



Volunteering Voices

**Report of OPAAL internal evaluation of the
Volunteer Cancer Support Advocates Role
within the Cancer Older People and Advocacy
Project**

**Internal evaluation conducted by Kath Parson
OPAAL Chief Executive**

Date 12 September 2013.

Volunteering Voices

“Rewarding and satisfying”

“there is a whole team approach”

“I have never felt so appreciated in voluntary work as I do here”

“I have much more awareness of cancer and its impact on older people and the wide range of services available to support Older People Affected by Cancer.”

“I believe this project has the potential to benefit a lot of people.”

“I would really like to make the move into independent advocacy work as a second career, I’ve enjoyed and benefitted from the training I’ve received

“I was struck by just how many people out there are alone”

“It’s always interesting, sometimes challenging, always rewarding, work with lovely people, never pressured, always supported.”

“I enjoy making a big difference to my advocacy partners, they tell me I do this and I can see a real change in them.”

“found the role of a volunteer advocate very rewarding though it is not without its challenges.”

“As a cancer patient I see a real need for this project and want to help out with whatever I can do to support this work”

“I enjoy the one to one contact and feeling useful as I’m able to offer emotional support and able to help others to look beyond their present problems”

These are just some of the comments made by the 11 Cancer, Older People and Advocacy (COPA) project volunteers interviewed by OPAAL’s Chief Executive Kath Parson in evaluation meetings held during August 2013. The findings from these interviews are intended to inform the whole project evaluation being conducted by TwoCan Associates. At the time of the interviews the Cancer, Older People and Advocacy pilot project (formerly known as Advocacy on the Wards) had been running for a full 12 months, since 1st July 2012.

Kath provided all interviewees with an information sheet (appendix 1) ahead of time which noted:

The aim of the evaluation is to find out:

- *What difference does this service make? How does it benefit older people affected by cancer?*
- *What factors help the advocacy service to work well?*
- *What are the barriers to a successful service? How can these be overcome?*

The evaluation will capture the experiences of people working at the four different locations and draw out the lessons for others, so that they can then establish similar services in other parts of the country.

A copy of the questions to be asked at interview was also provided ahead of time. That and the collated responses are available in Appendix 2.

3 volunteers from each of the 4 participating partner organisations using cancer peer advocate volunteers were invited to take part with only one unable to attend on the day. One partner, Sefton Pensioners' Advocacy Centre, continues to use a staff only model of service delivery although with a view to the involvement of volunteers should demand significantly increase. Responses have been collated and can be found in Appendix 3.

All of the volunteers interviewed are keen to keep up their volunteer advocate role in the future. 9 of the 11 (82%) stating that their expectations of being an advocate had been met whilst the other 2 (18%) said that their expectations had been partly met. One volunteer explained that expectations had been partially met as she had not yet experienced "being the voice" of the older person as much as her work has focussed on providing emotional support to her advocacy partners and another noted that there have not been a lot of referrals that match up with her experience so she has been doing some generic advocacy with older people to develop her experience.

The volunteers interviewed came to the project with a range of skills but 6 (55%) identified improved people skills, 7 (64%) improved communication or social skills, 2 (18%) improved team working skills, 1 (9%) improved management skills and 4 (36%) improved organisational or time management skills as a direct result of being involved with the project.

In addition, volunteers were asked about their levels of knowledge and abilities as a result of their participation in the project:

6 (55%) recorded slightly increased awareness of different types of cancer whilst 1 (9%) recorded that this had greatly increased;

6 (55%) recorded a slightly increased ability to relate to a person affected by cancer with 2 (18%) saying that this has greatly increased;

5 (45%) said that their ability to provide support to a person affected by cancer has slightly increased with 3 (27%) saying that this has greatly increased.

One volunteer noted that mainly as a result of the excellent training and support she has received: **"I have much more awareness of cancer and its impact on older people and the wide range of services available to support OPABC"**

Volunteers were also asked a range of questions about their feelings and thoughts after being involved in the project:

8 (73%) **often** feel optimistic about the future with 3 (27%) feeling optimistic **all of the time**; 1 (9%) feels useful **some of the time**, 2 (18%) feel useful **often** and 8 (73%) feel useful **all of the time**;

9 (82%) **often** deal with problems well and 2 (18%) deal with problems well **all of the time**; 7 (64%) **often** think clearly and 4 (36%) think clearly **all of the time**;

5 (45%) **often** feel closer to other people and 6 (55%) feel closer to other people **all of the time**;

5 (45%) are **often** able to make up their own minds about things and 6 (55%) make up their own minds about things **all of the time**.

