

# Evaluation of Macmillan Cancer Information and Support Services @ Glasgow Libraries

Final Report for Macmillan Cancer Support  
and Glasgow Life



*Social Research*

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*Service Design & Innovation*

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*Strategy & Collaboration*

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*Evaluation Support*

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*Social Impact Measurement*

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*September 2014*



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This report has been prepared by Social Value Lab on behalf of Macmillan Cancer Support and Glasgow Life.

The report presents the findings from the evaluation of Macmillan Cancer Information and Support Services @ Glasgow Libraries. This final report explores the progress, impact and learning from Phase One of the programme. It is the third of three main reports prepared as part of the study.

The evaluation team acknowledge the important role and contribution of the Evaluation Steering Group in guiding the scope and detail of this report.

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## Executive Summary

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# Executive Summary

## Introduction

Macmillan Cancer Support and Glasgow Life are now working in partnership to establish Cancer Information and Support Drop-in Services in Glasgow's libraries. This is the largest programme of its kind being funded by Macmillan currently and is seen as a pilot for the UK as a whole.

This evaluation has been commissioned to consider the progress, effectiveness and impact of the three year set-up phase of the Macmillan Cancer Information and Support Services (MCISS) @ Glasgow Libraries programme (up to the end of 2014). This includes the planning and implementation processes followed to establish the programme, whether the programme objectives were achieved (including undertaking the cultural and organisational change), the effectiveness of the volunteer programme, the service quality, the outcomes achieved by volunteers and service users - particularly relating to quality of life - and the effectiveness of the partnership.

This final report draws on evidence relating to programme partnership, process, and early outcomes. The research has been based on an analysis of Glasgow Life monitoring data and a comprehensive programme of fieldwork including interviews, focus groups and surveys involving: strategic partners and stakeholders; operational staff from Glasgow Life (including managers, the programme team and frontline library staff) and associated agencies; volunteers that deliver the service; and a selection of people that have used or been exposed to the service (to understand user experience and outcomes).

## The Programme

MCISS @ Glasgow Libraries was conceived as a six-year programme to be implemented over two phases - programme set-up (2012-15) and embedding (2015-18). At the time of writing it has been just over two years since the first MCISS @ Glasgow Libraries drop-in service opened in June 2012.

Glasgow Life hosts the MCISS @ Glasgow Libraries programme. Glasgow Life was established in 2007 to deliver cultural and leisure services (including the Glasgow Libraries service) on behalf of, but not exclusively for, Glasgow City Council.

MCISS @ Glasgow Libraries was established as a strategically important and timely initiative for Glasgow Life and Macmillan. Partners agreed a broad and ambitious vision that would see cancer information and support made available through every library in Glasgow.

A broad and inclusive coalition of stakeholders was formed to help implement the programme. Partner contributions have been channelled through a programme Steering Group, Sub Groups, a Partnership Forum, and local Operational Steering Groups. The architecture of the partnership ensured the voice of volunteers was represented throughout.

Implementation of the programme is being co-ordinated and supported by a core team of staff that are firmly embedded in Glasgow Life.

MCISS @ Glasgow Libraries is based on a three-tiered model of information and support, with information points radiating from a network of hub services and volunteer-led drop-in services. In practice

the main distinction is between those venues that offer a drop-in service and those that do not.

Macmillan has initiated a major programme of investment in the physical fabric of libraries to create a series of high quality, customised service spaces. The transformation of spaces and opening of services have been managed effectively although the process has taken longer than expected. In particular, there have been significant delays in concluding contractual negotiations that will see purpose-built service centres in four libraries. Overall, the experience of rolling out service points highlighted the importance of a realistic and adequate timeframe over which to plan, build consensus and implement a reasonably complex development programme.

There are now (at July 2014) 17 venues across the city that provide volunteer-led MCISS drop-in services (providing 72 hours of service per week) and information points in most other libraries. The final six MCISS services will be opened by the end of October 2014.

Coinciding with the roll out of the service has been the development of a number of complementary cancer support initiatives involving Macmillan in Glasgow. It is anticipated that these initiatives will over time prove mutually reinforcing and serve to strengthen the visibility and take-up of Macmillan @ Glasgow Libraries services.

Considerable efforts have been made to encourage awareness of the MCISS services. Given the pressure to get services established, however, the promotional push has been spread thinly across the city and services are still overly reliant on interest from passers-by and word of mouth locally. The development of stronger flow of referrals from local health professionals and others is regarded as essential for long-term success.

The continual opening and promotion of MCISS drop-in services in libraries has resulted in slowly rising attendance (there have been approximately 3,140 visits to

services in just over two years). It has taken much longer than expected to get people using the services and the level of attendance at drop-ins will fall far short of the aspirational target set (800 visits annually to each service). The target does not appear to have been based on a realistic assessment of potential demand for the service. It is a matter of supposition at this stage whether greater patience and promotion will significantly increase footfall at the drop-in services or whether unmet need and public appetite for the service have simply been overestimated.

## Partners and Stakeholders

Macmillan Cancer Support and Glasgow Life came together and subsequently built a broad partnership-based programme. The partnership benefits from a long-term and shared vision and enjoys strong strategic alignment and support from stakeholder organisations.

Partnership arrangements to guide and support the programme are highly effective. While the partnership structures have changed somewhat over time, along with stakeholder roles and contributions, these arrangements have generally enabled partnership working to deepen and flourish. There is broad recognition that arrangements will need to evolve as the programme matures and while views are not yet fully formed, the views expressed would suggest the need for a closer integration of partnership arrangements within the management structure of Glasgow Life.

There is strong satisfaction with the architecture of the partnership at all levels. The core partnership between Glasgow Life and Macmillan in particular appears strong, is based on trust and mutual respect, and seems set to endure. Any challenges across the partnership generally appear to have been relatively minor and symptomatic of the differing organisational cultures and competing pressures that most partnerships face.

Strategic and operational stakeholders have generally characterised the programme as

highly beneficial. For both Glasgow Life and Macmillan the partnership has enhanced visibility, relationships, reputation, and reach. More generally, the benefits of partnership are playing out at community level where local stakeholders are usefully coming together to exchange information, learn from each other, improve practice, and strengthen referral pathways for people affected by cancer.

Generally stakeholders feel a strong sense of ownership of the programme and are able to influence its direction, although this influence is most visibly exercised through the programme Steering Group. The MCISS programme staff in particular are highly regarded both in terms of facilitating stakeholder contributions and in delivering the programme effectively.

There is widespread and growing confidence among stakeholders in the success of the programme. The foundations of the programme are considered strong and progress positive. However, equally, there is acknowledgement that the rationale for scaling out the Easterhouse model was somewhat flawed and that it is too early to reach firm conclusions about its success and that the programme has a long way to go to fully realise aspirations for the programme.

## **Volunteers**

The programme has proven effective at reaching out to volunteers, including those from equalities groups. It has recruited and trained an estimated 187 volunteers and is broadly in line to deliver on targets in this respect, although there has been a significant turnover of volunteers with one-in-three no longer active.

A deep and committed pool of volunteers is now in place. These volunteers are more likely to be female and younger in age than the Glasgow population as a whole, although in other main respects the pool reflects the diversity of the city. A

particularly important, if transient, role has been played by students.

A tried and tested menu of core and optional training opportunities has been created. This training activity is generally well regarded by volunteers although does not always prepare them fully for the challenging volunteering tasks they subsequently take on. Confidence can be an initial issue for volunteers although this seems to be overcome with the training, informal peer support, and experience in the position.

Volunteers have been given a variety of opportunities to learn and develop and are getting a lot out of the role. Almost two-thirds of volunteers (63%) report having developed as a result of the volunteering experience. Work is now underway to build on the confidence and experience of volunteers by creating a 'lead volunteer' role.

For the most part volunteers are enjoying the experience and contributing well (collectively providing 640 hours a month in the most recent period). They feel valued and well supported by Information and Support Officers. They have also quickly become central to delivering services and a welcomed and established part of the team in libraries. However, the slow take-up of services has emerged as an important source of frustration, meaning that volunteers are not always interacting with as many service users or contributing as much as they would like. Tasks and expectations have had to be managed carefully by the programme team to address volunteer frustration and aid retention.

The retention of volunteers is an issue of concern and one that merits further attention. The most common, and understandable, reason for stopping volunteering is due to changing circumstances or other personal or professional commitments, which result in difficulties giving time to volunteering.

However, in almost one-in-three cases things either 'didn't work out' or individuals moved on to other volunteering opportunities. A part of the underlying reason seems to be the lack of meaningful role for volunteers given the low service take-up although further investigation of the experience of leavers is required to fully understand this issue.

## **Libraries and Library Staff**

From the outset, the MCISS programme team has engaged extensively and well with Glasgow Libraries in the planning and establishment of services. This has occurred against a backdrop of considerable cultural and organisational change within Glasgow Life, which in turn has made the job of establishing services somewhat more complex.

Initial training in volunteer management was provided and valued by library staff and this type of training is now set to be more widely cascaded across Glasgow Life services. Despite library staff generally feeling well prepared to host the MCISS services there have been widespread calls for staff to be kept more fully informed about the services and how they can most usefully contribute.

Library staff have played a growing role in relation to MCISS @ Glasgow Libraries. This takes the form of assistance in promoting the service, referring customers to it, and dealing with associated enquiries. There is still scope for wider and fuller involvement of library staff.

At this stage the views of library staff are generally very positive about the day-to-day operation of the local MCISS services. Around 92% of Glasgow Libraries staff indicated that it was 'very' or 'somewhat' effective in providing a service within the library. This broad satisfaction extends across the key aspects of the service including the volunteer contribution, information resources, and branded spaces. Some dissatisfaction with the service remains, however, and tangible concerns have been noted relating to the apparent

low take-up of services and perceived inadequacy of promotion.

The introduction of the partially-defined Macmillan spaces within the host libraries have broadly been welcomed by staff. This has provided a welcoming space that appears well used outside of scheduled Macmillan drop-in services (for comfortable seating, outreach services, group activities, and other things).

The MCISS programme seems to align well with the changes taking hold in libraries and is helping to recast these as venues offering a wider set of information and community services. The introduction of MCISS services is also reported by library managers and staff to have impacted particularly positively on the way that space is used in libraries, the role now played by libraries locally, and relationships now being formed with volunteers.

According to library staff the Macmillan initiative is promoting an increasingly positive role for libraries as important sources of health information. This builds on the already established and growing health benefits of Glasgow's libraries. The introduction of the service also appears to be changing the dynamics between libraries and their customers (improving the quality of service and fostering more positive relationships with them). However, given the modest reach of MCISS services to date, there is as yet no evidence that the programme is significantly impacting on the take-up of other library services or significantly boosting the footfall in libraries.

## **Service Users**

MCISS @ Glasgow Libraries is delivering a small but growing number of helpful contacts at drop-in services to people affected by cancer. The service has recorded around 3,140 such contacts with service users in just over two years. As already noted, this level of contact with the service falls far short of the initial (possibly unrealistic) aspirations.

Most contacts with the service last for less than an hour and are primarily one-off. Yet, there is evidence of a regular pattern of attendance in around one-in-five cases, which may indicate a need for ongoing support or perhaps the need for a support group.

Most of the service contacts have been with women (signalling a need for further targeted work to engage with men) and older people which one might expect given the demographic of people living with cancer. The service appears inclusive and to be reaching out well to equalities groups. It is supporting a mix of people directly affected by cancer (most typically living with the condition or undergoing treatment) and their loved ones (often having experienced bereavement).

By some margin, the main reason for approaching the service is for emotional support (with no gender variation evident); simply talking through issues with someone that can understand, won't judge, and will offer gentle direction. The combination of talking and onward referrals accounts for almost three-quarters of all interventions by volunteers.

The act of providing information is integral to such support, but usually in a supporting capacity rather than as an end in itself. The information content, usually provided through leaflets and associated materials, tends to focus on helping to understand the detailed aspects of cancers and to support living with and after cancer. The information appears to be appropriately personalised to service users' requirements and stage in their cancer journey, with no obvious gaps in formation identified by volunteers. The vast majority of information is distributed through libraries that also host MCISS drop-in services, with only around 10% of content being accessed in stand-alone information points in libraries.

The setting in which the drop-in services are provided is an important consideration. The fact that information and support is

provided in a local venue is highly valued by service users. Beyond this, on balance the conclusion is that while open public spaces in libraries can cause some hesitance when first engaging with cancer information services, it does not provide a significant barrier to ongoing interaction. Generally, the convenience and welcoming nature of the Macmillan spaces in local libraries is an important asset, although an appropriate balance between visibility of the space and privacy must be struck for each venue (in practice this means identifying a quiet space, not necessarily a dedicated meeting room, where sensitive or difficult conversations with service users can be held).

Generally service users consider the service to be of a high quality and report positive experiences of it. The knowledge of volunteers, their reassuring presence, and their active and compassionate listening is central to the experience.

The evidence suggests that the service is helping users to move forward and realise importantly held goals (e.g. re-establishing an active lifestyle following cancer diagnosis, finding a way through a difficult situation, dealing with stress and distress, and holding down work and managing a daily routine).

## **Programme Sustainability and Replication**

There remains a steadfast commitment to a continuing and inherently sustainable volunteer-led service. However, views are less well formed at this stage on what changes, if any, might be required to the current programme to achieve this.

According to senior representatives from Glasgow Life the costs of a continuing service have been built into future service plans and budgets. This is in line with the agreement with Macmillan and provides confidence in the financial viability of the service.

There remains a strong expectation and belief that the programme can and should have a long-term future. Stakeholders and staff have great confidence in the long-term prospects of the service but are aware of factors within and outside of the programme that might influence its sustainability.

The phased 'handover' of responsibility from the dedicated programme team has been identified as critical to the sustainability of MCISS services. Some transitional steps are being taken and appear to be progressing well although a detailed succession plan for the service has not been formally agreed or widely shared.

There was widespread support for the idea of replicating the model to support people with other long-term conditions. The strategies identified included opening up the Macmillan spaces in libraries for use by other services that support people with other conditions and extending the remit and knowledge of volunteers to support this wider range of conditions. There was some consensus that the fundamentals of the service must first be sound, and services well established, although less clarity on when and how the service might be extended.

There was also a broad belief that the MCISS @ Glasgow Libraries approach could be replicated elsewhere. Stakeholders have urged careful consideration of the conditions necessary for replication and identified a combination of factors evident in Glasgow that have been important influences on success locally. These have included factors unique to Glasgow (the characteristics of the city, its agencies, its libraries, and its population) as well as more transferable elements (e.g. the quality volunteering programme, the design of the customised cancer support environments in libraries).

## **Conclusions and Recommendations**

MCISS @ Glasgow Libraries is a substantial and complex initiative that represents a

step-change for Macmillan and a different way of doing business for Glasgow Life.

The evidence contained in this report broadly indicates that the set-up phase of the programme has been delivered to good effect, is beginning to build momentum in service delivery, and is demonstrating some promising results.

The service points established in the host venues are now bedding in well. Glasgow Libraries staff have been welcoming and supportive of the new services and are being increasingly involved in the day-to-day work of the services. On the whole, the new Macmillan spaces in libraries are functioning well, relationships with volunteers developing, and small but positive changes are occurring in the way that libraries work and are perceived internally. Nonetheless, it is too early to make a judgement about the overall impact of the initiative on libraries.

Overall, the use of the MCISS @ Glasgow Libraries services is less at this stage than was anticipated. Considerable efforts have been made to raise awareness locally, although it has taken much longer than expected to get people using the services. The target level of attendance at drop-in services will therefore not be achieved during Phase 1 of the programme, with even the most established services only likely to average 275 visits per year compared to the original (somewhat unrealistic or overambitious) target of 800 visits per venue annually. This brings into question the robustness of the evidence on which the success of the Easterhouse pilot service was judged and the readiness of the model to be scaled-out without further detailed assessment of unmet need and public appetite for the service. Nonetheless, with attendance on an upward trajectory it is possible that services of this scale and ambition require longer than two years to become embedded. At this stage it is difficult to predict with certainty what level of use the services will achieve as users largely find their way to them through passing by, word of mouth, and signposting by a member of library staff.

Despite these concerns, the evidence indicates that people using the service are highly satisfied and derive great value from it. By some margin, the main reason for approaching the service is for emotional support, with the combination of talking and onward referrals accounting for almost three-quarters of all interventions by volunteers. The act of providing information is integral to such support, but usually in a supporting capacity rather than as an end in itself. Service users regard this as meeting a real need, are broadly satisfied with its mode of delivery, and seem to be deriving real and tangible benefits in a number of cases.

Volunteers have been instrumental to the delivery and effectiveness of the service. Excellent recruitment, training and support arrangements have been created and a large and committed pool of volunteers is now in place. These volunteers are typically enjoying the experience, feel well supported, and are contributing effectively. However, the experience of taking on a cancer information support role can prove daunting, frustrations can arise where volunteers feel they are not contributing fully, and the retention of volunteers is an issue of concern.

Among the other critical success factors of the MCISS @ Glasgow Libraries model identified are: the commitment and leadership exhibited from the two core partners; having a delivery partner (Glasgow Life) with the scale, management capacity, and flexibility to deliver a programme of this reach and complexity; putting in place a broad and enabling partnership structure; having a solid library network in place that was well prepared and positioned to host cancer information and support services; creating welcoming service environments in libraries that strike an appropriate balance between visibility and privacy; and providing the necessary and long-term investment required to deliver a high quality programme.

Commitments and plans are in place which will ensure that it becomes an affordable and routine part of the business of Glasgow Life. Subject to an effective transitional period during which the work of the programme will be mainstreamed, there is confidence that the results of the programme will grow and multiply. Based on the experience so far, there is also interest in exploring how the service can be extended to support people with other long-term conditions in Glasgow or replicated (with careful adaptation) to other settings throughout the UK. At this stage, however, there is not yet a clear route map to guide the transition of the service in Glasgow onto a sustainable long-term footing or to extend its reach.

While most of the basic building blocks of an effective service are in place there remain some outstanding concerns, most notably in the level of demand for and take-up of services.

In order to strengthen delivery and mainstreaming of the programme over the next three years the evaluation has recommended:

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- Devoting additional resources to communications and marketing in order to build awareness and demand for services.
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- Further engaging with health professionals to strengthen the base of referrals to the services.
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- Providing flexibility in the role and level of provision at each library in light of experience.
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- Taking targeted action to strengthen local community engagement and involvement in the service, particularly within areas of multiple deprivation.
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- Refining training and support measures to ensure that volunteers are fully equipped to deliver services and that volunteer retention is maximised.
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- Setting in motion an explicit and phased handover of functions currently carried out by the central MCISS programme team.
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- Making gradual changes to the partnership structures as part of the mainstreaming of the service within Glasgow Life.
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- At an agreed point, taking small and measured steps to extend services to people affected by other long-term conditions.
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# 1: Introduction /

This final report describes learning and results arising from the implementation of Phase 1 of the Macmillan Cancer Information and Support Services @ Glasgow Libraries programme.

## Introduction

This report provides a comprehensive analysis of the learning and results arising from implementation of the Macmillan Cancer Information and Support Services (MCISS) @ Glasgow Libraries programme.

The report tells the story of the programme to date. It describes the MCISS model, its phased roll out across Glasgow Libraries over more than two years, and the insights and learning from all of the key stakeholders.

The evaluation also explores the changes that are arising as a result of the programme. In particular it examines the effectiveness and impact of volunteering associated with the initiative, any cultural and organisational change that the programme has given rise to for libraries, and the experience and benefits evident for service users.

Although this is a standalone report, it builds on earlier baseline and interim reports which together have set the programme within its wider context and described the concept, conception and early progress of the programme.

## Context

Macmillan Cancer Support and Glasgow Life are now working in partnership to establish a tiered model of Cancer Information and Support Drop-in Services in the city's libraries and two sports centres.

Glasgow Life hosts the MCISS @ Glasgow Libraries programme. Glasgow Life was established in 2007 to deliver cultural and leisure services (including the Glasgow Libraries service) on behalf of, but not exclusively for, Glasgow City Council.

The programme that has been introduced is the largest of its kind being funded by Macmillan currently and is seen as a pilot for the UK as a whole.

The objectives of the programme were to be realised through a two-phase implementation process over six years. In Phase 1 (2012-15), services are being set up in all 33 libraries and two sports centres; this includes the creation of a small number of new purpose-built spaces as part of planned capital build projects as well as the customisation of existing venues. In Phase 2 the programme will be embedded and mainstreamed within the venues.

Now more than two years into the programme there is already considerable interest in the learning arising from the initiative. This is both a new approach and a step change for Macmillan in how it delivers information and support service in libraries. It is a new way of doing business for Glasgow Life. This is also a new partnership for both parties and a scale and type of service that is unparalleled in Glasgow. It is the first time in the UK that cancer information and support services have been delivered in community settings, on a city-wide basis, and using a volunteer-led model of delivery.

