



St. Helens



UNIVERSITY OF
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An Evaluation of the Impact Volunteering has on the Wellbeing of the Volunteers

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St. Helens Mind In partnership with Interchange

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Background Information~

Interchange

Interchange is a registered charity that links higher education with local voluntary organisations from Greater Merseyside. The purpose of this partnership is to facilitate a knowledge exchange, between students and the community, through community-based learning. This is achieved by Interchange mediating between Voluntary Community Organisations (VCOs) who have research and/or work project needs, and students who wish to conduct a piece of applied social research as part of their degree. These project opportunities are embedded in the curriculum where the students are supervised and assessed for academic credit.

Interchange allows access to individuals with strong technical abilities with an innovative approach and real appetite to get involved. Interchange is an excellent route to take if organisations need a specific research project and wish to fill a gap in their current skills base to get a fresh perspective on challenges, or need to make evidence based decisions (Interchange Annual Report and Accounts, 2014).

Working in partnership, St. Helens Mind and Interchange identified a need for a research project which focuses on the wellbeing of volunteers within the organisation and to assess, to what extent the volunteers benefit from their role as a volunteer.

St. Helens Mind

St. Helens Mind is a branch of the national organisation Mind. This local voluntary charity operates at an independent level, providing a befriending service and weekly social groups for people who are experiencing isolation and loneliness due to mental ill health. The staff team comprises of 6 part time workers, including a Manager, Befriending Service Co-ordinator, Administrator and 3 Support Time and Recovery Workers (STaR Workers). The organisation recruits, trains and maintains around 60 volunteers. Approximately 50 volunteers support an individual on a one-to-one basis to provide friendship, emotional and/or practical support and the remaining volunteers assist at the social groups across the borough of St. Helens. A few volunteers undertake both roles. Presently, there are approximately 170 people who have access to the social groups each week. All service users are referred, either made by themselves, family members, social workers, GP or other professionals, which is processed before the individual has access to the services. The staff members carry out regular assessment visits and maintain contact with all service users once they have formally joined the organisation.

As a registered charity, St. Helens Mind acquires funding through various fundraising activities; these include fun runs, walking and swimming events. The organisation also obtains funding from the Clinical Commissioning Group and Lloyds Bank Foundation in order to provide high quality services and to meet the needs of their users and volunteers. The charity works closely with other local organisations such as the Social Inclusion Group, the Steering Group for 'Other Ways of Telling' which is a Local Authority project and the 5 Boroughs Partnership NHS Foundation Trust to meet their aims and vision.

The aim of St. Helens Mind is to support and improve the lifestyles of people aged 18 and over who are experiencing mental health problems in the borough of St.

Helens, so they can feel a part of society and can achieve their full potential to play an active role within community life. The organisation seeks to achieve this by reducing isolation and loneliness, enabling people to engage more in community life with emphasis on social inclusion. The charity also aims to promote and preserve good mental health and increase awareness and understanding about mental health issues in the local community. This correlates with the organisation's vision that in the future there will be no stigma surrounding mental ill health, and for people experiencing mental difficulties to automatically have access to appropriate, timely, unlimited and effective support regardless of their cultural background, religious beliefs and lifestyle choices.

The volunteers play a vital role within the organisation to assist in providing both the befriending service and the social groups that are on offer. The organisation welcomes volunteers, 18 and over with a range of knowledge and skills, which in turn gives them the opportunity to personally develop further through training and regular one-to-one meetings to track progress and to provide general support (St. Helens Mind Annual Report 2013-2014, 2014).

Volunteering and Mental Health in the UK

Throughout the United Kingdom's history, the voluntary sector has been instrumental in revolutionising social action (Kendall, 1993 cited in Kendall & Knapp, 1996).

Voluntary Sector Organisations (VSO's), otherwise known as 'the third sector', have been defined as "organisations that are established by people on a voluntary basis to pursue social or community goals" (Ridley-Duff and Seanor 2008 Kendall & Knapp, 1996). Within these voluntary based actions there has always been a strong reliance upon a varying number of voluntary personnel, usually present to provide the services of the organisation. Before the establishment of the National Health Service (NHS) in 1948, many hospitals and facilities across the United Kingdom were run by individuals in the local community. Health and social care services continue to expand on this long history of collaboration with voluntary sector organisations, which was crucial in the successful beginnings of the NHS (Beale, n.d.) and overtime have had to sustain the service through financial crisis and public sector cuts.

The austerity policies that have been introduced by the Coalition Government (2010), as a response to the financial down turn, is having an adverse effect on third sector organisations and volunteering. Public spending cuts have increased underemployment and unemployment, at the same time as increasing demand for voluntary provisional services, especially in health and social care. A study by the Institute of Volunteering Research found that welfare reforms are being used as an incentive, as volunteer placement services are targeted towards the unemployed as a means to retain benefits (Saxton, Harrison & Guild 2015 p.6). Also, spending cuts at a local level, has led to less spending on such things as housing, health and childcare. On the other hand, the Health and Social Care Act 2012 (cited in Naylor *et al*, 2013 p. 7) has created new responsibilities for local authorities to encourage

community care via utilising local resources and volunteers. Nonetheless, working in collaboration with mental health, VSO's have increased awareness of mental health issues on an individual scale which has filtered into communities and has encouraged more people to volunteer within this particular sector. This point has been illustrated in a report by the King's Fund, which found that 3 million people are still actively undertaking formal voluntary roles¹ (Mundle, Naylor & Buck, 2012 p.1).

With such detrimental cuts, formal volunteering has become important for creating services which respond to local needs and engage with hard to reach communities. As these public sectors rely heavily upon volunteers, there are various studies that have been conducted to identify why people chose to offer their most valuable asset, time. Literature in this area focuses on the motivation to volunteer and has pointed out two key elements to understanding individual motivation. The first is self-orientated or instrumental motivation which is underpinned by self-interest and development (Saxton, Harrison & Guild, 2015 p.36). For example with the changes in the job market, individuals are volunteering to gain work experience in order to demonstrate they have the right skills to progress in their career trajectory (Saxton, Harrison, & Guild, 2015 p.36). Another is altruistic motivation which has elements of wanting to share skills or expertise with other people in need, a sense of giving something back to build social connectedness in order to create social capital² (Konrath *et al*, 2011 cited in Mundle, Naylor & Buck, 2012 p. 10).

Similarly, theoretical frameworks have been used to explain the same phenomena. Role theory believes that people volunteer to maintain a role, to feel like productive individuals in their community, while social integration theorists stipulate that having multiple social roles promote a sense of wellbeing by providing social support and interactions which helps people develop meaning and purpose in life (Casiday *et al*, 2008 cited in Mundle, Naylor & Buck, 2012 p.10). Lastly, activity theory highlights

that being active provides a sense of purpose and control and this keeps society functioning (Ayalon, 2008 cited in Mundle, Naylor & Buck, 2012 p.10). However, these motivations and theories can overlap and interweave depending on the individual.