All 11 volunteers interviewed (100%) say that they want to continue being advocates in the project with one continuing as an admin volunteer and two as Local Cancer Champions. **“It’s so satisfying as I enjoy meeting different people, learning about different ways people react, how families react to cancer it’s fascinating, I’m always learning”;** **“I want to continue this role, work more with both patients and carer’s as I feel there is not enough support for carer’s sometimes I feel they have different support needs than patients”**

When asked what was working well for them in the project responses were varied. Many pointed to the quality training that has been provided and also to their role enabling them to make a real difference to the lives of older people affected by cancer. In addition they valued the support provided by local project coordinators.

One volunteer said that the people she works to support are friendly and supportive and most are appreciative of what she has to offer whilst another noted that he valued having a team behind him.

There was general consensus about the main issue facing the project and that was the **lack of referrals**. Volunteers are keen to see this problem resolved and a number are actively involved at a local level in awareness raising. One volunteer has been doing her bit to increase referrals with Boots taking in leaflets, she has also visited GP’s and taken in leaflets and posters. She has been talking to the practice manager and healthcare assistant responsible for vulnerable adults, however feels it most important to get GP’s involved. She has offered to go in and talk to GP’s at their clinical meeting.

Finally, the volunteers were asked what they’d like to see in the future to improve the project. Responses varied, several returned to the issue of lack of referrals and included:

Do more to educate GP’s and hospital staff about independent advocacy; need more to identify the touch-points on the cancer journey when advocacy is likely to be needed most, e.g. at diagnosis, any meetings with medics, etc. and act on these.

More information about different forms of cancer treatments and expected outcomes; more formal approach to what partners’ needs are – expected outcomes and real outcomes.

Access to more case studies to learn more about the types of advocacy support being used to help OPABC and learn what could be done differently to support advocacy partners.

Acknowledgements:

Alan Davison, Project Coordinator, Age UK Gateshead

Anne Linnett, Volunteer Cancer Advocate, Age UK Gateshead

Bob Smith, Volunteer Cancer Advocate, Help and Care

Evelyn Brown, Volunteer Cancer Advocate, Age UK Gateshead

Janet Lister, Volunteer Cancer Advocate, Dorset Advocacy

Kath Curley, Project Coordinator, Beth Johnson Foundation

Kathleen Gillett, Project Coordinator, Help and Care

Maddy Smith, Volunteer Cancer Advocate, Help and Care

Marion Summers, Volunteer Cancer Advocate, Help and Care

Mike Pochin, Development Manager, Dorset Advocacy

Pauline Sharp, Volunteer Cancer Advocate, Dorset Advocacy

Pauline Wood, Volunteer Cancer Advocate, Beth Johnson Foundation

Richard Rogers, Volunteer Cancer Advocate, Dorset Advocacy

Tom Kyle, Local Cancer Champion, Age UK Gateshead

Yvonne Scagg, Volunteer Cancer Advocate, Beth Johnson Foundation

Appendix 1

An evaluation of the Advocacy on the Wards project Participant information sheet

About this evaluation

The Advocacy on the Wards project is aiming to provide advocacy support to older people affected by cancer to help them make decisions and access care throughout their cancer journey. The project is led by the Older People's Advocacy Alliance and taking place at five locations in England: Gateshead, Stoke-on-Trent, Sefton and Bournemouth and Dorchester.

The aim of the evaluation is to find out:

- What difference does this service make? How does it benefit older people affected by cancer?
- What factors help the advocacy service to work well?
- What are the barriers to a successful service? How can these be overcome?

The evaluation will capture the experiences of people working at the four different locations and draw out the lessons for others, so that they can then establish similar services in other parts of the country.

Who is carrying out this evaluation?

The Older People's Advocacy Alliance is carrying out this part of the evaluation. Kath Parson OPAAL's Chief Executive will carry out these interviews.

How and when is this evaluation being done?

Interviews will be held with Volunteer Cancer Support Advocates in each of the four locations during July and August 2013.

Do I have to take part?

It's up to you to decide whether or not to take part. If you agree to be interviewed, you are free to change your mind at any time without giving a reason.

What will be involved if I agree to take part?

One of your local project team members will arrange a time and date to interview you. This will be a face to face interview, or if more convenient a telephone interview. They will ask you for permission to record the interview. This is to help with note-taking and to make sure they get accurate quotes.