For both partners there is a commitment to critically reflect the progress so far and to share this with others holding an interest in the model.

## The Evaluation

Social Value Lab, together with partners the Crichton Institute and Snook, were commissioned to:

- Capture and disseminate the learning from implementation of the programme.
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- Assess the effectiveness of the programme and associated partnership model as an agent of change.
  - Gather evidence of the viability of sustaining the work in Glasgow libraries and replicating it elsewhere.
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In order to achieve this, the study has considered the success of the programme as a whole. This includes the planning and implementation processes followed to establish the programme, whether the programme objectives were achieved (including undertaking the cultural and organisational change), the effectiveness of the volunteer programme, the service quality, the outcomes achieved by volunteers and service users - particularly relating to quality of life - and the effectiveness of the partnership.

## Evaluation Methodology

The evaluation commenced in April 2013 and has concluded in September 2014.

The evaluation took as its starting point a Logic Model - Evaluation Framework that had been developed by programme partners. This provided an overview of the rationale underpinning the programme, the outcomes sought and the desired impacts. This Logic Model is set out as an appendix.

The evaluation included both formative and summative elements and has been based on a 'mixed methods' research design. This final report builds on the body of evidence gathered across the course of the evaluation.

### *Analysis of Glasgow Life data*

All relevant and available documentation and data relating to the programme and its implementation have been analysed. This has included:

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- Relevant performance information relating to Glasgow libraries, such as library visitor numbers, customer satisfaction and health benefits of libraries.
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- Information relating to the MCISS programme, its service points, associated opening hours, and the stock of cancer information resources being provided through libraries.
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- Programme monitoring data relating to ongoing contacts with service users at MCISS @ Glasgow Libraries drop-in services, including the profile of service users, their status (e.g. patient, carer, etc.), their stage of diagnosis (if a patient), the subject of enquiry, and the information and support provided.
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- Data gathered relating to the recruitment, characteristics, training, contribution, and destination on exit of programme volunteers.
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The above programme data was contextualised where possible with reference to city-level data drawn from the 2011 Census, 2012 Scottish Household Survey, and other sources.

It should be noted programme monitoring arrangements were changed somewhat in October 2013 based on the findings of the baseline stage of the evaluation (e.g. postcode data collected for the first time). Some changes to data collection forms relating to interaction with service users mean that direct comparisons before and after this point have not always been possible, and therefore in some cases data has been presented for the period October 2013 to July 2014.

### *Interviews and surveys with strategic partners and stakeholders*

Key partners and stakeholders were interviewed at the interim and final phases of the evaluation.

At the interim point 18 interviews were conducted with representatives from organisations with a strategic or operational interest in the programme. This included Macmillan Cancer Support, Glasgow Life, Glasgow City Council, NHS Greater Glasgow and Clyde, NHS 24, a General Practitioner,

cancer charities and other third sector organisations.

During the final phase of the evaluation a further nine interviews were conducted (six repeat interviews with strategic stakeholders) to enable reflection on the ultimate progress and impact of Phase 2 of the service. A further five interviews were conducted with representatives to the Communications and Marketing Sub Group of the programme partnership, exploring this as a critical area of operations identified from earlier fieldwork.

The discussions took the form of semi-structured interviews conducted in person or by telephone.

Representatives of the programme Steering Groups and its four Sub Groups were also invited to complete an online Partnership Scorecard Survey at the end of Year 1 (June 2013) and Year 2 (July 2014). This systematically gathered perspectives on the progress and effectiveness of partnership arrangements along a set of main criteria (clarity of purpose, shared agenda, active participation, effective communications, deliverable plans and effective implementation). Both waves of surveys yielded 17 responses from individuals represented on each of the main partnership groups (respondents accounting for around one-third of all members of these groups).

Although only one-third of partnership representatives responded to the survey, the views provided are consistent with those gathered in interviews conducted with the wider group of programme stakeholders.

#### *Interviews and survey involving operational staff from Glasgow Life*

At the interim point in the evaluation semi-structured interviews were conducted with 18 senior and middle managers from Glasgow Life whose responsibilities touched on the MCISS programme. These included the three Principal Librarians, three Cultural Services Co-ordinators, a cross-section of eight Cultural Services Supervisors, the Line Manager from a hub library, a Cultural Services Officer from local area teams, and

the centre manager from the only sports venue hosting a MCISS service.

During the final phase of the evaluation interviews were conducted with each of the 10 staff members of the programme team responsible for MCISS @ Glasgow Libraries. This included the Programme Manager, Delivery Managers, Information and Support Officers, and staff responsible for the MCISS volunteering programme. This built on ongoing liaison and discussion with programme staff throughout the course of the evaluation.

Also during the final phase of the evaluation an online survey was administered by the evaluation team which provided the opportunity for all Glasgow libraries staff to share their views on the progress and impact of MCISS @ Glasgow Libraries. A total of 93 staff responded, comprising views across all responsibilities and almost all libraries in which MCISS service points have been based. This provided a good cross-section of views from across the libraries service although the response from frontline staff varied across venues and were low for some key libraries (e.g. Dennistoun Library).

#### *Focus groups with operational staff from local stakeholder agencies*

Focus groups were facilitated with representatives from each of the three Operational Steering groups for North West, North East, and South Glasgow to coincide with their normal quarterly meetings. Twenty operational staff participated. The following agencies and workers were represented: Glasgow Life; NHS Greater Glasgow and Clyde (Macmillan Nurse Facilitators, District Nurses Health Improvement Officers); Cancer hospice staff; Carer centres and carer support agency staff; and a manager within Cordia (arms-length Council provider of home care and facilities management).

#### *Interviews and surveys involving volunteers*

Semi-structured interviews were conducted with volunteers supporting the implementation of MCISS @ Glasgow Libraries:

At the interim point in the evaluation twelve volunteers (from a pool of 133) agreed to take part and were interviewed. This small-scale sample was used to gather qualitative data to inform the interim report and the fieldwork during the final phase of the evaluation. The volunteers interviewed were supporting MCISS drop-in services that had been running for at least several months, in the Mitchell Library and six community libraries. Some were also volunteering in other ways (such as supporting social media and information management).

During the final stage of the evaluation a further six volunteers were selected for interview. This included repeat interviews with three experienced volunteers (to help understand the progress and dynamics of the service) and three relatively new volunteers (to help understand whether any earlier issues had been resolved). A further two interviews were conducted with volunteers who were also members of the programme.

An online survey of volunteers was also administered by the MCISS programme team during March and April 2014 (between the

first and subsequent wave of volunteer interviews). This offered the opportunity for all volunteers to share their views on the volunteering programme and explored issues relating to the motivations, recruitment, training, support, and outcomes relating to the volunteering experience. This yielded a response from 35% of the 96 volunteers active at the point of survey (34 active volunteers).

Overall the research provided a rich perspective from volunteers although one that might have been overly positive. For example, it was beyond the scope of the evaluation to interview volunteers that were no longer active and might have exited due to dissatisfaction with the programme.

#### *Interviews with service users*

The evaluation team and MCISS programme team worked hard throughout the course of the evaluation to extend the invitation to service users to share their views and experiences of the programme.

In total 34 semi-structured interviews were conducted with service users between

**TABLE 1.1: CHARACTERISTICS OF SERVICE USERS INTERVIEWED**

Characteristic	Number of Interviewees
<b>Gender</b>	Male (8), female (26)
<b>Age Group</b>	Young adult (16-24 years) (3), Working age (14), Retirement age (17)
<b>Patient or ex-patient</b>	Currently undergoing treatment (7), following treatment (16)
<b>Relative of patient or of ex-patient</b>	With patient currently undergoing treatment (4), following treatment (3), deceased (6)
<b>Location of service accessed</b>	The Bridge (9), Pollok (10), Langside (3), Mitchell (1), GOMA (1), Dennistoun (6), Cardonald (1), Riddrie (1), Maryhill (1), Hillhead (1)
<b>Level of usage</b>	Once only (3), two or three times (4), more regularly (27)
<b>Type of services accessed</b>	Information and advice including leaflets/books (34), Benefits advice (16), Chi Gung (12), Counselling (13), Complementary therapies (9), Macmillan helpline (2), CANmove (2)
<b>Other services accessed</b>	Glasgow Life physical activity programmes (7), Carer services (1), Alternative health support provided by other cancer charities (3)
<b>How found out about the service</b>	Signposting or leaflets in library (13), Friends (5), Relatives (3), Passing (3), Signposting by NHS hospital staff (3), Signposting by GP/Community nursing staff (4), Internet (1)

October 2013 and June 2014. This sample was intended to provide a range of service user views (if not a wholly representative one), with service users interviewed that had interacted with ten of the MCISS service centres. Table 1.1 summarises the main characteristics of this group. Service users were interviewed face-to-face, either in the library, their home or in a convenient location suggested by the individual.

While the evaluation team would have ultimately liked to canvas the views of a larger and more representative sample of service users this proved challenging. There were significant sensitivities associated with approaching service users at the point of contact with drop-services, avoiding impairing the interaction between volunteer and service user, and in gaining consent to participate through comments cards or encouragement with volunteers. These have been identified as typical of the challenges evident in the evaluation of other Macmillan Cancer Information and Support Services.

Given the challenges noted, it is possible that the service users that contributed to the evaluation were more regular attendees at MCISS drop-in services and could have held more positive views.

### ***Interviews with non-service users***

In order to better understand the possible barriers to people accessing the service, members of the Evaluation Team visited four major and well-established service points (the libraries at The Bridge, The Mitchell, Pollok Civic Realm, and GoMA) at a time when services were running. This enabled interviews with 29 members of the general public (14 men and 15 women) who had not used the MCISS @ Glasgow Libraries service. The interview, carried out at the interim point in the evaluation, explored views on awareness and visibility of the service, the suitability of location, and any perceived barriers to accessing it.

## **Report Structure**

The remainder of this report goes on to describe the implementation of the programme and the learning and results arising.

The next section provides an overview of the programme, its implementation and its reach to date into Glasgow communities.

Sections 3 to 6 then provide perspectives on programme implementation and results relating to partnership arrangements, the library venues and staff, the volunteering experience, and use by and impact on service users.

Section 7 then explores various perspectives on the prospects for sustainability and replication of the programme.

A final section draws out the main conclusions, learning points, and recommendations arising from the evaluation.

## 2: The Programme /

This section discusses development and implementation of MCISS @ Glasgow Libraries model to date. This overview is based mainly on a review of programme documentation and data, together with interviews conducted with each member of the programme team. It also draws where helpful from recent interviews with programme steering group members and volunteers.

### Ambitions

The MCISS @ Glasgow Libraries initiative was conceived some time ago, with broad agreement initially reached between partners in late 2010 and the first service points becoming operational in June 2012.

For Macmillan and Glasgow Life this was a strategically important and timely initiative. Macmillan in Scotland had been piloting new approaches to the delivery of information and support services over a number of years (e.g. Fort William, Renfrew and Ayrshire). A volunteer-supported model piloted in the Bridge Library at Easterhouse (Glasgow) seemed to offer an inherently more sustainable model of delivering services, albeit one that was significantly modified as a basis for the citywide MCISS @ Glasgow Libraries programme. This model was also one that fitted well with the work of Glasgow Life to re-orientate the role of libraries in communities and their shared ambition to test the Easterhouse approach more widely.

The project has set itself ambitious service objectives as well as public outcomes. The overarching aim of the programme is:

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*“... to allow people living with and beyond cancer to improve their quality of life by ensuring they receive the appropriate information and support at the right time regardless of where they are on their cancer journey and where they live; having access to practical and emotional support (including benefits and financial advice) across the city”.*

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The detailed expectations of the programme have been set out in a Logic Model - Evaluation Framework - set out in the earlier programme evaluation baseline report. The impacts are expressed in terms of individual (people affected by cancer), organisational and cultural change. In addition it aims to bring about the creation of a service model for cancer information and support that can be sustained in Glasgow and replicated elsewhere. The Appendix to this document sets out the Programme Logic Model.

### A Partnership Effort

A broad coalition of partners has supported the implementation of the programme since its inception.

A Programme Steering Group provides direction and oversight for the programme, and involves the following partners and key stakeholders: Macmillan Cancer Support; Glasgow Life; NHS Greater Glasgow & Clyde; Glasgow City Council; and The Alliance Scotland.

Implementation is supported by a number of subgroups, which enable a wider set of partners and stakeholders to come together and contribute. Incorporating representation from some 40 individuals, the Sub Groups focus on Operations, Communications/Marketing, Cancer Environments (currently in abeyance), and Evaluation. Separating out the strategic role of the Steering Group from operational remits of the Sub Groups has rationalised the decision-making process, with each group reporting through the MCISS Programme Manager to the Steering Group.

There are also three geographically based Operational Steering Groups (North West, North East and South Glasgow), which bring together interested local agencies to review progress, share practice, and build connections.

A Partnership Forum has also been established which meets quarterly and has provided a route to extend partnership working and promotion of the service.

A key development in these strategic and operational groups has been the recruitment of two volunteers to attend and contribute a perspective to each. This is part of the commitment to ensuring that MCISS @ Glasgow Libraries becomes a truly volunteer-led programme.

The initial intention was also to involve service users in the governance structure but this has been put on hold until completion of the roll out of the programme, by which time it is expected there may be service users who would like to be involved in contributing to the development of the programme by sitting on some of the partnership groups.

Section 3 explores the effectiveness of these partnership arrangements.

## Embedded Delivery

Glasgow Life hosts the MCISS @ Glasgow Libraries programme.

Implementation of the programme is being co-ordinated and supported by a core team of ten staff employed by Glasgow Life. The team was designed to comprise a Programme Manager, Volunteering Co-ordinator and Assistant, Delivery Managers (covering North West, North East, and South Glasgow), and Information and Support Officers. There was an expectation on the part of Macmillan that the volunteers would work closely with Macmillan's Support Line, including appointing someone from Macmillan's helpline team to provide this link. However, the latter post was not included in the final staffing compliment as it was felt more important to include an Information and Support Officer with a city-wide remit, to take responsibility for a team

of volunteers who would promote the service at events as well as through social media outlets. Information and Support Officers as well as supporting volunteers on a day-to-day basis are responsible to the Service Delivery Managers for delivering one-to-one supervision, management of volunteer rotas, and delivery of training and back-up support to library staff.

The programme team recruits, trains and deploys volunteers to deliver the service. Long-term sustainability is to be achieved by the training of library staff in providing information/customer services to people with chronic health conditions and in managing this volunteer-led service. It is the intention that Macmillan will continue to train volunteers in the long term.

Conceived as a six-year programme initially, the concept was that Phase 1 (to the end of 2014) would be about 'setting up' while Phase 2 (2015-18) would be about 'embedding' the MCISS services within the routine business of Glasgow Life and day-to-day running of libraries. In practice, the embedding of the service within mainstream library services was initiated from the outset, by positioning the Macmillan programme manager within the senior management structure of Glasgow Life, reporting to the Senior Manager for Libraries, and similarly the other management posts of Macmillan Volunteering Co-ordinator, and the three Delivery Managers.

## Tiered Provision

MCISS @ Glasgow Libraries was to be based on a three-tiered model of information and support reflecting varying levels of provision depending on the centre (e.g. size of library, footfall, and local need).

It was to be organised around a 'hub and spoke' approach; three main hub services (North East, North West, and South Glasgow), linked to a supported network of drop-in services and information points:

- **Tier 1 (Hubs)** comprises volunteer-led drop-in centres with onsite services such as complementary therapies, counselling (delivered by Cancer

Support Scotland) and if requested benefits advice (delivered by Glasgow City Council's Macmillan funded project).

- **Tier 2 (Drop-in services)** are venues that provide volunteer-led information, support and signposting services.
- **Tier 3 (Information Points)** are Information points in local libraries (no volunteer presence) but with library staff available to signpost enquirers to leaflets and publications, to volunteer-led drop in centres nearby, or to other services.

In practice the main distinction is between those venues that offer a drop-in service (Tier 1 and Tier 2 venues) and those that do not (Tier 3 Information Points).

## Financial Investment

Macmillan has initiated a major programme of investment in the physical fabric and service offering of Glasgow libraries.

Macmillan committed to investing £2.05m<sup>1</sup> from inception of the programme in 2011 up to the end of March 2016. Of this, £1.6m was allocated to support recurring revenue costs over the period. A separate agreement with Glasgow Life allocated £450k of capital investment for redevelopment of libraries.

Of the £2.05m committed to delivering the programme, £837,395 had been spent to the end of 2013. Table 2.1 profiles this expenditure annually.

<sup>1</sup> Excludes programme evaluation budget which is managed separately by Macmillan

**TABLE 2.1: ANNUAL PROGRAMME EXPENDITURE**

Year	Expenditure
2011	£61,677
2012	£286,804
2013	£488,914
<b>Total</b>	<b>£837,395</b>

Source: MCISS @ Glasgow Libraries programme data

The only significant variation to the agreed programme budget relates to delayed expenditure on capital builds (discussed later), although a further £410k has now been committed to the refurbishment of four libraries during 2014/15.

Analysis of the latest financial year 2013/14 provides an insight into the cost structure of the programme. The analysis presented in Table 2.2 shows three-quarters of cost allocated to programme staffing (a cost which is intended to be reduced over time as Glasgow Life and volunteers assume the tasks currently undertaken by the programme team).

**TABLE 2.2: PROGRAMME EXPENDITURE BREAKDOWN 2013/14**

	Spend 2013/14	%
<b>Staffing</b>	£368,489	74%
<b>Library modifications</b>	£23,401	5%
<b>Operations</b>	£23,799	5%
<b>Comms &amp; Marketing</b>	£9,233	2%
<b>Welfare Reform</b>	£70,043	14%
<b>Total</b>	<b>£494,965</b>	<b>100%</b>

Source: MCISS @ Glasgow Libraries Programme Data

## Staged Roll Out

The ambition for the programme was to create customised service environments within 33 Libraries (radiating from a small number of main hubs) and two leisure venues (Scotstoun and Tollcross).

The location of planned service points are provided in Figure 2.1. These venues provide coverage across the city.



Figure 2.1: Location of planned service points

The transformation of spaces within the host venues has included:

- Minor alterations to the built fabric of existing libraries.
- Supply of furniture, including soft chairs and book cases and assorted furnishings.
- Branding of spaces such as display boards at the entrance of libraries and engraved windows.
- Provision of PCs with internet access.

More substantive purpose-built environments were planned for four libraries: Castlemilk, Drumchapel, Partick, and Royston. Funded through a separate agreement between Macmillan and Glasgow Life, these capital builds are still to occur. Representatives from the partners have acknowledged significant delays in concluding agreement between Macmillan and Glasgow Life due to the complexities associated with ownership of the venues (publicly owned by Glasgow City Council and managed by Glasgow Life) and differences in law as it relates to England (the HQ for

Macmillan) and Scotland (the location of Glasgow Life).

Reflecting on these challenges, a senior representative from Glasgow Life has described how these testing circumstances have served only to strengthen relationships between partners rather than drive them apart, while others have highlighted as a positive the learning and template agreements that are now available to others as a result of a painstaking process. Staff have pointed to the consequence of a longer than intended gap in MCISS hub service coverage particularly in North West Glasgow (where the hub services in Partick and Drumchapel are still to be realised).

More generally, the timeline for the roll out of services has continually been reviewed and adjusted to fit with operational challenges. The original intention was for the programme to commence in December 2011, although it was not until April 2012 that the MCISS programme management team could be put in place. Given the detailed negotiations involved in planning for each service point (including moving equipment around such as computers, and

shelving), it has been a logistical challenge to get service points established as planned and sequenced. This has involved delaying the opening of some services while opening others early (e.g. information points).

The volunteer programme was also developed and implemented in parallel with the opening of these services. A key challenge was to recruit, train and deploy volunteers in sufficient numbers to support the new service points (and to provide adequate cover in case of absence by volunteers). The other priority articulated by MCISS programme staff was to ensure a quality volunteering experience – an entire volunteering programme with associated policies, procedures and supporting arrangements had to be designed.

One staff member has described the roll out of the service as “frantic”, particularly given the reported increase in the number of target services in 25 libraries (the original intention) to all libraries (enshrined in the final agreement between partners). This experience highlights the importance of a realistic and adequate timeframe over which to plan, build consensus and implement a complex programme.

There are now (at July 2014) 25 MCISS service points operational, including eight information points (Tier 3 services). Table 2.3 presents the planned and actual opening of services. The remaining six service points are set to open on a phased basis between August and October 2014. It should be noted that a further four information points are also currently sited on a temporary basis in the four libraries earmarked for capital builds. Once completed, these venues will then become modernised MCISS hub services.