Bernard (2000, p.139-40) cites that these forms of motivation are similar in older volunteers as well as identifying more age specific aspects such as structure on free time, a way of continuing to use skills, and a route to learn and explore new avenues. A study by Smith and Gray (2005) for the Joseph Rowntree Foundation into *Volunteering in Retirement* found that older volunteers used this role as a tool of transition from paid employment to retirement. Jahoda (1983 cited Smith & Gray, 2005 p.3) argued that once out of the workforce, retired individuals are deprived of some of the basic structures that regular employment offers. Therefore, Barnes and Parry (2004 cited Smith & Gray, 2005 p.4) comment that retirement prompts individuals to develop new social groups and seek new hobbies, placing volunteering as a new challenge to fulfil both.

As this study focuses on the volunteers in a mental health³ charity, that provides a social group and befriending service, it is fundamental to grasp an understanding of these services through literature. Faulkner and Layzell (2000 cited McGowan & Jowett, 2003 p.14); in their study of strategies for living with mental health problems, identify relationships with other people as a recurring and dominant theme. These included the importance of emotional and practical support, companionship and friendship, and a sense of meaning and purpose.

Argyle (1983 cited McGowan & Jowett, 2003 p.13) defines friendship as people whom share similar interests and/or experiences, is seen as trustworthy and their company is enjoyable. According to Gollay *et al* (1997 cited McGowan & Jowett,

2003 p.15), befriending⁴ provides a friend whom is willing, through volunteering their time, to care about a vulnerable person who may be experiencing mental ill health and isolation rather than being cared for in a professional aspect.

In the Report of Inquiry into the Care and Treatment of Christopher Clunis (Ritchie *et al*, 1994 cited McGowan & Jowett, 2003 p.21), recommendations were made that community volunteers should be involved in working with people experiencing mental ill health. The report acknowledged the need for befrienders in social services statutory after care duties under the Mental Health Act 1983; endorsing that statutory authorities and voluntary agencies working in mental health should recruit, train and support members of the public who wish to be befrienders under Section 117 of the act. Dean and Goodlad (1998 cited McGowan & Jowett, 2003 p.15) followed this up by demonstrating that befriending in local communities tackled social exclusion by providing care '*by the community, in the community for the benefit of the community*'. In so doing, enhancing social capital that promotes community cohesion and a 'sense of belonging' (Cooper *et al*, 2000 cited McGowan & Jowett, 2003 p.21).

The Social Groups and befriending service both have positive benefits for the recipient, the wider community and the volunteer. For the wider community it creates services that responds to local requirements and maintains social capital by providing voluntary services that empowers the local people who are the volunteers and use of local resources (Paylor, 2011, cited Mundle, Naylor, & Buck, 2012 p.18), breaks down stigmatisation as the charities work within the community to raise awareness of mental health (Teasdale, 2008 cited Mundle, Naylor, & Buck, 2012 p.18), bridges the gap between culture and generations as volunteers and service users come from varied backgrounds (Department of Health, 2011 cited Mundle, Naylor, & Buck, 2012 p.18) and supports the joining of services which reduces the

need for expensive health care services (Department of Health, 2011 cited Mundle, Naylor, & Buck, 2012 p.18).

The benefits for the recipient range from increased self-esteem, improved sense of wellbeing (Akister *et al*, 2011 cited Mundle, Naylor, & Buck, 2012 p.13), and reduced social isolation, exclusion and loneliness (Farrell and Bryant, 2009 cited Mundle, Naylor, & Buck, 2012 p.13); although, this may not be an accurate judgment to make for all users of a voluntary services.

Nonetheless, it has been demonstrated that volunteers also reap rewards from offering time to support other individuals. Many of these have been explored previously but range from personal development to increased wellbeing from stronger friendship bonds and improved stress levels. A study by the United Health Group found that volunteers felt better physically, mentally and emotionally. They reported that 76% of people who volunteered in the twelve months prior to 2013, felt well and 94% said that volunteering improved their mood. While 96% of volunteers said volunteering helps to enrich their sense of purpose in life (United Health Group, 2013).

The setting: St. Helens

The North West Mental Wellbeing Survey in 2013 (cited St. Helens Public Health Annual Report, 2013) showed that St. Helens had the worst average in England for wellbeing and placed third lowest in the North West. The suicide rates in the area have increased and the groups most at risk are males aged between 30-49 years. These results have been attributed to the economic crisis which struck in 2008 and has continued to fluctuate over the last 6 years. Further perpetuating these circumstances are the spending cuts which brought about radical welfare reforms that have been greatly impacting upon the population of St. Helens.

The St. Helens Health and Wellbeing Strategy 2013-2016 report highlighted that deprivation and unemployment are significantly worse in this geographical area than the rate for England on a whole and has a direct impact on the capacity for good mental wellbeing. St. Helens also has a high proportion of elderly residents. The most common mental health conditions include mild to moderate depression, anxiety, phobias and panic disorders. Table 1 below shows the approximate number of people dealing with common mental health problems in the borough (St. Helens Joint Strategic Needs Assessment, 2014).

Another contributing factor to mental ill health issues in St. Helens is high levels of loneliness⁵. Loneliness can be varied in causes from loss of mobility and deteriorating health as well as loss of structure that employment can provide thus opportunities to meet new people (St. Helens Joint Strategic Needs Assessment, 2014). The North West Mental Wellbeing Survey 2012/13 conducted research into social interaction and found that 18.1% of respondents met with friends and family only monthly or less when compared regionally (13.4% in the North West). The study highlighted the correlation between this and mental health wellbeing; 12.8% of those who met with family and friends on most days had low mental wellbeing rising

to 40.9% of those doing so monthly or less (St. Helens Joint Strategic Needs Assessment, 2014). Also, the report concluded that 27.1% of St. Helens participants reported talking to neighbours on most days, which was less than across the North West (33.6%) and suggests that isolation may be a more important issue locally than across the North West (St. Helens Joint Strategic Needs Assessment, 2014).

These figures show the extent of the mental health wellbeing of St. Helens and the demand for quality services in health and social care in the geographical area. St. Helens Mind seeks to provide assistance and services which target these common mental health problems and its' resulting state of loneliness, not just for their service users but also for the people who volunteer to help improve the mental wellbeing of the community. The combination of a review of literature, analysis of data received as part of the research will help to demonstrate the impact that volunteering is having on the volunteers at St. Helens Mind.

Table 1

Estimated number of people with common mental health problems in the 16-74 year old age group		
Type	Number	Percentage of population
Mixed anxiety and depressive disorder	14,591	11.2%
Generalised anxiety disorder	8,585	6.6%
Depressive episode	3,628	2.8%
All phobias	3,494	2.7%
Obsessive Compulsive Disorder	2,268	1.8%
Panic Disorder	392	0%

Source: Mental Health Dementia and NEUROLOGY Intelligence Network, Public Health England (cited St. Helens Joint Strategic Needs Assessment Refresh, 2014)

The Research Project~

Purpose of Research

This specific research topic arose when St. Helens Mind was bidding for more funding to increase staff working hours and potentially recruit another staff member to support the frontline volunteers. In order to strengthen their case, the organisation were advised to provide evidence that demonstrates the voice of the volunteers; the benefits of volunteering and how volunteering impacts their lives, wellbeing and achievements from taking on this role.

