 'being a receptionist'. Carrying out the multifaceted job of a receptionist, and running the desk on their own, demanded a high level of trust in a volunteer by the reception coordinator and hospice management. The task of equipping such a newcomer with the basic skills and know-how was lengthy because of the extensive set of skills needed and the wide variety of styles required in performing the set of tasks a receptionist had to do

Once a newcomer had agreed to be rostered, the reception coordinator said she would arrange for them to share a shift with a rostered volunteer and herself for at least 2 or 3 hours per week for 'a couple of months', perhaps as

many as 8 sessions, during which the basics of the main processes of 'being a receptionist' would be taught. She would also introduce the newcomer to the main procedures carried out in reception, and slowly introduce them to the day-to-day activities.

The two initial observation sessions and up to eight training sessions were periods when the newcomer could explore what volunteering at the hospice would really entail, and how it met their personal expectations. This was the time when information could surface about both parties, when the integrity of each person could be assessed by the other, and when the initial components of trust in the other may emerge (Nichols 2013). Importantly for the psychological contract (Rousseau 2001) a realistic mental model of the job – the *real* job description – should have emerged over this initial period through demonstration and engaging in discussion with both the reception coordinator and the volunteers on duty on those observation days. As such, the newcomer had opportunities to create not just the relational component (trust) of the psychological contract but the equally important transactional component – 'this is what the job entails'. Rousseau found that both components were essential for a complete psychological contract, and without the latter, individuals could only rely on verbal promises.

Nichols (2013) argues that most studies of the implementation of the psychological contract have been 'one-sided', usually reporting only what the individual expected of the organisation. The reception coordinator stated her expectations of the newcomer by demonstrating how processes should be conducted and what behaviours were acceptable and what weren't. The early shifts were also the time when the mutual obligations of any psychological contract could be surfaced, discussed and agreed. The manner in which the reception coordinator discussed her intentions with newcomers evidenced a desire to meet aspects of Rousseau's theory. The reception coordinator was indeed 'a supportive, immediate manager' ((Rousseau 2001 p.519) citing Tekleab and Taylor (2000)).

The hospice did not have a formal probation period with assessments at its close. The reception coordinator informally used the first two or three months to decide if the behaviours and attitudes of the newcomer were acceptable. If

not, the volunteer would be offered a place in another group, or perhaps asked to leave.

Potential volunteers who wished to be receptionists were expected to have basic IT skills and exhibit a good awareness of the different ways in dealing with visitors and their queries. It was on this basic skill set that the reception coordinator's programme of continued training could develop. She pointed out that there was a level of resistance by some volunteers to accept both initial and further training since the volunteers felt that they didn't need training, an observation also reported by Stirling et al (2011). The reception coordinator's justification for this training and close mentoring to get the newcomers to conform to the standards of hospice work was:

'Because people [internal staff and managers] do expect certain things, they expect - you know - you should do things in a certain way.'

Volunteers were encouraged to take state-provided and commercial courses, but at their own cost. As an organisation, the hospice occasionally sought free courses for staff and volunteers since it hadn't allocated a budget for out-of-house training. However, it did at the same time offer an extensive range of chargeable courses for external health care professionals and employed a part-time education manager.

4.6 The management roles of the volunteers' coordinators.

In line with its status as a charitable company, functioning as a small commercial business, but being bound by the laws of the Charity Commission (Charity Commission 2012), the hospice engaged large numbers of volunteers. As such it had a management structure very similar to a small commercial company which performed typical commercial organisations' management functions as well as supervising its volunteers. The management activities appropriate to the volunteers were very similar to those for paid staff. Firstly, there was a need to enable the overall process of recruitment, selection,

training and induction of volunteers into a work group. Secondly, management were to act as the volunteer's day-to-day manager or supervisor to ensure the work was done to an acceptable standard. Volunteers were engaged specifically to do work that paid staff had done. Thirdly, management had to continue to train the volunteer as they increased their personal skills levels and their knowledge of the organisation.

A key distinction between volunteers and paid staff at the hospice was seen in the terminology used by managers to describe the two groups, their roles and how they were managed. Paid staff had line-managers: volunteers had co-ordinators. The volunteer coordinators said that they didn't manage their teams of volunteers. Rather, the reception coordinator used the word 'lead' as in lead-person, or leader (see Senge 2008 pp 318-321 for example. Senge acknowledges the confusion in the use of the terms manager and leader.). Other terms used during the interviews to describe the work relationship between the reception coordinator and a volunteer were 'support'; 'work with' and 'co-ordinate the activities of'. 'Housekeeping' was used by the day-care volunteers' coordinator as in 'informing volunteers of the tasks to be done today', followed by an allocation of such tasks to individuals. Both the reception coordinator and her line manager saw pay and contractual arrangements as the main differences between paid staff and volunteers. But they also recognised that sanctions levied against volunteers had to be very carefully managed, if indeed sanctions could be levied against volunteers.

Unlike paid staff, volunteers could simply walk away, but rarely did. The reception coordinator and the line-manager felt that sometimes they managed, that is directed or infrequently admonished a volunteer. At other times they hoped they were successful in 'leading' - again, an imprecise verb, but usually meant in the context of the hospice management to be 'presenting or acting out examples of preferred behaviour' - their volunteers. While Senge (2008 chapter 15) confirms that both terms are currently interchangeable in the context of senior management, he considers this to be wrong: it makes the assumption that only senior managers or executives can be leaders. Both Senge and Watkins (2012) argue that leadership should occur at all levels of organisations.

Some clarification of this imprecise terminology emerged when the coordinators described instances of interventions with volunteers. Both the line-manager and the reception coordinator explained ways in which they worked alongside their volunteers, sharing the work as a co-worker as well as listening to the volunteer as they shared their experiences and learning. Volunteers reported that they discussed aspects of work very frequently with the reception coordinator. Her approach was clearly reflective, learning from situations and attempting to take lessons learned into new situations. Such an approach to directing, leading, and influencing her volunteers is far removed from the mechanistic form of 'man management' which Drucker et al (2008) promoted in the years following World War 2. It was more akin to Deming's (1986; Neave 1990) notions of the manager recognising the intrinsic skills and knowledge of those who work at the point of manufacturing, of making and of doing, and learning to work together. Lave (2011a) describes similar situations of apprentices who, once skilled enough to cut and sew the flaps of a pair of trousers, were considered by their apprentice master to be fully fledged tailors. They required little direction.

The reception coordinator had constructed a rolling two-week roster which allowed nearly all the volunteers to work at least one shift over the period. There were two other volunteers (not interviewed) who didn't have a regular shift and who, the reception coordinator said, could stand in at short notice. Much of the 'standing-in' was actually done by the regular shift volunteers.

Both the second level manager and the line manager commented that managing volunteers was normally an uncomplicated task: the volunteers' commitment to the hospice created a mind-set where individuals acted very responsibly and with great consideration for patients and fellow staff alike. However, when problems did arise, managing a volunteer was a far more onerous task than managing paid staff. Paid staff had mutually agreed, written codes of practice and regulations with their line managers. They also had contracts regarding terms of employment, redundancy and dismissal. With volunteers there were unwritten codes of practice that management expected the volunteers to follow. Thus the practice of issuing warnings to volunteers over behaviour or other misdemeanours was arbitrary. It was also extremely rare in that the head of facilities reported that she had only had to

deal with one volunteer dismissal in 10 years where the volunteer was considered to be too old such that she was a liability both to herself as well as the hospice.

A second instance was of a misdemeanour occurring during the data collection period. Unlike paid staff, the hospice did not have a written disciplinary procedure for volunteers. This incident caused a very difficult situation amongst the reception coordinator's line management, especially for the first-line manager, in that a volunteer, mistakenly for her, had sent an email which questioned the reception coordinator's practice and judgement. This led to a number of very long meetings with the volunteer and senior line managers which, because of the lack of a policy, became dependent on both parties behaving in a 'reasonable manner'. The outcome was that the volunteer was told to take temporary leave of absence for at least 6 months.

4.6.1 Monthly reviews.

None of the departmental coordinators held monthly reviews with their volunteers unlike the departmental managers and their paid staff. However, the reception coordinator did carry out a low-key monitoring process during the shifts that she shared with volunteers. She saw her role with volunteers as, 'to just sort of make sure that they're doing things the way that you want them to do things'. Such an approach required that when things were not done as the hospice wanted, she intervened. The following indicated her approach:-

'So um ... [the volunteers] can say the things that they feel ... but they do have to adhere to certain criteria - things that [the hospice] want as well, because it works both ways. So if they're not doing something then it would be up to me to say something to them if they're not doing something correctly.'

At the same time, the reception coordinator was very strict about certain processes. She would not allow volunteers to exchange shifts without her being informed: 'I've had to put my foot down ... and say "no"'. She had inherited a situation where volunteers made personal shift changes, only for

the substitute not to turn up. When a volunteer wished to exchange a shift, they would inform the reception coordinator who made all the arrangements.

The reception coordinator's supervisory style was one of leading 'her' volunteers, and she did refer to them as 'her' volunteers. From her interview, it was clear that she tried to offer a very open, supportive and trustful style of working which conformed to both Ilse's (1990) wholly trusting and Leonard et al's (2004) nurturing styles of people management. Her volunteers agreed that this was her style.

The hospice did not conduct exit interviews: a senior manager commented that they learned nothing from them. Senior management also felt that close management of volunteers had not improved their performance, and yet the receptionists were very closely supervised, and the reception coordinator was very aware of their current performance and how they had improved.

4.7 Structural analysis of the receptionists' working group.

Kilduff and Tsai's (2003) four measures provide a framework for a structural analysis of this working group. At the hospice, the set of volunteers, their named alters and managers named by the participants formed just one component, meaning that all actors could 'reach' all the other actors but not necessarily directly. Afternoon volunteers had to use the bridges offered by their reception coordinator and the two line managers to access some of their fellow volunteers. There were neither isolated individuals nor isolated pairs of actors. From the reception coordinator's perspective, even though she had in effect two groups strongly characterised by their shift arrangements, there were no rifts between the overall set of receptionists. She had a homogenous group of volunteers, the result of her very close ties with the set of receptionists. However it was a group with very limited inter-personal ties.

A distinctive characteristic of the hospice's group of reception volunteers, managers and staff was that they were sparsely connected. While there were 9 instances of a 2-person dyad, there was just one clique of three persons -

Noel, Wendy and the reception coordinator, but no cliques greater than 3 people. In other words, a married couple and their reception coordinator. This is the most significant indicator of the fragmented relationships of the set of receptionists.

The third measure, structural equivalence, which when based on who knows who, indicated insignificant levels of structural equivalence. However, with strong, common elements in their work, there was a form of equivalence in being a receptionist, a form that Hanneman and Riddle (2005 ch.12, pp 5-6) call 'regular equivalence'. In other words, they could deputise for each other, a property that the reception coordinator relied on to fill absences and vacant slots in the shift.

The fourth measure was centrality, a measure of power and influence where influential individuals are found at the centre of groups. Expectedly, the reception coordinator (R-Coord) had the highest indegree – she was the primary source of support, and her outdegree indicates the mix of her ties with her volunteers and with her own personal sources of support, found in the senior management and staff.

The effects of the shift split are reflected in the mean values of outdegree and indegree for the volunteers. The betweenness values of the afternoon receptionists show the effects of a reduced set of available and known resources. Consequently, another way to explore the influence/power relations in this network was to consider the *centrality of the relations (or ties)*. This measure considers the centrality not of the individuals, but their ties to others. The UCInet routine (*Network > Centrality > Betweenness > Edges*) clearly indicated the strength of the ties (relations) between the reception coordinator and each volunteer over the relative weakness of the relations between volunteers and their selected alters (Hanneman and Riddle 2005, Ch. 10, pp 18-19). Power and influence lay squarely with the reception coordinator. However, Susan was the most central volunteer and possibly the most influential amongst the morning shift group since she also shared the Thursday shift with another volunteer.

4.8 The overall nature of the volunteers' networks.

This section explores from a relational viewpoint the networks of the interpersonal relations between volunteer receptionists, their reception coordinator, paid staff and their managers. I begin with an overview of the two principal forms of network found at the site - the formal and the informal, how I have defined them, and the emergence of the multiple informal networks.

Of the formal networks instituted by the hospice management, the most relevant to the receptionists was that formed with their coordinator, the shift network. Sennett (2012 p.77) proposes that formal entities, as in formal cooperation, require a set of rules that govern the exchanges. The hospice's formal networks were rule driven since they were concerned with directing volunteers' work efforts. Senior management considered that each half-day's group of volunteers, its coordinator and their two line managers formed a formal group: they carried out the formal work and managed the volunteers. The corporate network of all staff and all volunteers at the hospice was far less important to the receptionists. The shift network enabled volunteers to socialise into the organisation's culture by enacting the rituals and narratives that were performed at the reception desk. In Greenberg's (1991) conceptualisation, this moving towards other people through rituals and narratives was the creation and maintenance of their safety state. Passy (2003) argues that such symbols, rituals and narratives enable the volunteer to interpret the form of social reality that they found in the voluntary organisation.

For newcomers, a second formal network was created during the brief recruitment process where Sennett's (2012) rules would be embodied in a fairly rigid procedure. A third network would have formed for any newcomers who would have met their fellow (newcomer) volunteers from any of the departments for the one-day training session run by the volunteer coordinator. Both of these transitory networks, purposely formed for the short periods of recruitment and training, were strongly goal-directed, aimed at admitting the newcomer. They also provided an opportunity to widen the volunteer's understanding of the purpose of hospice, the needs of the patient and their

carer, as well as providing an insight into the roles of the other volunteer groups. These three networks 'flesh out' Salancik's (1995 p.346) argument that formal networks may be formed by managerial mandates to try to ensure that 'parties interact to achieve, plan, coordinate or decide on their individual and collective activities.' As such, 'The network structure reflects much about the functioning of organizations and, possibly, their coordination failures or achievements' (Salancik 1995 p.346).

The second form of network was the informal, personal network which each individual receptionist had created and used during their shifts. Kadushin (2012) observes that the formal network acts as a breeding ground for informal networks, and likens the informal networks found in organisations to being "draped" upon the scaffolding of the formal relationships' (2012 p.39). The significant members of a volunteer's informal networks were chosen from the organisation's formal network. As such the formal support network had partially given way to the informal, personal network. Each volunteer created at least one goal-directed informal network intended to provide them with the forms of support they needed.

Edwards and Crossley (2009 p.40) discuss how networks can be activated to 'do' or carry out the purpose of their initial set-up. A number of formal and informal networks at the hospice and the drug agency were found to 'do' - to carry out their purpose. The formal networks admitted the volunteer to the organisation, made the volunteer aware of the greater purpose of the hospice, provided training and at a day-to-day level, directed the volunteers' activities. The informal networks that each volunteer re-formed at the start of each shift provided opportunities for them to sense being in a relationship with another - 'to have a life in someone else's life,' as Williams (2012 p.3) wonderfully describes it. Hence the volunteers worked 'in the middle of a network of (re-formed) relationships' (Williams 2012).

While it is clear that the network is the group, it is proposed that the activated network is the process.

4.8.1 The formation of informal networks.

The volunteer's informal networks emerged from their own allocation of 'very close' and 'somewhat close' alters on the ring diagrams (see chapter 3 section 3.7.4).

To remind ourselves, the definitions of these categories were:

Very close: People who work here with whom you discuss important matters. People who you specially look out for just to be with them, OR are there for you when you need help.

Somewhat close: People who are more than casual acquaintances but not very close.

The distribution of alters (Figure 4:4) shows a predicted skewing of very close name-tabs onto rings 1 and 2 and a similar skewing of somewhat close name-tabs onto rings 1 through 4, mainly 3 and 4.

Figure 4:4 Mean distribution of the 'very close' and 'somewhat close' alters across the 4 rings by the 8 volunteers.

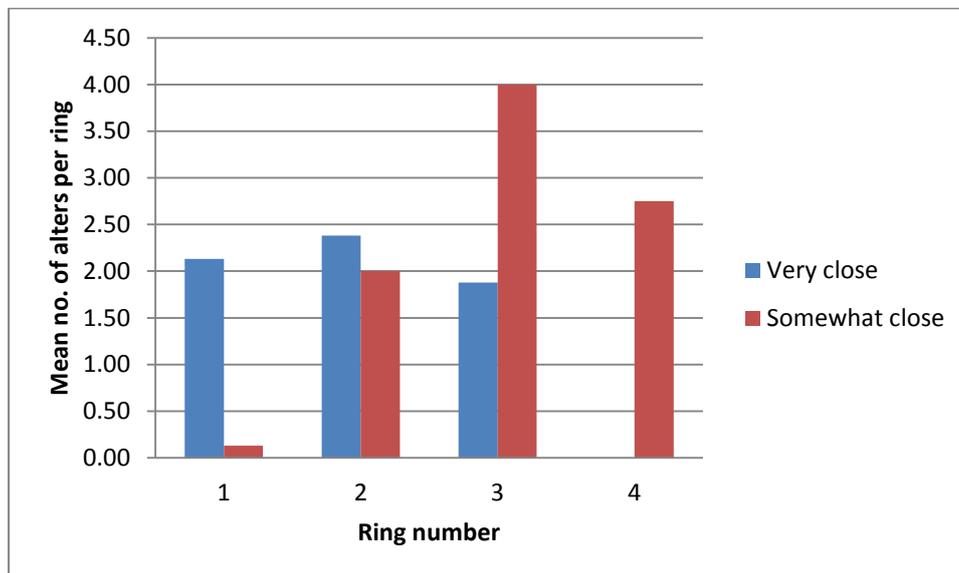
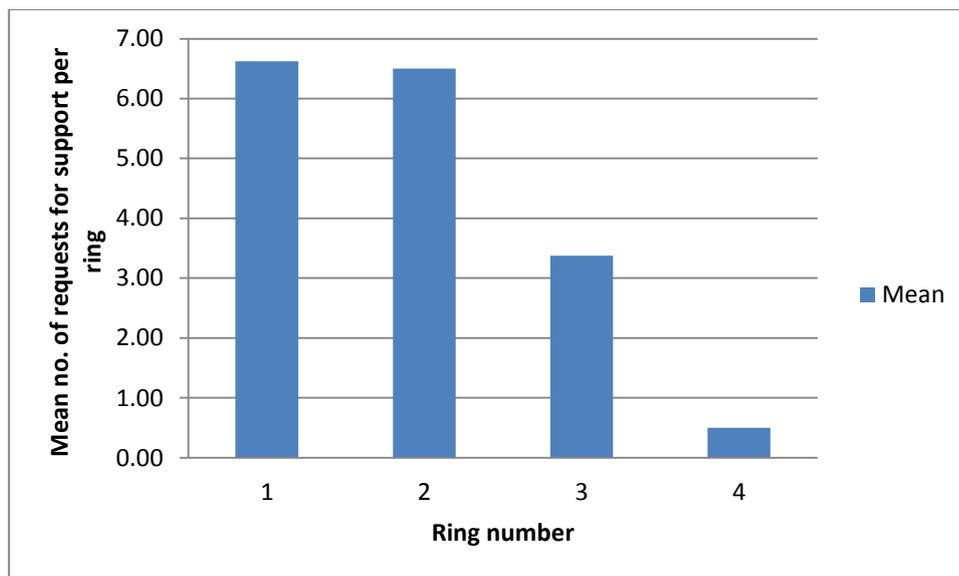


Figure 4:5 below shows that most calls that receptionists made for forms of support were made to very close alters, but a few calls were made to the least close of some alters.

Figure 4:5 Mean numbers of calls for support per ring position.



Analysing the volunteer’s use of their alters indicates that each volunteer had three informal networks within the formal corporate network, as represented by the Venn diagram Figure 4:6 shown below.

Initially there was the set of the very close and the somewhat close alters named by ego, and identified in all the four rings of the ring map (see Figure 4:6 above). This set lies within the green zone (C). A subset of this collection, those alters from rings 1 and 2, formed what I have defined as ego’s ‘personal network’: these were the very close, sociable relations as Simmel (1971) calls them and are shown in zone A.

Zone B contains the subset of alters who were named by ego as providers of some form of support. I have defined this subset as the ‘personal support network’. The ‘personal network’ and the ‘personal support network’ overlapped (zone D) as shown in Figure 4:6 because some of the providers of support were also members of the ‘personal network’, that is, were placed on rings 1 or 2. Logically, zone C contains only somewhat close alters who are not sources of support. The outer white zone is populated by all the managers, staff and volunteers not named by ego.

The shift system based on half-days, of working with the reception coordinator, or with one fellow volunteer, or on one's own, produced individualistic network structures, patterns of relations and uses of those networks. Such a distinction is a major contributory cause of two different social systems operating amongst the small group of receptionists. For an afternoon volunteer working on their own, isolated from the rest of the staff, an informal personal network was very difficult to create while the composition, maintenance and availability of their personal support network was of paramount importance, especially when faced with difficult problems at the reception desk. Consequently their informal networks had characteristics of Kadushin's 'unanticipated relationships' (2012 p.39), for example, when they established a short-lived connection with a member of staff or manager who advised them how to deal with a phone enquiry or customer's query. The morning group on the other hand had their reception coordinator sitting alongside them offering opportunities for ad hoc mentoring, chat and gossip which all contributed to a sense of well-being.

Senior management had determined the job content, and how they wanted it carried out; they had outlined the practice. Thus limits were set on the behaviour of the group of volunteers. The implementation of the practice, which was the responsibility of the reception coordinator, had led to two different patterns of working. Those patterns not only produced two different sets of formal structures in which to work, but very different informal personal networks. I propose therefore to split the analysis of the reception volunteers into two sub-processes: one for the afternoon shift and starting with the morning shift.

4.9 The nature and operation of the morning volunteers' networks.

Despite the sense of calm that the reception area portrayed, the morning shifts were hectic work, characterised by the opening up of the front desk, the frequent comings and goings of staff, of patients and their carers, early phone calls and suppliers' deliveries. This was in contrast to the afternoons which, even when there were patients in the house, were far less busy. Most of the

members of the house's formal network would walk through reception in the morning on their way to their offices and desks. However the morning shift of receptionists had little reason to explore this formal network, its departmental and sub-group structure. Most of the resources they needed were situated in their reception coordinator – the point-source of their shift's formal network. The front desk was the place where volunteer's individual informal networks formed. It was also where formal and informal networks overlapped, and, as Kadushin (2012) shows, where the informal was embedded as well as being constrained by the formal network

4.9.1 Formal networks.

Morning shift volunteers were situated in two formal networks: the overall corporate network of all volunteers, staff and managers, and secondly their shift's network. The corporate formal network was fragmented into groups of voluntary supporters, shop staff and volunteers, volunteers who acted as drivers, garden staff and the complement of managers, staff and volunteers who worked in the house. Most of the reception volunteers were aware of a subset of the overall corporate network, namely the house complement.

The volunteers' formal work-group networks were additionally severely fragmented because of the shift working arrangements. The morning shift volunteers occupied a small network, a dyad – or a triad if someone was being trained. Sitting alongside the reception coordinator for 4 hours at a time had similarities to Lave's (2011a) apprentice who stood at their master's sewing machine table in that each could observe, question and learn, and merge anything newly learned into their own practice.

The morning volunteers' networks were dominated by the presence of the reception coordinator who was supervisor, mentor and possibly friend, all rolled into one. She was, for much of the time, their first and perhaps only port of call. With the private sector experience she brought to the job, plus the 8-month period of working full time during the development of the routines associated with the start-up of the new building, she was very knowledgeable and experienced. A volunteer working with her may quickly have changed their mental model of her from being a supporting alter

belonging to the formal structure to being a very close supporter in their personal informal network. All the morning volunteers had categorised the reception coordinator as very close.

This micro-formal network meant that the ties between the reception coordinator and volunteer for the duration of the shift were strong, not least because the other was so readily available. Granovetter (1973) argued that the characteristics of strong ties included four elements: the emotional intensity during the interaction; the amount of time interacting; the extent of mutual confiding in the relationship and a degree of reciprocal services enacted. Even in the dyad, most of these characteristics were found in the morning volunteers' descriptions of their relationships with the reception coordinator. Both parties spoke of frequently sharing tasks and discussing approaches to completing unusual or new tasks. They usually worked together without an interruption for 4 hours at a time, and they enjoyed discussing their families, grandchildren and holidays.

The hospice receptionists never met as a complete group either formally or informally. The reception coordinator had tried in her earlier days to organise such social occasions, but they were so poorly attended that they were discontinued⁶. There were occasions when members of shifts were changed by the reception coordinator to accommodate holidays and sickness which provided opportunities for the substitution of volunteers and meetings with rarely seen fellow volunteers.

4.9.2 Informal networks.

When volunteers were asked to name their alters and place the name-tabs on the ring map, they were identifying members of their informal, personal networks. Kadushin (2012) argues that the most critical criterion of a closed informal network is that it is totally visible: all the members can see or be aware of each other. By closed he suggests that the boundary is defined, and all members are within the boundary. Examples are children in a classroom or

⁶ Isobel Broome, also a hospice volunteer, in a personal phone call agreed that social events for volunteers at her hospice were equally poorly attended.

workers in an office. They don't have to know each other in the sense of being very close or somewhat close. In declaring who was very close or somewhat close, the participants were making visible their informal networks, drawn from the corporate networks. This was something some receptionists would have found very difficult to do since the organisation's formal networks were less well known to them.

Both of Kadushin's examples are conditional on most of the members being present most of the time. But this wasn't the case with the reception volunteers: they were never together as a full complement. Most volunteers would occasionally exchange shifts and in so doing would meet and work alongside others. But their personal networks were most likely unknown by other receptionists. For the isolated, afternoon volunteers their own networks were open, unanticipated informal structures having uncertain boundaries. The core membership of these networks may have been stable in that known staff contacts hadn't resigned, but the peripheral membership fluctuated with new, unanticipated relationships forming and then perhaps quickly dissolving. 'Ships that pass in the night' may describe such situations. Informal networks clearly mean something different in populations that meet together infrequently. But the manner in which these informal networks emerged as a form of exchange meets Crossley's (2011 p.111) position that "exchange is a social form, shaped by the network of social relations in which it is embedded, and irreducible to its individual parts".

An inspection of the ring maps showed that sources of support came from named individuals regardless of the ring in which they had been placed. Wellman (2012 p.175) makes the important point that when using the concentric ring analogy, 'personal networks are not tiered layer cakes'. The nearest ring doesn't provide emotional support while the second ring provides instrumental support. For some of the receptionists, appreciable support came from individuals placed on the outer rings. Noel, for example placed but one person on the innermost ring – his wife, with his emotional supporters placed on the second ring and other supporters on the outermost ring (Figure 3:5 in chapter 3 above).

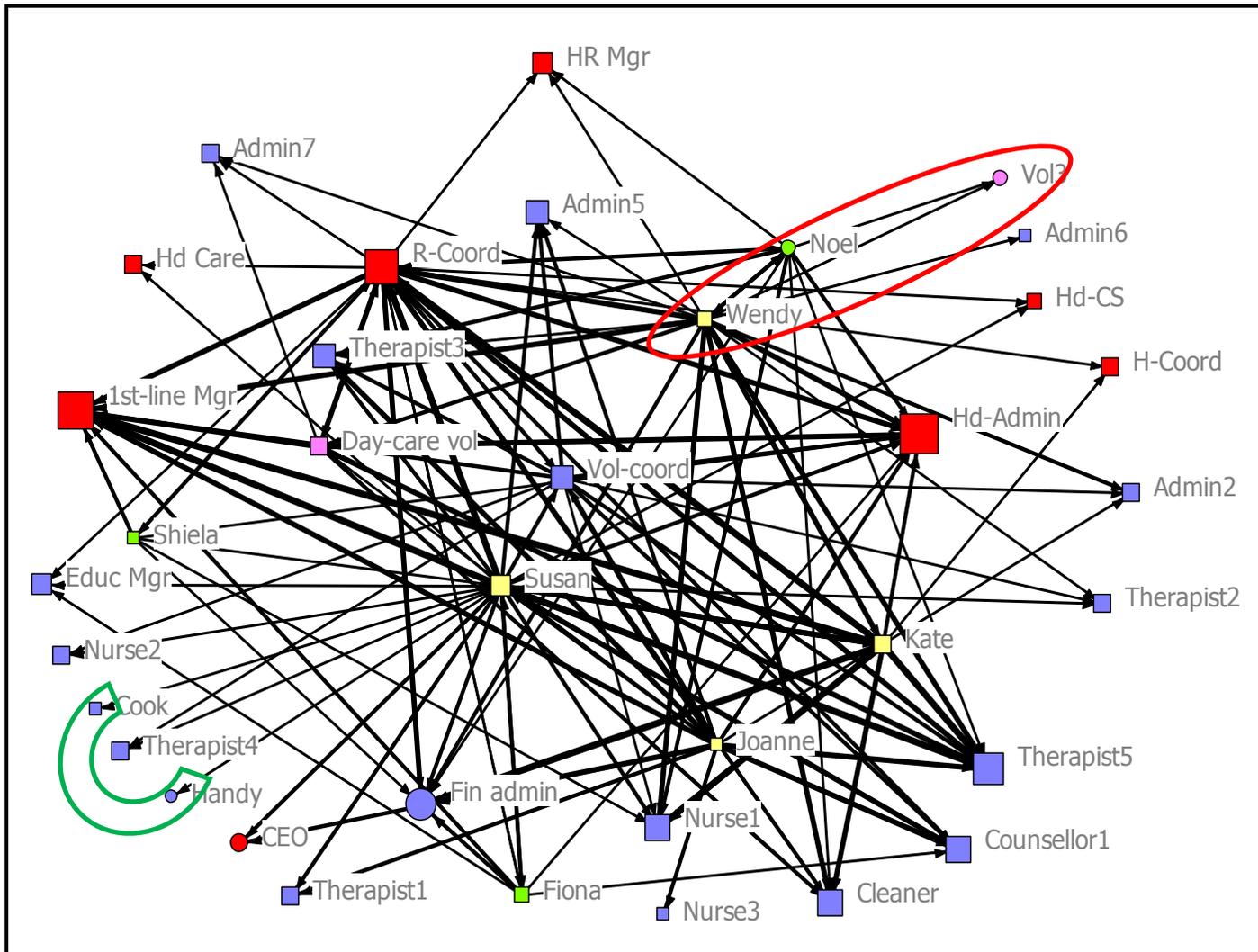
The morning volunteers' networks may have had similar characteristics to those just described, but they had one crucial characteristic that removed the uncertainty induced by isolation. They had the reception coordinator who was able to clarify and no doubt augment a volunteer's developing ideas. That augmentation may also have used the reception coordinator's own set of ties as possible sources of knowledge or support. 'Go and see [name]. She knows a lot about this'. Such was an example of the informal being embedded in the formal.