**TABLE 2.3: PLANNED AND ACTUAL OPENING OF SERVICE POINTS**

Service centre	Tier*	Opened	Planned Opening
The Bridge	2	June 12	June 12
Dennistoun	1	June 12	June 12
Langside	2	Aug 12	Aug 12
The Mitchell	2	Aug 12	Aug 12
Pollok	2	Aug 12	Aug 12
Hillhead	2	Feb 13	Feb 13
Springburn	2	Feb 13	Feb 13
Scotstoun	2	Apr 13	Mar 13
GoMA	2	Apr 13	Mar 13
Cardonald	2	Apr 13	Mar 13
Bridgeton	3	Apr 13	Mar 13
Shettleston	3	Apr 13	June 13
Baillieston	3	Apr 13	Oct 13
Gorbals	2	July 13	Mar 13
Pollokshields	3	Sept 13	June 13
Woodside	3	Sept 13	June 13
Elder Park	2	Sept 13	June 13
Maryhill	2	Sept 13	Sept 13
Riddrie	2	Sept 13	Oct 13
Knightswood	3	Nov 13	Oct 13
Milton	2	Feb 14	Oct 13
Pollokshaws	3	Apr 14	Oct 13
Couper Institute	3	Apr 14	Dec 13
Whiteinch	2	June 14	Dec 13
Parkhead	2	June 14	Dec 13
Govanhill	2	-	Oct 13
Ibrox	2	-	Dec 13
Barmulloch	2	-	June 13
Anniesland	2	-	Dec 13
Possilpark	2	-	Mar 14
Tollcross	2	-	Mar 14

\* Tier 1 (Hub), Tier 2 (Drop in), Tier 3 (Info Point)  
 Note. Excludes the four new purpose-built venues  
 Castlemilk, Drumchapel, Partick, and Royston  
 Source: MCISS Programme Team

Collectively 17 libraries across the city now provide volunteer-led MCISS drop-in services that are accessible to service users for a total of 72 hours per week (see Table 2.4 for details). The programme has attempted to strike a balance here between the availability of Macmillan services and the everyday use of the libraries.

**TABLE 2.4: SERVICE DELIVERY HOURS FOR VOLUNTEER-LED DROP-INS**

	North West	North East	South	Total
<b>Mon</b>	3	0	4	7
<b>Tues</b>	4	6	4	14
<b>Wed</b>	4	4	4	12
<b>Thurs</b>	4	4	4	12
<b>Fri</b>	8	7	8	23
<b>Sat</b>	4	0	0	4
<b>Sun</b>	0	0	0	0
<b>Total</b>	27	21	24	72

Source: MCISS Programme Documentation

Sessions (and delivery hours) have been allocated in an even-handed way across the three main localities in the city. The customised spaces in selected libraries host MCISS drop-in services between two and eight hours per week, with the typical library hosting one four-hour session during the week. There is one main library (Hillhead, Easterhouse, Pollok) in each locality which offers eight hours of service per week over two sessions. The drop-in services are most widely available on Fridays, with only Hillhead Library providing weekend opening.

There has been continual experimentation to find sessions most likely to generate demand, and weekday sessions made available between the times of 10am and 3pm have proved most successful. Evening opening was tested in one of the busier libraries but didn't generate sufficient interest from service users to justify continuation. While inclusive and accessible service times are important, programme staff have acknowledged that the main priority to date has been to get drop-in services established and a basic service available to test demand.

## Linking with Related Initiatives

Extending the offering to service users by linking the service to other Macmillan and related initiatives is another central feature of the MCISS @ Glasgow Libraries model.

Coinciding with the roll out of the programme have been a number of relatively new partnership initiatives, expected to have major impacts on promoting the service in Libraries, extending referral routes, and ultimately increasing take-up:

- The Long-Term Conditions and Macmillan Service, also referred to as the Benefits Service, delivered by Glasgow City Council Welfare Rights officers. The service offered includes meeting people in their own homes, in hospital, or in some of the drop-in service points - The Bridge (Easterhouse), Pollok, and Dennistoun. This initiative is managed separately but operates in a complementary way to the MCISS service.
- The 'Improving the Cancer Journey' initiative, which is being led by Glasgow City Council in partnership with Macmillan, and NHS Greater Glasgow and Clyde. Glasgow is to become the first place in Scotland where all cancer patients are automatically offered financial, emotional and practical support. At the time of writing, this service has been operational for four months and a slow flow of referrals to MCISS @ Glasgow Libraries has been reported by the programme manager, although somewhat less than anticipated as most cancer patients have wished to have holistic assessments and following up appointments at home (or hospital) rather than libraries.
- Macmillan Pharmacy service in NHS Greater Glasgow and Clyde which aims to improve pharmaceutical palliative care services in the community.
- Development of NHS Inform's online Cancer Zone, developed in partnership with Macmillan to provide access to information and support resources for people affected by cancer.

- CANmove - Macmillan's 12-week physical activity programme for people living with or beyond cancer, and delivered in Glasgow Life's local community hubs.
- WalkMORE, a partnership programme between Macmillan and Paths For All to support anyone affected by cancer to become more active by walking.

Making the connection between initiatives at the local level is essential. In this respect Service Delivery Managers and Information Support Officers have been responsible for ensuring that the services within libraries are linked into existing services. They network with local service providers who make up the area-based Operational Steering Groups and assist the volunteers to publicise the service locally. This approach is central to embedding the service in local communities.

### Marketing of the Service

The Communications and Marketing Sub-group of MCISS @ Glasgow Libraries, in conjunction with the Macmillan staff team, holds responsibility for raising the visibility of the service and helping to ensure it is widely used.

A broad and multi-channel communications and marketing strategy has been implemented. A dedicated Information and Support Officer post and team of 'Events' volunteers has been instrumental in delivering agreed activities.

The launch and phased introduction of the service was anchored by a series of high-profile Glasgow-wide events such as the Volunteer Welcome and Celebration Event (June 2012), the Media Launch Event (September 2012), a small number of learning events (e.g. 'Learn and Share') and targeted promotional initiatives (e.g. use of Macmillan Information Bus, participation in the Glasgow Pride event). However, the lack of a follow-on 'splash' citywide mass-marketing campaign has widely been reported by staff as a missed opportunity. The alternative view expressed by some members of the Communications and

Marketing Group is that such a campaign has not been possible (or would have been counterproductive) until all or most MCISS venues have gone live and the interest generated by such a campaign can be realised).

The programme has also garnered ongoing media attention. This has included considerable coverage in the Glasgow Evening Times in particular. The level of media attention has been assisted by coverage of the stories of volunteers and the plaudits being heaped on the programme (e.g. Macmillan Professionals Award for Innovation, Deborah Hutton Macmillan Volunteer Award, shortlisting for the Scottish Health Award (Volunteer Team category), Herald Society Partnership Award, and Evening Times Community Champion Award). According to members of the Communications and Marketing sub group, however, further media attention has been hampered by the lack of media-friendly 'human' stories as it has proven difficult to identify service users willing to share their personal stories and have them published.

Extensive use has also been made of online, mobile, and social media platforms. Programme information has been integrated into the main Glasgow Life Libraries pages, also now available as an app for mobile devices, and promoted on other websites. The service has been promoted with volunteer support through the popular social media platforms Twitter and Facebook, achieving 1,134 'followers' and 885 'likes' respectively as of July 2014. A monthly e-newsletter has also been produced which is distributed to around 500 stakeholders. This use of online and social media is intended to enable the service to reach as wide an audience as possible, although the evaluation team is not aware of any detailed analysis of reach and return on investment from digital communications.

Localised events and outreach have been used to complement citywide and digital communications. This has involved approximately 37 community events and other initiatives which have achieved direct contact with an estimated 2,307 people.

These have included: promotional events locally to launch new MCISS services (reported by staff to be well attended and useful); associated leaflet drops (with staff acknowledging no immediate evidence of direct impact); ongoing engagement at Patient Information Centres in two hospitals (from which a good relationship and referrals seem to be arising); and other in-community promotions at supermarkets, health centres, and pharmacies (which has been viewed by staff as useful when scheduled to coincide with nearby drop-in services thereby allowing immediate follow-up).

This has been supported by the use of various marketing collateral. This takes the form of posters, leaflets, banners and signage. With strict Macmillan branding guidelines in place, informed interviewees considering this material high quality although a small number of staff team members highlighted some frustration at an inability to adapt or customise materials flexibly without a lengthy planning and approval process.

Overall, despite extensive efforts, there was a consensus among members of the MCISS Communications and Marketing Sub Group that the full results of efforts have not yet been evident. For example, interviewees have asserted that leafleting and social media reach has led to a more informed population, which is likely to convert into additional footfall at drop-in services as families experience cancer directly and the need to make use of the service arises.

Of the visits made to the services, most are opportunistic ('Passing By'; 35%), occur via 'Word of Mouth' (14%), or via library staff (14%) rather than other formal channels. See Table 2.5 for details. The high incidence of people responding to the service as passers by or through word of mouth is consistent with the vision of a highly visible and accessible service in local settings. Emerging evidence from Macmillan Information and Support Services in other parts of the UK<sup>2</sup>

also indicates the importance of service users 'just passing', although word of mouth does not appear to be as significant elsewhere (a positive sign perhaps that the MCISS services in Glasgow are becoming known and trusted in communities).

**TABLE 2.5: WAYS THAT SERVICE USERS FIND OUT ABOUT THE SERVICE (OCTOBER 2013 TO JULY 2014)**

	<b>% of visits</b>
<b>Passing by</b>	35%
<b>Word of mouth</b>	14%
<b>Library staff</b>	14%
<b>Health worker</b>	9%
<b>Print and online media</b>	8%
<b>Referral organisation</b>	5%
<b>Macmillan Support Line</b>	4%
<b>Website</b>	3%
<b>Other</b>	8%

Source: MCISS Monitoring Data  
Data based on records relating to 1,268 contacts

Linked to this, staff have reported the early significance of the factors such as the location of the host venue, the visibility of the Macmillan space, the relationship with library staff (willing to proactively signpost library customers), and service quality have been among the explanatory factors highlighted by staff.

It is also encouraging that the latest set of data (from October 2013 onwards) suggest that reliance on passers-by has reduced compared to the previous period (57% to a fairly stable 35%) and the role of library staff and other forms of structured communication and referral are showing an upwards trend.

Staff have noted some frustration at the ongoing reliance on passers-by and word of mouth (although this should not be taken as a failure of the service). They have acknowledged the key role of GPs and other local health professional as instrumental in promoting the service and establishing a larger and more regular flow of service users. In this, considerable time has also been devoted by the programme team to the

<sup>2</sup> Macmillan Cancer Support, Insight into impact of environment provision of information at different stages of the cancer journey, October 2014 (Internal Analysis)

task of engaging with GPs, for sending information and direct contact at Practice meetings – although the response and subsequent referrals have been patchy, this is regarded as a key task. The challenges noted by staff have related to getting an audience with health professionals and the variable reactions likely from this interaction (some eager and have subsequently referred patients with confidence, others less enthusiastic or trustful of the service).

Reflecting on the situation, the programme staff and representatives from the Communications and Marketing Sub Group interviewed have reported that considerable efforts have been taken to reach service users. While no simple single, revelatory or untried promotions solution was put forward, there was a widespread view that additional resources allocated to local outreach, ongoing persistence, and library-by-library experimentation was essential.

## The Take-up of Services

The continual opening and promotion of

MCISS drop-in services in libraries has resulted in slowly rising attendance.

Table 2.6 sets out the current opening hours of drop-in services.

Since inception (June 2012) to July 2014 (a period of just over two years) the programme has recorded approximately 3,140 visits to drop-in services. It should be noted that the number of individuals that have attended is not known as, understandably, attendees at drop-in services are not registered as ‘clients’, are not given a unique client reference number, and full contact details are not required.

New users are engaging with the service each month. In the last six months, for example, 810 people are reported to have made contact with the service for the first time (a rate of 135 people per month). However, this is likely to be an undercount given that users’ frequency of contact was not collected in two-in-five cases (based on an analysis of monitoring data).

TABLE 2.6: OPENING HOURS OF DROP-IN SERVICES

	Mon	Tues	Wed	Thurs	Fri	Sat
Cardonald	-	-		10.00 – 2.00	-	-
Dennistoun	12.30 - 4.30	-	-	10.30 - 2.30	-	-
Easterhouse	-	-	10.00 - 2.00	-	10.00- 2.00	-
Elder Park	-	-	-	-	10.00- 2.00	-
GOMA	-	-	-	-	12.00- 4.00	-
Gorbals	-	-	-	-	10.00- 2.00	-
Hillhead	-	-	11.00 - 3.00	-	-	10.00- 2.00
Langside	-	10.30 - 2.30	-	-	-	-
Maryhill	1300 - 4.00	-	-	-	-	-
Milton	-	-	-	-	11.00 - 3.00	-
Mitchell	-	12.00 - 4.00	-	-	-	-
Parkhead**	-	11.00 – 1.00	-	-	-	-
Pollok	10.30 - 2.30	-	11.00 – 3.00	-	-	-
Riddrie	-	10.30 - 2.30	-	-	-	-
Springburn	-	-	-	-	10.30- 1.30	-
Whiteinch	-	-	-	11.00 - 3.00	-	-

Source: MCISS Programme Team (correct at August 2014)

TABLE 2.7: CONTACTS AT SERVICE CENTRES SINCE OPENING

	Months Since Opening	Total Visits to Date	Average Visits per Month (to date)	Average Visits per Month (last 6 months)	Hours of Service per Week	Visits per Hour of Service
Easterhouse	24	951	40	22	8	0.6
Dennistoun	24	463	19	24	8	0.7
Pollok	22	373	17	23	8	0.7
The Mitchell	22	242	11	13	4	0.7
Langside	22	138	6	6	4	0.3
Hillhead	16	195	12	12	8	0.3
Springburn	16	135	8	10	3	0.7
GoMA	14	141	10	11	4	0.6
Cardonald	14	83	6	4	4	0.2
Scotstoun	14	82	6	8	-	-
Gorbals	11	89	8	8	4	0.5
Elder Park	9	33	4	4	4	0.2
Riddrie	9	28	3	4	4	0.2
Maryhill	8	24	3	2	3	0.2
Milton	4	15	4	3	4	0.1

Source: MCISS Monitoring Data (at July 2014)

Overall, the analysis broadly suggests that the longer a MCISS service centre has been in operation, the more established and visible it becomes and the more likely it is to build up attendance. As shown in Table 2.7 above the major, early established MCISS service centres have achieved the higher average monthly contacts.

The Bridge at Easterhouse, a hub for the North East of the city and the original pilot service, appears at first glance to be the busiest and most established service by some margin, reporting twice as many visits as other services over the last two years. Yet this relatively larger footfall is largely explained by the presence of an informal peer support group which developed naturally, met regularly up to June 2013, and attracted repeat visits (this group stopped meeting in the library as its presence was not consistent with the ambition to deliver a drop-in service in the library). The numbers are revealing in this respect; in the six months prior to the wind-up of the support group the Bridge averaged 60 visits per month, and in the year since then only 29

visits monthly. The Bridge is an anomaly in many respects having developed much earlier than the other services and in a different way (a lengthy lead-in time to promote it prior to launch, full-time staff attached to the service, a team of volunteers drawn from the local community, and a strong integration with local health improvement initiatives due to NHS funding for the service).

It is noteworthy that interviews with staff and partner agencies active in the Dennistoun Library (the second most established library after Easterhouse) have reported a similar pattern emerging whereby a grouping of regular service users are starting to form around the cluster of services available in the library (e.g. complementary therapies). This is a somewhat different form of intervention than planned for the MCISS service, but points to a natural demand for group support (perhaps not met elsewhere). Programme staff have indicated concerns that where groups form it may prove more difficult for established service users to

move on in their personal journey and for new service users to feel comfortable in accessing the service in this type of group setting.

A more revealing picture can be gained from looking at the data available for the last six months (which excludes the anomaly of the high level of attendance at Easterhouse due to its weekly peer group meetings). This reveals a remarkably similar pattern for the first wave of services established between June and August 2012. The data contained in Table 2.7, presented earlier, tell us that broadly these services receive a visit for every 1.5 hours they are open (Langside is the only one of the early services not to reach this milestone). Where services have been established for a year or more they receive a visit approximately every two hours.

There is, however, some variation between centres. Attendance at services fluctuates monthly, with staff pointing out that this may be influenced both by positive factors (e.g. publicity drives) and by negative factors (e.g. holiday periods which see more limited use being made of the service).

The key point is that it has taken longer than expected to build awareness and take-up of the service. The MCISS volunteers were keen to surmise why it was taking longer than expected to engage with service users. The four main theories cited:

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- Libraries were associated with their traditional role of lending books, so there is lack of recognition by passers-by of the potential to receive health information and support.

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  - An uncertainty among the general public about what the new MCISS @ Glasgow Libraries service is offering.

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  - A 'role confusion' on the part of some people, confusing the MCISS with the fundraising activities of Macmillan and the work of Macmillan Nurses.

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  - A perceived lack of privacy relating to the 'open' or semi-defined Macmillan spaces,

which might be regarded by some potential service users as off-putting.

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The first three of issues raised above relate to marketing and promotional issues and the fourth to the role of a public setting to deliver cancer information and support.

Beyond simply giving services time to become well established, programme staff have pointed to a number of inherent factors that are more likely to lead to an ultimately successful drop-in: its co-location with other busy services; its location in the heart of communities; its accessibility by public transport; its visibility to passers by on the street; a high level of footfall in the host library; and a conducive environment within the library (supportive staff, a visible position within the library, related services such as on-site counselling). In interviews with staff, the point was made repeatedly that each venue was unique. The implications being that in some venues staff need to work somewhat harder to promote services where the above success factors are not evident.

The fact remains, however, that attendance at drop-in services is much lower than originally anticipated. The aspirational target was for 800 visits annually to each of the 25 service locations initially proposed (some 20,000 visits in total). This should be set in the context of the 3,250 new cases of cancer diagnosed in Glasgow each year (a fact set out in the original programme Logic Model – see Appendix). Even accounting for the fact that the service was designed to support people that continue to live with cancer, their family and others, the target of 20,000 visits to the service appears overly optimistic. The target set therefore seems more likely to reflect the maximum available capacity of the proposed services rather than any realistic estimate of demand.

Emerging evidence from Macmillan Cancer Information and Support Services across the UK suggests a wide variation in the footfall

at MCISS services<sup>3</sup>. While the evidence suggests that attendance at services in clinical settings is likely to be considerably higher than at community settings, it does not suggest that attendance at Glasgow libraries is significantly higher or lower than other community settings.

Now two years into the programme even the most established services (with two drop in sessions per week) are only likely to average around 275 visits per year based on recent levels of footfall. The busiest of the current MCISS centres are handling 0.7 visits per service hour. To put this in context, staff and volunteers have indicated the potential to comfortably handle four substantive service user contacts for each hour of service. This suggests that there is some way to go before the service is fully utilised.

The earlier discussion relating to communications and marketing has suggested that great efforts were made to boost numbers. Interviews with Communications and Marketing Sub Group members have characterised the job of increasing numbers as an outreach rather than communications task. With the benefits of hindsight programme staff have admitted that attendance at sessions could only have been grown more quickly with a longer lead-in time to promote services in advance of the going live, intensive and ongoing local outreach work in the months after opening, shifting substantial staff and volunteer resources from delivering to promoting services; and slowing or pausing the roll out to focus more on building and stabilising services before moving on. According to staff, however, this was not possible given the demanding targets and delivery timelines as well as the real limit to staff and volunteer capacity available.

The level of attendance at services is, however, on an upward trajectory. Ten of the 15 drop-in services showed an increase in visits in the last six months compared to the

previous six months; an average growth of 83% in visitors at these services.

Overall, the data suggest that considerable time is required to establish, increase visibility, and encourage the take-up of services. With most services broadly moving in the same direction over time, may also suggest the need for patience and more realistic targets. However, it is equally plausible that the original aspirations for the take-up of services were simply too optimistic. We have insufficient evidence to make a definitive judgement between the programme needing a publicity campaign across all media and throughout the city in order to improve footfall and recognising that the original targets may have been overestimated unmet need and public appetite for the service.

## Summary

The main points arising from this section are as follows:

- MCISS @ Glasgow Libraries was established as a strategically important and timely initiative for Glasgow Life and Macmillan Cancer Support. Partners agreed a broad and ambitious vision that would see cancer information and support made available through every library in Glasgow.
- A broad and inclusive coalition of stakeholders was formed to help implement the programme. Partner contributions have been channelled through a programme Steering Group, Sub Groups, a Partnership Forum, and local Operational Steering Groups. The architecture of the partnership ensured the voice of volunteers was represented throughout.
- Implementation of the programme is being co-ordinated and supported by a core team of staff that are firmly embedded in Glasgow Life.
- MCISS @ Glasgow Libraries is based on a three-tiered model of information and support, with information points radiating from a network of hub services and volunteer-led drop-in services. In

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<sup>3</sup> Macmillan Cancer Support, Insight into impact of environment provision of information at different stages of the cancer journey, October 2014 (Internal Analysis)

practice the main distinction is between those venues that offer a drop-in service and those that do not.