St. Helens Mind approached Interchange for a student to conduct this study and to produce a report that highlights the volunteers experience in order to efficiently continue their work within the community.

Therefore the purpose of this report is to explore and demonstrate if volunteers at St. Helens Mind benefit from volunteering, and if so how.

Aim of Research

The aim of the study was to conduct field research to draw out the personal experiences, from a sample of selected volunteers, to gain a better understanding of how volunteering has impacted their lives.

The aim of this report is to draw together and evaluate the themes expressed by the volunteers to demonstrate how they believe volunteering has impacted their wellbeing.

Methodology

As this project focuses on the volunteers, and a small sample size, the most apt data gathering technique was identified to be qualitative data methods. Nonetheless, many other methods were considered throughout the design stage of this research project and appendix 1 explores the advantages and disadvantages of using the other methods considered in relation to this particular study.

Focus groups were selected as the best system for collecting the data. Focus group interviews rely on interaction between the group and the researcher who takes the role as moderator. The aim was to draw out the participant's feelings, experiences and reactions by asking the group of respondents, questions to stimulate discussion and thereby gain understanding of the meanings and norms, through interpretation, that underlined the groups' responses (Bloor *et al.* 2001 cited Marvasti, 2004).

Notwithstanding, focus groups carry some disadvantages⁶.

To reduce the risk of producing inaccurate results, the construction and approach to the interview itself was designed to make the participants feel as comfortable as possible with each other and the researcher and not to use leading questions.

Appendix 2 & 3 shows the initial questions and the follow up questions that were used during the focus group interviews. The initial focus group took place on the 22nd January 2015 with the follow up on the 26th February 2015. The questions posed were designed to allow the volunteers to express their lived experiences and understanding of how they have interpreted their role and their wellbeing.

The demography of the participants varied in length of time they have been volunteering, age and occupational status. Six volunteers were selected from the St. Helens Mind database and consisted of three women and three men of which, two are in retirement and one is in full time employment as well as a befriender and

on the broad of trustees. Out of the remaining contributors, one was previously a user of the services at St. Helens Mind whilst the last two have a mental illness, but are not users. The time spent volunteering with St. Helens Mind, varied from between one year to seven years. For one member of the focus group, they also volunteered at another local organisation while one lady had previous experience with another mental health charity. Before taking part in the study all participants were given participant information forms and gave a signature of consent (see appendix 4 & 5). The participants in the focus group have been anonymised via the use of pseudo names so as not to be identified. Conversely, having a varied group of volunteers is good for showing differing perspectives. However, the small sample size means that the data collected cannot be generalised to be wholly representative of the volunteers working with St. Helens Mind.

The setting for collecting the data took place in the local area, in a building that the volunteers were familiar with so as to conduct the interviews in a familiar environment. However, although the interviews were recorded, a member of staff from the organisation was present to take minutes of the group discussion. The data was then typed into a transcript for inductive analysing through the constructionist grounded theory⁷ approach that generates concepts and theories based on the evidence that the data produced.

Research Findings~

The quotes used in this section have been taken from the focus group interviews with six volunteers. These volunteers were randomly selected; to explore their responses to questions about their experiences as a volunteer, the organisation and how they believed volunteering has impacted upon their wellbeing. Nonetheless, when considering the effect of these results, one has to be cognisant of the dangers of trying to extrapolate wider conclusions based on the given sample size.

Even so, the data collected from the focus group was coded into eleven separate categories which have been utilised to capture the participant's opinions and views to these questions. The codes have been condensed into the following subheadings that will allow the results to be efficiently explored.

The *personal experience* of mental health looks at whether the volunteers have had any experience with mental health, either first-hand or through close relations and to gauge why they took up volunteering. The *social aspect* refers to the building of social bonds, overcoming possible loneliness, forming of structure and engagement with community and personal life. The *physical aspect* explores whether the volunteers feel more active and healthy since taking up volunteering. *Mental wellbeing* examines whether those with a mental ill health have felt a sense of improvement and if volunteering can help maintain good mental health. *The organisation* section looks at the volunteers view on St. Helens Mind recruitment, support and maintenance of volunteers, how they situate themselves within the organisational structure and if they have any recommendations on areas that may require improvement. *The positive benefit of volunteering* explores the volunteer's sense of achievement and/or personal development which may benefit their overall wellbeing.

The volunteers that feature in this report have been given pseudo names so as to protect their identity but all quotes are authentic.

Personal Experience of Mental Health

The majority of the participants have experienced mental ill health either personally, through a friend, family member or have worked in the mental health sector for many years.

Agnes: *“I’ve suffered from bipolar for 30 years [...] and I’ve worked with another mental health organisation for 6 years.”*

Paul: *“I’ve got a background in what you’d call, service user [...] I suffered from obsessive compulsive disorder all my life.”*

Taylor: *“I’ve suffered with depression for 20 years and I’ve been a service user at Mind.”*

Robert: *“I was a mental health nurse for 26 years.”*

For these volunteers the need to *“give something back”* to other people suffering with similar health problems was a strong motivator to joining the organisation. The social groups and befriending one-to-one, allows the befriender and the befriended to share common experiences and help each other to deal with their own mental ill health by talking about it while not feeling judged, stigmatised or in a professional setting with someone who has a paid interest.

Agnes: *“[...] I just wanted to help other people with mental health... The lady I befriend helps me as much as I help her.”*

Taylor: *“I’m not a councillor or a health professional but I just listen, err and I think it’s just getting it off his chest [...] I’m the only person that he really talks too. I think we [...] just clicked and we talk about a whole range of subjects. He talked about his life and what he’s been through and did and I just listen [...]”*

Paul: *"I am someone who's also had mental health issues so there was certain [level of] empathy, so I was quite happy to listen to what he had to say and tell him if I had any use from my experience. I didn't see any harm in saying you know what I've been there and that happened to me. Sometimes I found that quite therapeutic myself, it was [...] an opportunity to talk about things to do with me.*

For one respondent seeing her brother suffer severe mental ill health and dealing with a mild form of depression herself, had been instrumental to her becoming a volunteer with the organisation.

Hazel: *"[...] my older brother really suffered and eventually committed suicide [...] and] I've had a period of mild depression. [...] My experience with my brother was the driving force behind my decision to volunteer with St. Helens Mind."*

Hazel also utilises her background to advocate mental health to the local community, work colleagues and her family members.

"I talk about mental health issues all the time and my personal experiences. I actively encourage anyone I meet to volunteer. I try and promote St. Helens Mind through social media such as Facebook and Twitter by commenting on [their] status, sharing post by St. Helens Mind and fund raise in and outside of work whenever I can. I had the local paper do a small article on a fundraising event I did and made sure I mentioned the service St. Helens Mind provides."

Only one respondent did not have direct experience with mental health but through her career path had training around the issues that concerned mental health. Ruth expressed that she was looking for a new challenge to undertake during retirement and put across her thoughts about mental health as she commented that:

“I think as people we all have times when our mental health isn’t very strong and the lady I support, I see her first and foremost as somebody who’s had a tough time and is getting through it.”