Figure 4:7 is a sociogram showing the ego networks of all the alters named by the 4 morning volunteers as well as any alter-alter relationships. These 4 ego networks have been unioned and name-matched. A unioned dataset contains all the distinct elements of the collection with no duplicates (Borgatti, Everett et al. 2002). Name-matching means that if two egos named the same alter, we would find tie arrows from each of the two egos into the single alter. An example is Wendy and Noel who each named Vol3 as a somewhat close alter (shown in the red oval on the upper right hand side of Figure 4:7). Most of the volunteers' ties are 'out-bound': they are to those alters named by a volunteer as either very close or somewhat close. From these collections of alters the volunteers selected their personal and their personal support networks.

The sociogram shows a number of 'pendants', that is alters who have been named by just one or two volunteers, for example the volunteers Handy and Cook (green horseshoe in lower left hand quadrant of Figure 4:7). With the exception of one or two, all of these alters are classified as 'somewhat close' - defined as 'more than just a casual acquaintance'. These individuals were known, but nothing is understood as to how they met, although some were providers of at least one form of support. There is also a small number, mainly the line managers, who are named by many, for example the R-Coord and 1st-line Mgr. While the Hd-Admin had more ties, fewer of them were 'very close' alters compared with R-Coord and 1st-line Mgr. A second characteristic is that this sociogram is denser in both the number of alters and the number of ties than that produced by the afternoon volunteers (see Figure 4:9 below). The alters are predominantly staff who were identified mainly as somewhat close by the receptionist volunteers. A third characteristic is the number of

alter-alter ties. Collectively they form a second order of influence and possible sources of support.

Figure 4:7 The morning shift volunteers' very close and somewhat close networks.

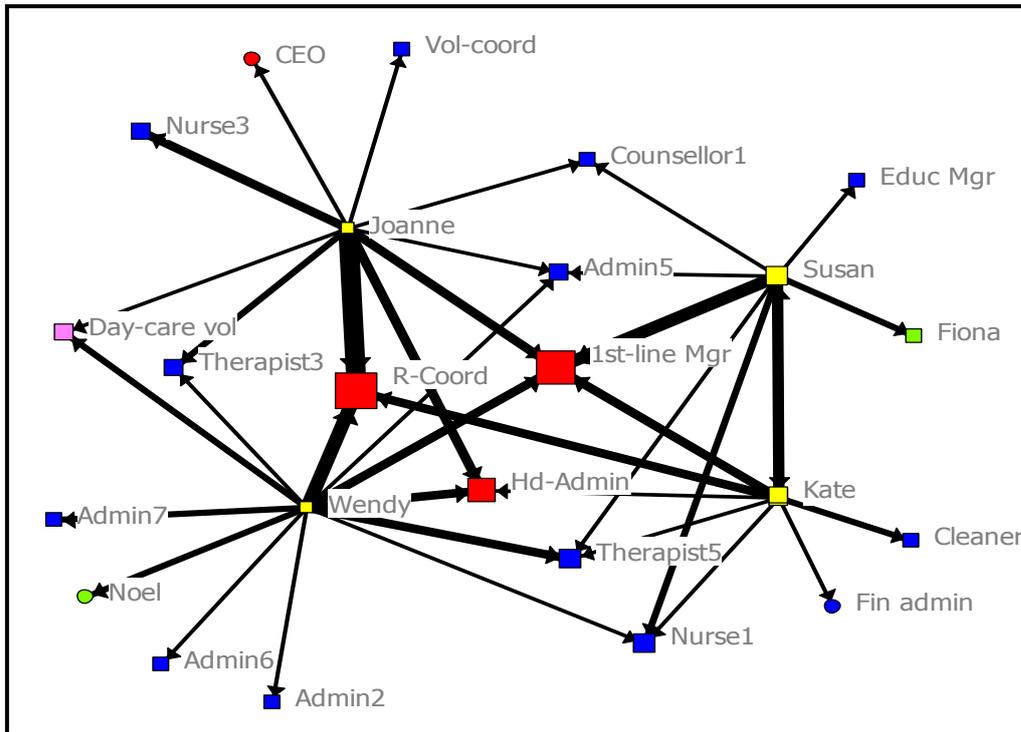


Key to Figure 4:7.

Green shapes	Target set of volunteers who worked afternoons
Yellow shapes	Target set of volunteers who worked mornings
Pink shapes	Volunteers not part of target group
Blue shapes	Staff
Red shapes	Managers/ heads of departments
Managers and staff are identified by function.	
The red lines show the reciprocal ties. Thick lines represent 'very close' ties based on ring number 1 & 2; thin lines 'somewhat close' by based on ring numbers 3 & 4. The size of the node represents the value of the node's indegree (Hanneman and Riddle 2005).	
Squares are female: circles are male. (Source: researcher)	

A corollary of the first research question enquires about the distribution of requests for support across named alters, from which we can determine who the main providers were. A second network Figure 4:8 shows the specific volunteers, staff members or managers selected by the morning volunteers as support providers. Seventeen of the named providers were outside the reception 'silo'.

Figure 4:8 The morning volunteers' sources of various forms of support.



Yellow shapes	Target set of volunteers who worked mornings
Green shapes	Target set of volunteers who worked afternoons
Pink shapes	Volunteers not part of target group
Blue shapes	Staff
Red shapes	Managers/ heads of departments
Managers and staff are identified by function.	
Line thicknesses represent the number of requests made from an individual to a source node. Line thicknesses vary between 1 and 7 units of thickness since 7 was the maximum number of requests for support issued by any one volunteer to a single alter. The size of the node represents the total number of requests made to that node. There is no significance in line lengths.	
Squares are female: circles are male. (Source: researcher)	

Since the R-Coord is available 4 of the weekday mornings, it is not surprising that she received the highest number of requests made to any individual, closely followed by the 1st-line manager. However, the total number of requests made to the managers/coordinator was only approximately one third of the total requests made. Volunteers were clearly using their freedom to

access staff in offices for many forms of support. A therapist, a nurse and a fellow volunteer made up the middle ranking sources of support.

All four morning volunteers, apart from having many sources of single forms of support sought most support from their three managers/coordinators. Kate and Susan, sharing Thursday morning and having no coordinator present, sourced much of their support from each other.

Some alters were sources of support for an ego while others weren't, a finding similar to Wellman (2012). Table 4:3 shows how each of the morning receptionists perceived their alters – source or non-source.

Table 4:3 The morning volunteers' allocation of alters between source and non-source.

Pseudonym	Source	Non-source
Kate	8	1
Wendy	12	7
Joanne	10	5
Susan	8	15

There were more sources of support named by the morning volunteers than the afternoon set (compare with Table 4:4). Of the increased number, there were over three times as many staff and volunteers as managers compared with the afternoon group where the proportions were approximately equal. Not only were there more part time staff in the hospice during the morning, but a volunteer could leave the desk since there were two receptionists on duty. Overall, there was a positive relationship between the set of close alters that morning receptions named and those they called on for support with $r = 0.517$ and $p < .001$.

4.10 The nature and operations of the afternoon volunteers' networks.

The afternoon shift volunteers were embedded in a strange formal network: not only did they not have a supervisor working close-by, but all of their supportive contacts were remote. Since receptionists were told never to leave the front-desk unattended (they also acted as the security screen into the building), the formal system of seeking support was via phone access to the line manager (1st-line mgr), and failing that, the second-line manager (Hd-Admin). Occasionally, volunteers would skip a level in the hierarchical structure when seeking support. Noel consistently bypassed asking the 1st line manager for any form of support: she isn't named on his map.

Fiona described how she had difficulty in getting support in her initial shifts, but found two paid members of staff who 'were very helpful when I first came. They would help me where others wouldn't ... and have remained such'. These experiences echo Foster's recollection of how her fellow volunteers were reluctant to speak to their coordinator.

'Among the volunteers in my cohort, most of them did not speak regularly with their coordinators and were quite unsure about when it was appropriate to get in touch and/or what questions to ask.' (Foster 2011).

In a similar vein, Ilesley (1990) found that volunteers were more likely to turn to fellow volunteers rather than managers or paid staff for most forms of support. As Greenberg (1991) argued, it is not so much whom we seek out but the needs that the other supplies. However, the variety of informal systems devised by the afternoon receptionists meant that once a source of support had been found, that member of the formal network would become a member of the volunteer's informal personal support network. It is these somewhat close ties who were named on the ring map.

These two different styles of working, the morning and the afternoon, illustrate two different forms of thinking how to get the work done. Management saw the reception function residing in a silo. All of its requests were meant to be met by resources residing in, and through interactions with

members of that silo; hence the chain of support – reception coordinator, 1st line manager and then head of Facilities. On the other hand, the volunteers saw the organisation differently. They had to find anyone in the house who could help them. This illustrates Kadushin's (2012) argument that most network analysis at some point compares two networks. The first is that mandated by work design, the organisation's culture and the social system inherent in the organisation. The second is 'the network created and negotiated by those in the process of trying to manage and work the "system"' (2012 p.39). Seddon (2008) argues that it is imperative that line managers understand how the work works.

Fiona's experience is an example of Crossley's (2011 p.104) gravitating 'towards those that we find rewarding'. Over time, a personal support network was built up by an afternoon volunteer without, possibly, a single supportive alter becoming in any way a very close other, even being physically recognisable. Some of these supporters were largely unknown people. As Alison confided, she needed help, even after 3 years, in associating names with titles and functions. Both of these receptionists indicated that frequently they had to step outside their safety zone. There was no safety in numbers for these volunteers: they had few known alters, and even fewer they could physically associate with because of the restrictive physical working arrangements. Dense networks are usually equated with trust, although Wellman (1981) warns that dense networks can also provide little more than negative support. Both volunteers spoke of not feeling embedded in the organisation. Greenberg (1991) proposed that safety zones contained trusted others, where safety derives from satisfactory primary relationships. Unfortunately for half of the afternoon receptionists, such relationships were absent.

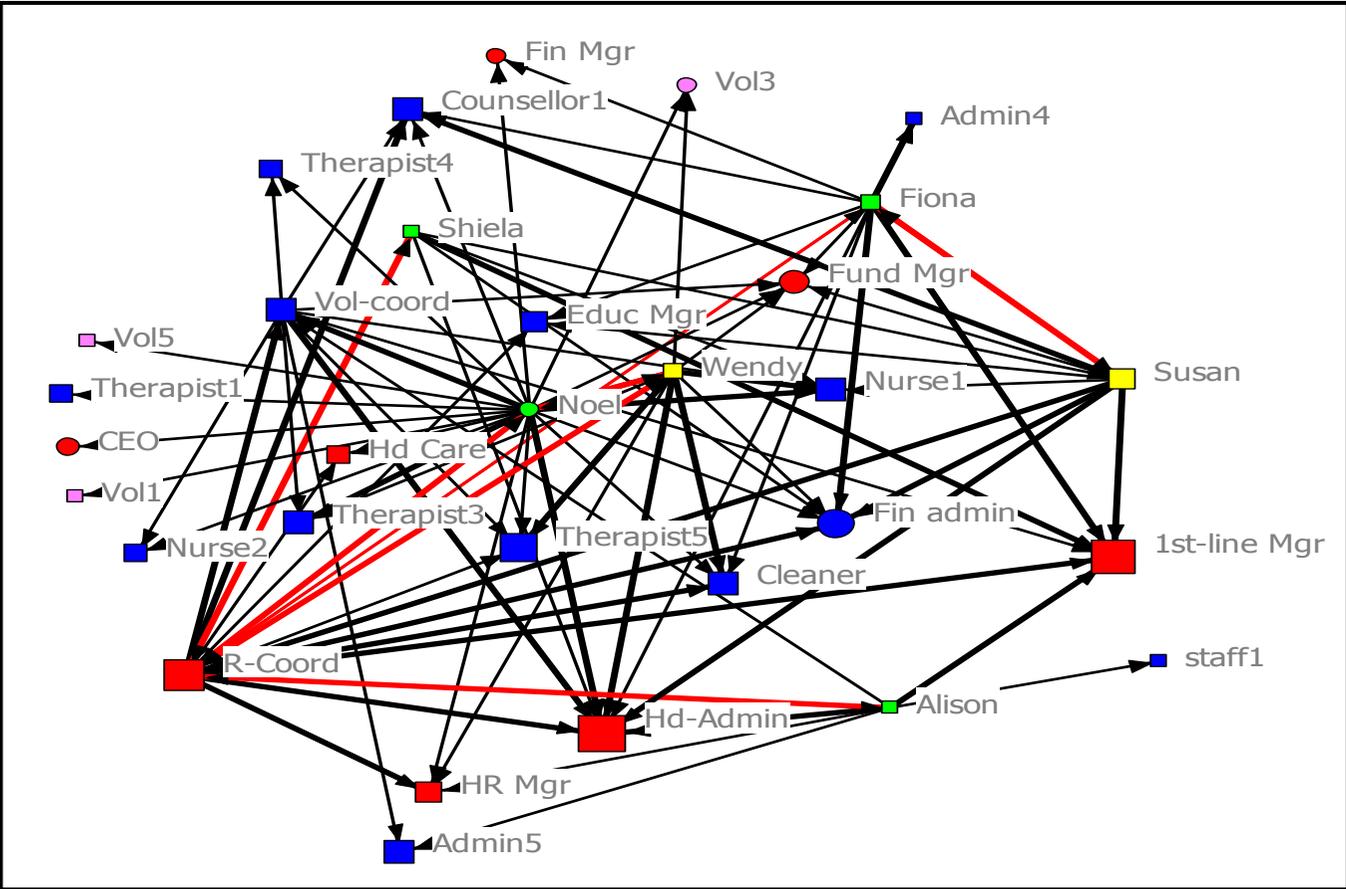
The shift arrangement meant that not only did the afternoon volunteers have to use their own initiatives in seeking out and obtaining support, but they never benefitted from any mentoring or other form of support from the reception coordinator. While an experienced (and still externally employed) volunteer such as Fiona had her own wealth of commercial experience to fall back on, a clearly less than confident Alison was still making mistakes, wasn't in a supportive learning situation and justified everything by stating, 'I'm just

a volunteer' and, while she apologised for any errors, there was nothing she felt able to do about it. Both of these volunteers had worked with their reception coordinator for the 8 months she had worked full-time, and yet on changing a major characteristic of their work, from being accompanied to being isolated, both had experienced difficulties which Alison appeared not to have fully overcome.

Figure 4:9 is a sociogram showing the combined individual ego networks of all the alters named by the four afternoon volunteers as well as their alter-alter relationships. They have been unioned and name-matched in the same way as the morning receptionists. The first observation shows that it is less dense than the morning sociogram (Figure 4:7), with fewer named alters and ties. These alters have been selected mainly as sources of support. Fiona's two 'very helpful' alters emerge as Fin admin and Admin4.

Apart from the known marriage ties between Noel and Wendy, and the friendship ties between Susan and Fiona, there were no operational reciprocal ties during the afternoon since neither Wendy nor the reception coordinator were present. The red reciprocal tie-lines between R-Coord and the volunteers are shown because they form elements of each volunteer's ego network with alter-alter ties added.

Figure 4:9 The afternoon volunteers' very close and somewhat close networks.

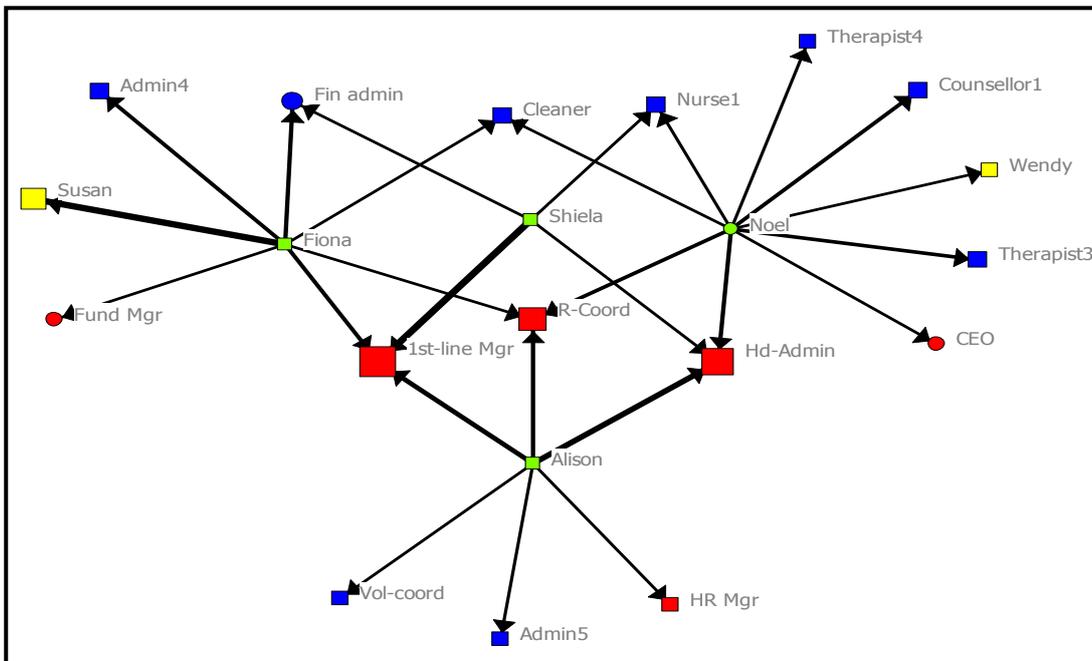


Key to Figure 4:9

Green shapes	Target set of volunteers who worked afternoons
Yellow shapes	Target set of volunteers who worked mornings
Pink shapes	Volunteers not part of target group
Blue shapes	Staff
Red shapes	Managers/ heads of departments
Managers and staff are identified by function.	
The red lines show the reciprocal ties. Thick lines represent 'very close' ties based on ring numbers 1 and 2; thin lines 'somewhat close' by ring numbers 3 and 4. The size of the node represents the value of the node's indegree (Hanneman and Riddle 2005).	
Squares are female: circles are male. (Source: researcher)	

As with the morning volunteers, a second network, Figure 4:10 shows the specific volunteers, staff members or managers selected by the afternoon volunteers as support providers. Twelve of the named providers are outside the reception 'silo'.

Figure 4:10 The afternoon volunteers' sources of various forms of support.



Green shapes	Target set of volunteers who worked afternoons.
Yellow shapes	Target set of volunteers who worked mornings.

Blue shapes	Staff
Red shapes	Managers/ heads of departments
Managers and staff are identified by function.	
The line thicknesses vary, representing the number of requests made from an individual to a source node. Line thicknesses vary between 1 and 6 units of thickness since 6 was the maximum number of requests for support issued by any one volunteer to a single alter. The size of the node represents the total number of requests made to a node. There is no significance in line lengths.	
Squares are female: circles are male. (Source: researcher)	

Supportive ties were formed in the context not of joint activities with co-workers as Feld (1981) proposes, but as means of survival. For the afternoon receptionists there were no co-workers; there was no sharing of the front desk; they weren't known to each other in the way that two workers who sit opposite each other might be. Wellman (1988a) extensively discusses the effects of scarce resources and the strategies egos devise to secure what they want, sometimes at the expense of others. In the case of the afternoon volunteers any scarcity of practical resources was aggravated by an inability to reach the source of those resources.

There are four very different arrangements of supportive alters shown in Figure 4:10, with little commonality. Further, we don't know if the individual who finally provided an answer to a question was reached directly or after the receptionist had rung others either directly or as a link in a chain. Awareness of one's networks permits easy resource transfer along a path of known alters. The full set of three line managers and the coordinator were named by only one volunteer, Alison. The other three volunteers named but two, for different reasons. The reception coordinator was named by only three, but only two acknowledged her offering any form of support since she performed just the handover between morning and afternoon receptionists.

Of the three managers/co-ordinators, only the 1st-line manager and the Hd-Admin were available during the afternoon. Having fewer alters infers that they have fewer sources of support. Shiela's main support route was to the 1st-line manager. Alison tended to use Hd-Admin, who had been her trainer when she first joined the hospice. Fiona's main source was fellow volunteer

Susan where support came from phone calls and social chat outside the hospice as well as her two early supporters. Noel had an even spread of low usage alters with no favoured other named. Even with some predictability of the nature of incoming phone calls and personal visitors, this lack of commonality indicates even more the isolation of the afternoon volunteers.

In considering instances of support, the named alters were there mainly for economic purposes: afternoon volunteers sought out sources of support rather than friends. Two of the afternoon volunteers didn't even form a personal network at all. Overall, there was a smaller positive relationship between the set of close alters that afternoon receptions knew and those they called on for support, compared with the morning receptionists. Values for the afternoon group were $r = 0.398$ and $p < .001$. This also suggests that once a source of support has been found, one should use it as needs be rather than try, in such difficult circumstances, to find additional resources.

The total set of alters a volunteer selected could be divided into those who were sources of support, and those who weren't, as shown in Table 4:5.

Table 4:5 The afternoon volunteers' allocation of alters between source and non-source.

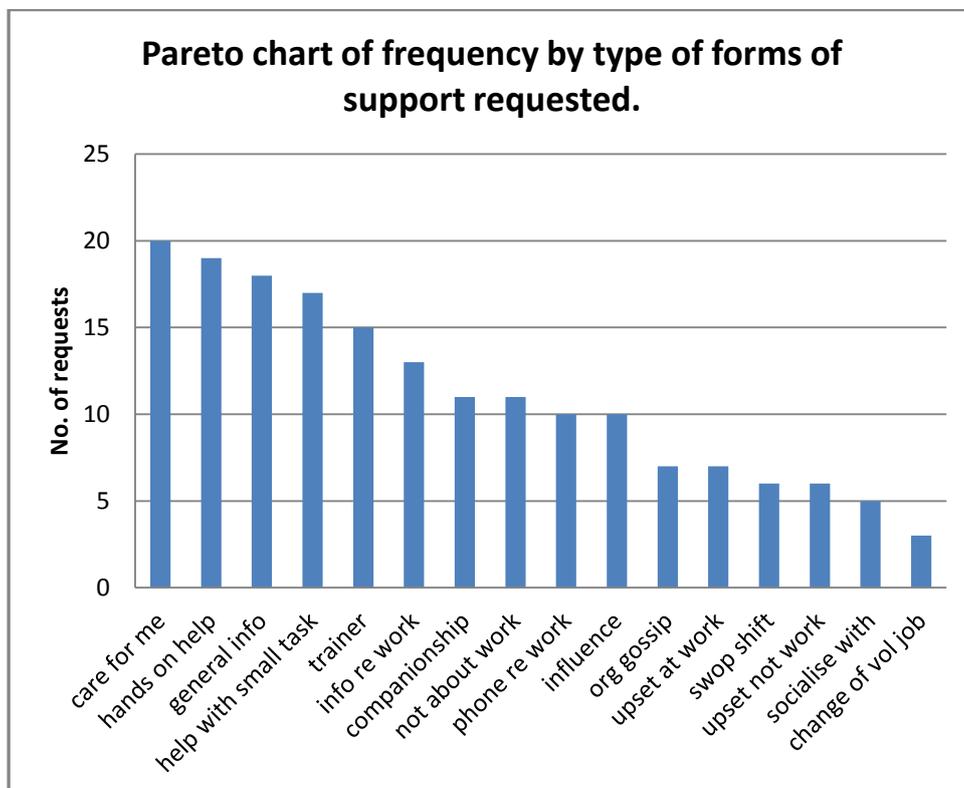
Pseudonym	Source	Non-source
Fiona	7	4
Alison	6	1
Shiela	4	2
Noel	9	12

Only two of the volunteers socialised with each other outside of the hospice which suggests that most friendships struck up by volunteers were not deep. The decision in this instance to name an alter as very close perhaps excluded the condition '(to) regularly keep in touch with'. This was a case where Mitchell's (1986) understanding that 'very close' is to be considered as 'self-defined' is relevant.

4.10.1 Common supportive issues across shifts.

There are a number of different perspectives of the provision of support relevant to all the volunteers regardless of their shift. The first considers the demand for the various forms of support identified in the questionnaire. Figure 4:12 shows the distribution of requests from all the receptionist volunteers for 16 of the forms of support itemised in the questionnaire. Twenty considerations of 'care for me' came from the 8 respondents. The question associated with this form of support was 'Looking at your personal network, point to or name those people whom you consider show that they care for you'. Respondents occasionally indicated that more than one alter would be approached for a form of support. The fact that only three requests concerned a possible change of job either within or outside the hospice indicates a high level of satisfaction, despite some severe reservations, about donating their time and skills to the hospice.

Figure 4:11 Frequency of requesting forms of support by support type.

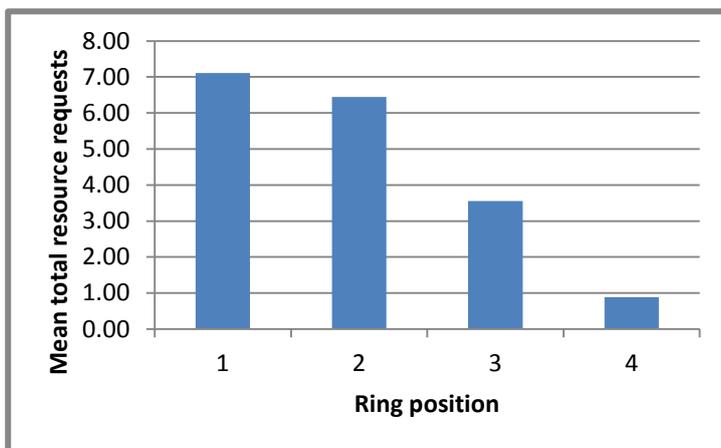


The second perspective considers if closeness is related to the provision of support. For the full set of receptionists there was a significant, positive

relationship between the named alters, regardless of degree of closeness, and whom the receptionists selected as sources of support. Performing a quadratic assignment procedure (Hanneman and Riddle 2005 Ch. 8 p.9) gave $r = 0.654$ and $p < .001$.

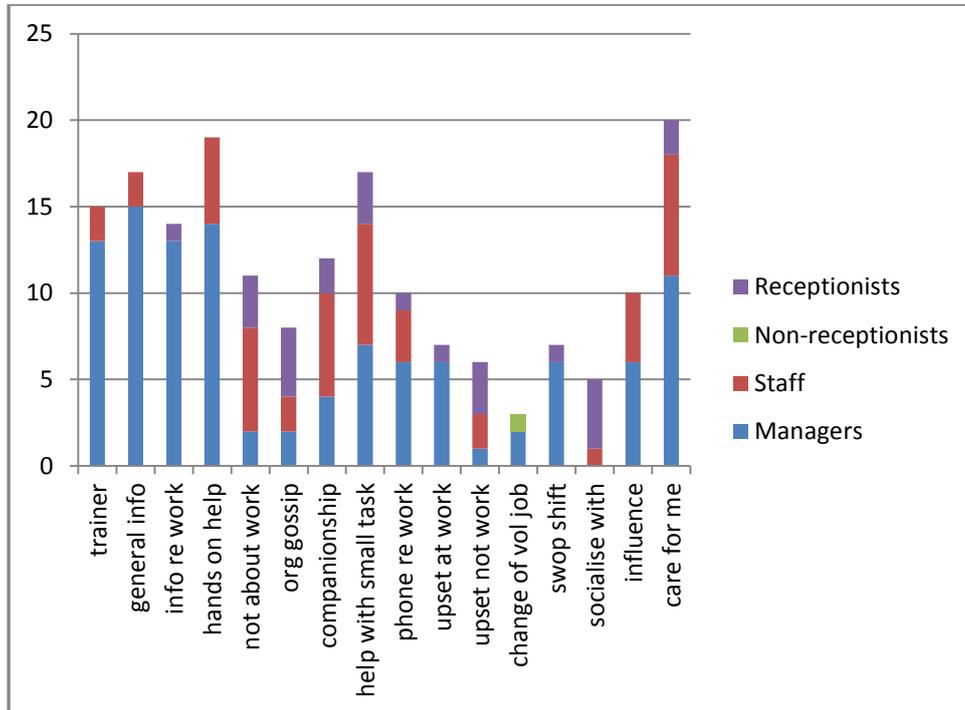
Figure 4:13 below shows that approximately 40 % of a volunteer's first calls were made to their closest alter.

Figure 4:12 The mean number of requests for support made by ring position (i.e. degree of closeness).



Finally, the third perspective shows how the different categories of staff/volunteer were perceived as sources of support. Figure 4:13 below shows which manager/staff/volunteer category supplied the identified forms of support. Managers/coordinators are by far the major suppliers of most forms of support with paid staff a second source. Fellow receptionists, not surprisingly were rarely asked.

Figure 4:13 Frequency of requests for forms of support by source role.



From the above group of graphs we can conclude that the reception volunteers depended primarily on paid managers and co-ordinators rather than paid staff for the greater majority of their main forms of informational and instrumental support. Provision of emotional and companionship forms of support was more evenly spread between managers and paid staff.