- Macmillan has initiated a major programme of investment in the physical fabric of libraries to create a series of high quality, customised service spaces. The transformation of spaces and opening of services have been managed effectively although the process has taken longer than expected. In particular, there have been significant delays in concluding contractual negotiations that will see purpose-built service centres in four libraries. Overall, the experience of rolling out service points highlighted the importance of a realistic and adequate timeframe over which to plan, build consensus and implement a reasonably complex development programme.
- There are now (at July 2014) 17 venues across the city that provide volunteer-led MCISS drop-in services (providing 72 hours of service per week) and information points in most other libraries. The final six MCISS services will be opened by the end of October 2014.
- Coinciding with the roll out of the service has been the development of a number of complementary cancer support initiatives involving Macmillan in Glasgow. It is anticipated that these initiatives will over time prove mutually reinforcing and serve to strengthen the visibility and take-up of Macmillan @ Glasgow Libraries services.
- Considerable efforts have been made to encourage awareness of the MCISS services. Given the pressure to get services established, however, the promotional push has been spread thinly across the city and services are still overly reliant on interest from passers-by and word of mouth locally. The development of stronger flow of referrals from local health professionals and others is regarded as essential for long-term success.
- The continual opening and promotion of MCISS drop-in services in libraries has resulted in slowly rising attendance (there have been approximately 3,140 visits to services in just over two years). It has taken much longer than expected to get people using the services and the level of attendance at drop-ins will fall far short of the aspirational target set (800 visits annually to each service). The target does not appear to have been based on a realistic assessment of potential demand for the service. It is a matter of supposition at this stage whether greater patience and promotion will significantly increase footfall at the drop-in services or whether unmet need and public appetite for the service have simply been overestimated.

## 3: Partners and Stakeholders /

This section examines the perspectives of partners and stakeholders on the progress of the programme and the partnership arrangements that have underpinned it. It draws from successive waves of interviews and group discussions with strategic representatives involved in the wider programme partnership (Steering Group, Sub Groups, local Operational Steering Groups, and Partnership Forum). It also includes the findings from a small scale partnership 'scorecard' survey administered at the end of Year 1 and Year 2.

### Strategic Coherence

Macmillan Cancer Support and Glasgow Life came together and subsequently built a broad partnership-based programme.

All interviewees were able to articulate a clear and, in a collective sense, nuanced understanding of the various aims and objectives of the programme. All were aware of the core operational aim of information and advice provision, support and signposting to patients, friends and families within the community. Additionally, many were able to see these operational intentions in relation to a series of deeper principles, for example: providing holistic support; being supported at community level; providing accessible information and support; offering friendly and localised support; and more broadly, supporting health and social integration. These latter were principles that their agencies were committed to.

Those interviewees most deeply involved in the programme also recognised a more profound set of aims in relation to creating an appropriate and sustainable partnership infrastructure.

The vast majority of the stakeholders interviewed reported that there was congruence between the objectives of their organisation and those of the programme.

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*"We would be pretty much in one circle around aims and objectives....(the) philosophy is the same around information....access information and emotional support, financial advice, good pathways to job retention; self-management... working in a particular co-productive way with people, and extending reach of those involved in raising awareness."*

Steering Group Representative

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Irrespective of level of involvement, all interviewees felt that it was important that their organisation was involved in the initiative, and the majority were able to identify practical contributions they personally or their organisation had made to the programme.

### Partnership Working

There was strong and widespread satisfaction with the partnership put in place to deliver on shared ambitions for the programme.

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*"This is undoubtedly the best experience of partnership working that I have ever come across."*

Steering Group Representative

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Senior representative from Glasgow Life and Macmillan Cancer Support variously characterised the ‘core’ partnership as “strong”, “open”, “flexible”, “trust-based” and “enduring”. The substantial and “patient” investment by Macmillan, together with early and ongoing commitments from Glasgow Life, appears to have given the partnership early solidity. From there partners have highlighted the structural arrangements put in place and burgeoning professional relationships formed as instrumental in enabling the partnership to flourish.

The partnership ‘scorecard’ survey administered at the end of Year 1 (June 2013) and end of Year 2 (July 2014) has provided helpful insights to the operation of this wider partnership. Generally the survey findings summarised in Table 3.1 are very positive, indicating widespread satisfaction with partnership arrangements.

**TABLE 3.1: SATISFACTION WITH PARTNERSHIP ARRANGEMENTS**

	2013	2014	Change
<b>Clarity of purpose</b>	100%	98%	-2%
<b>A shared agenda</b>	100%	100%	0%
<b>Effective participation</b>	92%	84%	-8%
<b>Effective communications</b>	71%	87%	+16%
<b>Deliverable plans</b>	75%	93%	+18%
<b>Effective implementation</b>	88%	98%	+10%

Note: The table details the percentage of Steering Group and Sub Group members that reported positively (‘fully agree’ or ‘tend to agree’ across a set of statements relating to the various dimensions of partnership working. It is based on 17 responses to each of the two partnership scorecard surveys administered in July 2013 and again in July 2014  
Source: MCISS @ Glasgow Libraries Partnership Scorecard Survey, 2013 and 2014

The findings indicate a very positive view of the various aspects of partnership working by the end of Year 1, which in most respects has continued or deepened over the subsequent

year. Reflecting the earlier points made, there appears to be full and ongoing confidence in the ‘clarity of purpose’ and ‘shared agenda’ established by the programme Steering Group and its Sub Groups. As the programme has matured satisfaction has increased relating to the operational aspects of communication, planning and implementation (with now almost full confidence in the effectiveness of implementation in partnership). These messages are consistent with the feedback from successive waves of interviews with partners and stakeholders.

The area where satisfaction is more muted, and indeed has apparently declined over the last year, is ‘participation’. When probed in interviews, the survey data seems to reflect a consolidation of the partnership rather than fracture or degradation. In some cases Sub Groups have either changed focus and membership (Operations Sub Group) or went into abeyance as initial tasks have been fulfilled (Environments Sub Group).

*“The group has recently changed focus and membership and now sits within the Libraries and Communities joint operational structure. This is a more effective route with easier links to the ‘right’ people.”*

Operations Sub Group Representative

## The Partnership Infrastructure

The evidence indicates that each of the interlocking elements of the partnership are highly effective.

### The Steering Group

There was unanimous praise for the programme Steering Group among the members interviewed. Members highlighted an appropriate balance and seniority to representation, as well as a positive and open attitude among attendees, underpinned by good working relationships. There were no dissenting voices or particular concerns raised about the effectiveness of the group.

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*"It's a great steering group. We've got the right people who work well with each other and it's a good balance in terms of decision-making. That's very important because it has allowed us to tinker, change direction quickly, and be flexible."*

Steering Group Representative

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### **Sub Groups**

The programme Sub Groups have played an important role in guiding and supporting the operational aspects of the programme. Broadly interviewees characterised these groups as clearly focused and defined, as bringing together the 'right' blend of expertise, and of progressing a body of very useful work. While the focus and composition of these groups has evolved somewhat over the duration of the programme, any changes were regarded as positive. The only negative comments raised during interviews related to general concerns about the ability of participants to reliably carry through on agreed actions (given busy workloads) and a sense of disconnect between the groups (although no negative implications of this were cited). Those volunteers interviewed that played a role in the Sub Group structures each talked positively about their experience and, despite some initial nervousness, indicated that they were able to play a useful part, that their voices were listened to, and that they secured much learning from the experience.

### **Local Operational Steering Groups**

Operational Steering Groups were formed to bring together interested stakeholders in North West, North East, and South Glasgow. Focus group discussions in each of these three areas portrayed a very positive view of the role, operation and value of these groups. The meetings were portrayed as a helpful two-way exchange of information, views and ideas. The regularity of meetings was regarded as important in keeping participants informed about MCISS @ Glasgow Libraries as it evolved. The mix of participants, which included local GPs and representatives from various local groups and agencies, was also identified as a useful feature and of value in establishing signposting and referrals. There were no

negative views expressed either about the role or effectiveness of the groups, although group members were keen to ensure that their discussions and ideas were fed back into the central co-ordination and planning of the programme.

### **Partnership Forum**

The Partnership Forum is a relatively new addition to the partnership architecture. It has evolved in response to the appetite identified among stakeholders for this type of regular interaction. Meeting quarterly and involving 15-30 attendees at meetings, this is reported to be working well and playing a useful role. Programme staff have identified the importance of this forum informing and sharing 'ownership' of the service with voluntary sector stakeholders, strengthening cross-referral and opening up Glasgow Life to new and potentially impactful relationships with charities.

### **Future Direction**

More generally, the feedback across the interviews was that the partnership structures have been fit-for-purpose and played a useful role in driving implementation of the programme to date.

In particular stakeholders variously attributed to the strength of the partnership structures to a number of elements:

- 
- The inclusive process of co-designing the programme, involving consultation with a range of organisations.

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  - The appropriate balance struck between strategic and operational structures that have supported the partnership.

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  - Careful selection of the sub group topics that provided scope for both a substantive and focused contribution from partners.

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  - A willingness to modify the terms of reference, focus, and membership of partnership groups to ensure success.

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  - Skilful facilitation of partnership groups by an appropriate chair, with support from programme staff.

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When prompted to consider any changes to these partnership arrangements during the next phase of the programme, interviewees were typically non-specific in their response. Broadly, it was felt that partnership arrangements would need to evolve and focus more on mainstreaming of the programme. As a practical implication two interviewees talked about the need to more closely align or embed any sub groups to the existing management structure of Glasgow Life. There was generally strong support for the continuing role of local Operational Steering Groups and the Partnership Forum as a way of strengthening important connections with a wider network of partners and of strengthening cross-referrals.

### The Challenges of Working in Partnership

At a broad level many strategic-level interviewees highlighted the pressured circumstances in which the programme exists. Stakeholders, for example, cited the existence of organisational self-interest, budget pressures (leading to restructuring and drive for efficiencies), somewhat differing organisational motivations and priorities, and challenging and sometimes competing agendas (for example between primary and secondary care remits). In particular, some highlighted the potential tension and issues of trust between cancer clinicians and others in the partnership and particularly between health professionals and the volunteers.

A series of more practical factors was also identified, such as:

- 
- The complexity and variance of cultures and processes across partners (for example the community orientation of Glasgow Life services and the medical ethos underpinning NHS services), with each partner having its own pace and processes.
  - Broad organisational caution and risk aversion, which is seen as problematic in circumstances where the programme was attempting to push at boundaries. This is a typical feature of large organisational

hierarchies and can slow decision-making (e.g. reaching agreement on the capital investment programme in four libraries).

- 
- Various expressions of time and busy-ness, with many competing demands on time and difficulty scheduling meetings.
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Comments were largely non-specific in nature and appear to be typical of the broad challenges of partnership working. One interviewee described the nature of challenges as “minor surface turbulence” rather than fundamentally problematic to the ongoing functioning of the partnership.

The critical aspects in ensuring only superficial difficulties arose appear to include:

- 
- The time spent by partners building trust and confidence in each other during the period of conception of the programme.
  - The clarity of vision achieved by partners and shared understanding of this.
  - The sufficiently long timeframe over which it was agreed to deliver the programme.
  - The formal partnership agreement developed which detailed roles and responsibilities.
  - The pragmatic and problem-solving approach exhibited by senior representatives to the partnership.
- 

Taken together these provided solid foundations for the programme and ensured any concerns that arose were fleeting.

### Benefits of the Partnership

Strategic and operational stakeholders have generally characterised the programme as highly beneficial.

Senior representatives from Glasgow Life and Macmillan have reported great satisfaction with the benefits arising. The benefits reported by and for Glasgow Life included the citywide visibility arising from the programme, the new connections and

relationships that are resulting, the accelerated pace of cultural and operational change that is occurring in libraries, and the legacy of a high quality infrastructure to support volunteering across the agency. Likewise for Macmillan, the partnership is said to have afforded increased visibility and an enduring presence in community settings across Glasgow, important opportunities for synergy across a range of related services (including the Macmillan and Long-Term Conditions Service), the opportunity to better understand the role of libraries as part of its Information and Support strategy, and to cultivate learning that can be applied more widely. Both partners have highlighted the wider significance of the relationship at a city level and how this is now adding value to other initiatives such as Improving the Cancer Journey.

More generally, the wider coalition of partners cited the benefits associated with the partnership working in helping to deliver on organisational priorities (e.g. to make the provision of health information and support more accessible to local communities), improving practice (e.g. responsiveness of services to local needs), adding credibility (e.g. to a volunteer-led service), and extending profile and reach (i.e. through libraries as sources of health information).

For operational staff, the Macmillan partnership arrangements at local level were regarded as enormously beneficial in the following ways:

- 
- For staff typically attempting to bridge barriers to service delivery and working across the operational 'silos', the opportunity to come together locally was felt to be invaluable in updating them on their knowledge of the offerings by different services and in building useful working relationships across services.
- 
- The individual members of the Operational Steering Groups expressed ways in which they and their teams were able to keep up to date with development of the MCISS @ Glasgow Libraries model, to learn from this and apply it to their own practice. This included visiting some of the drop-in services and talking to volunteers and staff.

On a personal professional basis it was about "pinching good ideas".

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- What seemed to be a key priority for operational staff, was the opportunity to ensure that their customers/patients/clients were aware of the Macmillan services and also that volunteers were aware of the services being offered in local communities by stakeholders. As well as efficiently dealing with referrals it was important that the programme was building on the assets that other partners and stakeholders could provide in local communities including meeting places (such as carers centres) to use for publicising the service (a major contribution that voluntary sector partners in particular were keen to make).
- 

## Ability to Influence

In broad terms stakeholders appear to feel a sense of 'ownership' of the programme, and are able at a strategic level to influence its direction. This sense of ownership was attributed by interviewees to the compelling vision of the programme, its ambition, and the seeming willingness to experiment; stakeholders wanted to be part of this and to make a meaningful contribution.

Generally there was a strong feeling across the majority of strategic-level interviewees that they had the potential to influence the shape of the programme with a notion of "positive dialogue ... done in a mutual way" being expressed. In particular, those within Macmillan and Glasgow Life are considered to be especially receptive to participation, demonstrating an openness and willingness to take on board suggestions.

However, the discussions revealed that this influence is much more likely to be used among those strategic partners and stakeholders closely involved through, for example, the programme Steering Group. Other stakeholders outside of this circle feel as if they could influence direction but have had less active involvement in shaping it. Those attending Operational Steering Groups in particular felt that they play a useful role, but with potential to do more to feed in and

inform the future direction of the programme.

## Perspectives on Success

There was almost unanimous agreement that the MCISS @ Glasgow Libraries model was an effective one, if not yet having been given time to demonstrate its full potential.

There was recognition that the programme was been rolled out in a largely effective way, with acknowledgement of the challenges in progressing the planned capital investment.

Linked to this there was high praise among strategic-level interviewees for the MCISS programme staff team in Glasgow Life. The skills, commitment and personal effectiveness of the staff team were cited frequently by interviewees. Having the “right team” in place was considered essential in getting this complex, multi-agency programme off the ground.

Added to this there was growing confidence in the ‘success’ of the programme. Many felt that the inherent features of the programme (e.g. the accessible library setting and the ‘face-to-face’ availability of volunteers and library staff), was already fulfilling the aspiration of re-dressing various information inequalities. Some emphasised the conducive nature of libraries as a core element of this success, while there was widespread satisfaction that libraries were providing welcoming and supportive hosts to the service. Views were unanimous and passionate regarding the essential role of the volunteers to the service, their contribution to date, and the quality of the arrangements for volunteering and support that had been put in place.

There was also acknowledgement, however, that the programme had not yet realised its aspirations. The ‘low’ or ‘slow’ take-up of the services provided the most visible and widely reported illustration of this point. Linked to this, strategic-level partners and stakeholders also highlighted a variety of perceived challenges:

- 
- Convincing clinical services that there is a need for information and support to be provided by a volunteer-led service of this kind (although a number of examples cited of NHS-led initiatives that are now addressing these concerns)
- 
- The continuing reliance on word of mouth to drive take-up (although one might also argue that word of mouth is the most effective way of reaching many of the target group because that is how they receive information and such information often comes from a trusted source).
- 
- The difficulties in reaching people that have not traditionally made use of core library services and engendering a genuine sense of community ‘ownership’.
- 
- The challenge in maintaining a balance between enabling an element of peer support and providing progressive, supported information for a discrete period.
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Members of the local Operational Steering Groups also highlighted some very practical challenges faced in promoting the service. These included: the relatively fluid, developing nature of the service which meant that it was difficult to keep track of where drop-in services were becoming available and when; the general lack of awareness of differences between the work of Macmillan in Libraries and other cancer services and NHS initiatives; and the varying levels of priority attached to cancer issues and services among health professionals.

In relation to overall progress and achievements to date, the broad view across stakeholders was of the need for the service to further bed in, recognising that the model is likely to take time to demonstrate its full potential. Some senior representatives from the partner agencies and staff team pointed in hindsight to the naive assumptions and unrealistic targets that were set on the basis of early experimentation in the Easterhouse library. This illustrates the complexity of scaling out a small-scale community-based intervention and raises questions about the quality and validity of the evidence of success

at Easterhouse and merits of investing so significantly in a modified and relatively untested service model. It proved more difficult to ascertain from interviewees what targets should now be considered realistic given the programme is still in relatively uncharted territory.

Related to this, there was recognition that simplistic quantitative targets (such as number of contacts at MCISS service centres) should not be the only measure of success and pointed to the importance of other indicators such as the level of two-way referrals, whether people are accessing the service as result of word of mouth, and the integration of various service offerings.

Generally, there was also growing optimism for and confidence in the programme between interviews conducted at the interim and final stage of this evaluation. There was a clear sense from the discussions, as one interviewee put it, that “the service is here to stay”. In particular respondents pointed to initiatives such as Improving the Cancer Journey to more fully embed the programme in the wider system of diagnosis and support and for this to further drive referrals and take-up.

Perspectives on the sustainability and potential for replication of the MCISS @ Glasgow Libraries model are more fully considered in Section 7.

## Summary

The main points arising from this section are as follows:

- Macmillan Cancer Support and Glasgow Life came together and subsequently built a broad partnership-based programme. The partnership benefits from a long-term and shared vision and enjoys strong strategic alignment and support from stakeholder organisations.
- Partnership arrangements to guide and support the programme are highly effective. While the partnership structures have changed somewhat over time, along with stakeholder roles and contributions, these arrangements have generally enabled partnership working to deepen and flourish. There is broad recognition that arrangements will need to evolve as the programme matures and while views are not yet fully formed, the views expressed would suggest the need for a closer integration of partnership arrangements within the management structure of Glasgow Life.
- There is strong satisfaction with the architecture of the partnership at all levels. The core partnership between Glasgow Life and Macmillan in particular appears strong, is based on trust and mutual respect, and seems set to endure. Any challenges across the partnership generally appear to have been relatively minor and symptomatic of the differing organisational cultures and competing pressures that most partnerships face.
- Strategic and operational stakeholders have generally characterised the programme as highly beneficial. For both Glasgow Life and Macmillan the partnership has enhanced visibility, relationships, reputation, and reach. More generally, the benefits of partnership are playing out at community level where local stakeholders are usefully coming together to exchange information, learn from each other, improve practice, and strengthen referral pathways for people affected by cancer.
- Generally stakeholders feel a strong sense of ownership of the programme and are able to influence its direction, although this influence is most visibly exercised through the programme Steering Group. The MCISS programme staff in particular are highly regarded both in terms of facilitating stakeholder contributions and in delivering the programme effectively.
- There is widespread and growing confidence among stakeholders in the success of the programme. The foundations of the programme are considered strong and progress positive. However, equally, there is acknowledgement that the rationale for scaling out the Easterhouse model was

somewhat flawed and that it is too early to reach firm conclusions about its success and that the programme has a long way to go to fully realise aspirations for the programme.

## 4: Volunteers /

This section examines the characteristics, recruitment, training, experience, and development of volunteers. As a volunteer-led service, these issues are central to the success of MCISS @ Glasgow Libraries and to its long-term sustainability. The analysis provided draws mainly on programme monitoring data, a recent survey of volunteers, and wide-ranging interviews with six volunteers (building on 12 earlier interviews).

### Volunteer Recruitment

The target established at the outset was to recruit 300 volunteers from across the city in the first three years.

The data collected as part of the programme shows that in just over two years (from June 2012 to July 2014) the programme has recruited and accepted onto training an estimated 187 volunteers. This is broadly in line with the target originally set. The ongoing recruitment of new volunteers has been required to replace those leaving and to add capacity as new MCISS services open.