When articulating their personal familiarities with mental health, a sense of passion was conveyed by all volunteers for the need to raise awareness and discourses around the concept of mental ill health which until recently has been a relatively taboo topic.

In short, having experienced mental ill health, whether first-hand or through close relations, it had helped to inform a few of the volunteer’s decision to volunteer. Not necessarily in mental health but as a way to improving ones social lifestyle, physical attributes and manage their mental health.

Social Aspect

The general consensus amongst the volunteers was that volunteering had a significant impact upon their social wellbeing⁸ and a few noted a marked improvement since starting their role at St. Helens Mind. Their role provided the opportunity to meet new people, form a structure to their daily routines and gave a few participants a sense of purpose.

Robert: *“... it structures my week in the sense, like I know what I’m doing Monday, Tuesday, Wednesday and so on... there are all sorts of advantages of seeing people during the week...”*

For the volunteers who highlighted that they had either been through or currently dealing with a mental ill health, implied that they had experienced periods of social isolation and loneliness. For these members the befriending service and social

groups gave them the means to interact with other people who shared similar experiences.

Taylor: *“You get to know people, where before I won’t, I’d just stay in the house, I won’t talk to people... at first going to the groups, starting to get to know people talking to people, small talking one-to-one, watching people and then going pictures (cinema) sort of helped me quite a lot to talk to people... Because if I didn’t go the groups and I didn’t volunteer I’d just still be in the house, or I’d be in the hospital or in a unit because I was really ill and I’m still ill now but it gives me a function and a purpose...”*

Taylor also described the social groups as a place where people could feel ‘normal’ within their sense of community:

“...we all know each other; we’re all people at the end of the day. I feel not normal but like with them, instead of an outsider... that’s what made it better for me because it’s like I’m not just on my own, they’re all the same as me.”

Meeting new people was commented on frequently by the participants as an important social element as a way of reducing boredom, isolation and loneliness.

Paul: *“We get invited to Christmas do’s so... socially, it gets me meeting people”*

Robert: *“it’s important that people meet each other... there’s no boredom happening for me these days... I’m retired now, so it’s social wellbeing in that sense [so] of course it’s helped me to meet new people.”*

The relationship that the volunteers have established with their befriender is not seen as different from a common friendship although it is labelled as a *“professional friend”*.

Ruth articulates: “...we talk all the time and it’s just about what’s been going on in our lives and it’s just like you would [with someone] who was your friend.”

She went on to comment that they both had been going through a loss of a relative and it had added “an additional bond between us. It’s like what you say erm, a basic human experience that we’re both going through at a similar time, you know, we’re each able to support the other quite a lot...”

In brief, the social aspect to volunteering played a significant role in impacting upon the volunteers’ wellbeing. The general points that were highlighted as the most important aspect was that the befriending and the social groups gave the week structure especially for those in retirement and lacking routine; reduced isolation not only for the service users but for the volunteers whom too are experiencing periods of mental ill health; the opportunity to meet new people at the social groups and organised social events such as the annual Christmas parties and Mind conferences. The social dimension to volunteering also provided enjoyment and challenges as two volunteers expressed that they, on occasions have taken part in activities that they would not necessarily have chosen to do and all participants have built strong bonds with their befriender. Also all respondents felt a sense of purpose and motivation which was informed by their social and physical wellbeing, however this point will be explored further under the mental health aspect.

Physical Aspect

All of the volunteers expressed that since volunteering with St. Helens Mind, whether befriending or assisting at the social groups, they have felt a sense of improved health and wellbeing in terms of engagement in physical activities. This stemmed from the social aspect of engaging in activities that helped build bonds between the

befriender, but also as a way of tackling social isolation and loneliness by participating in everyday events and entertainment leisure activities. Most of the activities highlighted in the discussion were walks around St. Helens city centre, cinema trips and days out around the Merseyside and Cheshire areas. However, two of the volunteers remarked that they had undertaken vigorous exercise with their befriender from long walks to weekly Zumba sessions.

Ruth: *"...we'll walk around town and we'll look in a few shops and go have a hot chocolate or something."*

Paul: *"...he was an outdoors guy and I found myself doing 7 and 8 mile walks with him..."*

Agnes: *"We go Zumba on Wednesday mornings."*

Another point highlighted by the volunteers was that they would undertake activities that their befriender wished to do. This was a significant point made as the respondents agreed that they were there to support the individual they were paired with rather than impose what they themselves wanted to do. With this approach, the volunteers also verbalised the positive effect this had on their befriender in building up confidence to want to go out and about, for some on their own while others were more encouraged when their befriender was present.

Robert: *"...I'm trying to develop him to tell me where he wanted to go and not I tell him oh should we go to Liverpool this week. I wanted him to say well shall we go to Warrington..."*

Hazel: *"I would like to think I've seen an improvement... she does now go to a coffee morning on her own on a Thursday [... and] she has started making suggestions about where we could go in the future..."*

This has also given the volunteers the opportunity to participate in activities that they may not necessarily engage with as Ruth articulated:

“...we have branched out a little bit and this I have to say is totally at the instigation of my lady. She has plenty ideas of what she likes to do and she does things that I don't usually do, like we went to the college for a luxury pedicure. I'm not a beauty treatment type of person and I've never had anything like that before but because she had suggested it we had gone along together but I quite enjoyed it...”

Hazel: *“We've been to the theatre once. She wanted to go, it was her idea [but] I won't have chosen to go and see that particular show but, it's not about what we want to do, it's not like what our hobbies are it's about trying to find what that persons' hobbies are.”*

The social groups, especially the Ladies Active Group, were mentioned as a source of up keeping physical health.

Ruth: *“It's an active group because it goes out and about to different venues... from going to the park to feed the squirrels to suddenly find[ing] myself on a farm, [I'd] thrown off my shoes and socks [and started] trampling on mud and straw to make a clay pizza oven. So it's a very, very active... But again through that I have met a lot of other people.”*

Conversely, the physical aspect was also utilised as a form of raising awareness for St. Helens Mind and the issues surrounding mental health through fun runs, walking and swimming challenges. Hazel voiced her own experience of improvement in health since starting as a volunteer and contributing to the swimming fundraiser.

Hazel: *“My health and fitness has improved... I've lost about 4 stone over the time that I've been volunteering... I did a fund raising activity last year for Mind, a one*

mile swimming challenge in Windermere Lake so physically I've benefited because I had to train for that...."

The volunteers claimed that they benefited from an improved sense of physical wellbeing within their role. This is mostly down to the social aspect of volunteering either as a befriender, in the social groups or both. The activities they engaged with allowed them to both participate in physically energetic exercise, or general everyday leisure that keeps them active while tackling the issue of social isolation and loneliness and dealing with the individuals mental ill health that can lead them into these states of being. Nevertheless, one volunteer specifically related their marked health improvement to their role as a volunteer. The physicality that volunteering has shown to hold also has a positive aspect for the older members of the focus group, who also noted their enhancements in health and wellbeing. A final point to add, is the link between the social and physical aspects which has encouraged a sense of purpose and motivation in a few of the volunteers which can have a positive impact upon the state of their mental health.