4.11 How the day-to-day supervision enabled personal and group learning.

The reception coordinator, sitting alongside the volunteers saw her role as teaching what was required through one-to-one interventions with the volunteer. She would spend time teaching newcomers the basics of handling the main software they used such as Microsoft Word and Excel, as well as operating the computerised switchboard. Wendy, who was the newest recruit and had 6 months' experience as a volunteer commented:

Wendy: I received a great deal of training from [the reception coordinator] which I thought was quite good. She was

able to accommodate ... I knew I would learn better if I did four days with her rather than one day on your own, then you're freaking out. So like she accommodated that quite nicely and then left me once or twice on the Friday on my own ... which is very quiet. I thought was quite good actually.

Int: And the training was specifically to do?

Wendy: To do reception.

Int: Just general reception duties?

Wendy: The switchboard, the emails ... that kind of thing.

The reception coordinator felt it was important that newcomers understood the organisational structure of the hospice, the varying levels of seniority, who held which roles and what their responsibilities were. She encouraged her volunteers to develop their practice and to increase their confidence to produce high quality work. By discussing issues and problems she believed that she was able to influence the volunteer as well as being open to the volunteer's ideas.

She spoke of having two morning volunteers whose initial attitude was to shrug their shoulders and reply, 'Well, I'm only a volunteer'. She described how she had changed this attitude by building the confidence of the volunteers such that their skills levels were akin to existing volunteers. To what extent she was aware of Alison's situation is unknown. By developing a good supportive relationship with them, the reception coordinator considered volunteers learned to be more professional about their work. Underpinning her approach to coordinating volunteers, she explained that she thought of 'her' volunteers (note the possessive) as colleagues, as very close people and treated them as such. She appreciated what the volunteers did.

'[I] make sure that I thank them when I leave and you know ... cos I do really appreciate what they do, I want them to know that.'

However, this supportive learning environment was available only during four mornings in the week. Even though the reception coordinator's line manager occasionally came to the reception desk during the afternoon shift, she appeared to provide little or no learning supervision.

4.12 Conclusions.

The volunteer participants in this case study were hospice receptionists who had very little contact with patients. Their role was to be administrative assistants. The main activities were to cope with phone calls, deal with people – patients attending the hospice, patient carers and friends, suppliers and visitors, as well as numerous clerical activities. The main sources of support for these volunteers lay in the line manager structure, a hierarchy of three people composed of their reception coordinator, the first line manager and the Head of Facilities. The group of receptionists formed two subsets, the morning set having the reception coordinator as a fellow receptionist, sitting alongside and doing the same work as the volunteer. The afternoon set had to rely for support on the two line managers and any other staff available since the reception coordinator was part time and didn't work afternoons.

These two different working arrangements not only constituted very different support structures but exerted very different influences on the volunteer. The afternoon volunteers had to form their own personal support network with the added difficulty that they were not able to leave the reception desk: all interactions were done by phone. On the other hand, working in such a close situation with their reception coordinator partly restricted the morning volunteers from developing their personal networks as well as their personal support networks.

Newcomer volunteers met a minimal, formal recruitment routine made up of a set of short processes performed by the volunteer coordinator whose role was mainly administrative and who acted as the facilitator of the series of steps that either enabled an applicant to be accepted and handed over to the functional coordinator of a group of volunteers, or who rejected the applicant. The network of receptionist volunteers reported to a very experienced, paid receptionist who also acted as their coordinator. At this hospice, the title

meant that the reception coordinator wasn't a formal manager: she reported to a first line manager. However, she had authority and carried out most of the managerial functions performed by a normal first line manager, as well as those that a human resources clerk would do in other organisations. However, in the event of, for example, a disciplinary incident, the first line manager would intervene and act as the volunteer's line manager.

The reception coordinator offered extensive informational and instrumental support to the newcomer and existing volunteers who worked a morning shift. As the hospice had the services of professional counsellors for the patients, some volunteers sought them out for their emotional support. The reception coordinator was also the volunteer's trainer in both the initial skills needed to operate the front desk as well as in an informal programme of continuous training. She also met many of Beattie's (2006) characteristics of being a personal development manager for the morning shifts.

Of the hospice's three formal networks, the recruitment process was highly goal-oriented in that the volunteer coordinator selected, recruited and engaged suitable new volunteers. Over the two years she had been in post she had periodically reflected on how well her most recent individual recruitment instances had gone and had made adjustments to the recruitment process. She had also gained confidence in her interviewing, especially when probing reasons for wanting to work at a hospice, and the emotional stability of the applicant. The process itself was now quite stable and predictable.

The main formal structure was experienced through the relationship between a volunteer and the reception coordinator. This too was a highly goal oriented structure with the aim of having volunteers behave in a manner that met the needs of the hospice. Significantly, the reception coordinator included one-to-one mentoring to improve the quality of the work done by the volunteers. The line managers' very limited support structure for the afternoon volunteers was the best the hospice could provide.

The composition of a volunteer's personal networks and their effects were strongly influenced by the design and implementation of the work. Very limited access to staff who worked in the main offices restricted the formation of extensive personal or friendship networks, to the extent that two of the

eight volunteers hadn't formed a personal network, that is, very close, trusted others. The emphasis was on creating and maintaining a network of support providers, especially by the afternoon volunteers. In occupying a central position within the network, the reception coordinator dominated the formation and operation of the morning volunteers' networks. This dominance partly restricted the formation of a larger personal support network for most of the volunteers, from which may have emerged a friendship network. Morrison's (2002) findings help to understand the failure of most volunteers to be assimilated into the larger organisation. The lack of friends negatively affected the ability and opportunities for the volunteers to be known and to know others in the organisation.

The personal learning structures for the two subsets of volunteers were very different. The morning group were presented with a learning structure which was central to their volunteering while the afternoon group struggled to find resources that would enable them to learn.

The reception volunteers, based on their role and function, were perceived by management to be a homogenous group, particularly so by the reception coordinator. However, Homans proposed that 'a group is defined by the interaction of its members' (1951 p.84). The shift arrangements prevented any interaction between the eight members, and precluded the formation of a group. Most volunteers saw themselves as individuals working either with a specific other, or on their own. Without any sense of community there was little, if any, mutual engagement. What little there was existed between the pairs of receptionists who worked the morning shift. None was felt by the isolated afternoon shift members.

It was the morning shift that had opportunities to develop trusting relationships, noted by all the morning volunteers. These morning shifts' restricted work groups clearly had ample opportunities to add to the department's repertoire by creating new stories, artefacts, actions and approaches to visitors. Importantly, these extensions to the repertoire could be captured, recorded and entered into the Day Book. There was little evidence that the volunteers considered they were members of a joint enterprise (Wenger 1998a) since there was little or no collective negotiation.

There were instances of pairs of workers discussing it in isolation to the rest of the group. These would be the only times when ideas of mutual accountability would surface. The inability to communicate these ideas, and take in and incorporate ideas from other volunteers was the reception coordinator's greatest frustration with the job.

Wenger's three key elements of a community of practice (1998a chapter 2) were completely absent for the afternoon volunteers. Consequently, an afternoon shift volunteer had little or no personal learning structures at all. For four of the morning volunteers, they had readily available *in situ* learning structures and opportunities.

The hospice presented an example of a volunteering function – being a receptionist – assuming two very different experiences. The morning shifts were rich in all forms of support, mentoring and providing opportunities for the essential conversations that bind people together. Those in the afternoon were devoid of most of these characteristics. However, regardless of their shift, the volunteer's purposive and social needs, which formed the primary drives for their volunteering, were more than adequately satisfied. They showed very high levels of dedication to their chosen cause.

Chapter 5: Learning to volunteer at the drug and alcohol agency: a case of a short apprenticeship?

5.1 Introduction.

Of recent times, unemployed people are frequently recommended to volunteer with an organisation not only to learn new skills, or extend existing skills, but to learn a new or different culture of work (e.g. DirectGov 2012). The growing popularity of internships may be regarded as another example where volunteering or being an internee can strengthen a CV (e.g. Gerken, Rienties et al. 2012). This chapter examines the early experiences of a group of newcomer volunteers at a drug and alcohol agency (called the 'drug agency') in the south of England. Unlike the volunteers at the previous case study, many of these volunteers did set out to become paid employees in this field of work.

In view of the rigour and content of the drug agency's training programme, the attitude of its management to engagement of volunteers and how volunteers worked very closely with paid professionals, I preface this chapter with a brief exploration of apprenticeship. This exploration further allows me to map the drug agency's volunteer training and practice activities against those found in Lave's (2011a) major study of a group of apprentice tailors in West Africa. This mapping provides a process of validation of my claim that likens the volunteers' first year of training and mentored work as a form of apprenticeship. The chapter explores the experiences of these volunteers, their professional colleagues and their supervisors from this perspective. On completing the preface, I resume the description and analytical processes used in the previous chapter.

5.2 Learning structures and apprenticeship.

The concept and practice of apprenticeship have usually been associated with youth during that period between ending formal school and starting work

(Fuller and Unwin 2011). With the 'cradle-to-grave' approach to jobs being replaced by the new normality of having numerous short-term contracts and multiple careers, the purpose of the apprenticeship may be found to have shifted. Fuller and Unwin (2011) argue that the classic apprenticeship may be giving way to new forms of 'work learning'. Currently, changes of career permit the carrying of previously gained experiences and specific learning from job to job, but new learning is frequently required in a new job. Indeed, as organisations adopt the mantle of continuous learning, new ways of providing on-the-job learning are essential.

Australian employers have been using 'traineeships' since 1985 (e.g. Stromback and Dockery 2005; Smith, Comyn et al. 2011). They are apprenticeship-like and were introduced to provide school leavers with a form of training akin to apprenticeships but for occupations other than those that have traditionally provided apprenticeships, such as manufacturing or construction. Smith, Comyn et al cite Kirby (1985) showed that such programmes were intended to increase training for women. One important difference between traineeships and traditional apprenticeships was that they could be shorter: Stromback and Dockery (2005) report that the typical traineeship's duration during their study was 12 months, implying that some traineeships were shorter. The content of the training was more specific to the trade or business the candidate was entering, with both on-the-job and off-the-job training. Fuller and Unwin (2011p.264) question the validity of these short apprenticeships when 'the level of skill involved falls below that normally considered to provide a platform for long-term employability and progression to higher levels of vocational learning'. But traditional apprenticeships and the Australian variant are aimed at school leavers. In the UK, there appears to be no national, formal approach to the training of adult workers which commands the same status and emphasis as apprenticeships.

5.3 The drug agency's training scheme.

The drug agency was an organisation that required an adult training programme that was recognised within its own profession. It trained newcomer volunteers not only for its own purposes, but acted as a training

agency for organisations providing similar services across the region. While not a formally registered apprenticeship scheme, its programme of training did have similarities to an Australian traineeship or a short UK apprenticeship scheme.

The drug agency's volunteers were seen as the seed-corn that would ensure the continuation of the drug agency, its work and the expansion of current and future services. Consequently, the programmes of recruiting, training, guiding volunteers through probation to become fully internally recognised volunteers had been carefully designed and were well managed. Once internally recognised as trained volunteers, volunteers continued to be formally line-managed by their volunteer manager while at the same time receiving specialised clinical supervision. The drug agency's programmes were said by the volunteer manager to lead to 4 out of 5 volunteers obtaining paid work either with the drug agency or other drug agencies in the region. While the drug agency didn't operate a formal apprenticeship programme, didn't mention the word 'apprentice' in its literature, nor did the managers and HRWs mention the engagement process of volunteers as any form of apprenticeship, I propose that the drug agency did operate a quasi-apprenticeship/traineeship rather than simply engaging volunteers and providing a short training. Exploring how that quasi system operated is important since it contains elements of relationship building as well as skill learning processes.

Goody (1989), in reviewing a number of ethnographic studies of apprenticeship, made two related but distinct statements. She concluded that there was no single definition of apprenticeship. Secondly, she adopted a lowest common factor approach in her definition of an apprentice: 'an apprentice is someone who doesn't know, learning from someone who does' (1989 p.234). Lave (2011a), in a major expansion of her studies of the Vai and Gola apprentice tailors in Monrovia (Lave and Wenger 1991) strongly disagrees (she uses the words 'quite to the contrary') with this definition. Conversely she argues that 'we are all apprentices, engaged in learning to do *what we are already doing*' (2011a p.156 emphasis added). Thus she makes the assertion that 'apprenticeship is a process of *changing* practice.' (2011a p.156 emphasis in original).

The drug agency's approach permitted both views. Some newcomers knew nothing about drug usage or the care of users, and came to learn from those who did. Others had personal experiences of being a drug user or had family members involved in drug taking and wished to change their own understanding of drug usage and how to approach and influence those they would counsel.

Fuller and Unwin's findings argue that the better apprenticeships are what they called 'expansive', and have the following key characteristics:-

- (1) apprenticeships are embedded in the broader business plan of the organisation;
- (2) apprenticeships are embedded in the organisation's broader workforce development plans;
- (3) the dual identity of the apprentice as both worker and learner is maintained;
- (4) there are opportunities for the apprentice to learn in different settings of the job;
- (5) and that any qualifications appropriate to the apprenticeship are achieved during the lifetime of the apprenticeship (2007 p.117).

The drug agency scored well in characteristics (2) and (3). As it has expanded its range of services, the drug agency has engaged more volunteers. As at September 2012, they had 100 volunteers in place across the set of departments⁷. In respect of characteristic feature (1) above, the role, and consequently the required training and on-going support for its volunteers were seen as crucial to the drug agency: the place of the volunteer was well embedded in the drug agency's business plans. The volunteers who participated in this case study only worked in activities allied to the drop-in centre (explained below) and would have to request to move to another department to benefit from characteristic (4). The training programme for volunteers was not designed to meet any national or professional training, or

⁷ Private email from senior volunteer manager to researcher.

educational standards (characteristic 5), but the drug agency's senior management considered that any volunteer they trained could get employment in another drug agency. A few volunteers were selected to benefit from the national Certificate of Community Volunteering (CCV) at a local college or university course.

Offering an apprenticeship to a newcomer requires that there will be a structure with a clearly defined end-point, during which learning can take place whether it is learning from scratch or in changing one's current practice. Lave (2011a) however argues that the agreement between the apprentice master and the apprentice contains more than the master being just a provider of a carefully ordered sequence of opportunities whereby the apprentice can learn and master new skills. The apprentice master has to be cognisant of the changes that take place in the apprentice and in the relationship which develops between master and apprentice as they both learn, perhaps as the apprentice's primitive practice changes. Lave illustrates how, as the practice changes, so does one's learning. Lave's concept of apprenticeship maintains that it was also about socialising the newcomer into the society of tailors or, in my case, the newcomer volunteers into the group of paid harm reduction workers (HRWs). Lave argues that socialisation offers 'peripheral participants legitimate access to the arena of mature practice.' (2011a p.68).

The drug agency had a stable management structure and a clear, advertised progression through its training programme starting with the careful selection of potential newcomers. Following selection, volunteers undertook a formal training programme which transferred knowledge relevant to the skills that the volunteers would master as well as providing opportunities for the newcomers to develop their initial, primitive practice. This was the 'front-end' (Hager 2004) component of the overall training programme. By having a team of practitioner trainers, there was more opportunity to recognise how each learner was progressing. In describing the intensity of supervision required, the senior volunteer manager discussed how trainers could intervene with those who needed a more granular approach. Encouraging volunteers to develop cooperative relationships and to recognise that certain fellow HRWs and managers had useful, learnable skills helped socialise newcomers into the

micro-society of harm reduction carers. Pathways were provided for newcomers to start on a trajectory to gain access to Lave's 'arena of mature practice' (2011a) which was occupied and managed by experienced HRWs and managers, who were once volunteers themselves and had made similar personal journeys.

Once working in the drop-in centre, volunteers entered a world of constant, informal learning. Lave (2011a) argues that apprentices had to learn to make 'ways in' to the practice. Normally the Vai apprentice master would provide numerous opportunities for his apprentice to do small tasks about the workshop, or encourage the apprentice to practise skills away from garment production. Tailoring apprentices could practise a specific skill repeatedly with scraps of material until they had mastered it. Unlike Lave's apprentices, the drug agency wasn't dealing with identical instances but situations where each case was a unique client with different needs. The drug agency's initial training programme included two days when newcomers shadowed their trainers, by observing, listening to and discussing the 'opening moves' or ways in that current volunteers and HRWs practised. Learning to move out of 'the space where strangers dwell with one another' as Sennett (2012 p.23) calls that no man's land before the initial moves of making a relationship are made, was crucial. Developing and rehearsing opening moves or ways in was part of the role play during the formal learning sessions. One newcomer volunteer made reference to this technique when commenting on an experienced volunteer's skill in discussions with clients with a view to 'transferring learning' to herself.

Following achieving some mastery of making ways in, the Vai apprentices could concentrate on their practice. In the tailoring workshop, this meant repetition of the range of techniques/procedures needed for different parts of a garment as the apprentice honed their skills. This was very difficult to replicate in the drug agency as clients could not be 'practiced on'. Once the probationary volunteer had completed a way in with a client, the volunteer may have to rely on a predetermined plan or mental script as they tried to progress the encounter. Motivational interviewing, a technique adopted by the drug agency, has a recognised form and content (e.g. Miller and Rollnick 2002), and volunteers were encouraged to develop their understanding of it

and skills with it. How well volunteers succeeded was best assessed by an external observer/listener, the role that the HRWs and volunteer managers adopted during the probationary period.

With the volunteers moving to work in the drop-in centre, the role of apprentice-master shifted from the trainers in the formal training room to the skilled, experienced HRWs in the drop-in. Their roles were not simply that of teacher, supervisor, boss or even some combination thereof. Some HRWs and managers assumed, very quickly, the relational position of trusted friend, even confidant(e) amongst the volunteers. And yet their prime functions were of correction or re-enforcement of the interventions volunteers performed.

How easy was it for volunteers to recognise and correct their own mistakes? One newcomer volunteer, Ann, offered the following candid commentary on her early attempts:

Just learning how to sort of speak to clients, how to handle different situations that arise perhaps where they're overstepping boundaries, you know, how to deal with confrontations. Just that alone, which, you know, in effect can be encompassed in a simple 5 minute conversation, actually is more complex than anybody would initially assume. Because, you know, you're dealing with people who, you know, are fragile, damaged, you know ... you know, have got all sorts of things going on that most people would find difficult to, you know, understand. So when you're trying to build a relationship with somebody and build trust, you know, you could be trying to overcome years of them being programmed in a certain way because of their addiction or their experiences. So I think, you know, being in the drop-in I think underlines in effect what we're doing. Because as I said, in a simple conversation actually you could be dealing with some quite complex things.

Lave (2011a) doesn't discuss the concept of performance management. The Vai apprentices had a readily available means of assessing the quality of their work: did their clothes sell and at what price? High quality clothes sold at their list price: lower quality clothes sold after a session of bargaining.

Apparently, sewing the flaps of a pair of trousers was considered the most difficult component of work. Once a master felt an apprentice had sufficient skill to move onto sewing flaps, the apprentice would be encouraged to do that. Performance measurement, if it was considered at all, was an attribute of how a skill had been mastered, its assessment being intrinsic to the role of the master. For different reasons, performance management at the drug agency seemed inappropriate, and very difficult to introduce as a practice.

Ann, whose previous career as a manager involved much performance management, considered that it was very difficult for a volunteer to assess their own ability in dealing with clients. She felt the concepts and practices of western performance management were wholly inappropriate to the work of the drop-in centre. She captured the essence of this difficulty:

The way that I suppose I measure myself is, you know, how many new people I engage with, you know, seeing the progress of certain relationships, you know, being built over weeks ... how much more confident I feel, I suppose in myself, giving perhaps harm reduction advice in the needle exchange. You know, I do that very much myself – that’s not really something necessarily that someone else could monitor me doing, because we’re not monitored in that way if you see what I’m saying. Like Alexa [isn’t] saying to me ‘Right you’ve got to give three lots of harm reduction advice today’ or, you know whatever, but I set myself little goals obviously of things that I want to achieve myself.

Unlike the tailor’s shop, where examples of what the master expected were on display, the drug agency’s volunteers had to observe and overhear the interventions HRWs made and hopefully be able to discuss them afterwards. Shadowing continued during the period of probation.

This lack of plentiful examples for the volunteers was a product of the management practice of the drop-in centre. An additional role of the duty HRWs was to control access to the building through the front door by selectively permitting who came in as well as letting those who wished to leave to do so. This controlling function was very important in maintaining ‘bans’

on certain individuals while other clients simply wanted to stay in the centre all day rather than use it for its defined purposes. There were times when additional HRWs or volunteer managers were called to assist with the heavy traffic. As the main entrance was in a separate room to the drop-in centre, the HRW was usually unable to observe all of what happened there. Consequently HRWs intermittently conducted discussions with clients. While the Vai apprentices had a master at whose sewing machine table they could stand, closely observe and discuss, the drug agency's apprentices sometimes did not have a practicing HRW to hand. One volunteer commented:

'I think cos George [an HRW] [is] always, like manning the drop-in and the door, it's difficult to try and get a conversation with him, because obviously he's always getting pulled away to the door'.

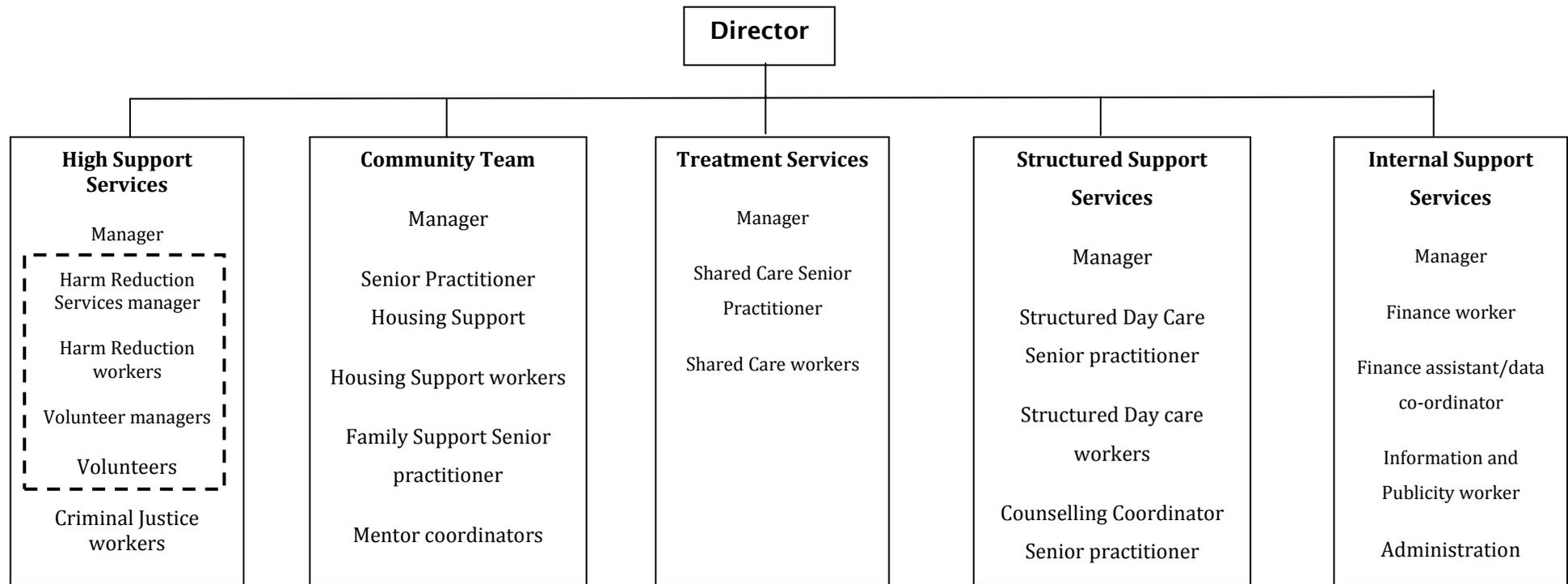
The rest of this chapter reports and analyses findings from the drug agency from the viewpoint of the volunteers undergoing a short apprenticeship with the volunteer manager as their principal apprentice master.

5.4 About the drug agency.

The drug agency was a multifunction drug agency dealing with many of the outcomes of the damage that drug abuse creates for individuals, children, families and communities. The information in Figure 5:1 and the following paragraph is taken from the drug agency's 'Volunteer Handbook' which cannot be fully referenced for reasons of confidentiality. This case study deals with a small part of the drug agency which engaged volunteers and which I refer to as the drop-in centre.

The drug agency was originally conceived by a group of probation workers who saw a need in their own clients and designed a service which responded to it. At the time there were no specialist services operated by the local council for people with a drug problem, the council at that time believing that there wasn't a problem. The drug agency opened their first premises in 1985 with a team of 4 full time and 1 part-time staff. At the time of data collection, it had approximately 100 paid staff and 37 volunteers. In 2010-11, the drug agency saw over 2,500 clients.

Figure 5:1 Departmental structure of the drug agency. The box inside the High Support Services structure shows the placement of the drop-in centre.



The overall structure of the drug agency contained 4 operational teams and an internal support group, as shown above in Figure 5:1. All of these services had progressively emerged from the drug agency's mission statement which states, 'Drug and alcohol problems damage individuals, families and communities. The drug agency is reducing harm, promoting change, challenging prejudice and maximising people's potential.' The High Support Services team offered the initial intervention services that a new client will encounter. It was also the department that engaged the majority of volunteers, and particularly the volunteers who acted as respondents in this study. As volunteers were selected to perform specific, pre-determined tasks, the mixed paid/voluntary organisation operated what Meijs and Hoogstad (2001) call a 'programme management' style of structure.

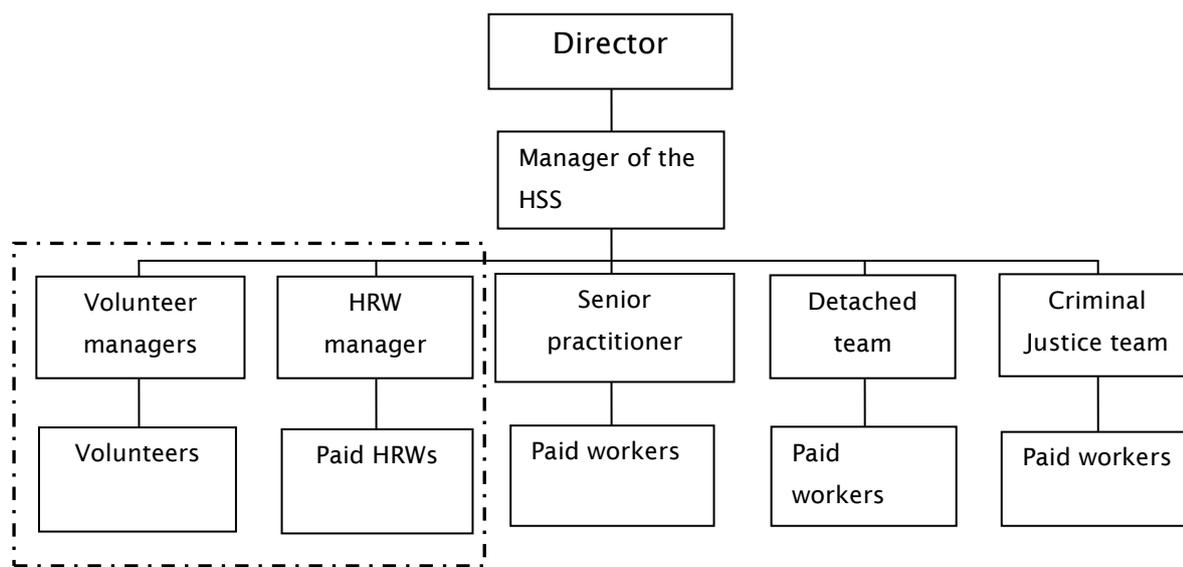
The drug agency engaged volunteers for three aspects of its work. The majority worked in the drop-in centre within the High Support Services department while the mentoring volunteers worked with the children of some of the drug agency's clients. At the time of data collection there were 10 professionally qualified counselling volunteers, each of whom provided pro-bono 1 day per week to the drug agency, sometimes offering longer-term one-to-one counselling. Volunteer mentors formed part of the Community Team while the Counselling volunteers worked in the Structured Support Services. The functional title adopted by the manager of the drop-in centre volunteers was 'volunteer manager'.

5.4.1 The High Support Services department.

The High Support Services team (Figure 5:2 below) operated the organisation's front-line services comprising needle exchange, outreach to two hostels and to street-based sex-workers, criminal justice services for newly released prisoners and the drop-in centre. The team of five volunteers interviewed worked in this centre and the hostels. Needle exchange was offered to all registered drug users with the drug agency. A small 'detached' team of a senior practitioner and harm reduction workers operated in two charitable hostels in the city that housed drug users. The same set of services, that is informal one-on-one counselling and needle exchange facilities, were offered to hostel residents.

Occasionally the drug agency was asked by city hospitals to work with bed-bound patients who were drug users.

Figure 5:2. Organisational chart of the High Support Services department with the drop-in centre shown in the rectangular box on the lower left-hand side.



(Source: expanded extract by researcher of original from 'Drug agency')

The department also managed a shared partnership with a small independent community-based drug treatment agency that provided counselling, advocacy and support to Black, Asian and Minority Ethnic adults and young people in the city who were involved in, or at risk of misusing drugs and/or alcohol. The partnership handled the criminal justice resettlement work with two staff members being supplied by each agency. Since many individuals leave prison with inadequate support and fall back into criminal activity, the drug agency's policy was that the resettlement of individuals leaving prison was one of the most effective ways of tackling crime and preventing reoffending.