What kind of questions will I be asked?

OPAAL are not going to be assessing you or the organisation you work with. You're not being tested. The aim is to draw out lessons for other organisations, so that they can learn from your experience. So the questions OPAAL will ask will be about what

has worked well, what has not worked well and what could have been done better. It would be helpful if you can be as open and honest as you can, especially about the challenges and difficulties – as often this is where the most useful lessons come from.

Will my information be kept confidential?

Only Kath will have access to the recordings and written notes from the interviews. The notes will be stored on their computers, so no one else will be able to access them. One month after the end of the evaluation, when the final report has been written and published, the recordings and transcripts will be deleted.

Your name will not be used in any of the reports – except in the acknowledgements section, and only if you have given your permission. Any quotes will not be attributed to named individuals but to a general description of the person such as 'advocate'. So as far as possible all quotes will be anonymous. However, it will be impossible to guarantee they will be completely anonymous because only a small number of people are being interviewed. You will be able to check drafts of the reports to ensure you are happy with the way you have been quoted, before any of the reports are made available to other people.

What will happen to the information I give?

The notes from all the interviews from all sites will be used to write a report, this internal report will be passed to OPAAL's external evaluators who will use the information to inform a final project evaluation report due to be published in November 2013. This will include lessons about the ongoing management of the service, for example supporting advocates and overcoming any barriers to advocacy support.

The reports will be shared with all the stakeholders in the project. This will include:

- people working at the four sites, staff and volunteers
- All local and national cancer champions
- OPAAL (The Older People's Advocacy Alliance) and the five advocacy organisations who form the partnership who are managing the project
- Macmillan Cancer Support and the Big Lottery Fund who have funded this project
- ECORYS, external evaluators who have been commissioned by the Big Lottery to evaluate a wider group of projects that includes the Advocacy on the Wards project

Who is overseeing this evaluation?

There is a Project Management Group overseeing the project as a whole and the evaluation. The Project Management Group consists of a senior staff member from the five advocacy organisations and OPAAL. The evaluation is also overseen by local and national cancer champions.

Who should I contact for more information?

In the first instance please contact Kath Parson

Email: kathryn.parson@btinternet.com

Tel: 07966039797

Thank you

Thank you for taking the time to read this information sheet.

Kath Parson
Chief Executive
June 2013

Appendix 2

OPAAL – Cancer Peer Advocate questions & responses

1. Have your expectations of being an advocate been met?

- Yes x9 (out of 11)
- No
- Partly x2

2. Please explain your answer if the box below:

"Rewarding and satisfying", "supported an elderly gentleman with the same cancer that he had... was able to demonstrate to him that you can get past these experiences";
"offered further emotional support which was accepted";
Admin volunteering at present - "**I have never felt so appreciated in voluntary work as I do here**", "**It's almost like respite for me as there is no pressure or expectations. I have had a very difficult time lately having lost a near relative and am now battling with probate, selling houses and moving so life can be stressful**", producing a support for the advocate pack;
This is the perfect job for me – "Bureaucracy is very confusing for older people they miss out on so much – I enjoy using technology to access information to help them";
Expectations had been partially met as she had not yet experienced "being the voice" of the older person as much as her work has focussed on providing emotional support to her advocacy partners;
"The training courses are very good and pertinent to those he helps", he is well able to interact with other volunteers on the team as they encounter similar issues to him and they are able to learn from one another, there is a whole team approach; the team sessions with other advocates were very useful.
.expected to be able to draw on her experience of cancer to inform the support she has been able to offer others in similar situations. Her role suits her as she is able to fit it in around her teaching and other family commitments.
.expected to be able to draw on her experience of cancer to inform the advocacy support she has been able to offer others in similar situations. She expected to have a case load that matched this experience including offering information on a range of other services on offer to older people affected by cancer.
is a new volunteer with no matches yet, she has been fast tracked through all the training, attended roadshow events to promote the project and done a lot of background reading. She is now keen to begin her advocacy work.
is a professional with a lot of experience of working with people. He has contacts in the social care and health field and wished to bring this experience to bear on the local cancer champions group.
There have not been a lot of referrals that match up with her experience so she has been doing some generic advocacy with older people to develop her experience.