The data collected from current volunteers at the point of application suggests that online recruitment (principally Glasgow Life and Macmillan websites) has proven particularly effective (in 39% of cases), as has engagement with new volunteers through universities (20% of all).

Examining further, the data relating to all volunteer enquiries also points to the significance of two key partners in volunteer recruitment:

- **Volunteer Glasgow**, the city's volunteer agency, which has provided a steady stream of enquiries and helped to reach out to communities across the city. This long-established and fruitful relationship has yielded 17% of all enquiries.
- The Department of Therapeutic Radiography at **Glasgow Caledonian University** has more recently become a key strategic partner in recruitment and a very substantial source of volunteers. This has resulted in the recruitment of 28 student volunteers. These are potentially the next generation of clinicians in cancer treatment who the MCISS staff team hope will continue to signpost and champion the service from a clinical setting.

TABLE 4.1: SOURCE OF ENQUIRY FOR CURRENTLY ACTIVE VOLUNTEERS

	% of volunteers
Online	39%
University Engagement	20%
Outreach & Events	11%
Library	10%
Media	8%
Word of Mouth	8%
Work	2%

Source: MCISS Volunteering Data, July 2014  
Nb. Based on data collected from 120 volunteers

Interviews conducted with representatives from both of these referral partners have revealed a strong and effective partnership in place. In particular interviewees have characterised this relationship as being based on good communication and benefits to all parties.

These and other strategic relationships are important. In another significant innovation, an 'Extending our Reach' corporate volunteering pilot will be implemented in September 2014, which will see 70 employees from Shell fulfilling a number of challenges focused on awareness raising, service promotion, fundraising, networking and social media.

Overall, the recent survey of volunteers (April 2014) indicates that it is relatively straightforward to get involved as a volunteer. In all, 97% of respondents reported it 'extremely', 'very', or 'moderately' easy to get involved. Only one individual of the 34 responding indicated a 'slight' difficulty.

## Volunteer Characteristics and Motivations

The number of MCISS @ Glasgow Libraries volunteers has grown substantially during the set-up phase of the programme.

The data available at the end of June 2014 indicates that there are 120 active volunteers delivering the programme. Volunteer numbers do, however, vary from month to month depending on how many are recruited to cover new services and complete their initial training, and also how many move on and cease volunteering.

An analysis of the equalities monitoring data relating to volunteers (at end of June 2014), compared with Census 2011 data for the city, shows that:

- **Female volunteering is prevalent.** The data show that 82% of MCISS volunteers are female, proportionately more than the 53% of the Glasgow population of this gender.
- **The volunteer pool has a youth age profile.** Almost one-third of volunteers (32%) are under the age of 35 years compared to 15% aged 65 and over.
- **The volunteering programme has successfully reached out to minority ethnic communities.** In total 20% of volunteers have been recruited from the minority ethnic population, compared to 12% of the Glasgow population from this group.
- **Volunteering has been made accessible to people with long-term conditions.** In all, 20% of MCISS volunteers have reported a disability or previous diagnosis of cancer, compared to 23% of people in Glasgow that identify themselves as having a long-term health problem or disability).

The diverse and vibrant pool of MCISS volunteers is set within the context of a city where volunteering levels have traditionally been low. The latest data show that 23% of the adult population in Glasgow have provided unpaid help to organisations in the last 12 months compared to 29% nationally (Scottish Household Survey).

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### A Volunteer's Story

Volunteer A was attracted to volunteering with the MCISS service due to a family bereavement for which Macmillan had provided palliative support. This combined with her existing information skills (working elsewhere as a librarian) made her feel well suited to the role. Now having volunteered for more than 18 months she feels that the mix of information and emotional support is essential for service users. She feels an enormous empathy with people that use the service and great sense of satisfaction from being able to give something back in this way. She characterises other volunteers as like-minded and equally committed to the service. The role has also helped her career progression, having recently gained her librarian chartership.

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MCISS Volunteer: Female, 24-65yrs, indirectly affected by cancer

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Successive waves of interviews with volunteers at the interim and final stage of this evaluation have identified this personal experience of cancer, allied with the desire to use this experience in a positive way, as a strong motivating factor in volunteering with MCISS @ Glasgow Libraries. It should be noted that the monitoring data shows 15% of volunteers have reported previously being diagnosed with cancer.

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*"I went through the cancer journey with two colleagues so I volunteer in their memory."*

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MCISS Volunteer: Female, 24-65yrs, indirectly affected by cancer

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The interviews revealed that such motivation tended to be combined with other drivers

such as career development (particularly among students or unemployed volunteers) or associated with the desire to build self-confidence within a supportive environment. Older volunteers, recently retired, talked about looking for new opportunities to provide the equivalent of job satisfaction, expressed as “giving back to others”. This mix of motivations is also reflected in survey evidence gathered from volunteers during 2014.

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*“I’m now retired so it keeps my brain in gear.”*

MCISS Volunteer: Female, 24-65yrs, indirectly affected by cancer

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## Volunteer Training and Support

The monitoring data available reveals that just over two in every five volunteering enquiries (44%) made to the MCISS programme converted into applications, and most applicants then progress onto training.

Prospective volunteers undergo (core) two-day training to ensure that they are suited to the programme, to develop the knowledge and skills needed to deliver the service, and to share any concerns about the role with peers. The survey feedback from volunteers is broadly positive in this respect; 35% of respondents rated the training as either ‘extremely’ or ‘very’ effective in equipping them with the necessary skills to undertake their role, while a further 38% regarded it as ‘moderately’ effective, and only 3% ‘slightly’ effective. With almost two-in-five finding the programme ‘moderately’ effective in equipping volunteers, many of the volunteers interviewed were initially unsure what to expect when they first applied to volunteer and were apprehensive. While the feedback suggests that the training had generally prepared them well and allayed many concerns and anxieties there is clearly some scope to more fully equip volunteers for their role.

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*“It’s great training; no question is silly and I’m much more proactive and confident because I have the correct knowledge and information to give users”*

MCISS Volunteer: Female, 24-65yrs, directly affected by cancer

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The volunteer learning programme also offers a suite of optional training in specialist areas. Examples have included training relating to Long-Term Conditions and the Macmillan Service, Prostate Awareness, Rapport, Equalities, and Facilitation. The routinely collected post-session feedback here is again positive. The monitoring data shows that 78% of attendees on the day indicated that expectations were met and 85% of recent survey respondents reported that the learning programme was ‘fully’ or ‘very much’ meeting their needs.

The interviews conducted with volunteers, however, indicate that the greatest learning came from actually undertaking volunteering duties. Most volunteers admitted nervousness at the outset, despite useful training, uncertainty about how they would respond to situations that they might face, and worry about providing the wrong information. Such fears were reported to soon disappear as volunteers began to build up experience and confidence.

Volunteers also receive regular communications relating to the programme and can attend development sessions held on a quarterly basis. In the recent volunteer survey, 88% of indicated that they feel either ‘extremely’ or ‘very’ well informed about MCISS @ Glasgow Libraries (the remainder felt ‘moderately’ informed).

## The Volunteer Experience

The programme has deployed volunteers across service centres and tasks.

The programme has mobilised a substantial volunteer base across the city. During the first two full years (since the first service became operational in June 2012) the monitoring data show that volunteers have

committed 9,570 hours to the programme. This equates to 399 hours per month on average, rising to an average of 640 hours per month over the last four months (or 5 hours per currently active volunteer). The data show that volunteer time has been deployed evenly across the three operational areas (North West, North East, and South), reflecting a concerted attempt by the programme team to ensure uniform service coverage. The contribution of volunteers to date can be conservatively valued at £73,211 (based on the current Glasgow Living Wage of £7.65).

The volunteers have been mainly deployed as Information and Support Volunteers, offering information, emotional support, and signposting as part of the scheduled weekly drop-in services.

The evidence available at this stage is that volunteers are having a positive experience. Table 4.2 aggregates the responses to four key questions relating to volunteer satisfaction in the recent survey. It shows that volunteers feel especially well supported and that their input is valued and appreciated. In this respect particular praise was expressed relating to the work of Information and Support Officers (ISOs) in interviews with volunteers. The volunteers characterised ISOs as supportive, approachable and very good at disseminating information and events to the volunteers via emails and newsletters.

**TABLE 4.2: VIEWS RELATED TO KEY ASPECTS OF VOLUNTEER EXPERIENCE**

	% of respondents*
<b>Supported by ISOs</b>	93%
<b>Valued and appreciated</b>	91%
<b>Confident</b>	71%
<b>Satisfied with current role</b>	67%

\* Relates to % of respondents rating either 'extremely' or 'very' satisfied. Other categories were 'moderately', 'slightly' and 'not/never'

Source: MCISS @ Glasgow Libraries Volunteer Survey, April 2014

Nb. Based on a sample of 34 volunteers

The survey findings, however, indicate that one-third of volunteers are not wholly satisfied with their role.

When this issue was probed in successive waves of interviews, volunteers often expressed a significant concern about the low level of take up at drop-in services. These volunteers felt they were not getting enough practical experience in dealing with enquiries and often spent large amounts of time in service centres with no meaningful role or interaction with users. This issue was confirmed in interviews with Information and Support Officers who highlighted measures taken to manage the expectations of volunteers (e.g. building discussion about the issue into core training) and the effort then required to keep volunteers feeling busy and useful and maintaining their commitment to the service. However, as one interviewee put it, this merely provided a "sticking plaster" until service use and contact could be sustainably built.

*"It can be disheartening but the main thing is that we are here when someone decides to pop in and can point folk in the right direction."*

MCISS Volunteer: Female, 65+yrs, indirectly affected by cancer

This links to evidence elsewhere in the survey showing that only 26% of responding volunteers felt they were making a 'significant' difference to people affected by cancer (although the remaining three-quarters felt they were making some or a small difference).

This is clearly a concern and quite fundamental to the retention of volunteers on what is intended to become an increasingly volunteer-led programme.

The situation, however, seems to be improving. According to all of volunteers in the most recent wave of interviews, the libraries were initially quiet but the numbers of users accessing the service is slowly increasing, as is the awareness of the service.

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*“The library is the right medium; we need to be realistic about numbers but awareness is growing and it’s spreading through word of mouth.”*

MCISS Volunteer: Female, 24-65yrs, directly affected by cancer

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Crucially to the future of the service, all of the volunteers interviewed also indicated a strong sense of ‘ownership’ and commitment to the service. Many of the volunteers talked about spotting ways that the service could be improved and working with ISOs to implement changes (e.g. siting noticeboards and signage differently to improve visibility, setting up stalls at the entrance to libraries to engage directly with prospective users, being proactive in taking on local community outreach work). All wanted to make the service as successful and impactful as possible. However, volunteers were not able to point with any certainty to the impact of such efforts to the take-up of services.

## Partnership Working With Library Staff

The relationship between library staff and volunteers and the responsibility shouldered by each is also central to the future of the service.

The volunteers were very positive about library staff and characterised their relationship with staff as warm, friendly, welcoming and supportive.

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*“Librarians are very protective of the service ... they give feedback and tell folk when the service is open, they take calls from folk and pass these on, and they look out for deliveries of leaflets.”*

MCISS Volunteer: Female, 24-65yrs, indirectly affected by cancer

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This supportive role by staff was evidenced through:

- 
- Fielding enquiries for the service, taking messages for volunteers, providing basic information such as opening hours.
  - Providing administrative support, such as photocopying items.
  - Making MCISS service users feel welcome through, for example, providing teas and coffees.
  - Helping to make sure that the Macmillan spaces are clear and welcoming prior to the start of the weekly drop-in sessions.
- 

This positive relationship was evident across venues regardless of size or function, with only limited evidence of concerns. Concerns where they arose related to breakdowns in communication at times, a lack of continuity of relationships with library staff, and some initial process difficulties (e.g. the reimbursement of volunteer expenses).

## Volunteer Development and Outcomes

Valuing and supporting volunteers is a central to the MCISS @ Glasgow Libraries volunteering programme.

Volunteers have been provided with the opportunity to take on a variety of other training, tasks and responsibilities as part of the volunteering programme, and outside of it. These have included new roles created in response to service requirements, such as taking part in the various programme partnership sub groups, contributing to data entry and analysis, and assisting with programme administration and monitoring. According to staff and volunteers, these development opportunities are built into individual personal development plans and regularly discussed in one-to-one meetings with ISOs.

Perhaps most significantly, guided by an ISO, a group of 21 volunteers have taken on a role in promoting the service across Glasgow and supporting local outreach events. Linked to this, other volunteers have taken on a role in administering social media accounts and providing photography services. A three-month volunteer placement (30 hours per

week) from Project Scotland has also recently been added. Volunteers involved in this promotional work having reported benefits from the development of their role, the opportunities this provides to speak at events, and the skills and confidence that this has fostered.

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*"I get so much satisfaction from it, it's unbelievable."*

MCISS Volunteer: Female, 24-65yrs,  
indirectly affected by cancer

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More generally there is evidence that the volunteering experience is having a positive impact on the individuals involved. In the recent volunteer survey, 63% of respondents felt they had 'developed as a result of the volunteering experience'. A further 23% felt they had 'somewhat' developed and the remaining 14% felt they had not.

A great number of tangible achievements have been reported during the course of interviews. For one volunteer it was getting a reference to go onto nursing training. For three volunteers there was pride from winning the Vicky Clement Jones Awards for cancer survivors who are supporting others affected by cancer. Reportedly these benefits would not have been possible without these volunteers involvement in the programme.

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### A Volunteer's Story

As a radiography student at Glasgow Caledonian University Volunteer B got involved in the final year of her course and has been a volunteer since. She found the adaptation of the core MCISS training for students on her course helpful in building on course content rather than repeating it. While she could not attend optional training and has struggled to get as involved as she would like to (due to course workload, placements and exams) she has benefited greatly from the experience. Initially being paired with an experienced MCISS volunteer developed her confidence quickly and offered her social and conversational tips that have enabled her to engage with service users more easily and deal well with sensitive issues. She feels supported by library

staff, really listened to by ISOs, and that her feedback is taken on board. For her, volunteering has afforded the opportunity to speak with service users, find out what they are going through, and learn from their experiences (something she had limited opportunity to do in her clinical placements). She has also taken great personal satisfaction from the positive changes that she is able to bring about in the lives of service users.

MCISS Volunteer: Female, 16-24yrs,  
unaffected by cancer

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The single most important aspect of personal development identified during interviews and from survey work was that of confidence (developed or renewed) from engaging with and helping others, often in testing circumstances. Other benefits reported were: knowledge of cancer; awareness of others needs; improved listening and communication skills; pride from achievements; and an enhanced sense of personal responsibility and fulfilment.

Work is now underway in the programme to build on the confidence and experience of volunteers by creating a 'lead volunteer' role. This enhanced role is now set to be piloted in four of the MCISS @ Glasgow Libraries services. This pivotal position will see selected volunteers assume enhanced responsibilities and interact increasingly closely with frontline library staff to ensure the smooth running of MCISS services. The recent interviews with volunteers have revealed great confidence on the part of volunteers in their ability to take on more responsibility, although some uncertainty about the practical implications (e.g. how a hierarchy of volunteers would work in practice, and how to address the sensitivities arising from volunteers giving or taking instruction from peers).

### Moving On

There has been a considerable element of churn within the volunteering pool, as some move on and others join. Of the 187 volunteers recruited, 120 remain active. Given the way that volunteer records are kept it is difficult to be precise about the

dynamics of volunteer turnover or the length of service.

The data suggests that where volunteers have left, the most common reasons relating to changing circumstances or other personal or professional commitments, which result in difficulties giving time to volunteering. This is a recognised challenge and the most commonly cited reason for stopping volunteering nationally<sup>4</sup>. Table 4.3 provides a full breakdown of the reasons for stopping volunteering.

**TABLE 4.3: REASON FOR STOPPING VOLUNTEERING WITH MCISS**

	% of contacts
No longer have time	27%
Didn't work out	18%
Taken on further study	15%
Volunteering elsewhere now	12%
Relocated or gone travelling	9%
Started paid employment	9%
No specific reason	9%

Source: Assessment carried out by the MCISS programme team in April 2014  
 Nb. Based on a sample of 33 volunteers where the reason for exit is known

Of particular concern, the data also show that one-in-five volunteers have left the programme as things have not worked out. A review of monitoring data and feedback from exit interviews (where available) shows that the reasons for leaving included unrealistic expectations, finding the experience overly challenging, or on the other hand unfulfilling. The low take-up of the service also appears to be an important factor, although from the data available there is insufficient evidence to conclude that this in itself is leading to a significant number of volunteers leaving the programme.

Table 4.3 also shows that 12% of volunteers also moved on to take up other volunteering opportunities. It is possible that this reflects an element of dissatisfaction with the MCISS

volunteering experience although it was beyond the scope of this study to track or conducted follow-up interviews with leavers. Whatever the case it highlights the importance of volunteer retention.

One particular issue identified during interviews with programme staff, however, was the transient nature of student volunteering and associated impact on the service when volunteers move on after a relatively short period of time. This was regarded as problematic only because of the relatively large cohort of MCISS student volunteers from a single year of a single course. While relocation, return to study or the offer of employment is almost inevitable with this group, staff were keen to assert the need for adequate commitment from student volunteers, the need to draw students earlier in their course, and to ensure a rolling intake of volunteers.

## Summary

The main points arising from this section are as follows:

- The programme has proven effective at reaching out to volunteers, including those from equalities groups. It has recruited and trained an estimated 187 volunteers and is broadly in line to deliver on targets in this respect, although there has been a significant turnover of volunteers with one-in-three no longer active.
- A deep and committed pool of volunteers is now in place. These volunteers are more likely to be female and younger in age than the Glasgow population as a whole, although in other main respects the pool reflects the diversity of the city. A particularly important, if transient, role has been played by students.
- A tried and tested menu of core and optional training opportunities has been created. This training activity is generally well regarded by volunteers although does not always prepare them fully for the challenging volunteering tasks they subsequently take on. Confidence can be an initial issue for volunteers although

<sup>4</sup> See Scottish Government (2013) Scotland's People: Results from the 2012 Scottish Household Survey

this seems to be overcome with the training, informal peer support, and experience in the position.

- Volunteers have been given a variety of opportunities to learn and develop and are getting a lot out of the role. Almost two-thirds of volunteers (63%) report having developed as a result of the volunteering experience. Work is now underway to build on the confidence and experience of volunteers by creating a 'lead volunteer' role.
- For the most part volunteers are enjoying the experience and contributing well (collectively providing 640 hours a month in the most recent period). They feel valued and well supported by Information and Support Officers. They have also quickly become central to delivering services and a welcomed and established part of the team in libraries. However, the slow take-up of services has emerged as an important source of frustration, meaning that volunteers are not always interacting with as many service users or contributing as much as they would like. Tasks and expectations have had to be managed carefully by the programme team to address volunteer frustration and aid retention.
- The retention of volunteers is an issue of concern and one that merits further attention. The most common, and understandable, reason for stopping volunteering is due to changing circumstances or other personal or professional commitments, which result in difficulties giving time to volunteering. However, in almost one-in-three cases things either 'didn't work out' or individuals moved on to other volunteering opportunities. A part of the underlying reason seems to be the lack of meaningful role for volunteers given the low service take-up although further investigation of the experience of leavers is required to fully understand this issue.

## 5: Libraries and Staff /

This section examines the extent to which library staff have engaged in the programme and the extent to which it is having a transformative effect on the way that libraries operate. The analysis is based on performance data relating to Glasgow Libraries, 18 interviews with Glasgow Life staff who hold strategic responsibility for, or manage day-to-day work, in libraries (conducted during the Interim Evaluation) and a recent survey of Glasgow Libraries staff which yielded 93 responses.

### Engagement With Staff

Under the management of Glasgow Life, the Glasgow Libraries service employs approximately 400 staff supporting the network of community-based libraries and the main Mitchell library. From the outset, the intention was to fully involve staff at all levels in the establishment of the MCISS services.

The Glasgow Life staff interviewed at the interim point in the evaluation reported that early engagement had been effective. Senior and middle managers were consulted about the programme prior to its launch (a process that has continued since) and have reported broad satisfaction with their level of engagement in the process and that of their staff teams. The frontline staff in libraries also generally reported satisfactory consultation on the use and functionality of the new Macmillan spaces in libraries and to having received helpful briefings about the new services and volunteer roles. This has been confirmed in the recent survey of library staff, where 78% of respondents agreed that they were adequately consulted prior to the introduction of the service (8% disagreed and the remaining 13% neither agreed nor disagreed). The main improvement identified by frontline staff was for earlier engagement in the design of the programme (not just the detail of how library spaces would be used).