Two vans, fitted-out with a small consulting room and a small waiting room were used by the drug agency as mobile Harm Reduction centres. These vans were parked from early evening until the small hours of the morning in areas of the city where drug users congregated or in neighbourhoods frequented by street-based sex workers. Many sex workers were frequently drug users, earning money to purchase illegal drugs by offering sex services. The vans

offered similar services to the main drop-in centre and were staffed by at least two HRWs and one or two volunteers. Volunteers were asked to work on a van on a rotating shift basis once they had completed their first three months in the main drop-in centre.

5.4.2 Purpose of the drug agency's drop-in centre.

The drop-in centre was a direct access centre, that is anyone could call in with any kind of drug-related problem and expect to be listened to without any form of appointment. In Figure 5:2 above, it is represented by the box on the lower left-hand side inside the High Support Services department. The centre was also a safe place for those drug users who were in any form of crisis, offering them initial counselling and support services. Clients who succeeded in attending three agreed sessions may then have been passed on to the Shared Care service in the Treatment Services department. This was a form of scheduled one-to-one care. One of the drug agency's HRWs, Esme commented that the drop-in centre and the Shared Care group worked very closely together. The centre referred to all drug-user visitors as 'clients'.

5.5 The volunteer experience.

It wasn't events that dominated the interviews with the drug agency volunteers, but their recollections of interactions with people - their fellow volunteers, HRWs, managers and their clients. Different forms of relationship had emerged, some trusting, some based on simple friendship and others based on recognising and valuing a person's vast experience and knowledge.

The volunteer's experience started with the initial enquiry, and how that tentative request was handled by the drug agency. From that moment on, the two managers at the interview and then the group of volunteer managers, HRWs and other managers whom they met during the training sessions were influential in presenting the nature of drug addiction, its effects and its treatment options. These people formed the main formal network on which the volunteer would be dependent. Over time, relations were formed with other newcomers as each volunteer created their own informal network.

During the shadowing sessions the mix of existing volunteers, duty HRWs and clients made very 'real' what may have started as an idealistic desire with the volunteer. The newcomer volunteers indicated that the three months as a probationer were the most influential period, offering numerous learning opportunities.

Major contributors to the formation of a volunteer's experience were the clients, some of whom provided some unsettling and challenging experiences for the newcomers. Ann was a trainee volunteer who believed that it was right for her to take responsibility for the future treatment of a client while having little or no influence over how he lived his life. As her clinical supervisor, Alexa said,

[Ann is] somebody who's got super over-involved with every client, and then super-disappointed when the client hasn't made the changes she thought [were going to happen].

Volunteers repeatedly met and heard users who had made frequent attempts to reduce their usage of drugs, and who found it very difficult. Such was the unpredictability of drug users that learning to deal with just 'the here and now' was a hard lesson for some volunteers to learn.

Once volunteers had completed their initial training and a probationary period, their experience developed as they were exposed to the wider collection of managers, staff and volunteers in other departments. The regular shift days were when volunteers established ties with other volunteers whom they found rewarding. Such rewards were, for example, being provided with useful resources (Crossley 2011), sharing in simple sociable occasions (Simmel 1971; Crossley 2011), experiencing cooperation from others (Sennett 2012), or occasions when they felt that they could establish a resource exchange relationship (Tilly 2005; Plickert, Côté et al. 2007; Crossley 2011). Crossley suggests that the initial interactions that we have with another are in a sense blind. We go into a series of interactions with another not knowing what the outcome will be, not knowing if we will find the interaction rewarding. Consequently, we will tend to withdraw from those relationships that don't deliver the resources we seek.

The formal, drug agency-supplied networks became more meaningful to probationer volunteers as they established themselves as Tuesday volunteers since those networks offered useful resources. From those formal networks, the volunteer's own personally constructed informal networks began to emerge. Some of those networks were tentative: individuals moved into and out of embryonic networks as they were assessed shift after shift. Other networks formed with the speed that specific friendships are sometimes made.

After I have introduced the volunteers, I report how these two forms of network, the drug agency-created formal networks and the personal, informal networks enabled volunteers to learn and develop skills, gain an awareness of the job and be able to work with colleagues and clients.

5.5.1 About the volunteers.

Of the 5 volunteers who made up the Tuesday 'crew', three were newcomers. All three expressed the hope that out of their volunteering at the drug agency, paid work may be offered to them. Only the fifth volunteer, Irene, in her late 60s, and a retired teacher didn't seek paid work. The three newcomers underwent their training 6 months before being interviewed and had been working for approximately three months, which amounted to approximately 13 or 14 shift sessions. Each had completed their probation.

Ann was in her early 30s, had extensive work experience in the private sector, having been a manager for 3 years and was struggling with the breakdown of her marriage. Drug use and working with drug users were new to her. She summed up the challenge of learning a very different type of work as follows:

I find it very rewarding, I find tiny, tiny little things, you know, satisfying and rewarding and ... it's a huge, huge learning curve, and I just feel like there's so much more that I could learn. I've just found it to be like probably the biggest ... well apart from having a child and becoming a parent, I think it's one of the biggest learning experiences of my whole life, cos it really does make you sort of, you know, look at yourself and, you know, your own ways of thinking and

your ways of dealing with things, and your strengths and your weaknesses. It's a very exposing work really.

Peter, also in his 30s was contentedly sharing his life with a partner. Peter had a history of drug addiction and was familiar with the processes operating in the drug agency - the counselling work, the needle exchange and how harm reduction workers supported clients. Peter's answers to questions were brief and to the point, illustrated by the transcript of his interview occupying 11 pages while the average of the other four volunteers was 16.

The third volunteer, Mary was in her 50s and had 8 children and three very young grandchildren. She had had recent experience of her older children and their friends being on the fringe of dealers, drug use and the disruptive issues that such behaviour brings. Mary, with little education, had worked as a hairdresser. Apart from possibly providing her with a paid job, she now saw volunteering at the drug agency as her private, personal time.

This is for me, this is what I want to do later on, so this is my training. Um ... I suppose I treat it like a college.

She describing her feelings about being managed as,

It totally surprised me, because I never realised you can have that sort of relationship with someone that is in authority sort of thing.

Similar positive feelings were expressed when asked about how her supervisor acted as a personal development manager.

She surprises me sometimes cos she says 'You're capable of doing this'. I probably think I'm on a 2, and she'll put me on a 3 and push me. And then I think 'Oh yeah I can do that, yeah'⁸.

The fourth volunteer, Alan was in his late 20s, had been volunteering for 19 months and had taken up the offer of funding by the drug agency to study for a CCV at a local university. He saw his time at the drug agency as one of

⁸ The numbers 2 and 3 refer to competency levels where 1 is the lowest.

continual learning. He hoped very much that his work as a volunteer at the drug agency would lead to paid work in the same field. He already had a short-hours, paid contract as the drug agency's office cleaner. It appeared that after a very uncertain life trajectory following leaving school, Alan had found an occupation that both satisfied and challenged him.

I want to work in this field; I've found something after ... you know ten years from leaving school that I enjoy, and that incredibly I might be quite good at. So you know it's ... yeah I love being here and ... yeah.

An example of Wenger's (1998a) progression of a newcomer from the periphery of an organisation towards its core was illustrated by the changes that had occurred over the 19 months in Alan's group of friends and sources of support. Besides his regular Tuesday afternoon shift, he was a regular volunteer on the over-night mobile vans. Such work brought him into very close, regular contact with a very small group of HRWs. Alan's personal support network had changed from being composed of volunteers to HRWs. He didn't name a single volunteer as either very close or somewhat close. He saw a core group of three HRWs not only as his main source of instrumental and informational support, but as his core social contacts - his emotional support.

The fifth volunteer, Irene was in her late 60s and was a retired school teacher. She was married with three grown children and grand-children. She had been with the drug agency as a volunteer for 13 years. She recalled that her trajectory in her early months was similar to the current practice - a period of training and shadowing practicing volunteers and paid staff, and then being inducted into a work group. She said that even 13 years ago the drug agency had a written agreement with volunteers. Her reasons for joining were that as a teacher she saw children becoming involved in drug abuse, with one of the school's 6th formers dying from an overdose. 'I was very cross that drugs were ruining young people's lives' (Irene). What made her angry was 'seeing children that I remembered at the age of 5 appearing here [the drug agency]'.

With her extensive experience she handled difficult client cases as well as performing the 'crisis intervention key work', a specialised form of

conversational intervention. Her needs for day-to-day support she considered now to be few, but her infrequent requests were made to her line manager, the HSS manager and his counterpart in the Structured Support Services. During her early days she had had an extensive circle of friends partly drawn from her volunteer colleagues, others from the paid staff. She still considered two of these paid staff as close friends, whereas many of the others she worked with now she saw as 'work colleagues'.

5.6 The recruitment process.

This section refers only to the recruitment process for the volunteers who worked in the drop-in centre.

5.6.1 The drug agency's recruitment documents.

Prospective volunteers applied to the drug agency using a variety of means, the most frequent being a personal phone call to the drug agency, enquiring how to apply. The second method was responding to an advertising campaign, by phone, personal visit, email or web access. Once initial contact had been made, the drug agency initially sent out a 'volunteer pack' which contained four documents: a cover letter; information for people interested in volunteering; an application form and a stamped addressed envelope for returning it; and an Equalities Monitoring sheet requesting personal information and a return envelope. The cover letter provided two important dates: the closing date for applications and the start date of interviews for the current recruitment drive. It also gave a schedule of the training sessions including dates and the venue that the applicant was expected to attend. The information document contained 8 sections: what previous voluntary work the volunteers had been involved in; who could volunteer at the drug agency; what abilities and commitment the drug agency looked for in volunteers; what volunteers may get from the drug agency; what it was like being a volunteer; what expenses were covered; how to fill in the application form and what happened at the interview stage. The application form included a substantial section entitled Volunteer Commitment which contained the questions 'Have

you been in treatment, prison or on any [drug] substitute prescribing programme within the last 12 months?'; 'What is your understanding of harm reduction?'; 'How would you respond to someone who was in emotional crisis?' and 'What does equal opportunities mean to you?'. Then followed a full A4 page section for the applicant to describe why they would like to volunteer.

This was the opportunity for the candidate to describe their 'joining needs' considered by Foster (2006) to be essential (see Chapter 1, section 1.3). Volunteers were also asked to supply details of their volunteering experiences to date, any skills and personal qualities that they would bring to the work and what they expected to get from it. This opportunity to declare up-front what they expected to get from volunteering formed a crucial part of the psychological contract between the volunteer and the drug agency, with the drug agency having declared their initial expectations of a volunteer in the application form. Applicants were asked to indicate if they had previous criminal convictions and to supply details of two referees who would be contacted only if the applicant was selected for interview.

This final part of the information document contained a brief description of how application forms would be processed. On receipt, applicants' submissions were matched against required skills and relevant experiences with the most suitable applicants being called for interview. The interview panel was normally made up of a volunteer manager and the manager of the HRWs. (See section 5.9.1) for a description of the role of the volunteer manager). The interview questions were designed to allow candidates to expand on their written answers in the application form. At the end of the interview, candidates had an opportunity to ask about the role as well as conditions of service. The final selection was based on the degree of match between a candidate's skills and experiences and the drug agency's requirements as well as the candidate's demeanour.

5.6.2 The drug agency's recruitment process.

In this section, the term 'recruitment' encompasses all the stages from recognising that there will be vacancies that need filling to inducting a trained

volunteer into a work group. The following information was provided by Alexa, the senior volunteer manager.

The recruitment process was split into 17 stages:-

1. Recognition of the need for new volunteers;
2. Advertising for new volunteers;
3. Handling initial applications, and sending out 'Volunteer packs'. This included individual enquiries made between campaigns. During January 2011, the period when interviews took place, there were over 60 applications.
4. Receipt of completed application forms;
5. Primary selection of a short list of candidates who would be called for interview. In February 2011, the short list was set at 30 after the close of applications;
6. Sending thanks and rejection letters to non-selected;
7. Arranging CRB checks for those initially selected;
8. Arranging diary dates for potential interviewees and the drug agency's interviewing staff, making bookings of internal rooms to be used for interviewing;
9. Interviewing candidates;
10. Secondary selection of those invited to train. Over the period 2009-11, the drug agency ran six recruitment campaigns (two per year) to recruit volunteers and had selected and trained, on average, 18 volunteers per campaign;
11. Informing in writing those candidates selected of their success and reminding them of the training sessions timetable;
12. Sending thanks and rejection letters to non-selected;
13. Reserving rooms, nominating the staff who would carry out the training and booking materials/equipment for the training sessions;
14. Carrying out the training sessions;
15. New volunteers who had completed training and whom the drug agency now considered suitable were allocated into day-groups, each day-group having a volunteer manager;

16. Volunteers completed a 3-month period as a probationer after which they were assessed by their volunteer manager to be recognised volunteers or asked to leave;

17. Inducting into the day work-group by their volunteer manager.

Alexa, the senior volunteer manager, considered recruitment to be a difficult process not least because some of the more suitable candidates were recovering drug users. The question was, have they recovered sufficiently to be able to work with other drug abusers? Volunteer management considered that some candidates were, for example, inexperienced in working in an office with other people and yet some of their personal qualities made it clear that they were worth persisting with. Some short-listed applicants withdrew before interview. Other candidates were very clearly suitable, having appropriate social skills while others much less so. Final selection also included an assessment of a newcomer's possible demand for one-on-one supervision in the early months following training. While the volunteer manager may have been able to cope with one new volunteer who required very close supervision for lengthy periods, 'and I mean supervising as in me sitting with them' (Alexa), she considered that coping with two such volunteers on the same shift could prove very difficult. Consequently, only one such volunteer was ever engaged per campaign.

At the other end of the competency scale it was known by the panel that some candidates applied hoping that through volunteering they would be able to move into paid work as a HRW. Assuming they passed their probation period and progressed as expected, if there was no vacancy at the drug agency for them it was likely that good candidates may leave and move into paid employment with other agencies. Alexa said that the drug agency had a national reputation for excellent training with many volunteers (81% to date) having moved into paid work. Consequently the drug agency made it very clear in the Information Pack and the Volunteer Handbook given to successful applicants, that engaged volunteers were expected to give at least a full year before possibly moving on.

To this end, volunteers who completed the initial training were asked to sign a 'Volunteer Agreement' which contained three main sections. The first, entitled

'Your commitment to [drug agency name]', described the time commitments, issues of punctuality, holidays and sickness arrangements that were expected of the volunteer. Volunteers were expected to have read and understood the drug agency's policies relating to CRB checks, equal opportunities and the rules of confidentiality within the organisation. The second section gave details of the drug agency's commitment to the volunteer. This included a clear statement of what expenses could be claimed, that volunteers were expected to take advantage of further training opportunities and what personal supervision and support would be provided. This topic provided details of the one-to-one supervision sessions with the volunteer manager, what topics would be covered in those sessions, and what was expected of the volunteer at those monthly meetings. Supervision and support also included opportunities to discuss client issues at the end-of-day debriefing, and that there would be members of staff available throughout the working day to help the volunteer if needed. Finally, in the third section, reference was made to the grievance and disciplinary procedures that applied. Volunteers were asked to sign and date the agreement. One copy was held by the drug agency; the second kept by the volunteer.

5.7 The drug agency's implementation of its initial training, probation and induction programme.

The central aim of the drug agency was to help drug users make the long and very difficult change over time to be 'clean'. The drug agency's initial training programme set out to inform potential volunteers that while 'getting clean' may not be achieved by all drug users, much positive work could be done with them (van Wormer 2010). The training course explored drug usage and addiction, the widening spiral of harm that drug abuse caused not only to the user but to their family, friends and the wider community, as well as the intervention model adopted by the drug agency. It also set out to align a potential volunteer's disposition or attitude to respond favourably to the aims and practices of the drug agency (Ajzen 1989).

The published training programme in spring 2011 contained the following topics:-

Table 5:1 Drug agency's training programme for spring 2011.

Week no.	Day	Topic	Trainers
Week 1	Thursday	Team building and CCV opportunities	Volunteer managers
	Friday	Drug awareness	Volunteer managers
Week 2	Thursday	Harm reduction 1	Volunteer managers and harm reduction workers
	Friday	Harm reduction 2	Volunteer managers and harm reduction workers
Week 3	Thursday	Safer injecting	Volunteer manager and specialist harm reduction worker
	Friday	Safer injecting	
Week 4	Thursday	Shadowing and IIMS/F forms	Volunteer managers
	OR Friday	Shadowing and IIMS/F forms	Volunteer managers
Week 5	Thursday	Communication skills 1	Volunteer managers
	Friday	Communication skills 2	Volunteer managers
Week 6	Thursday	Policies of the drug agency	Volunteer managers and drug agency Director
	Friday	Review and Endings	Volunteer managers

The training days ran from 9.30 am until 4.30 pm except the shadowing days which followed the working hours of the drop-in centre, 9 am until 5.30 pm, providing a total of approximately 106 hours of formal teaching. Once a volunteer had completed their formal training, they would spend a further 105 hours (approximately) being very closely supervised and monitored as a probationer. This total of 211 hours is somewhat short of the required 280 'guided hours' required by the Specification of Apprenticeship Standards in England (SASE) (BIS 2011), although each month, each volunteer would have a

2-hour review with their supervisor giving an overall total of approximately 235 hours in the first year. Volunteers were advised to attend monthly formal sessions when further education and training was provided enhancing their theoretical and working knowledge of drugs, drug abuse and counselling, possibly adding a further 84 hours per year.

This wholly internal training programme met many of Fuller and Unwin's (2003) requirements of an apprenticeship in that the 8 week/2-day per week programme was a costed and appropriately staffed component within the overall training programme which itself was founded on a solid business case. Skilled, experienced trainers were supplied by the organisation as well as from external sources. During this formal education another of Fuller et al's requirements was met in that supportive relationships were also being forged between volunteer and volunteer, and between volunteers and their trainers. A ritual, forming part of the close of the training course, was that each volunteer nominated and agreed some fellow newcomer who would be their confidant(e). This ritual involved each volunteer confiding in the named other a significant personal weakness that they felt would affect their work at the drug agency, and if and how the partner could assist them cope with and perhaps overcome that weakness. This practice, instituted by the volunteer managers, was closely aligned to Wills' (1992) findings that very close relationships appeared to facilitate self-disclosure which of itself provided accurate perceptions of each other's needs. In an intimate or very close relationship, instrumental support, advice and guidance were likely to have a greater impact because they are perceived as being motivated by caring and concern.

One of the course trainers, the volunteer manager, would later emerge as a quasi 'apprentice master' once volunteers were working in the drop-in centre. As the volunteer manager had been in post approximately 15 years, relationships between her and the successive groups of volunteers were likely to have been long-term. Such long term relationships are considered necessary by Lave and Wenger (1991) as well as Fuller and Unwin (2003).

The intervention model adopted by the drug agency was the so-called 'harm reduction' programme (e.g. Marlatt 1998), using as its practice counterpart,

motivational interviewing (e.g. Bein, Miller et al. 1993). Motivational interviewing adopts 'the strategy to help develop and support a client's belief that he or she can change' (van Wormer 2010 p.268). Motivational interviewing is based on the theory that decisions to make positive changes in one's behaviour are more likely to succeed if the client makes those decisions themselves. Treatment is a collaborative process (van Wormer 2010) between the client and their social worker or counsellor who initially accepts the client's current state. This acceptance of the client's state, in this case by the drug agency's volunteers, was fundamental to their work, a point strongly made by both the volunteer manager, Alexa and the HRW Liz. In acting as a counsellor, the volunteer was taught to encourage the client to consider the problems they faced rather than concentrate on drug usage itself. By working with the client, the volunteer could promote self-esteem and confidence in the client as they tried to adopt these new roles. The initial training introduced this model in the early sessions, providing opportunities for volunteers to develop skill through role play and observing videos.

Expansive programmes should offer apprentices opportunities to participate in a range of co-ordinated and progressive work situations (Fuller and Unwin 2008). The drug agency's course taught volunteers about safer injecting, central to reducing self-inflicted harm as well as teaching the administrative process to be used when working in the needle exchange. Additional free training covered much more about motivational interviewing and solution-focussed therapy was available to volunteers at a later stage. The drug agency also trained new volunteers how to recognise and respond to the different types of phone calls that came through on the general enquiries line. Volunteers were able to use these skills in planned out-placements such as hostels and hospital wards.

Since the work that the volunteers undertook could be distressing, newcomers had to learn to cope with such stress. The drug agency included a component in its training programme which taught volunteers how not to take on responsibility for the progress of clients. Taking on such responsibility had led to repeated disappointments which could be damaging to the volunteer as some clients repeatedly failed to adhere to their recovery plans. An important purpose of the end-of-day debrief was to provide volunteers with time where

any distressing episodes could be explored and hopefully resolved with members of the day crew. This opportunity to behave as a community of practice enabled the clinical supervisor to assess whether or not a volunteer required one-to-one counselling before leaving the premises.

5.8 How the training programme was delivered.

Twice per year the drug agency ran training sessions for the newly selected potential volunteers. There were approximately 18 volunteers in a group, which when allowing for 2 or 3 who may have dropped out mid-training could provide an additional group of 3 volunteers per weekday. The training programme followed the schedule, Table 5:1 above. Daily training sessions were mixtures of illustrated lectures/talks, practical sessions involving role play and the use of videos. The sessions were conducted by the three volunteer managers, the HSS manager, some HRWs and external trainers. Volunteers were taught by Liz, a very experienced HRW, how to carry out the needle exchange processes. Early in their probation period newcomer volunteers shadowed an experienced volunteer or an HRW as they carried out the needle exchange process with a client. Volunteers observed two sessions, and then carried out the process themselves with an experienced HRW observing and if needed, supervising them thus extending the range of their skills.

Volunteers were considered to be probationers for the first three months of their work-time in the drop-in. This was a time when a volunteer learned to work with fellow volunteers and HRWs, creating a sub-community of practice. By engaging in practice together, volunteers met Lave's 'condition for the effectiveness of learning' (2011a p.93). Probation included considerable on-the-job mentoring, matching the individual volunteer's personal learning rate as the drug agency had adopted an approach which progressively introduced new volunteers to clients. The early weeks of putting into practice, with clients, the theory learned during training were crucial to the volunteer. During this time the volunteer manager and the HRWs observed volunteers and carefully intervened as needed. Alexa explained how she received

assessments from fellow managers and the HRWs as the volunteer managers decided if a probationer should be taken on as a full volunteer or be asked to leave. On satisfactory completion of the probationary period the volunteer was inducted and recognised as a full volunteer.

This trajectory partially meets Fuller and Unwin's (2008) expansive apprenticeship path in that volunteers made a gradual transition to productive work through their membership of the HRW's community of practice. Access to the HRW's body of practice and knowledge, their group's history of practice development, and time off the job for continued learning all contributed to the newcomer's progression from the periphery towards the core of practice.

5.9 Managing the volunteers.

5.9.1 The role of the volunteer manager

Alexa was a part-time volunteer manager: of the three salaried volunteer managers, she was one of two who job-shared, the third manager being full-time. Both the job-share volunteer managers had other roles within the drug agency, but these were carried out on other days. Alexa considered they had 'complete free rein in terms of how they ran the volunteer programme': she had the independence to be the 'apprentice master'. As the senior volunteer manager, she considered they were the decision makers regarding how they structured and operated the volunteer training and probation programme, organised the volunteers' working day and how they ran the drop-in centre 'because we have manager status' (Alexa). There was additional authority 'that comes with being a senior practitioner ... and the way that collective decision making is made within the team.' (Alexa). However, the volunteer managers did not determine the drug agency policy: their manager, the second-line HSS manager had that responsibility. While they had formal, written job descriptions, none of the volunteer managers had received formal training either in management or in managing volunteers. The volunteer managers also liaised with external organisations, providing external training for caring organisations such as Caring at Christmas as well as for social workers and health visitors. Alexa also carried an informal responsibility

within the drug agency for flagging up new issues about drugs and patterns of drug use.

The drop-in centre was co-managed with the HRW co-ordinator who, despite his title, had equal manager status to the volunteer managers and was a member of the middle management team. However the HRW co-ordinator spent very little time in the drop-in centre which was reported to present problems not only for the duty HRWs but also for the volunteer managers and the volunteers. There was a single work function, that of counselling clients, carried out by two groups of people, each group reporting to different line managers. It was unclear whether the volunteer manager or the HRW co-ordinator had the authority over the drop-in centre and who really managed the day-to-day work of the HRWs in the drop-in centre.

Alexa had been with the drug agency following a career as a research biologist, was married and had teenage children. She saw her role:-

- to recruit volunteers for the drug agency;
- to provide training for volunteers for the drug agency;
- to act as the personal development manager for the volunteers;
- to be the clinical supervisor and line manager to the volunteers.

She clearly enjoyed her work: 'I feel very privileged really, I'm doing everything that I like doing'.

Considering the four factors of her role (above), the findings for recruitment and training were reported in sections 5.6 and 5.8 above. The content of personal development and the clinical supervisor role are discussed below.

Knowing that some volunteers wanted to be paid drug workers and saw their initial training and time as a volunteer as a precursor to paid work, Alexa was conscious of her role as the development manager for these volunteers. She expressed her awareness of this part of her role,

'So part of what's going through my mind each day is - is what this person's going to do today [going to] be helpful, is it going to develop them in whatever they want to do?'

This mode of thinking matches very closely Fuller and Unwin's (2008) expansive apprenticeship's vision of the training provider sharing a 'post-apprenticeship vision: progression for career'.

Alexa shared this development aspect of her role with the senior HRW, Liz who, through her observations of the volunteers could comment, even advise Alexa of a volunteer's progress, how their needs were being met and what might be a useful next step in their development. The monthly review was the formal time when such issues were discussed between Alexa and an aspiring volunteer. Liz's observations and her monitoring of each volunteer's progress were essential components of the expansive apprenticeship as proposed by Fuller et al (2008).

Alexa considered that carrying out the volunteer manager's role in the drug agency was complex and wide-ranging, not least because of the importance the drug agency had placed on clinical work and its supervision. Unlike hospices in the UK (Hoad 1991; Scott and Howlett 2009) volunteers were trained by the drug agency in limited aspects of clinical care and treatment, for example, working the needle exchange programme. This required a second form of supervision, called clinical supervision, over the daily line-management function. Alexa defined the difference between line management and clinical supervision as,

We have a very clear difference between clinical supervision, so that's how ... you know how the volunteer is interacting with the client and what's going on in that relationship between the volunteer and the service user ... and [line] management, which might be more about, you know, timekeeping, paperwork, filing

Client-facing staff and volunteers had two managers/supervisors – a line manager and a clinical supervisor. HRWs had an internal line manager and an external clinical supervisor. For the drop-in volunteers, the volunteer managers were both clinical supervisors and line managers. The three newcomer volunteers and the two experienced volunteers clearly understood that both roles were carried out by their volunteer manager.

Within the context of paid staff verses volunteer and the power dynamics operating across the drop-in centre, Alexa described her over-riding purpose as ‘making sure that the volunteers are happy and that they feel fulfilled in their work ... and that the clients are really getting a good service’. In achieving this, she was conscious that a protective element of her role was

‘interpreting for the volunteers, so that they really understand what’s required of them and putting it into plain language.’

Alexa also recognised the ‘big power dynamic’ as she called it that existed between volunteers and 1st and particularly 2nd level line managers. “It is very hard for the volunteer to say to somebody, ‘Well, you know, what exactly do you mean?’”(Alexa). Her role as an interpreter between the organisation and the volunteers was important in these situations.

5.9.2 Monthly reviews.

The core of the monthly review was to discuss with the volunteer an incident or two with a client which had been challenging, which may not have progressed as well as the volunteer had hoped or may simply have gone wrong. While Alexa believed in praising volunteers on work that she judged well done, she also recognised that much could be learned from failure. She would examine episodes of failure with a volunteer by exploring what led to the failure, and how it could have been prevented. Sometimes, the volunteer and Alexa would role play alternative approaches and dialogues in the safety of a closed room, emphasising listening skills, listening to the details a client offered while attempting to move a conversation on. Such activities could promote a state between Alexa and the newcomer volunteer similar to Homans (1951 p.119) hypothesis that, ‘The more frequently persons interact with one another, the more alike in some respects both their activities and their sentiments tend to become’.

Alexa said she knew her volunteers very well, understanding their personal needs in coming to the drug agency, their strengths and those areas of behaviour and performance that required supportive interventions. This was

confirmed in that all three newcomers agreed that she was very perceptive in her conversations with them.

Ann commented:

[Alexa is] very approachable, she is very understanding ... but I think more than that I feel that she really gets me, that she really um ... has an accurate perception of the type of person that I am, and from that obviously what my strengths and weaknesses are, and obviously because I'm also quite open with her about that, it means we've got a very good, very open sort of dialogue.

The volunteer manager saw her role as the volunteer's development manager which was central to a volunteer's personal development. She covered the full range of activities proposed by Beattie (2006) (see Table 2.2.1) particularly in challenging and trusting the volunteers. By exploring with the volunteer their behaviour and influence with clients, the volunteers were more able to develop their practice, a central aim of an apprenticeship programme (Lave 2011a). This intense mentoring further enabled volunteers to increase their confidence, reduce their dependence on the HRWs and the managers, and to learn how to pay a deeper form of attention to the client in ways suggested by both Sennett (2012) and Williams (2012).

Alexa considered that support and supervision were very similar (Hedley 1992). She also recognised that people learn in different ways and at different speeds which was why she would only take on one potential high-dependency volunteer at a time.

The drug agency generously offered funding for suitable volunteers to undertake a Certificate of Community Volunteering at a local college, another essential component of an apprenticeship programme. This promotion of learning development by volunteers was underpinned by Alexa's own experiences. On changing her career as a post-graduate biological researcher due to family commitments, she read for a Diploma in Substance Misuse. Alexa clearly recognised and valued appropriate education and training, promoting whenever its benefit to both the individual and to the drug agency.