Mental Wellbeing

Half of the volunteers who participated in this study have had or are still dealing with mental health issues. For these volunteers the befriending service and the social groups are a tool for them to also deal with their mental ill health.

Agnes: "She helps me as much as I help her... I think it's a way of passing on information about treatment and how to overcome these things like what medication suits you and routine things you can do; things that you have to do to get a balance."

Paul also stated that he thought it would “*add to [his] wellbeing*” as he had suffered from obsessive compulsive disorder (OCD) for most of his life and wanted to do something different as he also volunteered with another organisation. He expressed that the advice he received to stay at home “*didn’t [make him] feel it was doing [him] any good.*”

For Taylor, he was introduced to the role by the staff members at St. Helens Mind as he started using the social group service. He stipulated that his improvement in mental health was as a result of the social aspect that it offered.

Taylor: “*That’s the thing about the group... we’re kind of all in the same boat... Sometimes they talk about tablets or they talk about something else. Oh this isn’t working or this CBT isn’t working, we all talk about it but... we’ve been through the same things.*”

“*And even now I’m extremely nervous about sitting here but it sort of helped [going to the groups and interacting with my befriender]... in these types of situations I listen to what [people have to say] and give my opinions... In a way it’s helped me quite a lot.*”

In terms of feeling useful, one volunteer observed that it was the most important factor for him to have started and continued volunteering in St. Helens Mind. Paul clarified that “*... [It’s] important for me to be useful... I was looking for something else again the criteria were if [it] made me feel useful then its good. ... everyone around you is useful, is doing something and you’re not... by doing something, you kind of feel like everyone else you know [is] part of society...*” Thus since volunteering it has “*made [him] feel useful*”.

Paul also inferred that feeling useful has given him more motivation, as his mental health stopped him working in paid employment and he found an alternative in volunteering which has helped him improve his mental health.

Paul: *"...Just feeling useful you know that's probably the motive for getting into voluntary work in the first place for me."*

Taylor also found that by becoming a befriender his motivation levels too increased. However, his motivation was linked to helping and making friends with the person he volunteers with. He expressed that although he still had bad days with his mental health, he had been better since working as a volunteer because he did not want to let his befriender down.

Taylor: *"It's like a motivation factor that if you don't do it you [are] sort of letting the person down. So that's why, he always tweets me right before and says like you know, I'm coming to the groups I'll see you at 12 and I'll go or like with the same with the pictures, I'll see you at half 1 on Wednesday, I'll be there half past 1- 1:29. Its motivation 'coz otherwise I'd be sitting in the house or I'll feel like I've let him down you know."*

Ruth: *"...even if she's not feeling great she will still come and carry on and really do her best to talk and make the most of the time we have so I think that, um when you've got somebody involved like that it gives you an added bit of motivation because there's this feeling that you don't want to let your befriender or befriender down I think."*

Concisely, the volunteers who discussed their improved mental health linked this to; sharing experiences with their befriender who is similar to themselves and sense of purpose in life through feeling useful by volunteering and *"giving something back"* to

the recipient, the organisation and the community. Better mental health was also related to increased levels of motivation, brought about by the similar aspects of those associated with a sense of purpose and usefulness. Nonetheless, the other volunteers expressed similar ideas about motivation and the impact it had on them with a strong attachment to not letting their befriender down.

The Organisation

The focus group was asked a series of questions about the recruitment, training and support that they received from St. Helens Mind. The feedback showed the volunteers felt that they were valued within the organisation, but understood that due to cuts in funding, resources were limited in terms of extra support in certain areas.

The volunteers' commented that the organisation could easily be located by potential volunteers through adverts in the local newspaper, the Volunteer Bureau in St. Helens city centre and the St. Helens Mind website.

Robert: *"I came across the advertising in the newspaper... so that's how I sought of got involved in it."*

Ruth: *"I came to Mind [by] going to the volunteer bureau in town and asking what kind of opportunities there were and [the lady] sat me down and went through loads and loads of different organisations."*

Two of the members also highlighted that they were made aware of the volunteering opportunities at this branch of Mind through the Social Inclusion group.

Taylor: *"Social inclusion with the council took me to a Mind group and I was going there for a couple of months before volunteering..."*

In terms of training, St. Helens Mind often put on certified training contracted by independent organisations and occasionally welcomes guest speakers. The volunteers are made aware of these upcoming events at the monthly volunteer meetings and for those unable to attend, received newsletters.

Robert: *"I think they are pretty flexible, if people want that (training) then it is being offered. It's not mandatory...they send out a letter saying basically what the meetings on....but also they say what training is available..."*

Paul: *"I remember I signed myself up in that first year or so working with Mind, I'd always do every course that came the organisations way so everything from learning more about mental health to learning about communication skills ... for an organisation with [little] funding, they do keep up with stuff that maybe happening [like] first aid [thus] using training that is available in the borough [such as] speakers [for example] a doctor came in to talk about a different mental health every week. I kind of learnt a lot..."*

The participants expressed a need for more volunteers to join the organisation in order to help more people dealing with mental ill health. From a personal point of view, Agnes stated that *"there's a greater need for befrienders and if they had more funding they could do that. I used to have a CPN⁹ as soon as you stop seeing your psychologist you lose the CPN and there's nothing to replace them..."*

The participants commented on possibly reviewing the structure of befriending by having a cut-off point. Paul points out that *"[he] did 6 or 7 years with one person..."* However he does stipulate that *"they are changing things as they feel appropriate... we're going through a period of the befriending role changing to be fairly equipped compared to the past... now it's being tried to just one a year."*

It was generally felt that the organisation provided “*excellent support*” to the volunteers and they felt that their opinions were listened too when the organisation came to making discussions.

Robert: “*The organisation, locally is very good. It treats people like people... not just a volunteer... you’re a human being [and] that’s the interesting thing, it (ideas and opinions) aren’t just created in the office at Peasley Cross, it is being expressed and opinions asked on how to go about something...there is change... the opinions are being asked about how we can get around these problems.*”

Ruth: “*...I think they are also really good at supporting you and making you aware that you do make a difference...*”

Agnes: “*...they are a reference point, something there that you could go to, for reassurance...*”

Conversely, the overwhelming majority believed that their volunteering was helping to support people, the community and reduce cost to the NHS.

Paul: “*.... [I feel it] actually does save the country money or the local community, local health authority in this case because it keeps people out of hospital...*”

The volunteers have communicated that they continue to receive immense support and a wealth of training from the organisation and feel that as volunteers they are valued, respected and heard. On a whole the participants had very little to say in way of criticism for St. Helens Mind but felt that improvements could be considered in terms of the restructuring of the befriending service. In spite of this, the feedback generally identified a strong bond between the service users, the volunteers and the staff member that helped all the volunteers identify their impact on a broader context.

Positive Benefits of Volunteering

From a minority perspective, volunteering has contributed to the volunteer's personal development through guest speakers, training and developing and enhancing personal skills.