It is important to note that this process of staff engagement and the opening of MCISS services occurred during a period of considerable change within Glasgow Libraries. The changes highlighted in interviews with library staff have included,

the transfer of management responsibility for libraries to area-based communities teams, adjustments to staff terms and conditions, modified opening hours, staff redeployment between libraries and associated short-staffing in some libraries as well as a generally feeling of uncertainty and unease among staff. According to the MCISS programme team this required a degree of caution and sensitivity when introducing new services into libraries, and created a challenge in maintaining lines of communication and continuity of relationships with library staff. However, it was also acknowledged by some members of the programme team that the new management responsibilities have created opportunities to align the MCISS service with related community outreach, learning, facilities also within the purview of the communities teams.

Although effectively briefed about the new service and its implications for library staff, there was some reluctance or at least nervousness on the part of frontline staff initially.

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*“There was scepticism at first among library staff, and also panic among some, that they would have to talk to people about cancer, and were scared about being asked advice and having to be a shoulder to cry on, and have yet something else put on their plate.”*

Glasgow Life Manager

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While the interviews revealed the need for management reassurance in some cases, no

significant underlying tensions or ongoing difficulties were reported.

Overall, the available evidence indicates that MCISS @ Glasgow Libraries has been roundly welcomed by staff. In the recent survey of library staff, 92% of respondents regarded the introduction of the service as either a 'very positive' (70%) or 'fairly positive' (22%) development. Little dissent was evident.

The earlier interviews with library staff identified a number of main reasons for strong staff 'buy-in' to the initiative: the service has resulted in no extra workload for staff; it has fostered good working relations with volunteers; the programme is regarded as an enhancement to existing services; cancer is generally a topic that staff either connect with personally or support strongly; and there is a strong positive association with the Macmillan brand.

## Training and Support

The ability of the programme to encourage and equip library staff to play an effective role in supporting MCISS implementation has been another important consideration.

From May 2012 an initial cohort of 30 library staff received training. The content was then refined to address the needs of service delivery managers such as Cultural Services Supervisors. This one-day awareness training about the programme and cancer awareness was followed by one-day workshops on 'Working effectively with volunteers'. This volunteer management training was favourably reported on in the Baseline Evaluation Report as helpful in terms of informing libraries staff about the role, contribution, and needs of volunteers. The usefulness of the training was also confirmed in later interviews with libraries staff who generally left the training workshops better informed about the role of volunteers and better able to support them.

*"The training was really useful as it gave me an understanding that managing staff and managing volunteers is the same but different, and gave me an insight into how you could manage and integrate volunteers into your building and into the one service...It's not a separation between Macmillan volunteers and staff that work for Macmillan as far as we're concerned as we all work together in the same service."*

Glasgow Life Manager

The approach now in place is that MCISS Service Development Managers and ISOs deliver awareness raising sessions to all staff in all relevant libraries in advance of drop-in services or information points opening. Volunteer management training is also now set to be more widely cascaded across all Glasgow Life services.

The generally held view among library staff, expressed in the recent online survey, is that they felt well prepared for the programme (see Table 5.1).

**TABLE 5.1: STAFF VIEWS ON THEIR ENGAGEMENT WITH THE PROGRAMME**

	Agree	Neither Agree nor Disagree	Disagree
<b>The information I received prepared me well to support the service</b>	70%	20%	10%
<b>I now feel adequately informed about the day-to-day activity</b>	65%	18%	17%
<b>I now feel able to influence the day-to-day activity of the service</b>	47%	30%	23%

Source: Survey of Library Staff, July 2014  
 Nb. Percentages based on 81 responses from library staff

While only one-in-ten library staff dissented from the view that information prepared

them well, there appears scope to do more to maintain involvement. The data in Table 5.1 suggests considerably less agreement among library staff regarding the extent to which they remain adequately informed or able to influence the MCISS services.

The reasonably widespread feedback from library staff in the survey was for better ongoing communication and better information. This manifested itself a number of main suggestions including:

- An up-to-date leaflet outlining when drop-in services are running.
- Ongoing staff updates by way of bulletins or intranet communication regarding developments and impacts of the service.
- Refresher workshops for library staff to clarify the service role, progress and responsibilities of library staff.
- Specific training for library staff on the issues facing people affected by cancer and how to signpost enquiries appropriately or offer emotional support when required.
- A regular update on the Macmillan service at team meetings, identifying priorities/targets and how library staff can help.
- Further activities to develop relationships between library staff and Macmillan Information and Support Volunteers.
- An informal weekly 'handover' by volunteers to inform staff following weekly drop-in services.

## Role in the Programme

The feedback offered both by library staff and MCISS volunteers throughout the course of this evaluation indicates a growing role played by library staff in the service.

The survey feedback contained in Table 5.2 shows a variety of roles being played by staff. The most frequently identified role has been in helping to promote the service (65%) with referral of library customers to the MCISS also reported by around three-in-five respondents. At this stage, around half of the library staff responding have personally dealt

with a service enquiry. This suggests scope for wider and fuller staff involvement with the service.

**TABLE 5.2: THE ROLE OF LIBRARY STAFF IN RELATION TO THE SERVICE**

	% of Responses
I have helped to promote the service	65%
I have referred a library customer to the service	60%
I have dealt with an enquiry relating to the service	48%
I have given practical assistance to volunteers	21%
I have discussed ways to improve the service	15%
I have had no meaningful involvement in the service	13%
I have dealt with a new library customer referred by a volunteer	6%

Source: Survey of Library Staff, July 2014  
 Nb. Percentages based on 80 responses from library staff

The feedback offered in the survey has also pointed to a number of ways that library staff would like get more deeply involved in MCISS @ Glasgow Libraries. Suggestions included: an active role in relevant promotional events; opportunities for staff to directly engage with service users at drop-ins to better understand the service; a greater awareness of the role of volunteers and further practical support for them; a doorstep introduction to the service; consistent and proactive signposting at the library service counter; an in-library promotional campaign (staff wearing Macmillan t-shirts, handing out leaflets to all library customers, etc.); and signposting of enquiries directly to the Macmillan support line where MCISS volunteers are not on-hand.

*"I am quite convinced that Macmillan is a good thing. Anything that helps people with Cancer is good. What I am not so sure about is what the service expects Glasgow Life Assistants to actually do regarding it."*

Glasgow Life Assistant

These signal both a willingness to get involved and opportunities to do so. However, comments such as the above highlight some continuing uncertainty about what is expected of staff in libraries. Various comments also highlighted that staff in some libraries were already stretched and there were real limits to what further involvement could be realistically expected without additional dedicated staff.

### Operation of the Service in Libraries

At this stage the views of library staff are generally very positive about the day-to-day operation of the MCISS @ Glasgow Libraries service. The survey evidence (July 2014) found that 92% of Glasgow Libraries staff that responded either described the service as 'very effective' (47%) or 'somewhat effective' (45%) in providing a service within the library. However, the remaining 8% of respondents (almost one-in-ten) described it as 'not very effective'.

This broad satisfaction extends across the key aspects of the service. In relation to its effectiveness in reaching people affected by cancer:

- 
- 93% of library staff reported the role played by Macmillan volunteers as either 'very' or 'somewhat' effective.
- 
- 90% reported the branded Macmillan space as either 'very' or 'somewhat' effective.
- 
- 87% reported the Macmillan information stands in libraries as either 'very' or 'somewhat' effective.
- 

Particular praise was offered by library staff to: the 'friendly' and 'professional' volunteers; the 'comfortable' and 'welcoming' spaces set aside within libraries to engage with service users; and the helpful 'social' aspect of the service (the 'relaxed' and 'informal' atmosphere created, availability of teas/coffees, etc.).

However, the positive feedback from staff was balanced by identification of a number of

aspects of the service that were not believed to be working well. The single most frequently cited concern from staff was that the MCISS drop-in services did not appear to be noticeably busy or well attended (although given the uniqueness of the Macmillan service in Glasgow libraries it is not clear what point of reference staff base this assertion on). Linked to this were concerns raised about the: limited visibility of the service, with unclear in-library signage indicating how and when the service could be accessed; the lack of private space which it was believed might be creating a barrier for prospective service users, and linked to this the perceived reluctance of people affected by cancer to raise enquiries at the library counter; as well as the potential to improve promotion (both in-library and in surrounding areas).

### Customised Environments in the Libraries

The introduction of Macmillan spaces within the host libraries has been perhaps the most visible manifestation of the service to staff working in libraries.

The spaces are partially-defined and made use of by volunteers during scheduled drop-in services. Currently, individual spaces are used for a total of between three and eight hours per week over one or two sessions; this is designed to achieve an appropriate balance between specialist Macmillan services and everyday use of the host venues. The libraries hosting information points (no drop-in service or volunteer presence), also provide leaflet displays often positioned near to health information library shelves and seated areas.

As previously reported in the interim evaluation, interviews with staff have indicated that generally spaces work well and are subject to high levels of satisfaction. However, in 21% of cases respondents to the recent library staff survey identified barriers preventing people from using the space and its resources. Three main barriers were reported: the openness and visibility of the spaces, which are perceived as 'intimidating' for people in an emotional state; physical

access, where other library customers are using the space and therefore blocking access to the seating area or leaflet displays; and limited availability of volunteers to offer information and support given the small number of hours/sessions drop-in services occur in most libraries. It should be noted that these perceptions are not strongly supported by evidence from interviews with service users, for example, while the openness and parallel uses of libraries seems to be causing some reticence among users when first accessing the service it does not appear to act as a barrier.

The branded Macmillan space itself appears to be well used. In the survey of Glasgow Libraries staff, 69% of respondents indicated that they made use of the space when not in use by Macmillan staff or volunteers. The uses of the space reported include: as a comfortable seating area for library customers; as a quiet space to talk to customers; as an area for PC access; for staff team and other meetings; for outreach sessions by other charities (e.g. Citizens Advice, councillors' surgeries); and for book groups and other ongoing or one-off group activities.

## Cultural and Organisational Change in Libraries

Glasgow Life pursues a vision of libraries being the hub of a city-wide integrated information service providing free access to resources (including health information) as well as being in the heart of communities. This strategic vision for libraries has been driving a major investment programme in the fabric of libraries, and reorganisation in the way that library services are managed and operated. It was envisaged that the MCISS @ Glasgow Libraries initiative would align well with and help accelerate this shift.

The evidence indicates that the initiative is impacting in a number of areas; on the whole very positively.

As shown in Table 5.3, the most widely reported positive change at this stage has been the way space is used in the library (identified as positive by 82% of respondents). As noted, the comfortable and

welcoming Macmillan spaces in the libraries are supporting a much wider range of individual and group activities. This is very much in line with the direction of travel of libraries, towards a more vibrant range of community activity and no longer the 'quiet' places of the past. Perhaps linked to this point, 79% also identified a positive impact on the role played by the library locally.

The formal introduction of volunteers to Glasgow Libraries for the first time has also been quite a profound change. The survey evidence suggests that 78% regard this new relationship with volunteers as wholly positive and the remainder of responses were neutral. The evidence from earlier interviews with library staff indicated that volunteers are becoming a full and formal part of the 'team' in libraries, undertaking health and safety training like other staff, having their expenses administered by library staff, with access to library facilities (i.e. allocated door entry fobs, passwords for IT servers, and access to storage and kitchen areas normally limited to use by staff).

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*"The service has bedded in fine. There is a good working relationship between staff and volunteers who are included in normal staff arrangement such as signing in on the visitors book, health and safety induction, fire tests etc. Everyone is aware of what each is doing. It could have been invasive having 'strangers' around, but instead they are keen to be part of the library service."*

Glasgow Life Manager

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**TABLE 5.3: REPORTED IMPACTS OF MCISS ON THE INTERNAL OPERATION OF LIBRARIES**

	Positive impact	No impact	Negative Impact
The way space in the library is used	82%	14%	5%
The role played by the library locally	79%	21%	0%
The relationship with volunteers	78%	22%	0%
The role of library staff	56%	39%	5%
The motivation of library staff	52%	45%	3%
The practices of library staff	51%	46%	3%
The workload of library staff	27%	67%	6%

Source: Survey of Library Staff, July 2014

Nb. Percentages based on 68 responses from library staff

The survey evidence also suggests some modest but broadly positive benefits in terms of Staff role (56% of respondents), motivation (52%), and practices (51%). The Glasgow Life managers interviewed reported consistently and clearly that the programme has not as yet changed in any significant or direct way the roles or functions of library staff. The staff interviewed generally reported satisfaction from helping out with “something different”, a sense of pride in being involved with a respected cancer charity, as well as modest but positive changes in working practices. Even relatively simple things such as the new practice of making tea and coffee for service users, is resulting in small but important changes in the interaction with library customers. One library had picked up on this to run ‘coffee mornings’ attended by a group of NHS staff from a local hospital, hence strengthening the link between this library and local NHS services.

Despite some anticipation of major or undesirable change on the part of frontline staff, this does not appear to have transpired. For example, in two-thirds of cases the library staff that responded to the survey reported no change in workload (and more than a quarter highlighted a positive impact). Indeed any negative impacts reported across the survey have been relatively broad and related more to competing pressures than fundamental difficulties with the Macmillan service (e.g. setting aside the Macmillan spaces when there are other demands on library space,

MCISS as an additional service at a time when library staff teams are already subject to demanding workloads).

It is possible that staff may begin to see a more substantial change in Phase 2 of the programme, when they assume greater responsibility for liaison with and support to volunteers.

### Enhancing the Offer of Libraries

The role, service offering, and use of Glasgow’s libraries continue to evolve. This includes a shift to 24-hour open electronic access to resources in parallel with the introduction of new activities and services (from children’s activities to history groups). The MCISS service was envisaged not just to change the way things worked in libraries but to further enhance the library offer and further change the dynamics of the interaction with library customers.

*“Libraries have traditionally provided access to health information for library users. The Macmillan initiative just moves it up a level in terms of additional support and the provision of quality assured cancer information. This service also brings people in to the library who have not been in before. Hopefully this changes their perception of the library and it becomes their ‘go to’ place for information about a range of health conditions.”*

Glasgow Life Manager

Library staff are positive about the role of MCISS @ Glasgow Libraries as a health information service. In the staff survey, 96% of respondents reported the initiative as either 'very beneficial' (45%) or 'somewhat beneficial' (51%) in meeting the needs of people affected by cancer. Just 4% indicated that it was 'not very beneficial', with comments suggesting that this view was formed on the basis of the modest number of people so far using the service rather than its effectiveness for those that do use it.

The evidence also indicates a series of positive impacts for libraries on what they offer and how they engage with customers. Table 5.4 provides the feedback from library staff.

The single most significant and positive impact identified by staff was in the enhanced availability of health information (cited by 97% of respondents). Earlier interviews with staff have revealed that while Glasgow's libraries have worked in partnership with other charities that support people with cancer or other long-term conditions, these relationships have typically been played out as short term and one-off programmes and events. For example, working with Alzheimer Scotland to secure donations of books to add to their stock of materials for the care of people affected by dementia or Alzheimer's, or providing space in libraries for drop-in services focusing on obstructive pulmonary diseases. According to some senior staff this long-term partnership with Macmillan is now providing a more solid foundation for a library role in providing health information and a model for partnerships with other health charities.

*"Some of your volunteers are the only connection that some customers may have with the health service, even if a close relative has cancer. Their interactions probably mean more to the customers than they realise. My personal experience of talking to a volunteer about issues around cancer made me realise what an important and worthwhile service it is."*

Glasgow Life Assistant

Also significant in the survey findings was the way the service was perceived to be changing the dynamics of the relationship with library customers (the enhanced quality of service and positive relationships being fostered as a result of providing health information).

Somewhat less impactful (although still positive) was the additional number of library customers and take-up of other library services. This is perhaps understandable given that service contacts remain at a relatively modest level.

These are very encouraging findings, although it is still too early to comment conclusively on the full impact of the service given its relatively recent introduction. Likewise, it is difficult to objectively validate the changes being reported by staff (no systems are in place to measure or track the impact on libraries).

As part of this study, the evaluation team reviewed the performance data available for Glasgow Libraries to explore any emerging evidence of impact.

**TABLE 5.4: REPORTED IMPACTS ON LIBRARY SERVICE OFFERING AND TAKE-UP**

	Positive impact	No impact	Negative Impact
<b>The availability of health information</b>	97%	3%	0%
<b>The quality of service to customers</b>	78%	22%	0%
<b>The relationship with customers</b>	77%	23%	0%
<b>The take-up of other library services</b>	55%	45%	0%
<b>The number of library customers</b>	49%	51%	0%

Source: Survey of Library Staff, July 2014  
 Nb. Percentages based on 68 responses from library staff

A review of library visitor numbers indicates that it is unrealistic at this stage, given the comparatively modest number of visitors to the Macmillan service, to conclude any discernible impact on footfall in Glasgow's libraries. Over the two full financial years during which the MCISS @ Glasgow Libraries service has been introduced there has been a 6% decline in the number of visitors to libraries (see Table 5.5)<sup>5</sup>. In the 25 months since the services were introduced, the host libraries averaged 361,931 monthly visits compared to 126 recorded monthly contacts with the Macmillan drop-in services within the libraries.

**TABLE 5.5: LIBRARY VISITORS OVER A THREE YEAR PERIOD**

	Number of Visitors	Change of 12 months
2011/12	4,418,259	+3%
2012/13	4,254,229	-4%
2013/14	4,173,933	-2%

Source: Glasgow Life, Library Visitor Statistics

A review of biennial library customer feedback (see Table 5.6) also suggests no discernible shift in key indicators of library satisfaction (attractiveness of the library, information provision, or overall view on library). The data are stable between the year prior to introduction and year following the opening of the first MCISS service point. Also there is no meaningful variation between the libraries in which the Macmillan services were introduced and Glasgow libraries as a whole.

<sup>5</sup> It should be noted annual visitor figures have been adversely affected by on-going investments in libraries as refurbishments have been carried out and visitor figures are expected to rise again following the reopening of these venues. The way that library services have also been used with 24 hour open electronic access now sitting in parallel with visits to venues, with these virtual visits having grown from 14% of all 'visits' (2012/13) to 24% (2013/14).

**TABLE 5.6: USER SURVEY RESULTS FOR GLASGOW LIBRARIES 2011 AND 2013**

	Libraries With Macmillan Service*		All Libraries
	(2011)	(2013)	(2013)
Attractiveness of Library Inside**	83%	83%	84%
Information Provision**	87%	85%	86%
How Good is the Library**	94%	92%	93%
Helped with Health	22%	33%	33%

\* Based on the first 18 Macmillan service points open in libraries at October 2013

\*\* Based on % rating it 'Good' or 'Very Good'

Source: Cipfa, Libraries User Surveys 2011 & 2013

One of the interesting points to note from the surveys of library customers is the growing role of libraries in providing health information. The proportion of library customers indicating that the library 'helped' with health increased from 22% to 33% over the period 2011-13 across libraries. This suggests a growing contribution from libraries as health information settings. There is no accompanying evidence at this stage, however, to indicate the influence of the Macmillan service in driving this increase as the same pattern of feedback is evidence in Macmillan and non-Macmillan libraries.

## Summary

The main points arising from this section are as follows:

- From the outset, the MCISS programme team has engaged extensively and well with Glasgow Libraries in the planning and establishment of services. This has occurred against a backdrop of considerable cultural and organisational change within Glasgow Life, which in turn has made the job of establishing services somewhat more complex.
- Initial training in volunteer management was provided and valued by library staff and this type of training is now set to be more widely cascaded across Glasgow Life services. Despite library staff

generally feeling well prepared to host the MCISS services there have been widespread calls for staff to be kept more fully informed about the services and how they can most usefully contribute.

- Library staff have played a growing role in relation to MCISS @ Glasgow Libraries. This takes the form of assistance in promoting the service, referring customers to it, and dealing with associated enquiries. There is still scope for wider and fuller involvement of library staff.
- At this stage the views of library staff are generally very positive about the day-to-day operation of the local MCISS services. Around 92% of Glasgow Libraries staff indicated that it was 'very' or 'somewhat' effective in providing a service within the library. This broad satisfaction extends across the key aspects of the service including the volunteer contribution, information resources, and branded spaces. Some dissatisfaction with the service remains, however, and tangible concerns have been noted relating to the apparent low take-up of services and perceived inadequacy of promotion.
- The introduction of the partially-defined Macmillan spaces within the host libraries have broadly been welcomed by staff. This has provided a welcoming space that appears well used outside of scheduled Macmillan drop-in services (for comfortable seating, outreach services, group activities, and other things).
- The MCISS programme seems to align well with the changes taking hold in libraries and is helping to recast these as venues offering a wider set of information and community services. The introduction of MCISS services is also reported by library managers and staff to have impacted particularly positively on the way that space is used in libraries, the role now played by libraries locally, and relationships now being formed with volunteers.
- According to library staff the Macmillan initiative is promoting an increasingly positive role for libraries as important sources of health information. The introduction of the service also appears to be changing the dynamics between libraries and their customers (improving the quality of service and fostering more positive relationships with them). However, given the modest reach of MCISS services to date, there is as yet no evidence that the programme is significantly impacting on the take-up of other library services or significantly boosting the footfall in libraries.