The monthly review was also the occasion when the volunteer manager may have to face the difficult task of disciplining a volunteer or asking them to leave. This would be done by challenging the volunteer with

some very honest feedback about what I've observed or what colleagues have observed, and asking whether the volunteer is aware of what they are doing (Alexa).

She said that volunteers frequently were unaware of the effects of their language with clients and, with careful intervention, situations could be turned around.

Alexa led her volunteers and modelled the required behaviours in a very open, trustful and supportive manner. Her style of management approximated to a mix of Ilsley's (1990) 'wholly trusting style' and Leonard et al's (2004) 'nurturing style' which offered a balance between permitting autonomy and offering direction to a volunteer. The volunteers appeared to have great respect for the volunteer managers with Mary, for example offering, 'I do trust Alexa an awful lot'.

5.10 The overall nature of the volunteers' networks.

As with the other case-study, I have translated the data from the ring maps into a number of matrices which NetDraw (Borgatti 2002) manipulates into sociograms. Through visual analysis of these sociograms I was able to discern Kilduff and Tsai's (2003) four critical characteristics of networks of people: (i) the importance of relations, (ii) the principle of embeddedness in a network, (iii) the social utility of network connections and (iv) the emphasis on structural patterning in the networks.

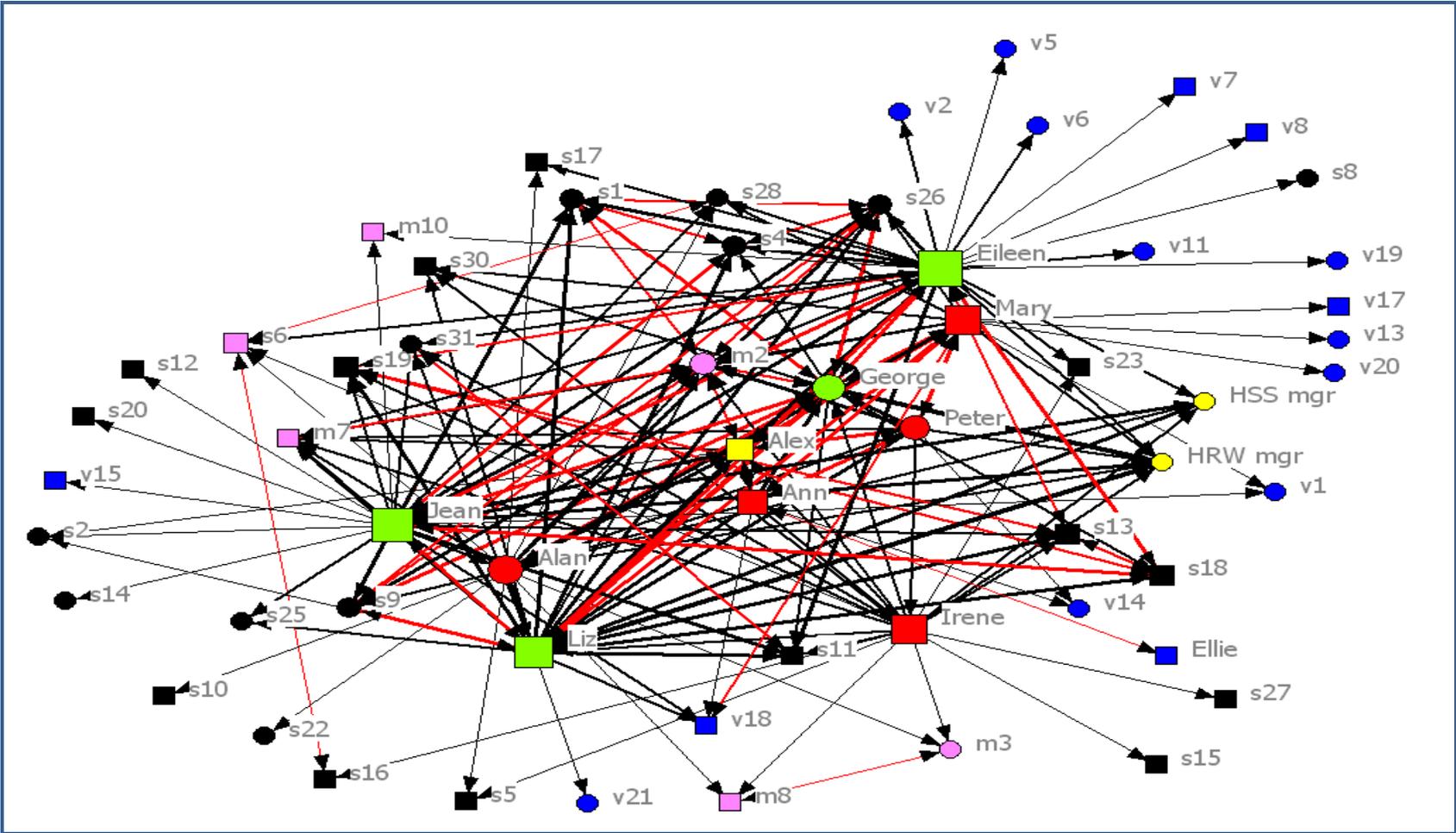
5.10.1 Interpreting the sociograms for the drug agency.

The sociogram Figure 5:3 shows the combined set of personal maps drawn by the 5 volunteers and the 4 duty HRWs. It is very dense, a clear indicator of a highly connected community of volunteers and paid staff. There are more very close ties than somewhat close, indicating high levels of emotional

support including trust. Not surprisingly, it is the HRWs who have contributed the majority of ties, particularly the alter-to-alter ties. The density of the sociogram shows the breadth and inter-connectedness of their personal networks as well as confirming each individual's embeddedness. Thick lines represent very close ties which, as has been shown elsewhere, are most likely to indicate sources of support.

The set of nodes directly attached to an ego is called the first-order zone (Mitchell 1969; Kadushin 2012). In this instance these are the alters named by a volunteer, and, for a newcomer includes their fellow newcomers, their line manager, the duty HRWs and a few other people who were in the training group or whom they have met at the drug agency. In considering the friends of this first-order zone, we see the large number of second-order alters who are within ego's reach. Such a dense network illustrates the strength of what is called the second-order zone (Mitchell 1969; Kadushin 2012), a pool of potential support and influence that the volunteers could reach and use. That large group can be reached in two steps (hence second order): ego to one of their named alters, and secondly, from one of ego's alters to one of their named alters. Some of the members of the second-order group may, over time, become friends of ego not least because they have been potential sources of support. Once those ties are formed, the network will increase its density as well as adding new paths.

Figure 5:3 A sociogram of the participants and their very close or somewhat close line managers, staff and other volunteers.



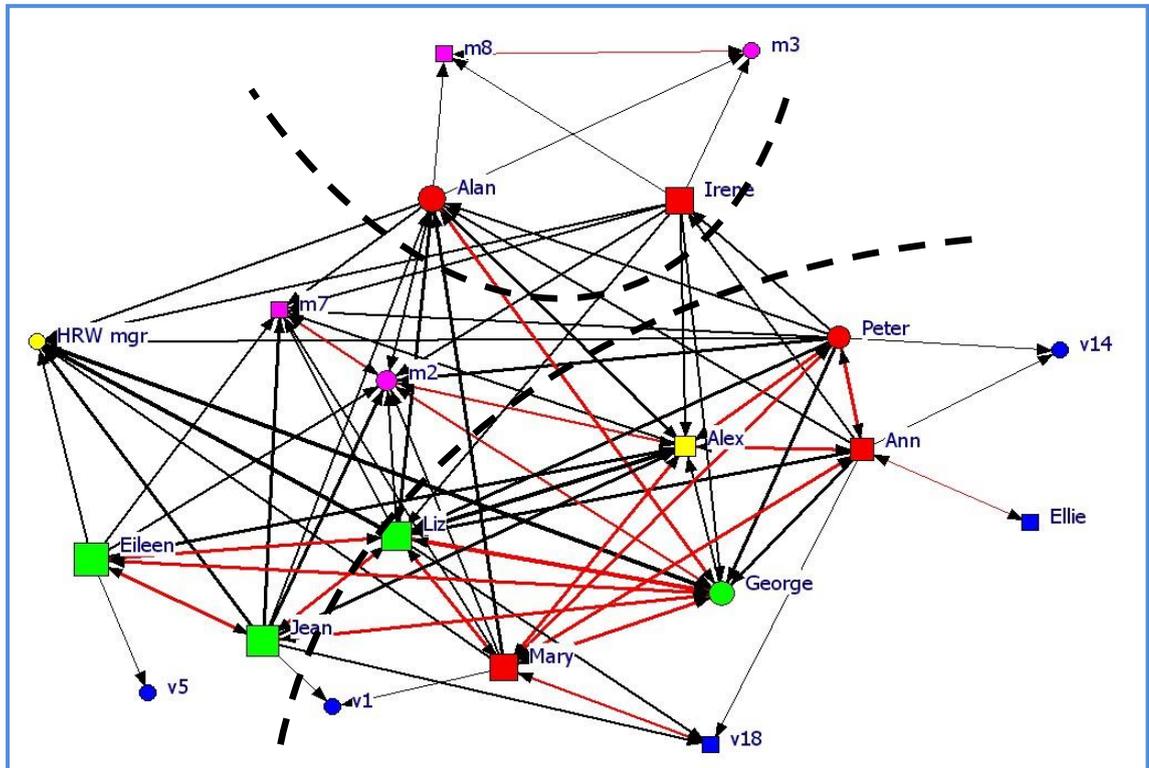
Key to Figures 5:3 and 5:4.

Pink shapes	Management team who were NOT interviewed – shown as m(number).
Blue shapes	Volunteers who were NOT interviewed – shown as v(number) and named, e.g. Ellie.
Yellow shapes	Managers who managed Tuesday staff/volunteers and who were interviewed – shown as m(number).
Black shapes	Non-participating staff.
Green shapes	Staff members (mainly HRWs) who were interviewed and formed the Tuesday group.
Red shapes	Volunteers who were interviewed and who formed the Tuesday group.
Line thickness shows: thick lines – name tab placed on rings 1 and 2; thin lines - on rings 3 and 4. The red lines show the reciprocal ties. The size of the node is representative of the number of requests for support received (i.e. indegree (Hanneman and Riddle 2005)).	
Circles are male; squares are female. (Source: researcher)	

The main sociogram is difficult to interpret at any level of detail, simply because of the density of ties. I have taken a subset of nodes and ties which enables us to analyse the relationships between the key players in the Tuesday drop-in. This subset is shown in Figure 5:4. I am aware that I have adopted here the substantialist concept of attributing forces and structures as ‘impellers’ of individuals down causal paths (Emirbayer and Goodwin 1994). But this raises another consideration which network analysis seeks to explore, namely causality.

To assist with its analysis, the sociogram can be visually partitioned into 3 sectors as shown by the heavy dashed curved lines. De Nooy and Mrvar (2005) consider visual analysis essential, demonstrating their opinion by only using visual analysis in all but one of the chapters in their book, leaving statistical analysis for the final chapter. I also use ‘strong’ as in ‘strong ties’ to mean that the tie is with someone placed on rings 1 or 2. Weak ties, not to be confused with Granovetter’s (1973; 1983) use of the term, indicates that the ties are with alters placed on rings 3 or 4.

Figure 5:4 A partial sociogram of the participants with their very close or somewhat close line managers, staff and other volunteers.



The sector to the lower right hand side of the sociogram shows the grouping of the three newcomer volunteers – Mary, Peter and Ann, along with Alexa, their manager and the HRWs Liz and George. The three volunteers are at their closest, with no intervening nodes, all sharing reciprocal ties. Just because they are reciprocal does not mean that the flows between them are in any way identical: they have just named each other as ‘very close’. Ann is somewhat remote from the centre of the sociogram: she is less connected than the other two volunteers. Drug care was a new world for her compared with Peter who was an ex-user and Mary who was threatened by her children’s activities on the fringe of drug use. Ann was carefully feeling her way into this work, slowly making ties and friends. Her strong association with Ellie, her confidante, who, in this diagram, is not connected to any other individual, is partly responsible for this distant position. Peter has more ties, not all reciprocal, to alters than Ann which draws him towards the centre of the diagram. Mary is securely tied to a couple of managers (m2 and m7), to her duty HRWs George and Liz and to her manager Alexa. Mary also has strong ties to two other volunteers, v1 and v18, the tie to the latter being reciprocal. Thus she has a strong safety net, stronger than Ann’s. All three newcomers

are tied to Alexa in strong reciprocal ties pulling her away from the centre. Liz and George occupy the centre between Alexa and the three volunteers, solidly supporting the newcomers and in touch with their line manager, HRW mgr.

The upper sector contains the other two, more experienced volunteers, Irene and Alan. Both have weak ties to managers m8 and m3. Even the weak ties from Ann and Peter, and Mary's strong asymmetric tie to Alan cannot pull them back towards the centre. Irene and Alan have developed strong ties with other managers and members of staff which, at the moment, separate them from the newcomers.

The middle sector of the diagram contains the other two shift HRWs, Eileen and Jean, and their line managers. Their strong reciprocal ties hold them close together in this central area. As all 4 HRWs commented during their interviews, their monthly practice evaluation meetings were mutually supportive activities which re-enforced their homophily.

5.10.2 A structural analysis of the overall network.

From a structural viewpoint (Kilduff and Tsai 2003), all the actors could reach all the other actors either directly or through short multi-link paths. There were neither isolated individuals nor isolated pairs of actors since the nature of the work was one of engendering continuous interaction with fellow workers. But the volunteers had limited connections, mainly to their own group and to the subset of HRWs who worked in the drop-in centre.

Within the network shown in Figure 5:4 there are nine cliques of at least 3 members (see table M.1 in Appendix M), an indication of a high level of interconnectedness of the network. George and Liz were the most influential alters across the network in that they were members of more cliques than any other individual, but Alexa was the most influential with the group of newcomers. Her ties to the newcomers as line manager and as clinical supervisor as well as having been the training group leader set her apart from the rest of the network. Alexa was content that Liz and George were both influential with the newcomers.

The third measure, structural equivalence, incorporates aspects of cliques, not least perceived transitivity and the ability to influence (Kilduff and Tsai 2003).

Being newcomers, having completed their training and their probation, the three newcomers formed a distinctive structural group. Because of the similarities between their tie profiles, and that their key contacts – Liz and George who were regularly equivalent, the three newcomers could also be considered to be regularly equivalent (Hanneman and Riddle 2005 Ch 12, pp 5-6)

Irene and Alan are shown occupying different and individual structural positions. While not at all isolated, their unique sets of ties were sufficiently different as to separate them from any existing structural group. Unlike George and Liz, who are regularly equivalent and therefore could exchange positions, there is no equivalence between Alan and Irene: they could not exchange positions. As was found from the interviews, they have very different roles with the clients.

From the perspective of the fourth measure, centrality, we can observe both the dependence on others as well as the giving to others (see table L:2 in Appendix L). The high values of indegree found amongst the HRWs and Alexa signify greater prestige: they are sources of support. The higher outdegree values of the HRWs verify both the broad extent of their connectedness, their extensive social base and consequently their influence amongst their network.

The four HRWs have the highest betweenness values indicating their very high involvement with others as bridgers or brokers. Whatever their role, they do have power over those on either side of them.

5.10.3 Formal networks.

The overall formal network was the corporate structure, being comprised of the full set of staff, managers and volunteers, all of whom made up the drug agency. The volunteers had access to a number of formal sub-networks based on this corporate model as they passed through their training and probation periods, and once they were inducted and recognised as full volunteers. Their first formal network was their training group made up of fellow volunteers together with their instructors. The second was the 'day-group' of volunteers, the day's team of duty HRWs, the volunteer manager and the HRW's manager. The volunteer's third formal network was the dyadic pair formed of the volunteer and their own volunteer manager or supervisor during monthly

reviews. The second and the third became the volunteer's main formal support networks.

A key purpose of the first formal network was, as Passy (2003) observed, to socialise volunteers into the organisation's culture through role-play and discussions with their fellow volunteers, managers and certain HRWs.

Discussing the training sessions, Ann commented that Alexa, in her role as trainer, was 'very supportive, she's very intuitive, very knowledgeable ... but yeah she's very approachable'. Mary commented, 'I have a lot of trust in these people because of what they know, but I wouldn't say I've gone to them for friendship. That's purely because I have a lot of faith in what they do and what they've done'.

The second formal network was the main support structure for the volunteer's day-to-day work, and volunteers had been encouraged during training to tap into it as required. A typical instance was voiced by Peter who, when asked whom he would approach if he encountered problems while working in the needle exchange replied 'I'd tend to speak to whoever's around, whoever's the session supervisor.'

Volunteers were strongly encouraged to develop friendship ties, as represented in their personal support maps, to learn to work with each other, to confide in each other and to develop a sense of trust in fellow volunteers, the HRWs and their managers since they would be very dependent on them. This resonates with Lave's claim that as relationships change so does learning (2011b). At the end of the training period volunteers were allocated into day groups to a limited degree according to their choice. This was an important initial stage in the development of a volunteer's informal personal network and was evident in each of the three newcomer volunteer's sociograms.

Over time, the significant individuals in the second formal network became members of a volunteer's informal, personal support network. Volunteers saw certain HRWs less as employees of the drug agency: rather, they were friends and the volunteer was asking a friend for help. Mary illustrated this: 'George has only got to look at me sometimes and see that there is [a problem]... and he'll come and he'll say "Are you all right? Is everything fine?" And the same with Alexa'. As such the formal support network had partially given way to the informal personal support network.

5.10.4 Informal networks.

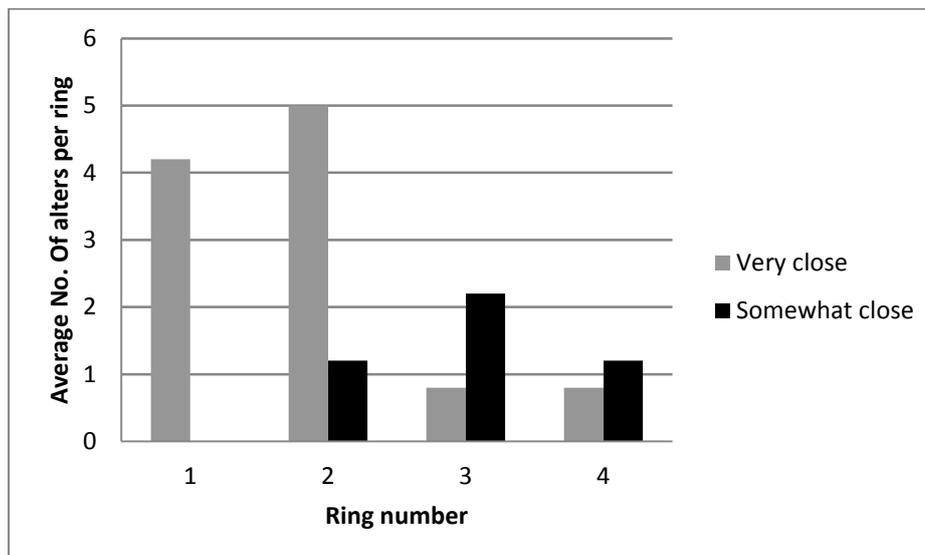
The volunteer's informal networks resulted from their own allocation of 'very close' and 'somewhat close' alters on the ring diagrams as sociograms (see chapter 3 section 3.6.4). To remind ourselves, the definitions of these categories were:

Very close: People who work here with whom you discuss important matters. People who you specially look out for just to be with them, OR are there for you when you need help.

Somewhat close: People who are more than casual acquaintances but not very close.

The distribution of alters showed that most volunteers had placed their 'very close' alters on rings 1 and 2 and the 'somewhat close' onto rings 3 and 4. Figure 5:5 shows a predicted skewing of very close name-tabs placed on rings 1 and 2 and a similar skewing of somewhat close name-tabs on rings 2, 3 and 4. The relationship between the ranked (non parametric) ring number and the number of forms of support sourced from that ring was found to be negative and strongly related ($\rho = -.86$; p (one tailed) <0.001). As expected, from this we can conclude that the closer an alter is to ego the more likely they are to be sources of forms of support.

Figure 5:5 Mean distribution of the 'very close' and 'somewhat close' alters across the 4 rings by the 5 volunteers.



As with the hospice's volunteers, an analysis of the drug agency's volunteers' use of their alters also shows that each volunteer had three informal networks within the formal corporate network providing the same functions as the hospice's informal networks. A volunteer got to know other individuals through common occupancy of the HSS office, work assignments, shared shifts or out-of-work socialising.

The newcomer volunteers indicated that their personal networks expanded as new sociable ties and new support ties were made. This behaviour was also found by Jean even after being a paid HRW for 3 years. She anticipated changing the nature of the ties she had with 'somewhat close' alters as a result of being scheduled to work long shifts on a mobile van in the coming weeks. The paid staff and managers in the High Support Services office, who initially were unknown individuals to newcomer volunteers, were gradually 'adopted' into volunteers' personal networks as a result of repeated shift working in the first few months. More importantly, as the skills of these paid staff were understood, volunteers were able to assess their relevance against their own growing needs for forms of support and perhaps add them to their personal support networks.

From these observations and their analysis I hypothesise that the preferred source for all forms of support is in the intersection, D. It offers safety in times of uncertainty as well as being a secure springboard to explore unknown areas of the work. For emotional support, occupants of area A are preferred while area B offers useful sources for all other forms of support. In the event of the primary and secondary sources being unavailable, area C may be tried depending on the existing confidence levels of the enquirer. This structure and its associated communication paths is an essential part of the psychological contract not just in meeting the needs of the volunteer, but as Nicholls (2012) shows, in the volunteer meeting the needs of the drug agency.

5.11 How volunteers used their informal networks.

The personal networks of the three newcomers were similar with their very close set of alters composed of the other members of their volunteer group, two or three HRWs who worked on the same day and the two key managers. A fully reciprocated tie structure connected the three newcomers. Following Jack's findings (2005), these ties were latent in the same way that a modern TV set can be left on 'stand-by', ready to switch on and immediately present an image at the press of a button. The ties with HRWs were different in that they needed to be activated since the ties were asymmetrical. If Alan's model is typical, as HRWs got to know newcomers, the nature of their ties was transformed to become symmetrical, and full activation would no longer be necessary.

Burt's (1992) finding that structural triads have a characteristic whereby information and learned expertise can be openly shared among the triad's three members was clearly illustrated amongst these three volunteers. Ann, Mary and Peter, through their reciprocal ties, were sharing their learning and their client experiences whenever they met. Irene, the long-standing volunteer, recognised such an affiliation when she commented, 'the three [new] volunteers, they will feel very much a draw just to see each other I would think'. This observation reflects Bauer, Morrison et al's (1998) conclusion that newcomers become socialized not only by interacting with insiders but also by developing certain configurations of relationships with insiders.

This 'mutual draw' that formed between the volunteers during training was shown by the three newcomers who sometimes left the building together at the end of the day debriefing and walked to where they all parked their cars, chatting about the events of the day. Ann said, 'I mean Mary and I will text each other when we've planned meeting up, and you know Peter and I have had lunch and stuff today.' Peter indicated that he had not made many friends at the drug agency, however, 'I do send the odd Facebook message ... with a couple of people'. Mary was more forthcoming:

Mary: And when we've done the training we got extremely close with our training group, and ... so when we've ... we've

not seen those people, we try and make a date to go and meet up outside of work because we've not seen them in the surroundings where I am now.

Researcher: And what will that event be? Sort of going off to a bar, a meal?

Mary: Meal, probably a meal, yeah.

The reciprocal relationship between Alan, the experienced male volunteer and George, one of the HRWs, was based on strong ties of friendship as well as George being Alan's main source of support in the workplace. There was also a full reciprocal structure between the four duty HRWs, George, Liz, Jean and Eileen.

Volunteers indicated that they confided in fellow volunteers and their manager, all of whom were members of their personal networks. Mary named both her supervisor Alexa and her Tuesday co-volunteer Ann as confidantes. When asked if she had a confidante in the drug agency, Ann replied:

Ellie, my friend who's a volunteer on a different day ... yeah I could talk to her about work ... well I do ... work or personal stuff freely, because she is a friend. You know I don't feel that it's appropriate to be talking to Alexa necessarily about loads of my personal stuff, because that's not really her issue.

This bears out, in the voluntary workplace, Sias and Cahill's (1998) findings from the paid workplace that the development of acquaintances into close friends is characterised by '*decreased caution and increased intimacy*' in inter-personal conversations (1998 p.288 italics in original). These instances are reminiscent of Gaskin's respondents (2003) who phoned trusted alters rather than discuss with their supervisor any difficult sessions with clients.

The informal personal network had a second important purpose. According to Greenberg (1991), and, when viewed from a network perspective by Kadushin (2012), it was central to a volunteer's 'felt safety' zone. This was the group that a volunteer could retreat into in the face of great difficulty or uncertainty. Foster's (2006) recounting of her co-volunteers seeking assurance and direction illustrates seeking such safety. At the drug agency, Ann said that

she had an open, trusting - a safe - relationship with Alexa, one in which she was able to both admit to, and discuss with Alexa how she had got into dependency situations with some of the clients and how to handle her disappointment. Alexa as well as Ellie were very important persons in Ann's safety zone. As experience developed and confidence in their ability to cope with clients' situations, the volunteers' need for such safety diminished as was evident from Alan and Irene.

The newcomers' personal support networks varied in the types of support sought as well as the preferred provider. Not only did volunteers seek specific forms of support but were encouraged by their clinical supervisor to be open to influence from the HRWs. The structure of their personal networks enabled immediate access to major influencers: the volunteers were in dyadic relationships with the HRWs and with their managers. Both the shift's drop-in HRWs were extensively used as sources of informational and instrumental support regarding the drug agency policies and how to do the work. A trusted friendship-level of emotional support was sought from co-volunteers. While there was some away-from-work socialising between the three but none with other drug agency staff, supportive and friendship ties were mainly created and developed during working hours.

A major concern of the volunteer managers during the probationary period was that newcomer volunteers did not take home unresolved, disturbing issues caused by difficult interventions with clients. Difficult dealings with clients were mainly discussed with HRWs George, Liz or Eileen as well as Alexa since co-volunteers had little experience of handling such situations. The end-of-day briefing was an opportunity when such issues could be discussed very openly and resolved. Two volunteers said that they didn't take worrying work issues home: issues were either sorted out shortly after the incident with an HRW or a manager, or discussed during the debrief at the end of the day. Mary illustrated this:

You mention it [at the debrief] because if you don't do it then, then it can tend to go on. And that's when it can affect you. So I learned that early on - if you don't address that subject then, then it can go on later on.

5.11.1 How volunteers used fellow volunteers as sources of support, and how requests for support were handled.

All three newcomers saw their fellow newcomers as sources of emotional rather than of instrumental and informational support since none had more than three 3 months' experience. HRWs offered episodic forms of support in the drop-in centre as and when needed. There were no reported incidents of refusals to offer support or of negative support. The two more experienced volunteers, Irene and Alan, were each only asked by newcomer volunteers for informational support. Table 5:2 shows forms of support provided by fellow volunteers.

With such a limited experience of working with clients, Alexa commented that volunteers were still 'worried that they're going to get it right or wrong'. The newcomers extensively used their expanding personal support networks and, to a lesser extent, the corporate formal networks for instrumental and informational support. However these personal networks of social and mutual support appeared to be mostly hidden from the volunteer managers. Alexa commented, 'I think there's probably much more mutual support going on than I see'. She added:

I always notice who asks to go for lunch with whom. And then people will say things like, 'Oh so and so phoned to say they weren't coming in today'. And I think, 'Well, why don't they phone me, why have they phoned you?' and then I think, 'Oh it's because you've got some sort of relationship'.

Both Irene and Alan spoke of their personal networks as being stable and sources of 'felt safety'. While Alexa was aware of different forms of cooperation between the professional staff she observed and worked with, the development of cooperation amongst the volunteers was hidden. She saw the reduction of requests to her for support as a welcome sign of growing maturity in the work and a diminishing of reliance on her. Alan with his 19 months' experience had passed through this transitional state and, over time,

Table 5:2. Table showing how newcomer volunteers used fellow volunteers as sources of support.

Volunteer	Form of support	Source		
		Ann	Peter	Mary
Ann	Currently chats about nothing to do with work	X	Y	Y
	Currently provides companionship	X	N	Y
	Expected to offer personal care	X	N	Y
	Currently provides support in using the computer	X	N/A	N/A
	Currently socialises out of work	X	N/A	N/A
	Is influential	X	N/A	N/A
Peter	Currently chats about nothing to do with work	Y	X	Y
	Currently provides companionship	Y	X	N
	Expected to offer personal care	N	X	N
	Currently provides support in using the computer	N	X	N/A
	Currently socialises out of work	N	X	N/A
	Is influential	Y	X	Y
Mary	Currently chats about nothing to do with work	Y	Y	X
	Currently provides companionship	Y	N	X
	Expected to offer personal care	Y	N	X
	Currently provides support in using the computer	Y	N	X
	Currently socialises out of work	Y	N	X
	Is influential	N	N	X

(Y indicates provision of support; N indicates no request for support; and N/A not mentioned during interview).

had created his personal support network, a subset of which was his core social network. Irene, having seen numerous volunteers pass through the organisation in 13 years had a small personal support network comprising individuals who had moved to become paid staff, and an even smaller cluster who were friends in her personal network. This concurs with Morrison's finding that 'newcomers were more committed to the organization when their friendship networks contained individuals from different subunits and levels' (2002 p.1157).

The volunteers' personal support networks represented, in Greenberg's (1991) description, the means by which volunteers 'reached out' as they learned to do their job. Asking for support from an alter in the interception D of the network Venn diagram was a safe action. Occasionally volunteers disclosed that during the day they had to speak with unknown individuals in the organisation and ask for information and how to carry out an administrative process. The manner in which they discussed such incidents during the debrief indicated that sometimes the action had been considered risky and challenging but, having accomplished the task, had an air of frisson about it.