Hazel: *"It's improved my one-to-one communication skills really well... one-to-one I struggle, I struggle with small talk. When I don't know someone, I get no connection but I think from the early stages of befriending I had to be the person instigating conversation [which has allowed me to be] able to talk to and relate to lots of different types of people ... [also] developed my inter-personal skills and... Broadening my business skills with my role on the board of trustees...my confidence and my sense of self-worth have increased a great deal [too]."*

Taylor: *"... it was the one-to-one skill more than anything. I'm mostly with my younger brother so meeting people with Mind... helped me quite a lot to talk to people."*

On the other hand, all of the volunteers felt some sort of achievement through volunteering their time and supporting their befriended.

Ruth: *"yes I do, yes ah, I do feel ah I'm doing something useful. I think that feeling comes partly from the relationship with the lady that I befriend and also the Mind coordinators.... But yeah I feel quite proud of myself."*

However for other members of the focus group, they commented that they would not necessarily refer to it as a sense of achievement but rather:

Paul: *"...I think it's more wanting to feel useful really rather than particularly feeling a sense of achievement....I think useful for me is more appropriate than achievement..."*

Taylor: *“Yeah, I don’t think of it as a sense of achievement. It’s like I’m doing something, I’m helping him and all.”*

Robert: *“Err, yes I suppose I do but I don’t know if I feel it all the time.”*

Hazel also mentioned how proud she was of her role as a volunteer with St. Helens Mind, so much so she talks about the charity to friends, family, and colleagues to raise awareness of both the organisation and the issues around mental health problems.

Hazel: *“I am extremely proud to be a volunteer. I can’t put into words that describe enough how much it means to be involved with St. Helens Mind. It gives me a massive sense of achievement.”*

In short, the positive benefits of volunteering have been expressed in the continual personal development that is felt by all the volunteers, whether in full time employment, full time volunteering or retirement; also the sense of pride, achievement and feeling of usefulness. In general terms, all of the aspects explored in this section have contributed to the positive benefits of volunteering as they interweave and connect to inform each other.

Conclusion~

The research and analysis indicates that those who participated in the focus group experience a positive impact upon their social, physical and mental wellbeing through their role as a volunteer at St. Helens Mind.

The overall feedback has shown that the majority of the volunteers have felt an increased sense of purpose, usefulness, pride and achievement since undertaking voluntary work which has been as a result of immense support from the organisation, improved physical and mental health for a small minority of the respondents and the building of social bonds with their befriendees, other volunteers, the staff members and engagement with the community.

The volunteers have described their position as one that is valued, respected, supported and heard. This is significant as the volunteers spoke highly of the staff members and the running of the organisation which has kept many of the volunteers loyal to the charity. St. Helens Mind was also praised by the volunteers for the continual personal development they offer through training sessions and occasionally welcoming guest speakers to the volunteer meetings. More broadly, the social aspect of volunteering had the greatest impact upon the volunteers for instigating these senses. It was also highlighted that volunteering gave structure to each week for those in retirement, was positive in tackling social isolation and loneliness for both the recipient and a small number of the volunteers. Volunteering was also a proven method for getting out and meeting new people on a regular basis. The social also feeds into the physical dimension as the volunteers relayed that they had engaged in more activities, either participating in physically energetic exercise or general everyday leisure since undertaking this role as a tool to getting to know their befriendees. At the same time, both the social and physical aspect has

prompted a positive influence upon mental health by encouraging motivation and a sense of purpose in the minority of participants. Better mental health was aligned with feeling useful and giving something back to the recipient, the organisation and the community, and having another person who could relate to similar experiences they had dealt with as well as having built a strong relationship with their befriender and not wanting to let them down.

Placing these findings in a broader context, St. Helens Mind is working in a community that has been facing deprivation in some parts due to the austere cuts in local authority spending and has in turn placed the borough third lowest in terms of wellbeing in the North West Mental Wellbeing Survey in 2013. Also, the organisation is working in a community that has a growing population of elderly residents, who are increasingly experiencing similar side effects as a decline in services has led to seclusion for many. The organisation, with the help of the volunteers, is working to overcome and improve the mental and general wellbeing in the local community through their services. Thus, with continual support for the organisation and recruitment and training of new and present volunteers, St. Helens Mind can continue to provide essential and valued high quality services for adults experiencing mental health, with the added benefits for individuals and the wider community by working to prevent the negative effects that can come with this in terms of isolation and loneliness.

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Appendices

Appendix 1

Method	Definition	Advantages	Disadvantage	Reason for not using
Questionnaires	<p>A list of written question that can be answered through a face-to-face interview or without a researcher present (postal questionnaires).</p> <p>Can either produce qualitative or quantitative data</p>	<ul style="list-style-type: none">• Used for larger participants• Usually quick and easy to answer• Standardised questions for each respondent	<ul style="list-style-type: none">• Cannot explore in-depth complex issues or opinions that arise• Open-ended questions can led to misunderstanding or misinterpretation• Misinterpretation of the questions posed• May not be representative	<p>May have been difficult to interpret the data</p> <p>Small scale study which did not require a large number of participants</p>
Secondary Data	<p>Data that has been collected previously by another researcher and usually produces qualitative research</p>	<ul style="list-style-type: none">• Easily and immediately accessible data• Provides clarity on a research problem	<ul style="list-style-type: none">• The information may not be reliable as the researcher is not always sure where the information is coming from• In certain circumstances, information may lack or not be available	<p>Limited data with appropriate information which would not fully grasp the research question for this study</p>

Naturalistic Observation	Observations that takes place within the natural environment when compared to laboratory observations	<ul style="list-style-type: none"> • Allows for insight into behaviours in natural environment • Often useful in the initial stages of research 	<ul style="list-style-type: none"> • Little to no control over the situation • Observations run the risk of being biased 	This method would not produce the appropriate result data to evaluate the impact volunteering is having on the volunteer
Semi-structured (individual) Interviews	An interviews that has a few prepared questions designed by the researcher and collects qualitative data. The interviewee had time to explore their opinions and express their view while the interviewee can divulge from the questions set to gain more clarification	<ul style="list-style-type: none"> • Prepared questions • In-depth responses that expresses the respondents views and opinions • Can provide more reliable data 	<ul style="list-style-type: none"> • Time consuming • When analysing data the researcher can misinterpret thus misrepresent the respondent 	Time consuming to conduct individual interviews with all the participants, transcribe the data and analyse
Ethnographic Studies	Researcher participates and interprets the behaviour and culture of a groups of people to produce qualitative data. This field research method is usually conducted over a long period of time	<ul style="list-style-type: none"> • Gathers a wealth of qualitative data • Combines participant observation and interviews • Builds a rapport with the group or individuals 	<ul style="list-style-type: none"> • Time consuming • Not easy to note down the data • Data cannot be generalised to all • Researcher has to consider his/her own prejudices to avoid bias within the study 	Method requires a long period of field research to produce useful information therefore is time consuming

Table to show advantages and disadvantage of possible research methods Source: Research Diary 2014-2015