3. As a result of being an 'Advocacy on the Wards' advocate, have you improved any of the following skills? (select all that apply)

- People skills
- Communication or social skills
- Team working skills

- Management skills
- Organisational or time management skills
- Other

Responses:

His work as an advocate has reawakened these skills particularly his listening, communication, social skills and team working skills and enabled him to develop these further within a health context

Improved people, communication or social, team working, management and organisational or time management skills

She feels there has been a definite improvement in her people skills, communication or social skills, team working skills and time management skills

She has learned what she refers to as the three P's – patience, perseverance and politics! You can't rush patients and need to watch out for verbal clues and non-verbal clues. I quite like working independently but still like to meet with other advocates to compare experiences. Having worked with case management databases I find the system frustrating.

Improved people, communication or social, and organisational or time management skills

Improved people and communication or social skills

Improved organisational or time management skills; .is drawn to advocacy work and as such is looking to move into advocacy as a second career. She enjoys working with older people.

Improved people skills, she is much better informed about cancer and its effects on people and families; improved communication skills, she feels more confident when talking to newly diagnosed people due to her training and the added knowledge she has gained.

I have not improved any of the skills listed as I already possess these skills developed during my professional life.

I have not improved any of the skills listed as I already possess these skills developed during my professional life

People skills, Communication or social skills and Organisational or time management skills have improved particularly around juggling her various commitments.

4. For each of the following statements, please circle the number that best describes your level knowledge and abilities as a result of being an 'Advocacy on Wards' advocate. (please circle one number for each)

	Greatly decreased	Slightly decreased	No change	Slightly increased	Greatly increased
Awareness of different types of cancer			i*iii	iiii,i	i
Ability to relate to a person affected by cancer			i*ii	iiii,i	ii
Ability to provide support to a person affected by cancer			i*ii	iiii	iii

*No change from volunteer not yet acting as advocate

'As a healthcare professional, I think I have supported people well however, as a patient, I realise just how important it is to pay particular attention to practical aspects of care. For example I knew I could manage to use the shower unaided so didn't ask for help but then realised that I couldn't bend down to get towels from my bag'. As a nurse I could have asked patients if they had all they needed when going for a shower"

Mainly as a result of the excellent training and support she has received quote: **"I have much more awareness of cancer and its impact on older people and the wide range of services available to support OPABC"**

5. Below are some statements about feelings and thoughts after being an 'Advocacy on the Wards' advocate. Please circle the number that best describes your experience of each over the life of the project (please circle one number for each)

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future				iiii, iii	iii
I've been feeling useful			i	ii	iiii,iii
I've been feeling relaxed				iiii, iii	ii
I've been dealing with problems well				iiii, iii	ii

I've been thinking clearly				iiii, ii	iii
I've been feeling close to other people				iiii	iiii,i
I've been able to make up my own mind about things				iiii	iiii,i

Warwick Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

6. After being an advocate in the 'Advocacy on the Wards' project, do you plan to continue your role as an advocate?

Option 1 Yes I will definitely want to continue my role as an advocate
iiii,iiii,i

One continuing as admin volunteer; two continuing on LCCB

Option 2 Yes I want to be an advocate in the future but have no fixed plans at the moment

Option 3 No

7. If you selected option 1 or 2 for question 6 please explain your reasons for wanting to continue your role as an advocate in the box below:

He enjoys the role of helping his partner achieve what he or she wants. He also enjoys the challenge as no two partners are the same, he relishes what he calls the **"diversity factor"**; **"I enjoy the one to one contact and feeling useful as I'm able to offer emotional support and able to help others to look beyond their present problems"**;

... really enjoys being useful and feels she has a lot to offer, she looks forward to working as an advocate when the opportunity arises, particularly in end of life issues.... Enjoys administration particularly looking at how to improve documents. She feels well able to challenge current ideas as sometimes changes are made to reflect these;

"It's always interesting, sometimes challenging, always rewarding, work with lovely people, never pressured, always supported." This is an opportunity to help others, as I am presented with challenges on a one to one basis independently. **"It's so satisfying as I enjoy meeting different people, learning about different ways people react, how families react to cancer it's fascinating, I'm always learning"**;

"I was struck by just how many people out there are alone, they feel overwhelmed at the sheer amount of information they are presented with from diagnosis onwards. I have time to spare now I no longer work, I cannot bear the thought of others being alone, not having someone to talk to. I'm happy to spend my time helping others through their cancer journey";

"I enjoy making a big difference to my advocacy partners, they tell me I do this and I can see a real change in them." I enjoy my supervision sessions with Kathleen. One 57 year old lady I helped went from taking no decisions for herself, being clinically depressed and being medicated for this to moving into a nursing home and interacting with other residents, helping them. She did not want to stay there so she decided to use her own funds to move

to a private home for the rest of her life. This turned out to be less than a week after she moved in however I saw the difference it made to her. I provided advocacy support to this lady throughout.