5.12 How volunteers used the formal networks.

Of the three formal networks - training, day-to-day support and the supervision dyad, the volunteers spoke most about how their day-to-day networks were working for them post probation. Little was said by the volunteers about the training programme, however the HSS manager commented that feedback from the current group of volunteers indicated that they appreciated the diversity of people who presented or taught sessions. The volunteers saw supportive interventions, whether they occurred during the debriefings, or the AARs with HRWs or a manager, or the monthly reviews as instances in a growing constellation of welcomed social support. An 'after-action review' (AAR) (Parry and Darling 2001) is a quick, to-the-point analytical method of exploring the sequence of events - what actually happened between the volunteer and the client - and what appeared to be the outcome. It was

teased apart to explore what the volunteer had set out to do and what had happened.

5.12.1 Day-to-day sources of support.

Volunteer managers and HRWs were frequently called upon to advise, model styles of intervention and discuss with volunteers issues of care, treatment and basic interactions with clients. Table 5:3 below shows the types of support sought by volunteers from their three volunteer managers and the duty HRWs. While the questionnaire asked a consistent set of questions about sources and forms of support, not all volunteers sought the same support. There were no reported incidents of any refusals to offer support nor of negative support.

Kilduff and Tsai's (2003) finding that individuals influence their networks was demonstrated by both Alexa and Liz. Alexa's influence was authorised not only by her being their clinical supervisor and line manager, but as a sensitive apprentice master. Liz's influence derived from her wide ranging experience as well as her openness and approachability.

5.12.2 How the day-to-day supervision enabled personal learning.

While Alexa, as the volunteers' line manager, exercised supervision with them, she encouraged the HRWs to provide instances of 'mini-supervision'. She saw that an HRW having experience of managing volunteers would be advantageous to both the volunteer and the HRW. Volunteers learned during the training session that HRWs would co-supervise along with the volunteers' line manager.

During a volunteer's probation period, the HRWs voiced very strongly the importance of leaving oneself open to continual learning. Volunteers made mistakes, especially during the probationary period. These errors were sometimes picked up by an HRW or a supervisor who would take the volunteer aside and review with them, perhaps using the AAR format, what had occurred. These AARs, along with the monthly reviews with Alexa enabled

Table 5:3. Table showing how volunteers used their managers and the HRWs as sources of support.

	Form of support	Source of support					
		Managers			HRWs		
		Alexa	M2	M7	S2	George	Liz
Ann	Expected to offer personal care	Y	0	0	0	0	0
	General informational support	Y	0	0	0	Y	Y
	General task instrumental support	0	0	0	0	0	Y
	Act as a role model or influence	Y	0	0	0	0	Y
	Was involved in training	Y	Y	Y	0	0	0
Peter	General informational support	Y	0	0	0	0	Y
	General task informational support	Y	0	Y	0	0	Y
	Act as a role model or influence	Y	Y	Y	Y	Y	Y
	Was involved in training	Y	0	0	0	0	Y
Mary	Expected to offer personal care	Y	0	0	0	0	0
	Offer emotional support on a difficult day	Y	0	0	0	Y	0
	General informational support	Y	0	0	0	Y	Y
	Specific task informational support	Y	0	0	Y	0	Y
	Act as a role model or influence	Y	0	0	0	0	Y
	Was involved in training	Y	Y	Y	0	0	0
	<i>Total number of instances</i>	<i>14</i>	<i>3</i>	<i>4</i>	<i>2</i>	<i>4</i>	<i>10</i>

Notes: Y indicates provision of support. M2 and M7 are the other two volunteer managers and S2 is a staff member.

volunteers to learn to 'make their own' the accepted patterns of interventions with clients. Post probation, volunteers continued to observe the components of the HRWs practice, adopting some of them in some form, trying to make them their own.

Ann gave an example of learning a hard lesson.

Sometimes I think I've taken on probably too much responsibility with one or two clients and felt that I should have, you know, done more or been able to influence them more or to change the outcome of what they've ended up doing. And again that's something that I've spoken about with Alexa, because, you know I have to learn, and it's a bit of an ongoing process, that I'm not responsible for what other people do, and you know, you can only sort of go so far and then you have to sort of, you know stand back a bit ... [...] and people make their own decisions. But yeah, when you've built a relationship with somebody and ... you know particularly if somebody is ... you know, like a really, you know genuine lovely person ... um ... or that's certainly how they come across ... it is hard then when you see them doing things that, you know and they know ultimately are going to harm them ... yeah that is hard. But it is a part of this work, and, you know I think you've got to ... I have to learn to control those sort of rescuing instincts, you know where you just want to sweep somebody up, you know and then sort of protect them and stuff. Obviously that's completely inappropriate and not at all helpful to them. But yeah, you know I have to sort of work on that, because that is a natural instinct that I would have.

Occasionally the incident and what the volunteer had learned were discussed during the debrief, usually in story form. Such episodes were especially instructive when the HRW or manager, who had intervened, was present and could draw out of the volunteer the key activities and their changes in understanding.

The daily crews became learning communities, even if the reflective activities occurred during the end-of-day debriefing. This important finding resonates with Fuller et al's (2005) claims made earlier in section 1.5 that, 'becoming a

member of a social community enables participation, and it is participation in social practice that reifies membership -- the belonging to a community'. Further she claims that 'the processes, relationships and experiences which constitute the participant's sense of belonging underpin the nature and extent of subsequent learning.'(Fuller, Hodkinson et al. 2005 p.51).

5.13 Conclusions.

This chapter set out to answer four key questions relating to the provision of personal support and the acquisition of skill and knowledge in an organisation with a highly structured and lengthy volunteer recruitment, training and development programme. I have likened that programme to a short apprenticeship. Looking at the four research questions in turn we see that for the drop-in volunteers, the locus of their support and learning was initially placed in the institution's formal networks which were integral to its apprentice programme. This was an instance of an 'enlightened' front-end approach (Winch and Clarke 2003), enlightened in that the classroom pedagogy was interspersed with role play and videos. That monthly continuation classes were made available demonstrates that such front-end loading was not seen as the sum total of training required. As socialisation continued and volunteers acquired skills and experience, they progressively built and managed their own support and learning structures centred in their informal personal networks.

Considering the first research question, there were two main structures, providing different forms of support. The first, the set of formal structures, were designed, implemented and managed by the group of three volunteer managers at the agency. They had free rein over the design and operation of the volunteers' recruitment, training and day-to-day support. The support structures were essentially stable, changing only when significant staff left, funding streams changed or new ventures started or old ones ended. As far as volunteers were concerned, the support processes were invoked at the start of the recruitment process, and proceeded as planned up until the selected volunteers had completed their initial training, their probation period and had been formally admitted.

The team of HRWs, having been volunteers themselves - some quite recently, were physically placed near probationary volunteers and were able, much of the time, to closely observe, overhear and often intervene in the counselling interventions between a volunteer and their client. The reporting relationship between the clinical supervisor/volunteer manager and a volunteer included the roles of the traditional line-manager and the personal development manager found in human resources departments. The volunteers' manager was additionally, in this case, the apprentice master who saw the volunteer from the initial interview to their 'passing out'.

An important task performed at the close of the formal training session was to confide one's personal weaknesses to a chosen fellow volunteer and ask that colleague what forms of support they could offer. From within a very formal structure and process, this emotionally demanding step was significant in the development of the volunteer's personal support network.

While it was recognised by line management that friends have a greater impact on assimilation into the work group than do work mates, the allocation of new volunteers into day teams was a compromise between personal choice and organisational needs.

This formal support design extended to each day-crew meeting each other at the morning briefing sessions, working in close proximity to each other much of the working day and then meeting at the end-of-day debrief.

The volunteer's personal networks were of two forms: a personal network which included confidantes and close friends, and secondly, a personal support network of selected individuals who were assessed as having skills and knowledge the volunteer could call on from time to time. There was an important overlap of these two sets providing the volunteer with skilled, experienced close friends. Both networks included fellow volunteers, paid staff and managers/supervisors.

Moving to the second question, because of the origins of the two main forms of support structures, very different mechanisms of creation, maintenance and management were employed.

The formal structures were carefully constructed as goal-directed institutional networks and populated with people who had experience and skills that were

relevant to the work done by volunteers, and to satisfying the developing learning needs of the volunteers. These structures were modified by line managers who made changes to meet changing circumstances in the organisation. During the day, HRWs were encouraged by volunteer managers to act as volunteers' supervisors, a strategy that gave HRWs opportunities to develop their practice in personal supervision.

A volunteer's personal networks on the other hand were initially influenced by existing institutional arrangements but quickly switched to being based on a volunteer's personal choice. Research (Morrison 2002) suggests that a newcomer distinguishes between their set of informational sources and his or her set of friends, as has been found in this case. Consequently, while volunteers knew their fellow day team volunteers, they were not always their first choice for specific forms of support.

The complex processes of forming friendships melded with a volunteer's personal needs were at the core of the emergence of the personal network and the personal support network. These were very different constructs, emerging and forming for very different reasons and constructed in very different ways. The personal support networks appeared to have expanded and developed as a result of different incidents that occurred during the working day, mainly as volunteers undertook tasks which were outside their current experience or the normal run of things. Such events caused volunteers to move out of their normal network into unknown departments, for example working in a hostel or on the over-night van where they met and had to work with initially unknown people. Depending on the outcomes of those encounters, personal support networks were modified. Repeated meetings with fellow volunteers and paid professionals frequently led to deepening relationships. Occasionally an ego would move the relational position of a member of their personal support network into the intersection of personal and personal support networks as the alter became a close or trusted friend.

Overall, the aim was to create stable, trusting relationships which offered places of safety as well as springboards for development of a volunteer's practice.

The main characteristic of a volunteer's personal learning structure, the third question, was that it emerged out of a personal need to learn to be able to do

the work, to do it better and to increase the volunteer's satisfaction from that work. In other words, in Lave's language, 'to change their practice'. It was a personal construct, and initially very dynamic in nature: its membership was a result of emerging influences, of satisfaction gained from some alters and constancy of others. As Morrison (2002) shows, support-providing alters have a greater impact on the newcomer's learning than do friends.

As Fuller et al claim, work and learning are conjoined (2011). If viewed through the perspective of apprenticeship, such learning required from the HRWs, managers and the clinical supervisor – a collective apprentice master – a broader and deeper relationship than one where the master provides just a sequence of tasks which require skill mastery. The one-to-one relationships at the hospice's reception desk amply provided such developing relationships.

The process was essentially informal learning transfer. As volunteers learned and developed their practice they moved from the periphery of the drug agency to Lave's 'arena of mature practice' (2011a p.68). HRWs repeatedly commented that their personal practice was reviewed at the monthly meetings they attended when 'practice' was the main agenda item: they could wholly agree that 'learning was embedded in the context of the mature practice' (Lave 2011a p.58). As such they were able to contribute to the agency's, and therefore the volunteers' shared repertoire of knowledge, skills and know-how.

Lastly, how did the drug agency's formal and the volunteers' informal personal learning structures provide *in situ* learning opportunities?

Volunteers acquired knowledge about the organisation by asking, observing experienced others as well as entering into discussions where experiences of others provided insights into their own situations, especially during the end-of-day debrief.

Five instances have been researched, two at the hospice and three at the agency. The learning process at the hospice took place mainly at the reception desk with the coordinator: it was wholly *in situ*. It operated in a mix of a formal and an informal structure, in part depending upon the nature of the relationship between the specific volunteer and the coordinator. Afternoon volunteers were severely hampered in entering into any *in situ* situations.

At the agency, the formal structures such as start and end-of-day briefings, the AAR interventions that took place on the floor of the drop-in, and the monthly reviews with the clinical supervisor were strongly *in situ*. Of these the most effective from the volunteers' viewpoint were the AAR interventions during the volunteer-client discussion or immediately afterwards. Volunteers valued the timeliness of the intervention as it combined an understanding of the cause of the intervention, how the HRW and volunteer unpicked the sequence of events to identify the main issue, what the professional offered as support, and that the volunteer was helped at the time of need. But this could only be achieved when a mentor was present.

Volunteers spoke about the monthly reviews as an almost intimate experience. Alexa explored the volunteer's deepest feelings about a client's situation, the volunteer's approach to the client and what occurred across the interface between the two. These sessions were essentially explorations of clinical behaviour by the volunteer. In her belief that the work at the drug agency was to '[make] sure that our clients get the best service possible', Alexa emphasised the role of the individual volunteer rather than what the drug agency did for clients. The reviews were times of considerable reflection on a volunteer's current understanding of their practice and offering opportunities for continued learning and changes in that practice. Highly integral to the formal reviews were the debriefings which allowed the volunteers to safely unload emotional concerns or discuss, in a fuller manner, incidents from the drop-in floor.

Chapter 6: Comparisons from the two sites.

6.1 Introduction to chapter.

This study, while not attempting to take a national or a generalised view, has explored what really happens in the field of two representative voluntary organisations. It has adopted a mode of analysis of the provision of support and learning opportunities which, at the time of writing, appears to be new in that it has merged thematic qualitative analysis with analyses of various forms of networks.

This exploration of the networks which supported active volunteers was based on two human service delivery voluntary organisations which had the following properties:

- They had engaged volunteers who worked in groups. While the hospice didn't have working groups any larger than 3, the reception coordinator supervised a group larger than 8, and there was some interchange of volunteers across the shifts;
- They had paid staff and managers;
- Volunteers had access to paid staff and managers.

My core requirements of the groups were, to a large extent met. Some of the volunteers were experienced having been engaged by their organisation for over a year. Other volunteers were either at the point of completing their training or had recently completed it, following which they had been inducted into their workgroup. The volunteers' day-to-day manager was identified in both cases, and was interviewed. In one case the voluntary services coordinator/manager, that is the person responsible for recruitment and any initial training, was different to the volunteers' day-to-day line coordinator/manager. All the volunteers worked a regular shift, some additionally covering for absences. There were significant differences between the compositions of the groups of volunteers, the way they worked together, and the overall shift arrangements.

The research questions which emerged from the literature review focussed the enquiry to look at two pairs of key aspects of the volunteers' work:-

- 1a. What are the key characteristics of the support structures that operate between volunteers, paid staff and managers?
- 1b. How are these support structures created, maintained and managed?
- 2a. What are the characteristics of any personal learning structures and processes that volunteers have set up?
- 2b. How do such support structures enable learning *in situ* and with what results?

The chosen approach to conducting the data collection, analysis and reporting was to view supportive structures as networks of relations (Wellman 1981; Dreier 2008). Determining the individual networks that each volunteer, member of staff and manager/supervisor created from the full set of people working for the organisation meant that my approach was essentially relational. It was the interactions between pairs and small groups of individuals that were deemed to form the basis of both mutual support and opportunities for learning. Those relationships were realised for the study by each person creating a personal network map. What occurred between individuals, and particularly the occasions of insight or learning, emerged from the interviews once the personal network maps had been created. The role of the ties between individuals was defined, as was the content of any flows along those ties. Participants were asked about how their relations had formed, how effective they were and how they categorised them and why.

The second lens for the enquiry enabled me to establish how the relations between participants formed social learning groups. I adopted two intertwined theories of social learning. Firstly, Lave's (Lave and Wenger 1991; Lave 2011a; Lave 2012) theory that learning is not about the acquisition of knowledge but rather how a person participates with others, and develops their practice through that participatory interaction. Such changes in practice were bound up with changes in one's identity. The second theory, Wenger's (1998a) communities of practice, enabled me to enquire about three major characteristics of learning as a group. Firstly, I enquired if the volunteers considered that they felt that they had a common purpose in their work, and

how they had negotiated and realised that purpose. In other words, using Wenger's language, did the participants consider they had created any form of a 'joint enterprise' amongst themselves? Secondly, how did participants describe the nature of any mutual engagement? To what extent was their practice shared, how had they negotiated their engagement with each other? And thirdly, to what extent had that negotiated meaning between group members led to the production of a common collection of actions, behaviours, forms of speech and approaches to their public. In short, did they have anything resembling Wenger's 'shared repertoire', how did they describe it and how was it achieved?

Both of these organisations fall into Billis's deeply entrenched form of hybridity. Both started with strong altruistic aims, to care for two broad groups of people, drug users and terminally ill patients. Over time those aims have expanded by both broadening the range of people they now serve, as well as the range of services they offer. These changes have occurred by modifying their organisational structure to meet such needs. Both have taken in large numbers of not just paid staff but highly skilled experts in their own fields. Volunteers are seen at both sites as unpaid workers, but each organisation has a different intention for their volunteers. The hospice admits to substituting a volunteer for a paid worker as and when the opportunity and a suitably skilled volunteer present themselves. The agency provides its Drop-in centre volunteers with a rounded training programme, enabling volunteers an informed transition into becoming a paid HRW or finding similar employment in other organisations for the promise of 12 months volunteering.

This final chapter compares and contrasts the key findings from the two sites under the headings of the four research questions. It closes with conclusions drawn from the study. But I start by reflecting on what has been learned about the volunteers' networks.

6.2 About the volunteers' networks.

6.2.1 Supportive communication in the volunteers' networks.

At the core of a volunteer's contribution to their organisation were the relationships they created and maintained with fellow volunteers, paid staff and managers during their working time. The means whereby volunteers learned their craft or even the simplest of their shift's work routines was through the networks in which they lived and worked. Day-to-day support was requested and received through these network ties. The reception coordinator at the hospice had developed her own supportive relationships with those volunteers she inherited and had created new ones with the newcomers. She showed how shared development of new or replacement administrative processes was central to their joint work. The newcomer volunteers at the drug agency in the course of a few months had learned that supervision, contrary to any previous experiences, provided much positive support, which emerged from warm and encouraging relationships with managers and with paid staff.

The existence of relationships is wholly dependent on communications: when the communication stops, the relationship terminates (Dindia 2003). Burleson and MacGeorge (2002) furthered this stating that the content and delivery of the communication has to be positively supportive. Such communication, they consider, has to be 'intentional' and not just result from roles, relationships and interactions. They define intentional as a response to 'currently observed needs' (2002 p.385).

For the volunteer-volunteer interactions, any boundary between the two forms of communication - intentional and role-based - was unclear, blurred and at times non-existent. The importance and nature of a volunteer's personal network meant that communication was, by definition, with a very close provider of emotional support. It had a relational foundation, but the content could be intentional: 'can I help you with this?' Mary at the agency described such an incident with George: 'George has only got to look at me sometimes and see that there is [a problem]... and he'll come and he'll say, "Are you all right? Is everything fine?"'. Talk was frequently intimate in nature unlike that

when speaking in a role form of communication. Such intimate, intentional communication was the reification of the capacity to live in the life of another.

Discussions between a volunteer and a member of their personal support network were, on the other hand, likely to be role based, with more formally spoken requests for support and spoken responses. A similar situation, with similar formal language used with unknown alters was described during one of the debrief sessions at the drug agency when a newcomer related having to ask an unknown employee for guidance and information regarding housing allowances for a newly released prisoner.

At both the hospice and the drug agency communication between the reception coordinator/volunteer coordinator manager and their volunteers was frequently intentional. At the hospice it met the specific needs of the individual volunteer who shared the morning shift with the reception coordinator and, at the drug agency, the specific needs of the individual probationer who indicated they needed assistance. The form was also used to indicate the requirements of hospice management regarding levels of 'professionalism'. At both sites, the reception coordinator/ volunteer manager was very conscious of the skill and experience levels of each of their volunteers. Newcomers needed more extensive explanations, required ideas to be presented, sometimes interpreted, in different ways as they were assimilated and learned by the newcomer. Sometimes the volunteer wouldn't actually speak the request since they felt that this was yet another, burdensome request for support. Observant HRWs and supervisors would note this and intervene.

The interactions with volunteers were also aimed at increasing their well-being, and reducing occasions where not knowing how to do the work resulted in increased anxiety. However, interactions with volunteers were selective. For example, at the drug agency the AAR dealt with just the volunteer who was involved, acted on the incident soon after it occurred, was short and dealt with just the events in that specific encounter. The hospice's reception coordinator was able to pick up - at the time it occurred - a volunteer's behaviour which she felt was inappropriate and offer means to correcting it. All of these incidents took time to explore and possibly correct, and both supervisors gave that time. The drug agency volunteer manager went so far as to accept,

amongst the half year's intake, just one trainee volunteer who, while having the potential to be a good counselling volunteer, would require a lot of supervisory time during their probation. She could not afford to take on two such individuals since that would take too much of her available time. However, instances were emerging of a lack of any form of communication between the drug agency volunteers and the HRWs once they had completed their probation. Ann illustrated this saying,

I think cos George [is] always, like manning the drop-in and the door, it's difficult to try and get a conversation with him, because obviously he's always getting pulled away to the door.

It was clear that any communication between the reception coordinator and the hospice's afternoon receptionists during the short hand-over period was role-based. The negative effects of such limited communication were well known to the reception coordinator.

Burleson et al's (2002) 'role relationship' form of communicating was prevalent during training sessions. All training sessions at both sites were role-based – an experienced supervisor mentoring a learner. The monthly clinical supervision sessions at the drug agency were occasions when Alexa could switch between role mode and intentional mode as she determined the reaction of the volunteer.

6.2.2 Formality and informality of networks.

The first two research questions enquired about the characteristics of the support structures and how they were created, maintained and managed. Those structures have been found to be the amalgam of formal and informal networks of people and the processes that operated within the networks. Formal networks were institutional structures while the informal networks were personal constructs. Paid staff and managers as well as volunteers each had created their unique personal networks. While all the volunteers' informal networks had basic similarities, the formal networks at the two sites were somewhat different to each other. A brief examination of these differences and similarities offers a context from which to draw some conclusions.

The formal networks were created, maintained and managed by managers or others who had the authority to administer them. The hospice's formal networks were relatively stable since the coordinator indicated that there was little turnover of managers and paid staff. Any effects of the line manager leaving would have been felt strongly by the drug agency volunteers since their line manager was also their clinical supervisor. So remote were the hospice volunteers from most staff and managers that leavers would only have been noticed if the leaver was one of an afternoon shift volunteer's few known contacts. The drug agency had two recruitment drives per year which added up to 36 volunteers to the pool. Volunteer managers and HRWs would be meeting day groups of mainly new volunteers every half year. This high rate of change appeared not to affect the HRWs who were strongly reciprocally tied, and whose frequent meetings re-enforced those ties.

The numbers of formal networks varied not only from site to site, but reflected periodic activities. The drug agency had a temporary formal network during the training period but it had sufficient duration for trainees to get to know and work with each other very well.

The reception coordinator at the hospice had a small pool of stand-bys who would cover for unforeseen absences. Alexa at the drug agency would start to recruit new volunteers once she saw that the regular crews had diminished due to promotions or had left to get paid work at another drug agency.

The effects of such personnel changes could be enormous. In a BBC TV broadcast featuring the Berlin Philharmonica orchestra on a tour of China and Taiwan (Yentob 2008), one of the young players explained how the acceptance of just one new player could upset the emotional balance of the orchestral players. The orchestra had over 115 members at the time, and yet one new player appeared able to disrupt its inter-personal balance. And yet the drug agency's drop-in volunteer groups were in a constant state of flux: the complement of new volunteers per year almost equalled its overall required number of volunteers. This churn may have added to the difficulties in managing the volunteer groups. The combination of strong control over the daily roster by the hospice's reception coordinator and the high level of commitment by most of her volunteers caused few 'staffing' problems. The

group was stable; quitting was rare. Newcomers were taken on to augment current numbers due to increased amounts of work, not to replace leavers.

Some of the more non-immediate formal networks were accessed far more by some volunteers than others. The drug agency volunteers could find themselves speaking to paid staff in remote departments, even buildings, about, for example, housing or prison bail issues. The afternoon receptionists at the hospice frequently had to access paid staff in the organisation's formal hierarchical structure.

The lowest common denominator in all the volunteers' informal networks was a casual form of friendship. Newcomers initially sought ties to help build places of safety. Some of those with years of experience felt their very close ties waning as previous confidantes moved into salaried posts and befriended salaried others, or simply left. From this low, but essential base, deeper friendships, trusting friendships and ties to confidantes developed. Building on those affiliations, additional ties emerged connecting ego with selected alters who were considered to be sources of support, sometimes with strong indications of being reliable sources. Yet more ties connected a few volunteers to peers in other departments, the ties channelling information and access about matters other than volunteering.

With basic safety networks in place, volunteers continued to develop other networks. Some alters were sources of informational and instrumental support forming a network that ego could call on as required. A valued network was the group of close friends who could also provide other forms of support. The growth and development of personal networks were very dependent on the size of the pool from which alters could be selected. Drug agency volunteers had a growing group of alters while the hospice's afternoon receptionists struggled to develop a few reliable ties.

6.3 Managing and maintaining networks.

6.3.1 Management/supervision of the formal networks.

The formal networks were subject to different sources of control and influence depending on the organisation. At both the drug agency and the hospice, the formal day-to-day operational networks were managed/supervised based on the authority of the organisation's senior management. Equally, managers/coordinators exercised influence with their volunteers, particularly over norms of behaviour. They reserved taking managerial action to situations where policies were being breached. At the drug agency, the volunteer manager's authority was vested in being a senior clinical practitioner as well as having the status of line manager (of the volunteers). Alexa, along with her two manager colleagues had complete free rein in terms of how they ran the volunteer programme. The team of three volunteer managers were the decision makers regarding all matters concerning volunteers. They designed and ran the recruitment programmes with the HRW manager, selecting who would be in the next cadre of trainees. The three volunteer managers determined the content and the operation of the volunteer training and probation programme, how they organised the volunteers' working day as well as how they ran the drop-in centre.

At the hospice, recruitment was separated from the day-to-day management of volunteers, selection being a joint function between the volunteer coordinator and the reception coordinator. These functional networks were activated and later closed down to meet periodic demands for additional volunteers.

The reception coordinator at the hospice had limited managerial authority. The real manager was her first line manager. The reception coordinator had full authority to arrange the rosters, to place volunteers at the main desk or other places when external events took place. She could request that additional volunteers be recruited and was, to a lesser extent than the managers at the drug agency, involved in accepting or rejecting potential newcomers. Creating formal networks over and above the daily supervisor-volunteer networks was not her responsibility. It was her expertise of on-the-job training and organising the day-to-day activities of volunteers that set her apart.

6.3.2 Management and maintenance of the volunteer's informal networks.

The informal networks on the other hand were created, maintained and managed by each individual and, to a lesser but still significant extent, by an individual's alters. The group of newcomers at the drug agency easily formed a small informal network once day allocations had been agreed towards the end of their initial training. Normally, ego selected their personal network based on very personal experiences which may have led to an alter becoming a part of ego's inner circle, or being rejected. The unknown individual in the formal network may have become a trusted friend in the informal, personal network because, as Crossley (2011 p.104) suggests, 'we will gravitate towards those that we find rewarding'. Such close friendships were based on mutual trust. A process of comparing the characteristics of the closeness of one individual with another enabled ego to categorise these closeness characteristics resulting in the very closest name tabs being placed on the two innermost rings of their personal map. But these were still negotiated relationships and either the alter or ego could have withdrawn from the relation. Alan and Irene at the drug agency had, over time, changed their set of close and somewhat close alters as changes to staff and their personal interests shifted. These broad network findings agree with Krackhardt et al's (1988) conclusions that within organisations, groups 'tend to evolve into friendship cliques (dense friendship networks) primarily within subunits'.

Of Granovetter's four elements of strong ties, *reciprocal ties* were found amongst the newcomers and their supervisor, and between the HRWs at the drug agency. At the hospice, these ties existed between just three volunteers as well as between the reception coordinator and most of her volunteers. *Mutual confiding* was stronger amongst the newcomers at the drug agency than the volunteers at the hospice. The major difference was found in the element '*the amount of time interacting*'. The drug agency's volunteers worked as groups for a full day. Further, the drug agency's volunteers met weekly, shared the morning and evening briefing sessions, and saw a lot of each other in the drop-in during the day. Clearly this shared time of interacting added to the strength of ties between these volunteers. Of course, when one doesn't see a fellow volunteer for months, it is not surprising that

ties, if indeed they previously existed, were no more than somewhat close as was the case for the hospice volunteers.

Lastly, Granovetter claims *emotional intensity* is a factor in the strength of ties. This conclusion was extended by Roberts and Dunbar (2011) who showed that not only is 'time to last contact' important in maintaining emotional relationships, but friendships require more frequent contact to maintain, even at low levels of emotional closeness. As the drug agency's volunteers underwent their probation period they developed and shared very close emotional dependency ties with each other. However, their emotional ties with HRWs were asymmetric: HRWs helped them because it was their job to do so. HRW's reciprocal emotional ties were with fellow HRWs. The hospice volunteers' ties to the reception coordinator were mainly channels for instrumental and informational support. Some volunteers did speak appreciatively of the reception coordinator's efforts during training and sharing shifts.

The durations of the personal support networks were more uncertain when compared with the personal networks. Alters were added to the former network based on reputation (Kilduff and Krackhardt 2008): they were retained, or not, based on ego's experience of them. The personal support networks were far more goal oriented in that their purpose was to provide specific informational and instrumental support, and were expected to provide positive support when asked. While there were few reported instances of refused or negative support, what few there were, were vividly remembered. The construction of these supportive networks was gradual, with supportive alters being added as ego was faced with new unknowns.

There were very few indications of rivalry between volunteers. While there were clear instances of structural equivalence, which Kilduff and Brass (2010) suggest represents rivalry, such a property emerged from statistical analysis rather than from interviews. The two groups showed high levels of cohesion, relying on friends and colleagues for advice and support. The diffusion of influence and information occurred through direct contact.

The main hypothesis of the study is that a volunteer's day-to-day provision of requested support and the creation of learning opportunities are conditional upon their social networks. The correlation of closeness to emotional dependency has been shown by simple measurement and observation to be sufficient for the hypothesis to hold as has the correlation between either forms of closeness to the seeking of other forms of support.