Appendix 2

Questions for focus group

1. How long have you been volunteering with St. Helens Mind?
2. Have you volunteered before? If so what type of volunteering? (give examples/ explain if necessary)
3. Why did you decide to volunteer with St. Helens Mind? What helped you make this decision?
4. What does the befriending service involve?
5. What does the social groups involve?
6. Have you had any personal experience with mental health issues? (give examples) If not what were your thoughts on the topic? What are your thoughts now?
7. Did you have any expectation of what the role would involve before becoming a volunteer? To what extent have these expectations been met? If not why?
8. Did you set yourself any goals/targets before starting your volunteering? If so, what are they? Have you achieved any of them?
9. What do you get out of either of these services offered as a volunteering? How does it benefit you?
10. What's the relationship like between yourself and the service user? (befriending service) What was like at the beginning?
11. Has the relationship/ volunteering influenced or impacted on your own life? If so in what way?
12. How does volunteering make you feel; physically, mentally, emotionally and socially?
13. Have you ever felt challenged [put out of your comfort zone] during this experience? If so, when? How did you overcome such challenges? Did you learn anything from it?

14. Have you faced any issues that you have not brought forward to the staff at St. Helens Mind? If so what was it, and how was it resolved? (if it can be discussed)
15. Do you feel that you have impacted or influenced your companion? How does this make you feel?
16. Are you proud to be a volunteer? Do you have any sense of achievement? If so why or why not?
17. Do you speak about your role as a volunteer with others?
18. Thinking about the 3 or so months prior to volunteering with St. Helens Mind, how did you feel within yourself? How do you feel now while volunteering? Where do you see yourself in 6 months? (explain where necessary)
19. Do you think you'll continue in this particular field of work/volunteering? (explain further)
20. What are your opinions on St. Helens Mind recruitment process for potential volunteers?
21. What personal qualities would you say are key to being a volunteer working with the befriending service and/or social group?
22. Do you have any recommendation on how the organisation can attract, maintain, and develop potential volunteers and those apart of the organisation now? (give further explanation) Improvements etc.
23. Would you consider developing your role as a volunteer within the organisation? If so, what type of things would you expect to be doing?

Questions from focus group

Source: Research Diary 2014-2015

Appendix 3

Questions for focus group- follow up

1. [As many of you have had previous experience with mental health] did this inform your decision to volunteer with St. Helens Mind? Or look into volunteering with mental health in general?
2. Are you proud to be a volunteer? Do you have a sense of achievement?
3. Do you speak about your role as a volunteer with others? Do you encourage people to volunteer?
4. Specifically, how has volunteering benefited you/ your well-being? In what ways has it impacted upon your personal well-being?
5. What are the benefits to volunteering with this particular organisation?
6. How would more funding be beneficial to the group of volunteers? Or the whole organisation?
7. What type of support/ training do you receive from the organisation once you have become a volunteer? Are they regular? What sort of training would be beneficial to volunteers?
8. Would you consider developing your volunteer role further within the organisation?
9. In your opinion what are your thoughts on the recruitment of, training and support of volunteers like with this organisation?

Questions from focus group

Source: Research Diary 2014-2015

Appendix 4

PARTICIPANT INFORMATION SHEET

Volunteer taking part in a focus group

Title of Research: Evaluate the impact volunteering has on the well-being of the volunteer's

Student Researcher(s): Rianna McDonald. I am currently in my final year of studying for a BA Sociology degree at the University of Liverpool. As part of my 3rd year project I will be working in partnership with St. Helens Mind and Interchange to produce a report that addresses an issue that has been identified by St. Helens Mind organisation.

Invitation to Research: You are being invited to take part in a research study for St. Helens Mind organisation and as part of the student researcher's final year work-based learning project. Before you decide whether to participate it is important for you to understand why the research is being conducted, what it will involve and what will happen to the information you provide. Please take a few minutes to carefully read the following information before considering whether or not you will participate in this study. Also please do not hesitate to ask any questions you may have or for more information. I would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Purpose of this study: To evaluate the value of volunteering and the impact volunteering has on the well-being of volunteers' physical, mental and social well-being by means of conducting structured and semi-structured face-to-face interviews and focus groups to report on findings with appropriate recommendations for possible expansion of the volunteering role within the organisation.

What will the study involve: Established in 1996, St. Helens is a voluntary organisation that supports people aged 18 and over in the local area of St. Helens, who maybe experiencing isolation and distress due to mental health illness. The organisation runs a variety of services for the users from social groups to one-to-one (service user and volunteer) to help the client achieve their full potential, feel a-part of their community so that they can play an active role within it. They also aim to

provide a range of services appropriate to the needs of the clients to enhance their self-worth as a valued citizen; promoting increased awareness and understanding of mental health issues within the community.

St. Helens Mind is managed by Jean Garlick with the assistance of 5 paid part time staff members and 69 volunteers. The organisation is funded primarily by St. Helens Clinical Commissioning Group, donations through their registered charity and funding from the Lloyds Bank Foundation. However, in a recent bid to gain more funding to increase staff working hours in order to help support their volunteers and recruit another staff member, the organisation were advised that producing evidence to demonstrate the value/ benefit volunteering has for the volunteer's well-being would be highly beneficial. Therefore this study is being carried out to evaluate the values of volunteering and the impact volunteering has on the volunteers' well-being at St. Helens Mind.

The study will involve the researcher [Rianna] talking to a range of volunteers, staff members and trustees to gain a better understanding of how volunteering at St. Helens Mind impacts the volunteer by gathering qualitative data which then be analysed and published/presented in the of a 6,000 word report.

Why have I been chosen to take part? You have been selected to be interviewed about your role as a volunteer with St. Helens Mind. As a volunteer your details were categorised into a range of options and then selected at random from the organisations database. There will be 10 other participants; 6 volunteers, 2 staff members, 2 trustees.

Do I have to take part in this study? As a participant, your involvement is voluntary and you can withdraw from the participant from the study at any time, without any explanation and without incurring any disadvantage.

What will happen if I take part? On the day of the interview, you will be given another chance to read through the participant information sheet (this document), ask any questions you may still have and give a signature of consent if you wish to participate in this study. You will be interviewed in a focus group with 3 other volunteers, with the presence of an audio recording device, to gather data about your role as a volunteer. Focus groups are group interviews that are conducted by the researcher with multiple participants to discuss, from personal experience, the topic

of the research study. The interview will have use a few pre-determined question but also rely upon questions that may occur naturally during the interview.

I will be the only researcher [Rianna] collecting the data on the day. However, at least one staff member will be present at the time. The duration of the interview should last no longer than 3-4 hours, although this time can be split between different days or over a few weeks according to availability.

As a participant your responsibility is to be able to meet the duration requirements, which can be arranged accordingly within the given time frame and turn up to the interview date on time. Where this is not possible, you must contact either the researcher or Gill at St. Helens Mind. Also as your involvement in this study is voluntary, full participation is advised in order for the report to achieve its full potential.

