

AN EXPERIENCE IN THE USE OF VOLUNTEERS

NO FREE LUNCHES

Druglink, Swindon's new drug advisory centre, was set up in June 1985. The immediate task was to develop a community-based advice and counselling service. Funding was only sufficient to employ one full-time Project Leader and a part-time Administrative Assistant, so recruiting and training of volunteers to help staff the project was to be one of the first duties of the Project Leader.

It was decided to enlist the help of our local Voluntary Service Centre. They agreed to carry out the initial recruiting and together we selected candidates to go on to a training programme. I drew up a list of the qualities I expected volunteers to possess, eg, to be non-directive in style, to agree with Druglink's philosophy, to be a good listener. The nine volunteers interviewed were all accepted for the two-part training programme.

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The first part of the training programme (two days and six evenings) was designed to equip volunteers to competently give advice and information on drug-related issues, and to refer callers to other agencies when necessary. The two days comprised a basic drug briefing followed by a day on good practice. The six evenings looked at issues related to working for a voluntary agency, the legal and medical context of drug use, national and local resources, and the emotions, techniques and methods involved in advice and information giving.

Associated with part one training was an accreditation procedure, dependent on the extent of a volunteer's experience of advice and information giving. Volunteers would be considered 'accredited' once they had successfully dealt with 20 referrals, or had worked at the project satisfactorily for three months, whichever was the longer. The idea was to provide time to supervise and assess each volunteer, and to enable them to accumulate valuable experience.

An optional part two of the training programme was designed to enable volunteers to go beyond information/advice giving to offer counselling and support to people with drug-related problems. Counselling and support requests would not be carried out by a volunteer until the comple-

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Using volunteers to staff drugs advice and information lines may seem attractive to small, under-funded projects. But even with meticulous planning, things can go wrong. Andy Malinowski shares the experiences that led him to drop volunteers and look for more paid staff instead.

Andy Malinowski

tion of part two training. In the event, none of the first batch of volunteers completed part two.

Volunteers were given a clear job description and job contract and each volunteer received a resource pack of relevant booklets.

Seven of the volunteers completed the first part of their training and elected to go on to the three months accreditation procedure. But because of their commitments and personal circumstances, they were able to give only a limited amount of time to the project. Each volunteer was on duty for one three-hour shift per week, during which they dealt with advice and information calls under my supervision as part of the accreditation procedure.

At the outset there was no way of telling how many calls Druglink would receive. Still, the system worked satisfactorily for the first eight to ten weeks. However, it became evident that while I was busy developing other aspects of the project, the volunteers were becoming increasingly disillusioned by the lack of calls during their three-hour stint. After three months, some volunteers had only received seven or eight referrals.

Their enthusiasm began to wane, while my concern for them rose. I found myself apologising for the lack of calls. Worse, they began to lose touch with their initial training. Confidence levels fell and in some instances information-giving was incomplete, meaning I had to devote more time to supervision and support. During the second three months, the number of calls increased, but not enough to counteract the problems.

Although the seven volunteers were at different levels of development and sophistication during their training, I was hoping that, through their experience of telephone advice and information giving and personal supervision, they would reach a minimum

standard of competence. However, due to the situation — not due to their personal abilities — this only happened in varying degrees.

The problems were such that I decided to stop using volunteers in such a central role, though perhaps in the future we will use them in a more peripheral and complementary way, depending on the staffing needs of the project. Our experiences have led us to seek funding for an extra project worker.

OUR EXPERIENCE with volunteers has brought to light a number of points.

- ▶ The accreditation process was lengthy and time-consuming, especially for a project with only one and a half paid staff.
- ▶ Timing the introduction of volunteers is important in order to avoid a situation where there is little work for them to do.
- ▶ The number of volunteers needs to match with the project's workload.

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What our experiences highlight most is a dilemma that will be common to many small provincial projects thinking of taking on volunteers. Although usually able to give only a small amount of time to a project, volunteers need to be trained almost to the level of full-time staff to ensure the quality of their contribution.

But lack of regular, frequent opportunities to put the training into effect and develop it through experience can mean their training atrophies and the need for supervision rises.

In the end, the balance of benefits and losses may tip — as it did for Druglink — to the point where both parties are better off terminating the arrangement.

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