6.4 Why there are differences in the support structures across the two cases.

The key differences in the formal support structures between the two sites arose from their organisation's purpose, and how each organisation formulated and operated their formal support structures and processes to meet their purpose. The drug agency saw the role of volunteers as carrying out clinical work, albeit at a basic level, with their line manager concentrating on supervising the clinical aspect of the volunteer's day work. From a formal position, the senior volunteer manager saw her post-probation role as being not just the volunteers' line manager but more their clinical supervisor. Consequently much of the later formal training was concerned with clinical practice.

With such an emphasis on clinical training, clinical supervision and continuing clinical education, the formal support structures offered intensive guidance and mentoring. The initial training programme for the drop-in volunteers had a far larger content than the initial training courses at the hospice. It was more intensive, group based, and involved a variety of clinical treatment professionals. The extensive role-play activities, emphasising the clinical aspects ran over into the later observations of, and the interventions with, volunteers informing the regular feedback sessions. Clinical supervisors spent a lot of time working with a volunteer helping them understand the effects of their behaviour with a client, and trying to get them to imagine different, more helpful approaches and behaviours. Here the organisation's formal network diffused into the personal informal network as the formal network shaped the behaviours and attitudes of the probationers (Edwards and Crossley 2009).

Hospice senior management saw the role of receptionists as handling phone calls, administering deliveries, meeting the needs of visitors by welcoming and sensitively assisting patients arriving for their day treatments, an almost 'mechanistic' set of activities compared with the deep personal work of the drug agency volunteers. Volunteers underwent three or four half-day sessions observing how the work of the reception desk/switchboard worked and the role of the receptionist before being allocated a shift. Just as the drug agency volunteers were initially monitored and mentored by HRWs, receptionists were monitored and mentored in the administrative processes by their reception coordinator.

From the informal perspective, differences emerged by considering to what degree volunteers were able to make and maintain healthy relationships and with whom. The volunteer's first intention was usually to make friends, although some declared that was not their prime intention. But all did form, from their primary group, one or two very close, trustworthy confidantes with the prime intention of creating sources of support, if not a personal place of safety. Depending on the quality of their pool of friendships, volunteers would seek forms of support from them. The drug agency went as far as asking each volunteer to select another who would be their confidante, an example of Krackhardt and Hanson's recommendation that managers 'need to guide [volunteers] to cultivate the right mix of relations' (1993 p.111). This raises a question associated with Beattie's (2006) exploration of how managers should behave as coaches to their staff: how many volunteer managers have received training and are experienced in managing inter-staff personal relationships?

The informal networks at the drug agency flourished because volunteers worked as a group and spent time with each other. Unlike the hospice's volunteers, drug agency newcomers could easily seek out each other and discuss urgent matters in quiet rooms. The formal structure of the drug agency's end-of-shift debriefing session interfaced well with the ability of drop-in volunteers seeking one-to-one help from supportive others. Despite tie structures noticeably being asymmetric from volunteer to HRW, the newcomer volunteers and the duty HRWs formed groups which, while established by drug agency management, were viewed by the volunteers as

informal. Some receptionists at the hospice saw their relationship with their reception coordinator equally informal.

The effectiveness of the formal networks was dependent on how management used them to the benefit of the volunteers. Pearce (1993) showed how much the quality of management and mutual support mattered in the success of their enterprise. These affordances should have been well represented in both the organisation-volunteer and volunteer-organisation perspectives of the psychological contract. Both the hospice and the drug agency had developed agreed bi-lateral contracts which were periodically re-negotiated during AARs, monthly reviews and discussions over how, for example, processes should operate at the reception desk

6.5 Who were requests for support directed at, and from whom did the requested support come?

As sources of valued friendship, trust and forms of support, networks varied in their effectiveness depending on the volunteer's attitude to other people and to working at the organisation. The sub-culture of work in the organisation wasn't entirely of the individual volunteer's making: they either grew into whatever culture was operating at the time, changed their role (as at least one receptionist had at the hospice), or quit.

Some volunteers required a very broad range of forms of support as well as intensity of support. Much support was required by the newcomers at the drug agency from fellow volunteers, their supervisor and the duty HRWs. Wendy at the hospice indicated that she voluntarily attended more training sessions than the reception coordinator had scheduled so that she could receive more mentoring. All existing receptionists at the hospice required additional training in new procedures and practices once they moved into the new building. That initial training required frequent, small scale mentoring from the reception coordinator for weeks afterwards.

By far the greatest need was for emotional support, whether it was simple friendship expressed through the rituals of sharing lunch or, as the drug agency's newcomers did, in walking together to the car park. Clearly, as Foster found, volunteers, following a mistake, sought reassurance from a

trusted other. Their emotional support network was, in the early months, the most frequently accessed. It contained those alters with whom ego, according to Hogan et al's (2007) definition "regularly keep in touch with, or are there for you when you need help" (see section 3.6.3). These were the individuals whom ego had assessed were least likely to defect when ego needed emotional support (Crossley 2011). They offered the safety an individual needed in times of difficulty (Greenberg 1991; Kadushin 2012).

Secondly, all volunteers' personal support networks contained both very close alters as well as those who had been identified as providers of specific support. On the occasions when ego undertook new tasks, moving beyond their current levels of knowledge or know-how, they did so with some assurance that the support they needed was available since it had been satisfactorily provided in the past. This was very evident from the hospice's afternoon volunteers with their small but fragile support networks. As a volunteer's personal support network developed, based on net positive experiences, any vulnerable source of support was augmented or replaced by others to whom ego could confidently turn.

The choice of an alter that a volunteer would approach for support depended on the degree to which the volunteer trusted that alter, or sometimes the sheer urgency of the situation. The final act of the formal training course at the drug agency invited each volunteer to approach a fellow volunteer and ask for, and make, a high trust relationship with that chosen person based on their experiences other volunteers to date. Those relationships were still intact for Ann and Mary.

Access to support-providing alters wasn't always easy, the working arrangements sometimes being an impediment. The afternoon shift at the hospice was required to ring around the building, from unknown individual to unknown individual until someone simply answered the phone. Even in the bustle of volunteers, HRWs and clients in the drop-in centre, Ann was able to indicate that occasionally other necessary duties prevented HRWs from dealing with volunteers' calls.

The third network was the global set of individuals in the organisation. While this set was the seed-corn for each individual's personal and personal support networks, it was far less frequently accessed on a day-to-day basis compared

with the other two networks. However, afternoon shift volunteers at the hospice had no option but to access this network with new queries. It was also the obvious source of new potential supporters when established ones left. It would, of course have been the source of any new networks should the volunteer move to a different position in the organisation.

6.6 Forms of learning – formal and informal on-the-job.

6.6.1 Attitudes to learning at the 2 sites.

The two sites held different formal views regarding learning about the job and learning on the job. The approach of both the reception coordinator at the hospice and the volunteer manager at the drug agency recognised the importance of learning on the job as a means of improving their volunteers' skill levels. Each adopted a different approach, the reception coordinator teaching specific skills by demonstration then mentoring on a one-to-one basis while the drug agency's volunteer manager encouraged volunteers to discuss how they carried out tasks, prompting the volunteer to reflect on their successes and failures.

The drug agency's formal view was that continued learning was essential. Reference has been made above in section 4.9.1 to the drug agency's volunteer manager's personal enthusiasm that volunteers take advantage of internal courses. This attitude was echoed by other managers, the HRWs and Alan who, as a volunteer was benefitting by being sponsored at a local college. Initial training sessions were mandatory for trainee volunteers who were also encouraged to take the organisation-provided 1-day advanced training sessions at no cost. A very low cost crèche was provided by the drug agency to enable attendance at these sessions by volunteers with pre-school children. Volunteers were enthusiastic about their initial training, seeing great value in it and positively anticipating the advanced courses.

Of the two data collection sites, the drug agency as an organisation paid most attention to learning: it had to since many of its drop-in centre volunteers moved into internal paid positions, or left for paid work after 18 months or more. The drug agency was, in Wenger's language (1998a chapter 3) reproducing both itself and its skill base by engaging new volunteers, training

them and continually consolidating their knowledge of drug abuse and treatment, and improving their practice.

Attempting to map the activities that constituted the learning by a drug agency volunteer against Lave's (2011a) description of the 'life of the apprenticeship' as lived by the Vai and Gola apprentices was fruitful. I judged that the drug agency was providing a short apprenticeship programme for its volunteers in that their approach to learning ... not just teaching ... was very evident. Training was planned, budgeted and embedded into the drug agency's business plan. Volunteers worked alongside HRWs, with suitable volunteers being offered paid posts as they occurred. Volunteers were seen as learners as well as workers throughout their time as a volunteer. Opportunities were offered to selected volunteers to study for industry recognised qualifications.

On the other hand, the hospice's formal view was that it didn't provide any skill training for its staff or its volunteers. While management encouraged volunteers to learn not only about the philosophy and practice of the hospice movement, as well as improving one's own skills, it would neither provide in-house courses nor fund volunteers taking external courses. The reception coordinator pointed out that some volunteers considered that they did not need training: they argued that they brought adequate skills and attitudes from previous work and professional experiences. However, there was continuous observation and assessment by the reception supervisor who addressed skill deficiencies and behaviour issues, which, in the opinion of most of the volunteers, was done in a most positive and helpful style.

6.6.2 The learning opportunities across the 2 sites.

Learning opportunities went hand in hand with the organisation's implementation of functions and facilities to meet its purpose. Where there was a need to increase one's knowledge and skills, learning opportunities emerged, but not always where one would have expected.

The drug agency provided considerable learning opportunities for volunteers. While its initial training programme was front-ended (Winch and Clarke 2003), the whole course was designed for newcomer volunteers at the single organisation: there was nothing generic about it. It was very clear that it was

far from being '*all of the learning that was needed for a lifetime of practice*'. The probation period was an example of Spouse's sponsorship model with sponsorship and the mentoring being shared between the volunteer manager and the HRWs. Formal and informal learning had very blurred boundaries, particularly as the volunteer manager and the HRWs were declared as very close alters by all of the volunteers.

There were monthly one-day formal 'whiteboard and talk' courses covering more advanced knowledge. Every shift presented opportunities for volunteers to learn and try out additional 'ways in' - different ways of approaching clients, opportunities to reflect how an intervention had started, progressed and what its outcomes were. The debriefs at the end of the day invariably produced instances of learning which the volunteer manager or one of the HRWs would explore for the benefit of all attendees. Further instances of learning were discussed at monthly reviews when the clinical supervisor would explore with a volunteer specific situations they had encountered. Volunteers discussed client situations at coffee breaks, during lunch and with their confidant(e)s. HRWs would take volunteers aside or out of the drop-in and discuss, in private, how interventions had gone, both praising good work and helping volunteers reflect on an otherwise less than effective intervention. HRWs, in describing the process and content of their monthly practice meetings, indicated that there was a deep culture of on-the-job learning throughout the organisation. The volunteers felt its effects throughout the working day from HRWs and managers alike such that it became a habit to talk of client encounters.

There were two distinct communities at the drug agency: that of the three newcomer volunteers, and that of the set of HRWs. Evidence of a joint enterprise was displayed by both groups, albeit far stronger and spoken about by the HRWs. As three newcomers, working their way through probation, the volunteers' sense of mutual engagement was very clear to see. The majority of the artefacts of the shared repertoire were 'held' by the HRWs. Over time, starting with the initial training, and through the variety of interventions by HRWs with newcomers, both the HRWs and the volunteer manager were able to disperse them to the volunteers. It was far too early for the volunteers to be contributing. Alexa commented that she could see what Lave and Wenger (1991) call a movement by the volunteers from an extreme position of

peripherality towards the core of the purpose and activities of the drop-in centre.

The hospice offered considerable opportunities for personal learning, provided one worked a morning shift when the reception coordinator was also working. The hospice provided no front-end learning: volunteers were observing and working from their first shift. The reception coordinator offered personal one-to-one mentoring in every aspect of the work. She was also very open to discussing how components of the shared repertoire could be improved, encouraging a developing culture of continuous improvement. She allowed the volunteer to devise and test alternative designs of daily processes, learning from successes and failures. But because of the shift arrangements, group learning was impossible. The boundary between formal and informal learning was at its most blurred at the hospice because of the shift staffing arrangements, but it appeared to work very well. Volunteers learned in Spouse's (1998) style of being sponsored, mentored and supervised by the reception coordinator. Movement from a peripheral position was guided and encouraged by the reception coordinator.

6.6.3 What was learned as shown through its outcomes?

Lave (2012 p.161-162) argues that, when researching learning, it is easy to slip into the age-old position of treating learning as 'a concept of individual, mental learning', produced only in institutions or through teaching, and 'above all, as if "knowledge" is the purpose, content, and the result of what life and "learning" are all about'. She follows Dreier's (2008) theoretical approach to what he calls 'the conduct of everyday life' where learning is expressed as changes to one's identity, and demonstrated in the changing personal practice of everyday activity.

On becoming trainee volunteers, the trajectories of the lives of the three newcomers at the drug agency changed dramatically. That trajectory further focused its path when the trainees moved into being probationers, and yet more so on 'passing out'. Both Mary and Ann at the agency spoke of the challenge facing them in the drop-in as they undertook new tasks to create a new personal practice, struggled with new learning and developing a very

different identity to the one they normally inhabited. Ann found the experience to be one where she could

‘look at yourself and, you know, your own ways of thinking and your ways of dealing with things .. it’s very exposing work.’

Gosselain (2011) ((cited by Lave (2012 p.167)) was told by his participant not, “Here is how I actually learned the craft”, but rather “Here is who I am, because this is my technique”. Ann made a very similar comment. Mary spoke of

‘this is for me; this is what I want to do later on. So this is my training I suppose I treat it like a college’. These new identities were both partial and plural.’

6.7 How do such support structures enable learning *in situ* and with what results?

The opportunities for learning *in situ* varied across the two cases. That three of the drug agency volunteers had recently undertaken their initial training and were coming towards the end of their probation period enabled me to observe far more of any *in situ* learning than at the other site. At the hospice, I was told about the *in situ* learning by the supervisor and by Wendy, the latest recruit.

The drug agency’s formal structures required volunteers to learn continually as a regular day-to-day activity as well as by attending the scheduled one-day courses. The sole purpose of the AAR (after-action-review) at the drug agency was that the volunteer should learn from the episode. The monthly supervision reviews took observed incidents and analysed them with the intention of offering the volunteer an opportunity to learn from the analysis. Such monthly reviews, with learning at their core, were a feature of being a volunteer. The sessions were seen not as occasions when they would be admonished, but opportunities to change their practice. The debrief at the end of the day was an opportunity for volunteers to discuss with fellow volunteers, HRWs and managers in a very intimate, trusting environment any interventions with clients, how they had approached the work, and to openly discuss aspects of failure as well as success. From a network perspective, the

interventions by the HRWs and the supervisor strengthened any existing support-providing ties. Depending on the level of friendship between the volunteer and the alter, the emotional ties were strengthened or even new sub-ties created.

The arrangements for work at the hospice offered the more intensive opportunities for *in situ* learning with the reception coordinator sitting alongside the volunteer. The arrangement of reception coordinator and volunteer was similar to Lave's (2011a) Vai and Gola apprentice who, when not working at his own sewing machine, stood alongside the master, observing, asking questions and constructing mental patterns of practice. The difference was, of course that the volunteer was doing productive work. Because of the volunteer's selected shift pattern, it was likely that certain processes were forgotten. The reception coordinator was invariably to hand to provide a prompt. The discussions between reception coordinator and a volunteer regarding how to design a new process or set about improving an existing process were fully opportunities to learn together, to add to the receptionists' jointly developed repertoire of actions, and to re-enforce their understandings of mutual working.

6.8 The critical role of the informal network.

Krackhardt and Hanson (1993) describe an organisation's formal network as its skeleton, but the informal networks as the central nervous system. The informal networks in the two sites were the critical conduits of forms of support, formed out of different sets of circumstances affecting both the organisation and the individual volunteer. As sources of safety, emotional support and influence the informal networks played a dominant role.

Of the two sites, Alexa at the drug agency showed she was interested in who went to lunch with whom. She rightly saw this as the development of mutually supportive personal networks by volunteers. She was aware that relationships between newcomers offered opportunities for friendships, but she indicated that the extent of the mutual support was hidden from her. If she had adopted Krackhardt and Hanson's (1993) argument that by mapping who trusted whom, who communicated with whom and who went to whom for

instrumental and informational support, then she would have had a better understanding of the network of relations amongst the volunteers and the HRWs. Even with her close observation and interventions with just three volunteers during the 3 month probation period there was much that she was unaware of concerning the volunteers' personal networks. Who were the key sources of different forms of support, and who appeared to be important, and why, in day-to-day learning?

The reception coordinator at the hospice was clearly much closer to some of her volunteers, sitting alongside them as they worked together. She would have had ample opportunities to overhear phone and face-to-face conversations at the reception desk to form ideas of the informal networks the receptionists made.

As Beattie's (2006) personal development programme structure showed, managers helped paid employees to develop relationships within the informal structures. The same should be true of volunteers. Alexa modelled behaviours of supervising and coaching volunteers for the HRWs to copy. Krackhardt et al recommend that managers should encourage, even 'guide' (1993 p.111) staff, regardless of their age, to form and develop the right mix of relationships. Managers can always test the stability of the informal networks created by their staff by deleting a player from the full sociogram of relationships and observing what the effect is on the rest of the network members. By removing a person, not only the node but all the in-bound and outbound ties are also removed: the glue holding networks together may be weakened. Does the network split into two or more components? Is any member isolated? If so, then one knows who the influential team members are.

Changes in organisations often involve internal reorganisations, recognised as the restructuring of formal networks. 'De-layering' of an organisation may meet its financial needs, but unless the informal networks meeting the needs of the individuals are also re-structured, a major source of internal effectiveness will be destroyed. Organisational re-design needs to be cognisant of informal networks and the strengths of inter-personal relationships. The flows of mutual support, the informal ties between trusting

individuals and opportunities for relationship building are essential as organisations prepare for uncertain futures.

6.9 Future research.

Provision of support and learning opportunities depend on the quality and availability of trustworthy and willing colleagues, and are, therefore, part of the remit of managers of volunteers. The main implication for future research is a greater focus on how managers of groups of volunteers can explore the formation and maintenance of the relationships between themselves, as managers, and their volunteers. Equally important is its complement, namely, how managers can explore the relationships between volunteer and volunteer, and volunteer and paid member of staff. These relationships should be realised in visual networks, immensely useful in themselves (de Nooy and Mrvar 2005) without any further statistical analysis. Homans' 60 year-old study is perhaps more valid today in directing such studies than it was in the 1950s. Krackhardt and Hanson (1993) provide the clearest instructions for managers to not only influence a choice of a worker's fellow colleagues, but 'guide' them in those choices. What a difference this would make to the employee's standard yearly appraisal. And Cross and Parker (2004) amply show the severe limitations of the traditional hierarchical organisational chart in favour of the network which shows those with high indegree scores and who are isolated. The two case studies have shown how close attention to the needs of newcomers as well as mentoring experienced volunteers can not only improve the quality of the volunteer's contribution, but add to the satisfaction perceived by the volunteer. Visualising learners in their work networks would further guide managers as they develop schemes of continual learning.

Volunteers deserve the best management practices since more services previously provided by the public sector are devolved to their organisations. Considering the management of people as the management of their relations, using tools to map those relationships on a periodic basis, and certainly whenever there are major changes in personnel in a department is a step towards those better practices.

6.10 Recommendations for the management of volunteers.

From this research recommendations for managers of voluntary organisation emerge regarding the provision of support for volunteers as well as encouragement of personal learning. However, both case studies showed that support and learning provision are, at times, two closely tied parts of a whole.

The recommendations are:-

1. The organisation should implement the psychological contract, have supervisors learn what it is and how to initially implement it, as well as monitor its continued use as the volunteer settles in. The volunteer's understanding and 'working out' of the contract should be a mandatory item at any review meeting the supervisor holds with the volunteer.
2. Supervisors should understand something of the networks that people create. In supervising volunteers, supervisors should understand the roles of the two key networks – the personal network and the personal support network, as well as being as aware as they can which alters occupy which network.
3. Supervisors should learn how to create networks of their reportees, even if they are incomplete. Additions and corrections can be made to such a sociogram based on reviews with reportees and from their comments. Krackhardt and Hanson (1993) show the importance of creating such a source of supervisory information.
4. Supervisors should use the sociograms which represent their understanding of their staff's/volunteer's networks and examine them for the following:-
 - a. How many components are there? More than one may indicate a degree of unacceptable fragmentation of the group.
 - b. Are there any 'key' members such that, if they are removed from the sociogram, some of the volunteers become isolated? This may involve re-organising the composition of groups to remove the high dependence on one or two individuals with very high in-degrees.
5. Supervisors should consider careful placement of newcomers with specific others based on the supervisor's knowledge of those others.

Based on Krackhardt and Hanson's recommendation the role of the supervisor is to provide the newcomer with the best environment from which they can obtain the best forms of support and opportunities to learn. This can mean directed placement rather than letting the volunteer select where they work and with whom.

6. Supervisors should try to establish the volunteer's need for a place of security. If the need is high, then placing the newcomer with trustworthy and understanding alters may be necessary.
7. While initial training is likely to be needed in human service delivery agencies, consideration should be made to the provision of learning opportunities for newcomers and established volunteers as well.
8. The nature of the work done by volunteers is likely to change as the organisation's purpose and subsequent forms of service delivery change over time. Such changes require a continuous process of training to be in place.
9. A system of monitoring newcomers with monthly or periodic reviews is advisable when sensitive work is done with clients or customers. The use of the After Action Review (AAR) as a quick but thorough means of mentoring volunteers is advisable.

Appendices

Appendix A: The Social Network interview: Questions for volunteers and paid staff.

Personal questions: ask if they don't mind answering them.

Display the table of possible personal relationships (Appendix K).

Which number describes your current personal relationship?

Do you have any children? If so how many?

Display table of age ranges (Appendix F)

Which number describes your current age?

Have the network map open in front of the participant.

How long have you worked here?

How frequently do you work here?

Sources of support

1. How frequently do you have work-related discussions with the other people in your voluntary group? (Two or three times a day, daily, twice weekly, weekly, fortnightly less frequent.)

Informational

2. If you have received training here, which of these people in your personal network did you shadow OR who was your mentor OR coach?
3. Do you still have any form of special relationship with this person?
4. Are there any people here who influence you in any way? Who is that person/s (if here)? Why that one?
5. Which of these people in your personal network would you go to for information about the organisation?

6. Which of these people in your personal network would you go to for information about the work that you do?
7. Which of these people in your personal network would you go to for information about looking for another voluntary job?

Instrumental

8. Which of these people in your personal network would you go to and ask for direct hands-on assistance in doing simple jobs?
9. Which of these people in your personal network would you go to and ask for direct hands-on assistance in doing complicated or lengthy jobs?
10. Have you ever gone to any person here and asked for help or assistance about nothing to do with work?
11. Which of these people in your personal network would you go to for actual help or assistance in applying for another voluntary job?

Companionship

12. Which of these people in your personal network would you feel you could 'just talk about the day's events'?
13. Which of these people in your personal network would you feel you could ask to exchange shifts if you were going to be absent?
14. Which of these people in your personal network do you socialise with .. attend clubs of shared interest together, e.g. choir, walking or cycling clubs, theatre or cinema visits?
15. Which of these people in your personal network would you feel you could go to for a bit of organisational gossip?

16. Which of these people in your personal network would you feel would offer you companionship?

Emotional

17. Which of these people in your personal network would you feel you could phone and discuss a difficult issue that you had faced at work?

18. Which of these people in your personal network would you feel you could visit at their home and discuss a really difficult issue that you had faced at work?

19. When you are upset with a work issue do you share your feelings with any of these people in your network? Which ones?

20. When you are upset over an out-of-work issue do you discuss how you feel with any of these people in your network? Which ones?

21. What helps you 'get along' as you do the work?

22. What support is provided by <<the organisation>> when you have had a really stressful session at work?

23. Thinking about all the different forms of support that you may have asked for, please think about the last occasion you can recall. Can you describe

- a. The circumstances that caused it?
- b. how did you decide how to solve the problem?
- c. Who did you decide to ask for help/support?
- d. Who did you ask in the end? (*Was it the person you planned to ask?*)
- e. Can you recall what you said? (*Face to face, phone, email?*)
- f. Did this person respond?
- g. What did they say/do?
- h. Was what they gave you helpful at the time? to what degree? (not at all, not very, OK, very helpful)

Negative support

24. Have you ever been let down by anyone here? Would you like to point to the person's name tab?

25. Not all support is positive: people can say things, but you receive what they say as 'negative' or not helpful. Sometimes the result of such a situation is that you feel worse about things. Has that happened to you here? Would you care to describe the incident. *(What was the form of support that was being sought; how did you go about choosing who you would ask; who was the alter; what was given; what did you perceive was given v. What was actually given?; what was the end result?)*

End of support questions.

26. Looking at the network you have drawn are there any other forms of support that you ask for?

27. Are there any people we haven't talked about who give you support?

Away from work.

28. Despite having 'very close' associates here in work, do you use others – for example your partner, family or friends to discuss work-related issues of support?

Taking care of yourself

29. You have indicated that you consider X to be 'very close' rather than 'somewhat close'. Why? What is it about X that causes you to feel that they are 'very close'?

30. Why do you consider Y to be only 'somewhat close'?

31. To what extent do you feel that you are accepted here by the other volunteers? (*Not at all, somewhat, neither one way nor the other, quite highly, very highly*)

32. To what extent do you feel that you are accepted here by paid staff? (*Not at all, somewhat, neither one way nor the other, quite highly, very highly*)

33. Looking at your personal network, point to and name those people who show that they care for you?

34. Do you have a confidant here .. someone you can and do confide in?

Community related questions

35. When you joined you probably felt that you were on the edge of things .. you didn't know anyone, and you didn't know anything about the work they did. Over time you have got to know people, what the work is and you have developed competencies in how to do the work. Another way of saying this is that 'you have moved from the edge towards the core or centre of things'.

Do you understand what I mean by that?

(Show card)

Look at the card and tell me which number represents where you think you are now .. (*point and move from edge to core*) still on the edge, somewhere in the middle or at the centre of things.

36. Do you see yourself as an individual here at <site name>, or a member of a two-some or three-some who work the same shift, or a member of a group who work on a specific day?

37. Do you feel that all this shift's volunteers have a common or a shared view of the purpose of their work – not how to carry it out, but the purpose of their work?

38. Do you feel that as a group of staff/volunteers you have developed between you a shared set of practices .. ways of speaking to the public or children? Or do individual volunteers have their own ways .. and use them?

39. So overall, do you feel you belong to a community of volunteers? In what way?

How you are managed?

40. Who is your line manager or if not a line manager, the person whom you consider to be your manager?

41. How well do you consider you are managed?

- a. Very well;
- b. Somewhat well;
- c. Neither well or poorly ;
- d. somewhat poorly;
- e. Very poorly.

42. If candidate has answered (a) or (b) ask

- a. What are the aspects of how your manager manages you that you think are very good or good?

43. If candidate has answered (d) or (e) ask

- a. What are the aspects of how your manager manages you that you think are poor or very poor?

44. What are the things that you think a manager does here at <site name> that affect you?

45. What are the things that you think managers fail to do here?

46. Do you think your manager develops amongst the team a sense of trust, and where they lead by example?

47. Does your manager work with the new volunteers to help them 'fit into' any existing group/team of other volunteers and any paid staff?
48. Does your manager work with team members, volunteers or paid staff either individually or with groups to try and improve the work?
49. Does your manager hold periodic reviews with you to review your work? What is talked about in those sessions?
50. Does your manager work with you to assess your skills and perhaps suggest appropriate training?
51. Is your manager available to volunteers to discuss issues as they occur?
52. How well does your manager communicate :-
- a. Upwards to senior managers;
 - b. Sideways to manager colleagues;
 - c. Downwards to team members, both paid staff and volunteers.
53. Does your manager hold team or group meetings?

Appendix B: The Social Network interview: Questions for the managers or supervisors.

The same demographic questions as for the volunteers:

Personal questions: *ask if they don't mind answering them.*

Display the table of possible personal relationships.

Which number describes your current personal relationship?

Do you have any children? If so how many?

Display table of age ranges.

Which number describes your current age?

How long have you worked here?

Have you had other roles in this organisation?

About your organisation

1. What is the overall structure of your organisation? Responsibilities .. any hierarchy, job descriptions. Are there differences between the structures for volunteers and those for paid staff?
2. Do you have a volunteer co-ordinator? If so describe their role.
3. What is the principal work purpose of the group or function you manage/supervise/co-ordinate?
4. What are the 'primary processes' in your functional area? Who performs them - paid staff or volunteers?

5. What do you think are the key differences/similarities between voluntary and paid jobs in this organisation?
6. Are there any natural career progression paths for volunteers? If so, describe them.
7. Are there any natural career progression paths for paid staff? If so, describe them.
8. Are the tasks done by volunteers in any sense seen as 'less crucial'?
9. Are there any natural career progression paths for volunteers to paid staff member? If so, describe them.
10. Describe the 'journey' of a newcomer to this organisation/section.

Rotas and scheduled work

11. Do you have rotas for the volunteers? How are they constructed? Who says who will work with whom? If there is disagreement, how is this resolved?
12. How do you design the content of jobs? What considerations do you take into account e.g. skill/mobility/age/gender of the volunteer?
13. Who decides what should be done during a volunteer's shift period? How is this communicated to them?
14. If there is any uncertainty about what volunteers should do during their shift who is their manager or coordinator?