## 6: Service Users /

This section examines the programme's engagement with and impact on service users. It explores whether users are finding the services accessible, of high quality, and whether the services enable users to achieve their personal objectives. The analysis is based mainly on programme monitoring data and interviews with a cross-section of 34 service users.

### 'Contact' With Service Users

As highlighted earlier, the service has recorded some 3,140 contacts with service users at drop-in services since inception. As already noted, this level of contact with the service falls far short of the initial (probably unrealistic) aspirations.

The programme data available from the monitoring of contacts with service users (between June 2012 and July 2014) shows that many contacts are relatively short (31% have been less than 15 minutes) although most last between 15 minutes and one hour (60%) or can go on for longer (9%). In nine-in-ten cases these contacts have taken the form of face-to-face interactions with volunteers rather than telephone or email correspondence. This pattern of contact has been relatively stable throughout the implementation of the programme.

The monitoring data also indicates that attendance at the service is more likely than not to be one-off in nature. In the period since October 2013 (when such information was first gathered), 63% of contacts have been recorded as a 'first visit', 18% as having visited 'once or twice', and in 19% of cases 'more often'. The pattern of attendance varies somewhat between venues and in two services (Easterhouse and Springburn) has been equally or more likely for a visitor to be a regular (visiting more often than twice) than a first-time time visitor.

The service is a generic one principally accessed by people that directly experience cancer (accounting for 45% of all contacts), with immediate family members and carers

together accounting for a further 40%. Table 6.1 offers a full breakdown.

**TABLE 6.1: SERVICE USER TYPE (JUNE 2012 - JULY 2014)**

	% of contacts
<b>Patient</b>	45%
<b>Family</b>	32%
<b>Carer</b>	7%
<b>Friend</b>	7%
<b>Professional</b>	4%
<b>Other</b>	5%

Source: MCISS programme monitoring data  
Note: Based on data collected from 1,249 recorded contacts

While 'client records' are not kept for individuals that use the drop-in services it is possible to look at the types of people that have visited the service. Table 6.2 shows the results.

**TABLE 6.2: PROFILE OF SERVICE USER CONTACTS (JUNE 2012 - JULY 2014)**

	% of MCISS contacts*	% Glasgow**
<b>Female</b>	71%	52%
<b>Pensionable Age</b>	29%	17%
<b>BME</b>	10%	12%
<b>Disabled</b>	20%	23%

\* Based on MCISS programme monitoring data for the period June 2012 - July 2014

\*\* Based on 2011 Census Data for City of Glasgow  
Source: MCISS programme monitoring data to July 2014

Broadly the data above tells us that:

- More than twice as many women (71% of all contacts with the service) as men use the service. Despite this reflecting a typical reticence on the part of men to engage with cancer support services, it is an issue that requires further targeted efforts.
- There is an overrepresentation of older people visiting the service, with 29% of contacts with people of pensionable age. This is to be expected given the increased prevalence rates of cancer in later life.
- The service has made considerable steps in reaching people from equalities groups, including people from minority ethnic communities and people identifying themselves as having a disability. For example the proportion contacts with people from BME groups rose from 3% pre-October 2013 to 10% in the period since (close to full representation from this group according to data for the city).

Although data on place of residence is partial for people that visit the service<sup>6</sup>, it suggests that the programme might do much more to reach people from areas of multiple deprivation in Glasgow. Since postcode data was first collected in October 2013, approximately 95% of recorded contacts with the MCISS service have been with Glasgow residents. Of these, 20% have been with Glasgow residents that live in the most deprived 15% of districts in Scotland. This compares to approximately 37% of the working age Glasgow population that live in these areas. The issues related to spatial deprivation and inequalities in Glasgow are well known and as such it is important that efforts and resources are appropriately targeted to services in priority areas. Without such targeting there is the risk of inadvertently increasing rather than reducing health inequalities.

<sup>6</sup> Postcode data is only been collected since October 2013, with full postcodes available for just under one-quarter of visitors to the service.

## Accessing the Service

There is a complex pattern of motivations and triggers for using the service.

By some margin the main reason why people access the service is to seek out emotional support (38% of all contacts to date). See Table 6.3 for a full breakdown of reasons.

**TABLE 6.3: SUBJECT OF ENQUIRY (OCTOBER 2013 – JULY 2014)**

	% of contacts
<b>Emotional Support</b>	38%
<b>Service Enquiry</b>	19%
<b>Benefits/Financial</b>	12%
<b>Complementary Therapies</b>	9%
<b>Cancer Specific</b>	9%
<b>Physical Activity</b>	5%
<b>Death/Bereavement</b>	1%
<b>Diet/Nutrition</b>	1%
<b>Other Enquiries</b>	6%

Source: MCISS programme monitoring data  
 Note: Percentages based on 2,145 responses from service users

The other main reasons for engaging with the service were to find out about service offerings (19%) and to seek out benefits and financial advice (12%) or specific support including complementary therapies such as Chi Gung (9%). The data shows that enquiries to benefits/financial advice are growing most quickly, perhaps relating both to the strengthening relationship with the Macmillan and Long-Term Conditions Service and issues arising as a result of the implementation of welfare reforms.

The in-depth interviews with service users conducted across the interim and final stages of the evaluation have been helpful in building up a more nuanced picture of motivations.

In 22 of the 34 cases examined service users were motivated by some event or conversation that triggered the desire “to talk to someone” who was not family, and who had experience of cancer and the effect diagnosis and treatment can have.

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*"I didn't feel able to talk to my family and I didn't want to worry them with how I was feeling... But I thought, I really need to talk to someone. You feel very alone and that is how I found Macmillan was great."*

MCISS Service User: Female, 24-65yrs, directly affected by cancer

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Four current patients and twelve people at various stages of 'recovering from cancer' sought help with the adjustment processes they were going through, either by dropping in to talk to a volunteer, requesting formal counselling, or talking to other people using the service in the same situation who are comfortable talking about cancer.

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*"It was brilliant because you got to talk to people who were or had been in the same boat as you and some people who had been through it a while ago."*

MCISS Service User: Female, 24-65yrs, directly affected by cancer

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For one person living with cancer the reason for wanting someone outside of the family to talk to was because she was dealing with depression and knew her family was also struggling to come to terms with events.

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*"Both my husband and son struggled with it. My husband asked really stupid questions, like "How did you get that then?" but it was just because he didn't know what to say. My son didn't tell anyone at his work at all as he thought he would struggle too much if they kept asking him questions."*

MCISS Service User: Female, 24-65yrs, directly affected by cancer

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This paralleled the experience of the ten relatives of people who either had cancer, or had died from cancer, and sought out MCISS to help them and their family cope. For a woman whose daughter had recently been diagnosed with cancer but who would not talk to her about her diagnosis, a "listening ear" was required. Isolation and the need for

"a shoulder to cry on" affected another woman whose father had been diagnosed with terminal cancer. A third woman dealing with a delayed reaction to her son's death was returning to work after a year and finding it difficult cope; "someone to turn to for support" was required here. One user recounted her first contact with the service when she and her husband were struggling to cope after the death of their son.

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*"I just came in and the girls were talking to me. I was crying, my husband was crying. I think if it hadn't been for the girls, I wouldn't be here. They just let me speak and told me what I was feeling was alright... I definitely just wanted to come back so much. Just to be able to speak to somebody."*

MCISS Service User: Female, 65+yrs, indirectly affected by cancer

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In this case, it was the GP who directed them to the service but in most other cases it was a friend or family member who encouraged service users to seek help from MCISS @ Glasgow Libraries.

Sometimes the 'presenting problem' appears to have been financial but underlying it could be the same need to talk to someone in a 'safe' environment. Sixteen of the 34 service users interviewed decided to seek help with either financial or benefits advice.

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*"Because my enquiry was of a financial nature...I just felt really awkward about it and needed some emotional support, but I also had to ask all these questions about finances because we were just in such a disastrous point with that... I needed a wee space to just sit in another room with another person and just greet [cry], because I hadn't really been letting myself do that."*

MCISS Service User: Female, 24-65yrs, indirectly affected by cancer

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On the other hand, those users primarily looking for a friendly ear and an emotionally

supportive environment were often unaware of the level of financial support available and appreciated it greatly.

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*"I've used the welfare benefits... Macmillan organised that for my son. It is good [the benefits advice] because when it hits you, you haven't got a clue where to start - the advice to me is one of the biggest boons [a helpful thing] for people that get hit with cancer."*

MCISS Service User: Female, 24-65yrs, indirectly affected by cancer

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## Service Setting and Accessibility

The siting of the services in an accessible public setting has been central to the MCISS @ Glasgow Libraries model.

Many of the service users interviewed were very positive when discussing the local nature of the service and highlighted its importance. This was not only due to the physical difficulty of travelling to other parts of the city for appointments or counselling but also due to psychosocial difficulties. Many interviewees suffered from insecurity and low confidence during their cancer journey (they felt disempowered by the experience) several identified travelling outwith their local area as a daunting proposition and potentially an additional barrier to accessing services. Having the Macmillan service located "on the doorstep" was considered hugely important by most of the service users. The uniqueness of the service and its value locally were also commented on.

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*"I just felt like my confidence was knocked out of me so to ask me to travel across town or whatever, I couldn't have done it. Sometimes physically you weren't capable of doing it either... "I think it is absolutely brilliant it is in the libraries, it couldn't be in a better place I don't think. Because what other sort of buildings do you have that many of? They are that accessible, it is great."*

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MCISS Service User: Female, 24-65yrs, directly affected by cancer

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Areas were selected within the libraries that were sufficiently visible to passers-by yet providing some privacy; the choice of furnishings and fittings were designed to provide informality and a welcoming and comfortable space, although always with Macmillan branding prominent (Design Guidelines were produced and are set out in the Baseline Evaluation Report).

The service users interviewed generally commented favourably on the space, describing it using terms such as "nice and comfy" and "welcoming". A key benefit of the location of the service for several interviewees was that it was not based in a clinical setting. Interviewees found libraries less intimidating and welcomed the informality and social aspects of library environment. This was particularly important to those recovering from treatment, or for those who were bereaved.

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*"It is important that this is not a medical space so doesn't bring back those bad memories, doesn't have an association with illness. ...It's quiet, and has a relaxed atmosphere, and is clean - not like a health centre or somewhere like that where there are lots of queues, people waiting, coughing and sneezing."*

MCISS Service User: Male, 24-65yrs, indirectly affected by cancer

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The main debate rehearsed across the discussions with service users centred on the extent to which the Macmillan area was visible enough to the passer-by and whether this visibility might compromise the privacy available. This is an important trade-off when locating and defining the spaces. Several libraries, including Pollok and the Mitchell libraries attracted contradictory comments reflecting the fact that different users will have different needs, expectations, and preferences.

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#### MCISS @ Pollok Library

*"It is good that you can see it as you pass. I think the space is alright, it's not as if you are crowded out. I think privacy is fine, because no one hears you in here. They would if you were out in the open."*

MCISS Service User: Female, 65+yrs,  
directly affected by cancer

*"It is quite noisy – right next to the leisure centre reception where kids are queuing. The piped music is a bit too loud and not exactly relaxing and consoling. It would be better if that area could be screened off to be a bit more private and personal. Everyone can see you when you sit on the main sofa. If your neighbour or something was passing they would automatically think you had cancer if you were in here and cancer still has such a stigma."*

MCISS Service User: Female, 24-65yrs,  
indirectly affected by cancer

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Getting the right balance between visibility and privacy seemed to impact on how at ease service users felt 'to open up'. For some it was important that the spaces were open and there were no barriers such as doors.

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*"A library is ideal because people will walk in there and if they feel, Oh I don't know if I should ask them anything, you can just walk out. The space is very open but it's still private where they've got it."*

MCISS Service User: Female, 65+yrs,  
indirectly affected by cancer

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For others privacy was all-important. There as a concern expressed by a number of interviewees about breaking down and crying in public. This resulted in at least two interviewees deciding not to use the drop-in services initially but instead just picking up leaflets when the service was closed, while others described a more general reluctance

initially about approaching "a service like this" in a public space.

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*"When I started to open up, that is when I would have liked privacy."*

MCISS Service User: Female, 24-65yrs,  
indirectly affected by cancer

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Instances were also described when the venue became "too busy" and the space became "too crowded" for confidential discussions with the volunteers.

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*"Sometimes I am not sure who everyone is that are hanging about in the Macmillan space – other people (not sure if they are volunteers or what) are often busy, acting like it is an office job, sorting things and moving things. I don't feel comfortable when there are lots of people around."*

MCISS Service User: Female, 24-65yrs,  
directly affected by cancer

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The volunteers interviewed as part of the evaluation were acutely aware of this issue. One likened the feeling experienced by service users to going swimming in public for the first time, describing the awkwardness and feeling of being exposed. That said, none of the volunteers interviewed believed the public setting was in itself problematic – once service users made contact with a volunteer for the first time, they tended to open up quickly, and did not feel uncomfortable during subsequent visits. The volunteers also described a range of strategies for delicately moving conversations to other areas of the library or the library staff room if service users preferred a private conversation or became very upset.

While the physical setting was an important consideration in the accessibility of the service, so to was its promotion. The service users interviewed widely reported some lack of clarity initially about what the service did and when it was available. This lack of knowledge was particularly relevant for people who had just completed their

treatment, but still had questions to ask. These interviewees particularly valued the local presence of the service which was compared favourably to travel to distant specialist service, ‘generalist’ GPs, or telephone helpline. Most found out about the service by chance (in the vicinity of the library) or through word of mouth rather than being aware of and seeking it out.

A less prominent, but related, barrier was the lack of clarity about who the service was for. This point was picked up by four of the service users (family members or carers) interviewed who initially felt that they would not be ‘eligible’ for support. This perception was due to their role as carers rather than as a person living with cancer.

*“That particular day I was feeling low, things had got pretty bad, within the family situation, and I just thought I wanted to speak to the young man that was there... and I wondered if Macmillan was able to help at all, just to talk to somebody that wasn’t family, or friends - [I thought] I don’t know if I really should be here, it’s not me that’s directly affected by this illness, but I mean, well, I felt a bit awkward there.”*

MCISS Service User: Female, 24-65yrs, indirectly affected by cancer

These assertions were confirmed in findings presented in the interim report. Of 29 members of the general public interviewed while assessing by MCISS host libraries, only 12 were aware of the service. While the general consensus was that libraries were a suitable venue for a service of this type, there were concerns raised about awareness of the service, its accessibility to all (e.g. for people housebound as a result of cancer), and the ‘openness’ of the spaces in libraries.

## Information and Support Provision

An indication of the nature of information and support provided is available from programme monitoring data.

The data presented in the table below show that ‘talking’ was the most commonly

provided service (linked to the frequently cited desire for emotional support). See Table 6.4 for a full breakdown.

**TABLE 6.4: INFORMATION, SUPPORT AND REFERRALS PROVIDED (OCTOBER 2013 – JULY 2014)**

	% of contacts
Talking	33%
Info-Referral: Benefits	14%
Info-Referral: Physical Exercise	11%
Info: Cancer	11%
Info-Referral: Counselling	9%
Info-Referral: Therapies	7%
Info: Helpline	4%
Info: Bereavement	2%
Info: Diet	1%
Library Book	1%
Other	6%

Source: MCISS programme monitoring data  
Note: Percentages based on 2,145 responses from service users

The combination of ‘talking’ and onward referrals accounted for almost three-quarters (74%) of recent interactions with services users. Among the onward referrals offered, referrals relating to benefits advice were somewhat more prevalent than referrals relating to physical exercise, counselling, or complementary therapies.

Provision of information through supply of leaflets and books and other information related to support accounted for 26% of contacts.

Since inception the MCISS services have distributed 14,014 information leaflets associated publications. This is an average of 561 leaflets per month over the period since the first service was opened.

The stock-taking data presented in Table 6.5 shows that the vast majority of information content is directed via those host venues that provide supported information via a MCISS drop-in service (89% of content) and the remaining modest amount of content through information points. This reflects the importance of the focus afforded by having a regular presence of volunteers in libraries

and more developed relationships with frontline library staff in these venues.

**TABLE 6.5: LEAFLETS DISTRIBUTED THROUGH MCISS SERVICE POINTS**

	Leaflets	From Drop-ins	From Info Points
Cancer Info (Understanding...)	2,687	85%	15%
Living with and after cancer	2,223	90%	10%
Activity, Diet, Work, Care...	1,163	87%	13%
Are you worried about...	944	86%	14%
Financial Support	723	98%	2%
Children and Young People	160	89%	11%
Dying with Cancer	5	100%	0%
Cancer Information	7,905	88%	12%
Service Information	6,109	89%	11%
<b>Total</b>	<b>14,014</b>	<b>89%</b>	<b>11%</b>

Source: MCISS Audit of Stock (June 2014)

The available data also indicates that over half of leaflets (56%) distributed have related to Macmillan information relating to particular types of cancer, living after cancer etc. The remainder has related to information about Macmillan and other services available to assist people affected by cancer.

The interviews with services users have revealed differing patterns of information consumption (some read all and others selected parts). They also identified broad satisfaction with the usefulness of information resources in better understanding their condition, feeling less isolated and anxious, and finding out more about the useful forms of support available to connect with. These findings are broadly consistent with those set out in the wider UK

evaluation of Macmillan Cancer Support's information<sup>7</sup>.

## Personalisation and Gaps in Information

Service users are at differing points on their cancer journey and therefore require and receive different forms of information.

Of all the contacts made so far with service users, the monitoring data in Table 6.6 that the largest group of people that use the service (32%) are people living with cancer. However, people affected in different ways and at different stages of the cancer journey have used the service.

**TABLE 6.6: STAGE OF DIAGNOSIS OF VISITORS TO MCISS SERVICES (JUNE 2012 - JULY 2014)**

Stage on Cancer Journey	% of contacts
Living with the condition	32%
Undergoing treatment	21%
Bereaved	12%
Recently diagnosed	11%
Recently completed treatment	11%
Undergoing tests	6%
Secondary/relapse	4%
Receiving palliative care	3%

Source: MCISS programme monitoring data

Note: Based on data from recorded contacts with 1,341 service users

Service users when providing monitoring information were broadly reluctant to offer insight into the nature of cancer affecting them (794 reported the detail of their condition between June 2012 and July 2014. Of those that did, breast (34%), lung (13%), bowel (7%), and prostate (7%) accounted for almost two-thirds of the cancers presenting. This is not surprising given that these are the main cancer types. Beyond this a very wide

<sup>7</sup> Shared Intelligence, Evaluation of Macmillan Cancer Support's Information Resources Phase 1, October 2013

range of specific cancer types were evident at relatively low levels.

For those service users interviewed who were still undergoing treatment of some form the information sought and received tended to be very specific to their type of cancer. For example, specific leaflets and advice on dealing with treatment side-effects (including exercise classes). Information on benefits and financial advice was also accessed.

People living with cancer (and their families) in the sample reported less specific information requirements, which extended to financial advice and information on complementary therapies. The services offered in these cases also tended to be much broader, but included counselling.

Bereaved family members were seeking information for themselves or their wider family circle. Information appears to be quite specific to the situation and, in the cases explored, led on to some form of counselling.

Regardless of their initial reason for approaching the MCISS service, all users interviewed had utilised the advice and signposting aspects of the service and found it very useful. However, when discussing their contact with the service, users most often highlighted the importance of the supportive element; someone to talk to and confide in.

Based on a small sample of service users, the above is intended merely to illustrate that the flows of information appear very much tailored to the needs of the individual service user and their stage on the cancer pathway.

Of course not all interviewees sought information in any formal sense. As discussed, in some cases support by talking to someone combined with signposting was all that was required, albeit they might have picked up some leaflets in the process.

It should also be noted that there were no significant gaps identified in MCISS information resources. In only two cases of the 34 examined, interviewees could not find the information they required in a readily accessible format (in both cases information on quite specific cancers). In neither case was

there any criticism of the service and in both cases volunteers helpfully signposted service users to potentially useful health information resources (“a useful book”) in the library catalogue. Indeed, the volunteers interviewed also commented on the comprehensiveness of the information materials, which was said to give them confidence in being able to respond to queries and signpost effectively.

## Service Quality

In general terms, the service users interviewed considered the volunteer-supported service to be of a high quality.

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*“As far as I know a lot of people who come in here, who are advising you, have all been through it. So they know what they are talking about, and it is good to talk to somebody like that.”*

MCISS Service User: Female, 65+yrs,  
directly affected by cancer

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It was the personal attributes of the volunteers that provoked praise among interviewees. Three key characteristics were commonly cited:

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- “Knowledgeable”. Several service users commented on the reassuring presence of volunteers, who were able to talk knowledgeably about their case, were familiar with relevant information available, and picked up on important and useful points of detail (e.g. the availability of patient transport services).
  - “Compassionate”. This was a term widely used in relation to volunteers. This was demonstrated through taking service users away to talk privately, putting them at ease, and suggesting simple and practical steps that they might take. Usually associated with this was the term “understanding”, again highlighting the empathy demonstrated by volunteers.
  - “Good listeners”. This was synonymous with “openness” and widely used to describe the way volunteers were open to whatever service users wanted to talk about, whether it was cancer or some more mundane subject. One carer (with a partner
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who is bereaved) described how the volunteer made her feel, "...as if it's not taboo to talk about cancer".