“I would really like to make the move into independent advocacy work as a second career, I’ve enjoyed and benefitted from the training I’ve received and I’m very happy to undertake all other training offered in this area. I am also mindful of the fact that the more experience I get supporting others the more I will learn. I also volunteer for a local Douglas Macmillan Hospice and pick up extra skills and knowledge there.”

“I feel this project is of vital importance to the people of North Staffordshire who meet all the criteria for the services of an advocate. On a personal level Pauline has found the role of a volunteer advocate very rewarding though it is not without its challenges.”

“I wish to use my experience as a nurse and cancer patient to help support other people in similar circumstances”.

“ I retired with a purpose of doing positive things and the hope that it keeps my brain active”.

“I believe this project has the potential to benefit a lot of people.”

“As a cancer patient I see a real need for this project and want to help out with whatever I can do to support this work”

“I want to continue this role, work more with both patients and carer’s as I feel there is not enough support for carer’s sometimes I feel they have different support needs than patients”

..she also works with older people with learning disabilities and has benefitted from shared Lives training which complements the training she receives as an advocate.

8. If you selected option 3 for question 2 please explain your reasons for not wanting to continue your role as an advocate in the box below:

9. What are the top two things that are working well for you?

- Knowing he has a team behind him; finding avenues to benefit his partners' situation.
- The support of her husband to do this volunteering; the support from Kathleen (coordinator)
- The people she works to support are friendly and supportive and most are appreciative of what she has to offer; updating admin systems and processes
- New challenges that come with each partner; New knowledge of social networks
- The training experiences; being well supported by Kathleen (coordinator)
- Making a real difference to partners' lives; fulfilling my own goals to satisfy a need in me to help others
- Being able to make a real difference to my advocacy partners; Being able to review my professional life with a view to moving into independent advocacy work permanently as a second career.

- Regular supervision from her project coordinator, being able to discuss different cases, look at training needs and absorb new information about the project; access to good quality training.
- The background reading and training; Learning more about the project and other services provided by Age UK Gateshead.
- His general optimistic attitude; the good medical care he has been able to access for himself.
- Support she receives with training and case work support; Working with both local and national cancer champions boards.

10. What are the top two things that are not working so well for you?

- None
- Referrals – suggests seminars be set up for health professionals to encourage them to refer
- Pauline started working with Jeanette (staff member) but she couldn't offer enough support and became difficult to contact; ... has moved and is concerned this might mean she may not get travel expenses she needs
- Recording daily activities in an organized fashion, access to database; getting herself organised so previous comment is not a problem
- Referrals – left in a bit of a hiatus waiting to support people. ...has been doing her bit to increase referrals with Boots taking in leaflets, she has also visited GP's and taken in leaflets and posters. She has been talking to the practice manager and healthcare assistant responsible for vulnerable adults, however feels it most important to get GP's involved. She has offered to go in and talk to GP's at their clinical meeting. Recently found no leaflets displayed in one surgery she had already approached.
- Lack of referrals from other agencies is an issue (the effects of marketing are only just beginning to kick in)
- Not being able to offer more time to the project due to my full time work commitments.
- None
- None
- None
- She needed to take a three-month break for family reasons, had she had more cases this could have been very disruptive.

11. What two things would you like to see in the future? (to improve the service i.e. more than just address those things that are not working so well).

- More referrals; Not enough OPABC know about the service and GP's should be logical people to refer.
- More social interest groups for OPABC to lessen isolation, give something else to focus on and increase confidence to re-join society; more help with

transport – decision on how transport help is offered should rest with OPABC e.g. do they need cash to pay for their own transport or do they need someone to drive them to/from appointments? – Better convalescent facilities to allow people to recuperate, a kind of half-way house between hospital and home.