Recruitment/leaving

15. What is the turnover of staff in this section of the voluntary organisation per year? Has it changed over the years?

16. Do people just leave – not turn up anymore - or do you expect a formal resignation? How has this worked in the past?

17. What are main reasons of leaving/resigning?

18. Do you hold exit interviews? If yes, what does the analysis of such interviews tell you about the reasons for people to leave? If no, why not?

19. How do you recruit new volunteers?

20. When you have a person leave who has specific, high demand skills, how do you manage around the skill gap their leaving creates?

Performance management

21. How would you describe the skill levels of your volunteers? (very high, high, neither high nor low, low or very low.)

22. Do you have any formal performance management or measurement system? Please describe it.

23. Do you use targets in assessing work, efficiency etc?

24. Do you have a disciplinary procedure? If so can you describe it.

25. How do you handle dereliction to duty? (i.e. they don't do what is in their task description.)

26. How do you handle unreliability?

27. Do you have any personal/individual appraisal system? Describe it.

Strategic management

28. Who sets the policies for the organisation?

29. What role do volunteers have in this process?

30. Who carries them out?

Person management, influence and control

31. It is reported that the over-riding problem with volunteers is uncertainty – uncertainty that they will remain a volunteer with you, that they will do their specific shift or that they may be reliable.

Is this your experience and if so, how do you cope with this?

32. As managers, how do you persuade people to do things that they didn't volunteer to do?

33. How do you as managers or supervisors exert control over your volunteers/members? For example, do you use 'obligation'? (*probe using Meijs's sports club illustration*).

34. Do you manage volunteers or lead them? Describe ways of leading them.

35. Volunteers are reputed to deliver lower levels of performance when compared to paid staff. Is this the case here? If so how do you cope with it?

36. How do you cope with clients requiring different levels of competence? Do you allocate higher skilled volunteers with them, or operate of pool of volunteers?

Incentives

37. Do you offer any 'rewards' to volunteers? If yes, describe them.

38. How do you acknowledge the work done by volunteers?

Values and beliefs

39. This organisation has values and beliefs that govern its behaviour towards its clients. Volunteers would argue that they have freedom in what they do and how they do it. How do you, the leader, balance these two views?
40. As a manager, do you feel that most of your volunteers share common values and beliefs about this organisation and its work? How would you know?
41. How as managers do you try and get across to volunteers the basic beliefs and values of this organisation?
42. How important are these shared beliefs and values to the organisation?

Core members and their roles

43. Do you think you have a core set of volunteers .. those who seem to be at the centre of things, leading opinion, setting personal examples?
44. Do you know who your core members are amongst the volunteer groups?
45. Do you try and influence your core members in any way? If so how?
46. How are new core members of the volunteers recruited from amongst the mass of existing volunteers?

Staff meetings and feedback

47. What is the frequency of meetings for paid staff? What is the attendance rate?
48. What is the frequency of meetings for volunteers? What is the attendance rate?

49. How are the outcomes of such meetings communicated to volunteers?

Training (only for training managers)

50. As the manager responsible for training can you please describe the training programme you operate here? Are there mentors/apprentices? How long is the programme? What is its content? How do you know when someone is ready to do the work?

51. What do you formally teach newcomers?

52. What specific skills do you teach?

53. Is a volunteer's supervisor also their mentor/coach during their first weeks/months?

54. If the supervisor is the mentor/coach, on what basis are volunteers and supervisors 'paired'?

55. What do you expect newcomers to 'pick up' as they work their way into the organisation?

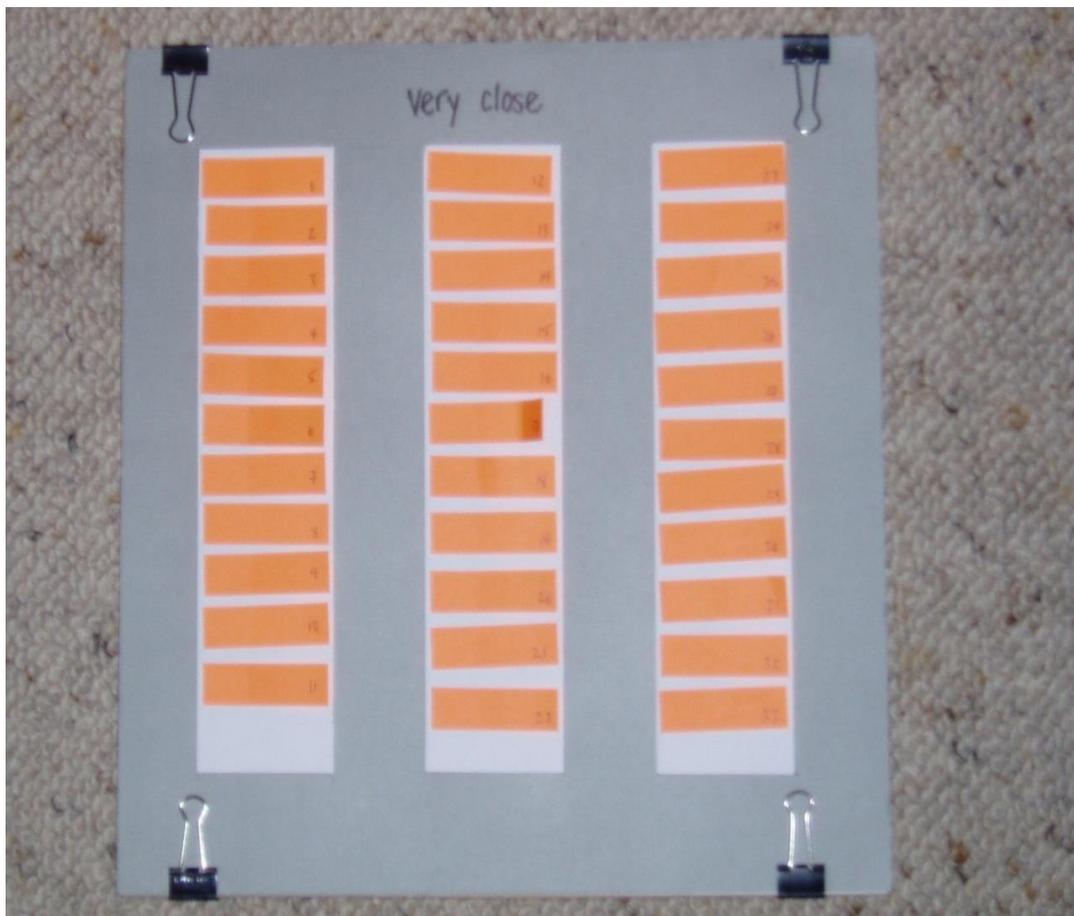
56. Do you teach just enough 'just to do the job' or do you offer wider training?

57. How different is your training for complete beginners as opposed to people who come with previous experience of working in a <function of this site> or another organisation?

58. As the training/education manager do you see mutually supporting groups springing up or emerging from your body of volunteers? Do you do anything with these naturally formed groups?

Appendix C: Name generation frame.

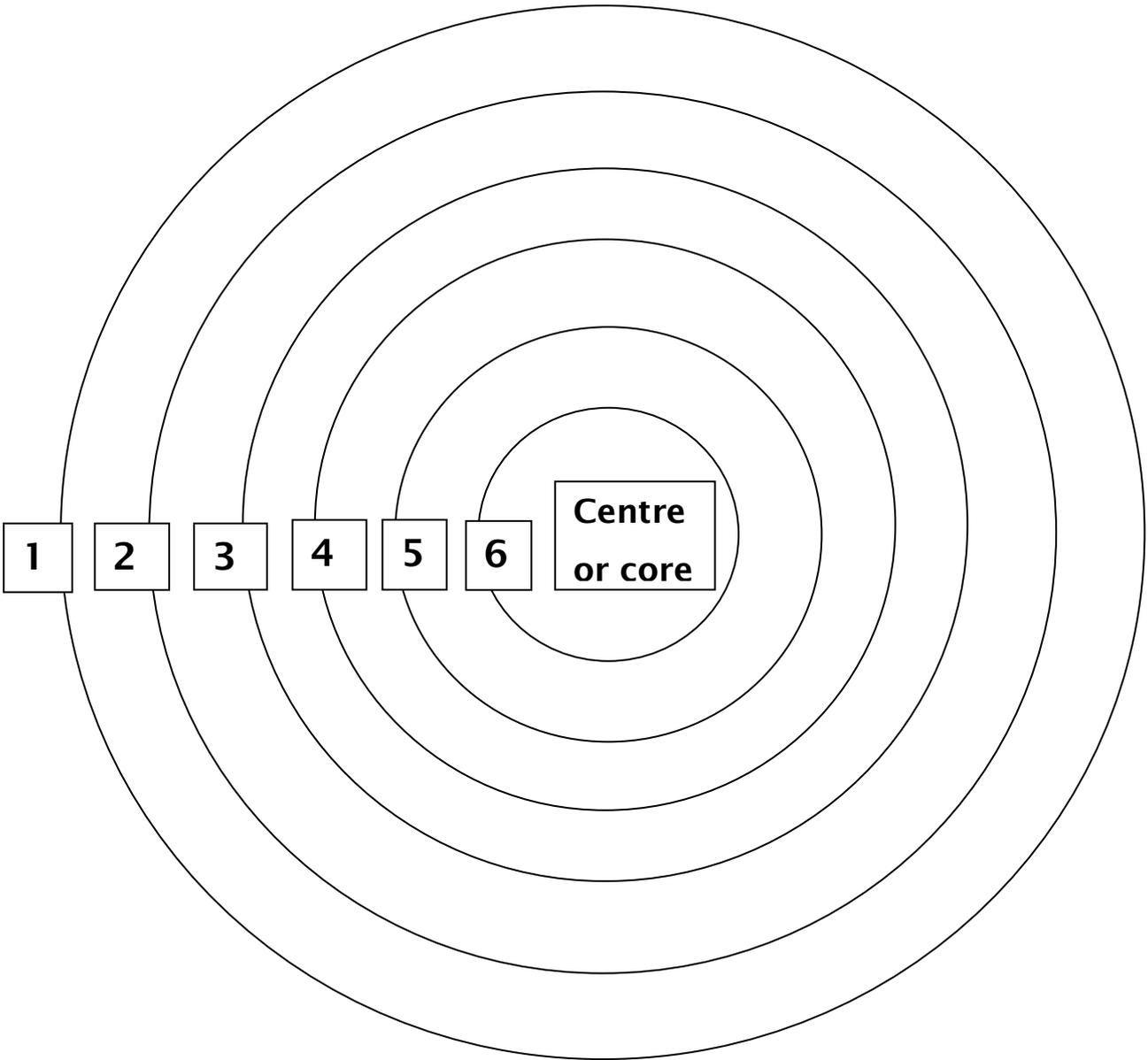
Figure C1:1 Name generation frame.



Source: Carrasco, J. A., B. Hogan, et al. (2008). "Collecting social network data to study social activity - travel behaviour: an egocentric approach." *Environment and Planning B: Planning and Design* 35: 961-980.

Appendix D: Where would you now place yourself between the edge and the core/centre?

Figure D1: 1 Positioning oneself between periphery and core of organisation



Appendix E: Analysing the networks.

This appendix describes in detail the methods I used to analyse individual ego's networks. I also used known methods, e.g. Wasserman and Faust (1994) and Hanneman and Riddle (2005) to analyse the unioned matrices of egos, their alters and their alters' alters and, secondly, the matrices of named individuals and the forms of support they provided.

I started from the 4-ring map, enquiring who knows who before moving on to who supports who. From this second line of enquiry I was able to determine not just individual ego's forms and sources of support but which forms of support were most frequently called for, and which alters were most frequently sought as providers.

A third section analysed the organisational structures at each site to find which individuals in the network played similar roles in the social life of the group.

E.1. Who knows who?

There were two ways of analysing ego's acquaintances: inspection of the basic matrix with its row and column totals, and secondly, by creating and inspecting a map/sociogram. Creating the sociogram began by copying the full case-by-case matrix and the attribute vectors into UCInet (Borgatti, Everett et al. 2002) and using routines in its graph drawing component NetDraw (Borgatti 2002) to create the map. The sociogram shows the whole network of the very close and somewhat close ties for all of the volunteers and interviewed staff and their alter's alters. Facilities to use colour to represent job types of the managers/staff/volunteers, reciprocated ties, different node shapes indicating gender and line thicknesses representing tie strengths (1 or 2) were used. Taking the column totals from the matrix provided a count of how many egos had named each alter. These values, the alters' indegrees, were also passed across to NetDraw to create the size of the nodes.

There are different ways of drawing the nodes and the ties lines depending on what one is analysing. I was interested in the effects of closeness of alters to ego in this phase of the analysis. Consequently I used a technique called Multi-Dimensional Scaling (MDS) which is designed to graphically represent

relationships between objects in multi-dimensional space. With small arrays, the graph can be drawn in 2-dimensional space – a 2-dimensional picture on flat paper. The technique is based on the dissimilarities between nodes. The software attempts to display these dissimilarities – in my case the different strengths of the ties, that is very close (having a value of 2) or somewhat close (1) – between objects on the plot representing their relative dissimilarities (for a fuller explanation see, for example, ch 18 of Quinn and Keough 2002). In other words, the ideal is where the lengths of the lines representing very close ties are half the length of the lines representing somewhat close ties. However, the outcome is always a compromise between achieving correct representation of closeness and providing an acceptable level of visualisation. Finally, the software optimises its positioning over the whole network, inevitably causing different degrees of distortion in line lengths. Note that the placement of nodes is largely as the software initially positioned them. However, nodes may have been moved by hand so that name labels are not obscured.

E.2. Who supports who?

Analysing the provision of various forms of support involved a number of matrices. The first enabled an analysis of who provided specific forms of support. This matrix was complex in that it was a composite of all of the 2-mode ego-centric matrices, one for each participant. From the ring map, who supplied each form of support was translated into a value '1' in the intersecting cell. Columns were totalled showing the number of forms of support provided by each named alter. This process was carried out for each volunteer receptionist. Finally the individual ego-totals were added to provide an overall set of totals: the providers of multiple instances of each form of support.

Secondly, this matrix was modified by stratifying the names of providers into groups. For example when analysing the hospice data, my stratifications were: managers/coordinators; staff; volunteers who were not receptionists; and volunteers who were receptionists. These four categories would be shown as distinct colours in a stacked column chart. Using a summing routine provided counts of forms of support provided by category of employee/volunteer.

Thirdly, a matrix was created that provided the number of forms of support by named provider. This matrix was rectangular with the names of the volunteers on the rows, and the names of providers in the columns. Examining the ring map for a specific ego, the number of coloured tie lines from ego to each of the named alters on the map was transferred to the matrix. Some alters may have provided a number of forms of support: others none.

E.3. Analysing the organisational structure of the networks.

Kilduff and Tsai (2003 Appendix 1) propose that an understanding of organisational social networks can in part be represented through the use of specific statistical network analysis measures. This section presents a précis of their appendix with reference to how I adapted and used it in this study.

Kilduff and Tsai's methods are based on case-by-case and affiliation matrices. Firstly, a sociogram presenting the matrix is drawn. Kilduff et al as well as de Nooy and Mrvar (2005) consider that a visual inspection of sociograms is an essential part of any analysis. The matrices and any emergent sociograms are the bases for the remaining analyses.

Issues that divide groups can be recognised by examining how the individuals in the group have formed relationships or friendships with others. Divided groups may have close ties amongst the members of each division, but there are very few ties between the divisions. By using a network analysis routine that tests if there is at least one tie between each successive pair of nodes (named individuals), it can be established if the matrix forms one or more components. A component of a graph is called a sub-graph in which all the members are connected. Sub-graphs that are not externally connected are distinct components.

Since visual inspections of graphs become difficult when there are a large number of nodes, this 'component determination routine' supersedes visual inspection. The UCInet (Borgatti, Everett et al. 2002) routine is initiated as follows:-

Network > regions > components > valued graphs.

The output from this routine provides a measure of the number of components in the network and lists the nodes in each of the components where a component is 3 or more nodes. A network with just 1 component is assumed to be homogenous.

The second consideration is to examine the network for the presence of cliques. A clique is defined, in network terminology, as a cohesive subgroup with every individual linked to every other individual. The minimum size of a clique is 3 members. Individuals can belong to multiple cliques, for example, an individual may normally work on a day shift but during the lunch break they attend first-aid classes. One way of determining if there are sub-groups is to examine for the presence of cliques. The UCInet routine is initiated using

Network > subgroups > cliques

The output from this routine provides the membership of each clique as well as the number of discrete cliques.

The third consideration is about power and influence and the presence of influential individuals at the centre of groups. Having access to more actors than anyone else facilitates diffusion of information and instructions to large numbers of possible followers. Having ready and easily available access to individuals or groups of other actors without having to pass through intermediary actors permits person-to-person influence as well as the ability to wield power. And being able to connect actors who otherwise have no access to specific others, that is bridging, permits the filtering or distortion of information.

An actor occupies a central position in a network if that actor meets one of the following conditions:-

	Condition	Type of centrality
1	The actor has the most or many ties to other actors, or	out-degree; in-degree
2	The actor is able to connect other actors who have no direct connections to other actors: the actor acts as a 'bridger'.	betweenness centrality

Who is/are the central person/s in a group can be determined by running two routines, both of which report on different aspects of the centrality of an individual. The first calculated two measures, the in-degree and the out-degree. These are counts of the numbers of in-coming ties, that is, the number of people who indicated that a specific focal individual is very close or somewhat close to them. The out-degree is the number of ties made by a focal person to others. The routine also normalises these values so that they are comparable across cases. In all the examples shown below, none represent either of the two case studies. Rather they are based on data gathered for my Master's dissertation which were not explored using Kilduff and Tsai's (2003) ideas.

Network > Centrality and Power > Degree

Table E1.1: An example of the centrality measures (Out-degree, In-degree counts and normalised values) for members of a fictitious group of volunteers and their supervisors.

		1 OutDegree	2 InDegree	3 NrmOutDeg	4 NrmInDeg
6	super2	21.000	12.000	75.000	42.857
2	vo12	18.000	11.000	64.286	39.286
1	vo11	14.000	14.000	50.000	50.000
12	vo19	14.000	15.000	50.000	53.571
9	vo17	14.000	7.000	50.000	25.000
14	super4	13.000	18.000	46.429	64.286
15	vo111	13.000	11.000	46.429	39.286
3	super1	12.000	13.000	42.857	46.429
11	super3	11.000	18.000	39.286	64.286
4	vo13	10.000	11.000	35.714	39.286
10	vo18	9.000	9.000	32.143	32.143
8	vo16	9.000	15.000	32.143	53.571
5	vo14	8.000	7.000	28.571	25.000
7	vo15	7.000	14.000	25.000	50.000
13	vo110	6.000	4.000	21.429	14.286

A second measure is the so-called 'Freeman betweenness' centrality of an actor. This is the extent to which an actor serves as a 'go-between' for pairs of actors in the network by occupying an intermediary position on the shortest path in the network. If three actors, A, B and C are arranged in a line then actor B has a betweenness value because he lies on the path between actors A and C.

Network > Centrality and Power > Freeman Betweenness

Table E1:2. Example of betweenness measures for members of a fictitious group of volunteers and their supervisors.

		1	2
		Betweenness	Normalised Betweenness
		-----	-----
6	super2	12.726	6.992
12	vo19	11.293	6.205
1	vo11	9.876	5.426
2	vo12	9.436	5.184
10	vo18	8.610	4.731
14	super4	7.883	4.332
3	super1	7.386	4.058
8	vo16	7.383	4.057
11	super3	5.810	3.192
9	vo17	5.443	2.991
4	vo13	4.743	2.606
7	vo15	4.567	2.509
15	vo111	4.176	2.295
5	vo14	2.936	1.613
13	vo110	1.733	0.952
DESCRIPTIVE STATISTICS FOR EACH MEASURE			
		1	2
		Betweenness	Normalised Betweenness
		-----	-----
1	Mean	6.933	3.810
2	Std Dev	3.012	1.655

A fourth element of analysis examines the organisational structure to find which individuals in the network play similar roles in the social life of the group. According to the concept of structural equivalence, people who have the same or similar ties to others tend to be equivalent in terms of their potential to act in the network. All fathers are structurally equivalent in that each has a tie to their own child. In other words, they are interchangeable in the role they carry out.

Network > Roles and Positions > Structural > Profile

This version of the analysis uses the Euclidean distance operationalisation. The Euclidean interpretation means that if two actors have a 0 (zero) distance between them, they share the same relations and position in the organisation. As Kilduff et al succinctly put it, ‘there is zero difference between them’ (2003 p.145).

Figure E1:1 shows an alternative representation of the data shown in a 'hierarchical clustering matrix' which is more meaningful as it is visual. The depth of the 'valleys' between groups of individuals indicates the existence of different groups, the deeper the valley, the greater the difference. The 'level' values are the Euclidean distances between pairs of actors. In the case below, there are five clusters of people in the group who, within the cluster, share levels of similarity in their social relations. Actors 2, 6 and 14 form one sub-group. Actors 4 and 8 form the second sub-group. The third sub-group is made up of actors 9, 10, 5 and 13. Actors 3 and 12 form the fourth sub-group, and actors 1 and 15 form the fifth. Actors 5 and 13, with the smallest Euclidean distance share the highest level of structural equivalence.

Figure E1: 1. Hierarchical clustering matrix of the full group showing levels of structural equivalence.

Level	2	6	4	1	4	8	9	0	5	3	3	2	7	1	5
3.606	XXX
4.472	XXX	XXX
5.066	XXXXX	XXX
5.099	XXXXX	XXX	.	XXX	.	.	.
5.385	XXX	.	XXXXX	XXX	.	XXX	.	XXX	.	.	.
5.405	XXX	XXXXXXXX	XXX	.	XXX	.	XXX
5.657	XXX	.	.	XXX	XXXXXXXX	XXX	.	XXX	.	XXX	.	XXX	.	.	.
5.684	XXX	.	.	XXX	XXXXXXXX	XXX	XXXXXX	.	XXX	.	XXX	.	XXXXXX	.	.
5.919	XXX	.	.	XXX	XXXXXXXX	XXXXXXXXXXXX	.	XXXXXXXXXXXX	.	XXXXXXXXXXXX	.	XXXXXXXXXXXX	.	.	.
6.244	XXX	.	.	XXX	XXXXXXXXXXXXXXXXXXXX	.	.								
6.429	XXXXX	.	XXX	XXXXXXXXXXXXXXXXXXXX	.	XXXXXXXXXXXXXXXXXXXX	.								
6.570	XXXXX	.	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	.	XXXXXXXXXXXXXXXXXXXX	.								
6.711	XXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	.	XXXXXXXXXXXXXXXXXXXX	.								
6.831	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	.	XXXXXXXXXXXXXXXXXXXX	.								

These four routines were applied to the case-by-case matrices for each of the data collection sites. As is discussed within each case study, some were more appropriate than others. However, the use of the routines enabled comparisons to be made between the main structures at the two sites.

Appendix F: Age group

Participants were asked to indicate their age group.

Age group	Identifier
20-24	1
25-29	2
30-39	3
40-49	4
50-54	5
55-59	6
60-64	7
65-69	8
70-74	9
75-79	10
80-84	11
85-90	12

Very Close: People who work here with whom you discuss important matters. People who you specially look out for just to be with them, OR are there for you when you need help.

Somewhat Close: People who are more than casual acquaintances but not very close.

Appendix H: Approval from School Research Ethics Committee



Roy Greenhalgh
PCR Student
School of Social Sciences

27th August 2009

Dear Roy,

Approval from School Research Ethics Committee

I am pleased to confirm that the Research Ethics Committee of the School of Social Sciences has given your research project ethical approval:-

Application Number: SOC200910-01

Research Project Title: To understand the nature of the mutual support structures that volunteers create, maintain and manage amongst themselves

Date of ethical approval: 27th August 2009

In order for the University to ensure that insurance is in place for this research, please complete the Insurance and Research Governance Application form attached and return to the address below as soon as possible, along with a copy of this letter and all supporting documents relating to your project:-

Research Governance Office
University of Southampton
Building 37
E-mail rgoinfo@soton.ac.uk

It is your responsibility to complete and return this form, and work on the project should not begin until insurance is in place. The form may also be found on our intranet in the Staff and PCR Zones:-
<http://www.soton.ac.uk/socscinet/>

Yours sincerely,

Professor S J Heath
Chair, School Research Ethics Committee
School of Social Sciences
Direct tel: +44 (0)23 80592578
E-mail: Sue.Heath@soton.ac.uk

Cc: File

School of Social Sciences, University of Southampton, Highfield Campus, Southampton SO17 1BJ United Kingdom
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Appendix I: Participant Information Sheet



9th, August 2009

Participant Information Sheet

My name is Roy Greenhalgh, and I am a mature student at University of Southampton where I am researching for my Doctor of Philosophy (PhD).

I would like to invite you to take part in my research study. Before you decide, I want you to understand why and how the research will be done and what it would involve for you.

My research is to find out how volunteers are managed in their day-to-day work, and how they support each other during that work. I also want to understand how newcomers “learn the ropes” as they progress from newcomer to be part of the team. Thirdly, I want to find out how well volunteers and paid staff work together.

You have been invited because you are a volunteer, and your organisation has agreed to partake in the research but only if you wish to assist. You should be aware that you are free to decide not to participate and to withdraw at any time without affecting your relationship with your employer. If you agree to take part, you will be asked to sign a consent form. At the same time I will explain to you what will happen to the information you give me.

I will gather the information I need by working with you to fill out a questionnaire, ask you to fill in a self-completion questionnaire and later perhaps ask if you would be interviewed again. Each session should take approximately 90 minutes.

All names will be disguised and I will follow ethical and legal practice and all information about you will be handled in confidence. Your management will NOT be permitted to view this personal data.

The results of this study will form the main part of my thesis which will be published in 2011.

If you withdraw from the study, we will need to use the data collected up to your withdrawal.

If you have a concern about any aspect of this study, you should ask to speak to me. I will do my best to answer your questions (Tel: 07976 881013). If you remain unhappy and wish to complain formally, you can do this by contacting Research Governance, Corporate Services, Building 37, Level 4, Room 4055, University of Southampton, Highfield Campus, Southampton, SO17 1BJ or telephone on 023 8059 5058.

Roy Greenhalgh
Researcher

Version 2.0

Appendix J: Research Consent Form

Research Consent Form

Title of the study: **To understand how volunteers create, maintain and manage their mutual support structures and what the content of those structures is.**

Name of the researcher: **Roy Greenhalgh**

1. I confirm that I have read and understand the information sheet dated 27th August 2009 (version 5) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

Please put your initials in the box

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.

Please put your initials in the box

3. I agree to take part in the above study.

Please put your initials in the box

4. I am happy for my interview to be recorded

Please put your initials in the box

5. I am happy for material to be used by Roy Greenhalgh (and colleagues if appropriate) in his thesis and any subsequent reports and publications stemming from this project.

Please put your initials in the box

6. I would like to see draft copies of material that includes verbatim quotes from me before you publish.

Please put your initials in the box

PLEASE TURN OVER

7. I would like to be sent a summary of the results of this project.

Please put your initials in the box

Participant's name Date

Signature

Researcher's name: *Roy Greenhalgh* Date

Signature

Copies to: Participant Researcher

Volunteer identification number

Version: 3.0
Dated: 27th August 2009

Appendix K: Personal relationship status

Married	1
Divorced	2
With partner	3
Widow	4
Widower	5
Single	6

Appendix L: Measures of outdegree, indegree and betweenness for the two sites.

Table L1.1: Measures of outdegree, indegree and betweenness for the hospice reception volunteer team.

	OutDegree	InDegree	Norm OutDegree	Norm Indegree	Betweenness	Normalised Betweenness
R-Coord	23.00	9.00	44.23	17.31	202.98	7.65
Susan	23.00	4.00	44.23	7.69	62.58	2.36
Wendy	19.00	2.00	36.54	3.85	21.75	0.82
Joanne	15.00	1.00	28.85	1.92	17.27	0.65
Kate	9.00	3.00	17.31	5.77	8.02	0.30
Noel	21.00	2.00	40.39	3.85	38.40	1.45
Fiona	11.00	2.00	21.15	3.85	17.18	0.65
Alison	7.00	1.00	13.46	1.92	9.50	0.36
Sheila	6.00	1.00	11.54	1.92	3.25	0.12

Table L1.2: Measures of outdegree, indegree and betweenness for the Drop-in centre team.

	Outdegree	Indegree	Norm Outdeg	Norm indeg	Betweenness	Normalised Betweenness
Irene	20.00	2.00	32.79	3.28	66.36	1.81
Peter	13.00	3.00	21.31	4.92	67.59	1.85
Ann	10.00	4.00	16.39	6.56	117.72	3.22
Alan	17.00	5.00	27.87	8.20	119.73	3.27
Jean	28.00	5.00	45.90	8.20	197.55	5.40
Mary	17.00	6.00	27.87	9.84	154.82	4.23
Eileen	30.00	6.00	49.18	9.84	294.52	8.05
Alexa	7.00	10.00	11.48	16.39	130.06	3.55
Liz	23.00	10.00	37.71	16.40	193.53	5.29
George	15.00	12.00	24.60	19.67	273.74	7.48

Key: **Managers**; **Volunteers**; **HRWs**

Appendix M: Arrangement of actors in the set of cliques in the agency network.

Table M1:1 Arrangement of actors in the set of cliques in the agency network.

Clique No.	Alexa	Liz	George	Eileen	Jean	Mary	Ann	Peter	S1	S4	S9	S13	S18	S19	S26	M2
1			X						X		X				X	X
2	X	X	X								X					
3		X	X			X										
4		X	X	X	X											
5	X					X	X	X								
6	X	X				X										
7									X	X					X	
8				X								X	X	X		
9				X	X								X			

Key: Manager; HRWs; volunteers; other non-interviewed staff and managers.

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