Expenses: You will be reimbursed for travel expenses by and according to St. Helens Mind policy on expenses claim

Are there any risks in taking part in this study? There are no perceived risks in taking part in this study. However if you should feel at any point discomfort or stress as part of the research, you should inform the researcher immediately.

Are there any benefits to taking part in this study? Your participation within this study may greatly affect the services, recruitment, support, maintenance and funding for the organisation, volunteers, staff members and service users at St. Helens Mind.

What if I am unhappy or a problem occurs? All complaints will be handled through the Committee on Research Ethics at University of Liverpool.

If you are unhappy, or if there is a problem, please feel free to contact the Principal Investigator, Andrew Kirton on 0151 795 0548 with the researcher's name, description of the study and the complaint you wish to make. If you remain unhappy then you should contact the Research Governance Officer at ethics@liv.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

Will my participation be kept confidential? Collecting data for this study will be done through a combination of written notes and audio recording. The audio

recordings will be uploaded and saved to the University's secure M Drive that only I will have password access to. The hand written evidence will be typed on and also saved to the M Drive. The notes will then be shredded and recycled. The data will be stored on the M Drive until a copy of the final report has been handed to St. Helens Mind and to the University of Liverpool in May 2015 at which time the electronically stored data will be deleted and any hard evidence will be shredded and recycled.

As the researcher, I and the principal investigator will have access to the raw data collected. The host organisation will only have access to the analysed report. The report may be used by St. Helens Mind for funding bid or extracts when recruiting potential volunteers as well as part of the researcher's final year project.

What will happen to the results of the study? The report will be accessible straight from St. Helens Mind with notice of request. St. Helens Mind is entitled to publish the report for their purposes with your results included once you have given signed consent. You as a participant will not be identifiable from the results unless you have consented to being so.

What will happen if I want to stop taking part? As your participation is voluntary you can withdraw from the research study at any time, without any explanation and disadvantages. Results up until your withdrawal may still be used, if you are happy for this to be done. Otherwise, you may request that they are destroyed and no further use is made of them. However, those who consent to being anonymised, results can only be withdrawn prior to anonymization.

Who can I contact if I have further questions/ queries?

Principal Investigator: Andrew Kirton

Telephone: 0151 795 0548

Email: Kirt83@liverpool.ac.uk

Address: Department of Sociology,
Social Policy and Criminology
Eleanor Rathbone Building
Bedford Street South
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L69 7ZA

Researcher: Rianna McDonald

Email: hsrmcdon@student.liverpool.ac.uk

St. Helens Mind contact: Gill Ellison

Telephone: 0174 446 7089

Email: gill.sthelensmind@yahoo.com

Address: St. Helens Mind

Room G68

Harry Blackman House

Peasly Cross Hospital

Marshalls Cross Road

WA9 3DE

Participant information sheet- Given to all participants prior to focus group Source:
Research Diary 2014-2015

Appendix 5

PARTICIPANT CONSENT FORM

Title of Research: Evaluate the impact volunteering has on the well-being of the volunteer's

Student Researcher(s): Rianna McDonald

- 1) I confirm that I have read and have understood the information sheet dated {date} for the above study
- 2) I have had the opportunity to ask questions and discuss the study to gain more information and consider my participation in this study
- 3) I understand that my participation in this study is voluntary and that I am free to withdraw at any time, without giving any explanation or without my rights being affected before the start or while I am participating. In addition should I wish not to answer any particular question(s), I am free to decline
- 4) I understand and agree that my participation will be audio recorded and I am aware of and consent to your use of these recordings for the following purpose: to evaluate the value of volunteering and the impact volunteering has on the well-being of volunteers' physical, mental and social well-being by means of conducting structured and semi-structured face- to- face interviews and focus groups to report on findings with appropriate recommendations for possible expansion of the volunteering role within the organisation.
- 5) I understand that I can withdraw permission to use the data within 10 days of the interview in which case the material will be destroyed appropriately
- 6) I understand that extracts from my interview may be quoted in the report and any subsequent publications
- 7) I understand that the report will be used for publication by St. Helens Mind and used as part of the student researcher's final year project
- 8) I agree to take part in the above research study

Participant's signature _____

Print name _____

Person taking consent signature _____

Print name _____

Researcher's signature _____

Print name _____

Date _____

If at any point during the course of the research you would like more information, please do not hesitate to contact the following persons, who will be happy to deal with your queries you may have.

Principal Investigator: Andrew Kirton

Telephone: 0151 795 0548

Email: Kirt83@liverpool.ac.uk

Address: Department of Sociology,
Social Policy and Criminology
Eleanor Rathbone Building
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Researcher: Rianna McDonald

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St. Helens Mind contact: Gill Ellison

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Address: St. Helens Mind
Room G68
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Marshalls Cross Road
WA9 3DE

Participant Consent form- Given to participants at initial focus group to gain formal written consent Source: Research Diary 2014-2015

Notes~

1. Formal volunteering refers to unpaid work that benefits others to whom one owes no obligation (Gottlieb and Gillespie, 2008 cited in Mundle, Naylor & Buck, 2012 p.4) via an organisation that supports volunteering in health and social care (Egerton and Mullen, 2008 cited in Mundle, Naylor & Buck, 2012 p.4).
2. According to the Office for National Statistics (n.d.), social capital is defined as 'networks together with shared norms, values and understandings that facilitate co-operation within or among groups'.
3. Mental wellbeing has been described as the "state in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively, and is able to make a contribution to his or her community" (adapted from World Health Organisation definition cited in Gaulton, 2013 p.52).
4. The Scottish Befriending Development Forum (n.d. cited McGowan & Jowett, 2003 p.15) defined befriending as a relationship between two or more individuals which is initiated, supported and monitored by an agency that has defined one or more parties as likely to benefit.
5. The state of loneliness can have adverse effects on both mental and physical health from depression to sleep problems and high blood pressure and has been defined as a psychological state and sociological category that is subjective and associated with lack or loss of companionship (St. Helens Joint Strategic Needs Assessment, 2014).
6. For instance, focus groups rely heavily upon group interaction which can, in some circumstances be slow moving, or not flowing like a conversation due to nerves or not wanting to upset the other participants, few participants may contribute more than others giving a one-sided approach to the findings produced and opinions and views run the risk of being misleading, feeding back what they think the researcher or organisation wants to hear. Another point that cannot be ignored is moderator bias, which is a result of the researcher placing their personal biases into the conversation of exchanging thoughts and ideas.
7. Charmaz (2002 cited Marvasti, 2004) states that ground theory contains the following components; (a) simultaneous data collection and analysis; (b) pursuit of emergent themes through early data analysis, (c) discovery of basic social processes within the data, (d) inductive construction of abstract categories that explain and synthesize these processes, (e) sampling to refine the categories through comparative processes, and (f) integration of categories into a theoretical framework that specifies causes, conditions, and consequences of the studied processes.
8. Sense of involvement with other people on a micro scale and community on a macro scale. As well as how actively engaged the individual is with life (HALCYon, n.d.). Also relates to social capital, social trust, social connectedness and social networks (The UK's Faculty of Public Health, n.d.)
9. Community psychiatric nurse