- We could explore range of support we offer volunteers. We need to be better at using volunteers' past skills, experience and knowledge perhaps through a retention programme; a volunteer could arrange social events for cancer support volunteers.
- More information about different forms of cancer treatments and expected outcomes; more formal approach to what partners' needs are – expected outcomes and real outcomes.
- Macmillan to get behind this with Boots in the areas where the pilot projects are and generally more advertising of the project; do more to raise awareness of exactly what advocacy is for older people and other professionals.
- Do more to educate GP's and hospital staff about independent advocacy; need more to identify the touch-points on the cancer journey when advocacy is likely to be needed most, e.g. at diagnosis, any meetings with medics, etc. and act on these.
- To extend the service to all ages as she feels there are many people under 50 who would really benefit from this type of support; Improving links to potential referral sources, especially in the early days so that others know about the service and are able to send people who need support to be helped.
- More time given over to volunteer meetings as a team to be able to facilitate Peer Support as they have only had one meeting so far; The introduction of an out of hours support system for volunteer advocates.
- To be able to help with inputting data onto SAM
- To see a different approach to becoming involved by health professionals quoting a letter he received inviting him to be involved, he would like more involvement from Health Professionals in the project; Targeting of GP practices, he feels volunteers could do this offering a different level of information about the process, possibly from a patient's perspective.
- To see more referrals; Access to more case studies so she can learn more about the types of advocacy support being used to help OPABC and learn what she could do differently to support her advocacy partners.

VOLUNTEERS' BACKGROUND INFO:

Richard has had three different types of cancer; lung, bladder and skin, so has considerable experience of the effects of a cancer diagnosis and treatment on older patients (he is 69); wanted to "support others with similar cancer experiences to his own". Responded to advert for volunteers in local paper.

Marion worked for many years as a medical secretary so is used to the medical profession, terminology, and supporting those who are ill through her own experiences with husband, family and friends.

Pauline is an experienced volunteer having worked with older people's organisations in the area. She says her experiences at Dorset Advocacy have been the best volunteering experience of her life.

Janet, now retired, is an experienced professional having worked in the USA as a radiographer for many years, attended Columbia University to obtain her Masters degree, worked in Vermont as a Clerk to the Court and has been a Legal Guardian which was where she was introduced to the concept of advocacy support. Janet has also been a coordinator for a Hospice run cancer support group. Responded to advert in church magazine.

Maddy has extensive experience of supporting her husband Bob who has had cancer three times.

Bob has had lymphoma three times which gives him a unique insight into other people's situations. Bob had stomach pains, went to his GP practice team doctor who told him to drink lots of water and take gentle exercise. Pain persisted, he went to A&E who did lots of tests and offered strong painkillers, no diagnosis. He returned to see his own GP who arranged an ultrasound appointment within two hours. The ultrasound found lumps and Bob was then diagnosed with lymphoma. Bob feels there were five touch-points on his cancer journey when he could have been offered the support of an independent advocate. He has an analytical mind from his previous employment. Bob felt the CNS were not helpful as they did not mention or offer him the emotional support he may have needed. Fortunately Bob had a good support network with family, friends and church.

Yvonne currently works full time as a Deputy Head teacher at a school for children with learning difficulties. Her volunteering mainly takes place in the evenings. Yvonne has considerable personal experience of cancer as she has lost her sister, Mother and Brother in law to the disease.

Pauline is a retired social services professional with long experience of working with people including working for North Staffs Carers Association. She retired in June 2012 and wished to volunteer supporting older adults in need. Pauline worked with adults in the early part of her career so feels she has gone full circle now. She wanted to volunteer with BJB as she knew they have a good reputation and that the project would be well managed and run. Pauline has worked with people affected by cancer and understand how a cancer diagnosis can affect people's lives and caring responsibilities. She has a case load of three people at present.

Anne is a health professional who has held a number of posts in the health field including that of Ward Sister, Divisional Manager for Family Care, Health Visitor. In

addition she has had two forms of cancer bowel and liver. Anne is currently retired although has been working part time on a consultancy basis.

Tom is a cancer patient who volunteers as a local Cancer Champion. Although he is on holiday Tom was happy to be interviewed over the phone. Tom travels along a very challenging cancer journey the first part of which he has shared with the project in a blog post. He is committed to sharing the second stage of his journey with another post at some future date.

Evelyn is now semi-retired however still works part time as a Housing Officer with South Tyneside Homes, they manage the local authority housing stock. She has a lot of experience of working with tenant and community groups and elected members and is also a Deputy Warden at her local church where she has attended for the past 25 years. Evelyn also helps with a local soup kitchen at another church. Evelyn was moved to volunteer following a talk by Age UK Gateshead about options and advice when facing potential retirement, this was given to local council staff when she was on the staff there. She was her aged mother's carer who was supported greatly by Age UK therefore she wanted to help them to help other older people experience inclusion and support.