More generally, service users were extremely positive about the role and contribution of volunteers.

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*"[She] was fantastic, she had obviously been through it herself and she was really, really good with everyone and she was good with my husband as well. They focus on you a lot, but it affected him as well."*

MCISS Service User: Female, 24-65yrs,  
directly affected by cancer

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Misgivings relating to the volunteer-led delivery were evident in only four of the 34 cases explored. In one case an interviewee described stilted conversation, lengthy silences, and a lack of interaction by the volunteer. In another it was lack of familiarity with leaflets that was a criticism. In another, a general criticism was levelled at the introduction of less knowledgeable volunteers who were perceived to be replacing NHS workers, albeit the service user could not point to anything in their experience of the MCISS service that could back up this assertion. Lastly, one user was content to discuss the Macmillan literature with the volunteer but was hesitant to discuss anything of a personal nature and subsequently sought counselling at another library.

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*"There were two people who came and sat, looking at books nearby, so it was quite awkward... I wasn't keen to go back and chat there. For more support it wouldn't have worked but for that initial talk it was ok."*

MCISS Service User: Female, 24-65yrs,  
indirectly affected by cancer

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## Connections to Other Library Services

Being based in a library one of the assumptions of the MCISS model was that service users would be more likely to use other services and offerings of libraries.

The impact on library usage in this respect is inconclusive since no data is collected that can confirm a link between MCISS service users and other library services. The data presented in Section 5, suggests no discernible impact on footfall in libraries although cannot tell us if or how services are being used differently.

Any possible link only exists as anecdotal evidence from periodic comments made by service users during interviews.

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*"My husband has [used the library more], he looks at all the old books about Glasgow when we were young. And he loves it. He'd rather do that than sit in here and listen to us women! It's good for him to have a wee break."*

MCISS Service User: Female, 65+yrs,  
indirectly affected by cancer

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Among the group of 34 service users interviewed all except one (who subsequently joined the library) were either already regular users of library services or went to the library only to access MCISS services. Many of the service users interviewed, however, appear to have made use of other offerings that Glasgow Life and its partners could provide in the libraries. For example, Chi Gung, Tai Chi, and counselling.

## The Impact of Information and Support

The evidence cited by interviewees' points to a variety of direct and tangible benefits from the service.

The central supportive theme from discussions was "help to move forward".

Several interviewees described how active listening had encouraged them to select helpful activities or services to make progress towards their personal goal. For one person living with cancer and one bereaved carer the goal was getting back to work and maintaining employment. For another carer it was the ability to continue in her job without time-off for workplace counselling. For others it was simply about fostering the self-confidence and ability to cope with everyday challenges.

Reflecting on their first contact, almost all interviewees reported having gone away with something 'tangible'; contact information for a relevant service, an appointment with a support provider, or useful materials on topics they had not previously sought or explored. Often interviewees talked about practical ideas and solutions.

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*"The volunteer talked about things like making up picture books of his mum and doing a family tree and these things are good for him because he is a more a hands on type of person.... That was the scary thing, he wasn't talking about things. But since he has had that support he can talk about it now. And now he's got something practical to do."*

MCISS Service User: Female, 24-65yrs, indirectly affected by cancer

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Service users talked about helpful signposting to other agencies. Knowing the other sources of help and support available were generally portrayed as important and fruitful. These ranged from sources of financial support to emotional support, including within Glasgow Life and from independent charities and statutory services.

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*"I didn't know how to approach anything. So they put me on the right track. Sometimes you cut your nose off to spite your face by not asking."*

MCISS Service User: Female, 65+yrs, directly affected by cancer

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While leaflets were generally regarded as useful sources of information (as were books sourced through the libraries), interviewees

commonly cited the person that provided the information and support as the crucial element. This related to the compassionate, knowledgeable, and reassuring presence of the volunteer.

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*"I absolutely needed someone to talk to and direct me to what I needed, because I would have taken the leaflets and walked away and done nothing."*

MCISS Service User: Female, 24-65yrs, directly affected by cancer

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Ten of the 34 service users interviewed were able to directly attribute subsequent benefits they experienced directly to the support they received through the programme.

One person living with cancer had been helped to find ways to take up sports again, an activity that had been dropped on diagnosis of cancer. This had subsequently made her more active and more confident.

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*"And it gave me the confidence to go back and join the gym... So it ultimately gave me a route back to doing... well I was signposted to the right thing, because of what my needs and goals were."*

MCISS Service User: Female, 24-65yrs, directly affected by cancer

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Another two people living with cancer described how the combination of having someone to talk to, going for counselling and complementary therapy, had enabled them to keep working.

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*"The day I rang the number on the leaflet I had about the service I was thinking of going back to the GP to go on anti-depressants. I'm glad I did decide to ring that number. Without the help I got I would have had to have left work."*

MCISS Service User: Male, 24-65yrs, directly affected by cancer

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Another was given the confidence to help others as a volunteer.

Another service user (indirectly affected by cancer) talked about how the support had palpably helped to reduce tensions and improve relationships within a family suffering bereavement.

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*“As well as being able to be more open with my husband we have been able to talk with my father-in-law. It has definitely had an impact on our wellbeing as a family.”*

MCISS Service User: Female, 24-65yrs, indirectly affected by cancer

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Above all, service users talked about a reduction in stress. It was a weight off their mind to talk to other people (volunteers and other service users) who understood the issues and difficulties of a personal or family cancer diagnosis and could provide emotional and moral support. Many therefore reported sleeping better and re-gaining lost confidence as a result of that support and the relaxation therapies offered.

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*“I wasn’t sleeping, I had no confidence, I wasn’t doing anything by myself. Whereas I really wanted to go to Macmillan and my husband was at work. So my choices were, either sit in the house and don’t go, or get on the bus, and I got on the bus and it is just so reassuring to talk to somebody else who is just the same as yourself, going through the same thing.”*

MCISS Service User: Female, 24-65yrs, directly affected by cancer

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## Summary

The main points arising from this section are as follows:

- MCISS @ Glasgow Libraries is delivering a small but growing number of helpful contacts at drop-in services to people affected by cancer. The service has recorded around 3,140 such contacts with service users in just over two years. As already noted, this level of contact

with the service falls far short of the initial (possibly unrealistic) aspirations.

- Most contacts with the service last for less than an hour and are primarily one-off. Yet, there is evidence of a regular pattern of attendance in around one-in-five cases, which may indicate a need for ongoing support or perhaps the need for a support group.
- Most of the service contacts have been with women (signalling a need for further targeted work to engage with men) and older people which one might expect given the demographic of people living with cancer. The service appears inclusive and to be reaching out well to equalities groups. It is supporting a mix of people directly affected by cancer (most typically living with the condition or undergoing treatment) and their loved ones (often having experienced bereavement).
- By some margin, the main reason for approaching the service is for emotional support (with no gender variation evident); simply talking through issues with someone that can understand, won’t judge, and will offer gentle direction. The combination of talking and onward referrals accounts for almost three-quarters of all interventions by volunteers.
- The act of providing information is integral to such support, but usually in a supporting capacity rather than as an end in itself. The information content, usually provided through leaflets and associated materials, tends to focus on helping to understand the detailed aspects of cancers and to support living with and after cancer. The information appears to be appropriately personalised to service users’ requirements and stage in their cancer journey, with no obvious gaps in formation identified by volunteers. The vast majority of information is distributed through libraries that also host MCISS drop-in services, with only around 10% of

content being accessed in stand-alone information points in libraries.

- The setting in which the drop-in services are provided is an important consideration. The fact that information and support is provided in a local venue is highly valued by service users. Beyond this, on balance the conclusion is that while open public spaces in libraries can cause some hesitation when first engaging with cancer information services, it does not provide a significant barrier to ongoing interaction. Generally, the convenience and welcoming nature of the Macmillan spaces in local libraries is an important asset, although an appropriate balance between visibility of the space and privacy must be struck for each venue (in practice this means identifying a quiet space, not necessarily a dedicated meeting room, where sensitive or difficult conversations with service users can be held).
- Generally service users consider the service to be of a high quality and report positive experiences of it. The knowledge of volunteers, their reassuring presence, and their active and compassionate listening is central to the experience.
- The evidence suggests that the service is helping users to move forward and realise importantly held goals (e.g. re-establishing an active lifestyle following cancer diagnosis, finding a way through a difficult situation, dealing with stress and distress, and holding down work and managing a daily routine).

## 7: Sustainability and Replication

This section examines perspectives relating to the ongoing affordability and sustainability of the MCISS @ Glasgow Libraries service, as well as its potential for replication to support people with other long-term health conditions and in other parts of the UK. The analysis is based mainly on interviews with programme staff members and interim and final interviews with key stakeholders represented on the programme board or wider partnership structures.

### A Vision for the Service

The scale and duration of investment in MCISS @ Glasgow Libraries is such that the continuing affordability and ultimate sustainability of the service was taken into account from the outset.

Now towards the end of the set up phase of the programme, the Steering Group and MCISS staff team members interviewed remain steadfast in their commitment to a continuing and inherently sustainable volunteer-led service. However, views are less well formed on what changes might be required to achieve this.

Among the main areas of consensus identified for a 'successful' service in three years time are:

- Glasgow's libraries will have taken on a more substantive role in providing health information and support, a role that is more widely recognised by the general public and health professionals.
- MCISS @ Glasgow Libraries will have become a routine part of the business of Glasgow Life with real 'ownership' of the service on the part of local libraries and frontline staff.
- Having continued to experiment with design of services, there will be a core set of high quality services established across the library network and consistent access to cancer information and support available in all.

- The services will be increasingly well used and reaching deeper into communities, with a growing number of formal referrals from health professionals and voluntary sector partners.
- A sustainable and effective volunteering programme will continue to operate, with volunteers having taken on more responsibility for organising and delivering services.
- The potential to extend the service to support people with other long-term health conditions will have been systematically investigated and trialled.

Across the interviews conducted there was remarkable consensus around this core narrative. The only differences were in views regarding how, and how quickly, the programme could realise this vision of success.

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*"The end product will be worth the investment - that volunteers own it and that library staff have been supporting it is a real shift in doing business. It's that volunteers and local communities that will sustain it is what makes the investment worth it."*

Steering Group Representative

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### The Continuing Affordability of the Service

The affordability of the service now becomes an important consideration as the

programme moves into its 'embedding' phase and as, over time, Glasgow Life assumes responsibility for the costs associated with the service.

Interviewees broadly indicated that there was scope for believing that the service model was both affordable in the medium term and financially sustainable in the longer term. With pump-priming from Macmillan in capital projects and the establishment and testing of services and service systems, it was generally felt that the ongoing costs of MCISS @ Glasgow Libraries would settle at a much more modest level over time.

Articulated by senior representatives from Glasgow Life the main elements of the 'affordability' strategy were:

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- The phased reduction in the size of the central staff team, with associated reduction in direct staffing costs.
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- Building the main managerial and overhead costs for the service into the existing budgets of Glasgow Life, and into routine management procedures.
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- Sharing, where possible, other direct costs of delivering the service across Glasgow Life and a wider set of funding partners including other charities interested in supporting people with long-term conditions in a library setting.
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One interviewee also indicated the potential for Glasgow Life, as a commercial entity, to offset some of the recurring revenue costs of the service by securing contracts to support delivery of the model elsewhere.

According then to senior representatives from Glasgow Life, commitments to MCISS @ Glasgow Libraries have been built into future service plans and budgets. This is in line with the agreement with Macmillan and provides confidence in the financial viability of the service.

Beyond this broad commitment to continuing financial support to the service there was acknowledgement that further detail was yet to be agreed on succession

plans, operational necessities, and financial requirements for the service.

## The Transition to a Fully Sustainable Service

In general terms, views on the transition to a fully sustainable service were still forming among stakeholders.

There remains a strong expectation and belief that the programme can and should have a long-term future. Most believed, at least in aspirational terms, that approaches, structures and outcomes were likely to continue after current funding comes to an end (indeed this already forms part of the agreement between Macmillan and Glasgow Life). Some held this position firmly without qualification. Others whilst being positive couched this position in more qualified 'hopeful' terms. Evidence of success in the early phase of the initiative was recognised by some as particularly important for longer-term sustainability.

The main reasons given for confidence in the inherent sustainability of MCISS @ Glasgow Libraries were:

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- The significant level of need evident in Glasgow communities combined with the excellence of service established (most interviewees considered it only a matter of time before services were more fully utilised).
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- The shared vision and quality of the partnership that underpinned the project (this gave confidence that partners were in it for the long haul).
- 
- The quality of the volunteer programme (volunteers were widely regarded as instrumental to the deliverability and affordability of the service).
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- The succession/sustainability plan has already been built into the programme from the outset and has a contractual basis (this committed to Glasgow Life to maintain service levels for years to come).
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For some interviewees, the likelihood of sustainability was linked to the favourability

of the model in current circumstances, not least the financial position and imperatives of partners. Others were more equivocal, with project sustainability being seen to be dependent on various factors, such as continued political support and funding.

Partners and stakeholders acknowledged that there were a number of factors, within and outside of the control of the programme that might influence its sustainability:

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- External influences identified as particularly significant but **not directly connected with the programme** included: the influence of the city's response to Welfare Reform which had the potential both to place competing pressures on libraries and to strengthen the rationale for the programme; the potentially deepening climate of public sector financial austerity, with further efficiencies required from Glasgow Libraries and associated impacts on budgets and continued viability of host libraries; and the potential fragility of referral mechanisms, raising the issue of the service's reliance on NHS signposting.
  - Key influences that were most widely cited as being significant and **within the scope and control of the programme** included: the continued need for Glasgow Life and Macmillan leadership to have faith in the programme and to protect and nurture its long-term vision for the programme; the importance of building service points to a level of local visibility and use that ensures their continuing viability; the ability to recruit and maintain a good core supply of volunteers to support delivery of services; and the ability to involve health professionals fully as part of the referral network, encouraging them to refer their patients into the service with trust.
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The phased 'handover' of responsibility from the dedicated programme team was also identified as critical by most interviewees. Discussions with team members (and volunteers) identified the allocation of time-intensive tasks currently

undertaken by Information and Support Officers as pivotal in this (in particular, localised promotion of services, managing volunteer rotas, supporting volunteers, and providing service cover in the absence of volunteers). Other interviewees identified the importance of retaining some dedicated core staff responsibilities to ensure effective citywide co-ordination, marketing, quality assurance, and service development. It was recognised generally that the transition from a large dedicated team within Glasgow Life (as part of the demonstration project) to embedded management responsibility must occur incrementally and as conditions permit. Some noted the danger of prematurely withdrawing key support functions given the formative nature and fragility of the local MCISS services. One strategic stakeholder, more positively, noted the commitment of Glasgow Life taking seconded team members back into key posts within Glasgow Life with their associated knowledge of the service, topic expertise, and newly formed networks.

It is also important to note that interviewees generally observed no rigid distinction between Phase 1 (set up) and Phase 2 (embedding) of the programme. Rather this was viewed as an incremental and evolving process, one which must be handled carefully, reviewed regularly, and progressed pragmatically.

According to some of key Steering Group members and senior representatives of the programme team these transitional arrangements are somewhat ahead of schedule and progressing smoothly. Some examples cited include:

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- Frontline library staff have now taken responsibility for some volunteer management and support roles (such as paying volunteer expenses). Service 'champions' from among frontline library staff will soon be identified to liaise closely with programme staff and volunteers on the day-to-day running and development of the service.
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- The design and roll out of a Glasgow Life volunteer management training programme across all library and other services to ensure that support for volunteers becomes second nature to Glasgow Life.
- Piloting of 'lead volunteer' arrangements in four libraries, whereby experienced volunteers will assume some responsibilities previously undertaken by Information and Support Officers (e.g. volunteer inductions, changing displays, restocking leaflets, and the inputting of service monitoring data).
- Transitional planning within Glasgow Life, to identify future internal responsibility (outside of the programme team) in areas such as volunteer training and the management of social media accounts.

These transitional milestones are being hit even before Macmillan service points have been opened in all the city's libraries. This appears to reflect the significant level of confidence that Glasgow Life has in the initiative and bodes well for future prospects.

## Extending the Service to Other Long-Term Conditions

The extension or replicability of the MCISS @ Glasgow Libraries model to support other long-term health conditions was an underlying objective of the programme.

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*"The aim is to achieve a change in the landscape of chronic conditions because people will now know where to go for information and support (as a result) of a joined-up approach to support across Glasgow...The aim is not to replace services (but) to build a bigger picture of support."*

Steering Group Representative

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Interviewees unanimously felt that on the basis of their centrality in the community and accessibility, libraries could and should be considered as 'public health settings' and some felt that this role was central to their continued viability.

There was widespread support among interviewees for the idea of replicating the model to other long-term conditions. Interviewees variously put forward arguments for this, including the likelihood that people affected by cancer will also experience other chronic conditions and that individuals with multiple conditions had already approached the MCISS @ Glasgow Libraries drop-in service, albeit not yet in significant numbers. It was also suggested that such a development could also help to build a 'critical mass' of service users across the city (by opening the service up to a wider audience) and accelerating the necessary shift in public (and health professional) awareness of the changing role of libraries in supporting public health. Representatives from Glasgow Life also indicated that this was consistent with the evolving role of Glasgow's libraries as community hubs and as important sources of health information.

Based on past and related experience, considerable confidence was expressed in the potential for replicability of the model. Some pointed to libraries where this was already happening, for example, the introduction of similar drop-in services in a small number of Glasgow libraries for people affected by Chronic Obstructive Pulmonary Disease (COPD). The precedent of the Glasgow Long-Term Conditions and Macmillan Service (providing financial and benefits advice) was also again cited as inspiration; a service developed with support from Macmillan and which has over time widened its remit to support a range of other main health conditions.

The question then was how the scope of the current Macmillan service in libraries might be extended. The discussions revealed two main suggested approaches:

- Opening up the Macmillan spaces in libraries for use by other services that support people with various long-term conditions. This would involve other partner charities delivering staff or volunteer-supported outreach sessions in libraries at times when the Macmillan service is not running.
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- Extending the remit of the Macmillan/Glasgow Life volunteers to provide information and support relevant to a wider range of conditions. With additional training and support it was suggested that the model of emotional support, information and signposting could be more widely applied.
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These approaches are not mutually exclusive; widening the remit of volunteers while at the same time introducing the presence of related services.

Following on from the above, when pushed to consider the implications of replicating the model to other long-term conditions, two main considerations were raised:

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- *The expectations that would be placed on volunteers.* This included the level of new specialist knowledge that would be required by volunteers to support people with other conditions and the implications in terms of time, training and support. Also the possible difficulties in asking volunteers with a strong personal experience of cancer, or affiliation to Macmillan, to take on a broader health information and support role.
  - *The logistical challenge for libraries.* Issues raised included: the potentially competing pressures and demands on library time and space from a multitude of charities; the ability to accommodate further health information resources (leaflets, etc.) in libraries given the limited space available; the challenge of scheduling localised outreach services while ensuring citywide co-ordination; and the potential for confusion from promoting multiple services and hosting them within a Macmillan-customised and branded space.
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One of the main implications of the above is the importance of prioritisation. Almost all of the interviewees talked about the need for small and measured steps; testing and evaluating pilot measures to extend the service. One interviewee mentioned the importance of determining a small and

manageable set of conditions that might provide evidence-based priorities for the city (MS, COPD, dementia, heart failure, stroke, etc.) and a basis for additional drop-in services in libraries. A number of the programme staff interviewed also highlighted the potential for specialisation, identifying 'hub' libraries (e.g. Partick Library) that are well placed to specialise in providing health information and forming strategic and high impact partnerships with selected charities.

The main difference of opinion among interviewees surrounded not whether the service should be extended to people affected by other long-term conditions but rather when. There was some consensus among interviewees that the fundamentals of the service must first be sound, and services well established, before incremental extension to tackle wider issues. The point at which the circumstances might exist to do so was the point of debate; some suggesting as early as year three of the programme while others indicated potential but only towards the end of Phase 2 (Years 5 or 6).

A great deal of further consideration is required by the MCISS steering group and programme team to work out the detail of how the service might eventually be extended. This should consider potential impacts on the current condition-specific MCISS service (e.g. on the strength of the Macmillan brand, on volunteers' affiliation to people affected by cancer, etc.).

## Replicating the Approach in Other Locations

There was also a broad belief that the MCISS @ Glasgow Libraries approach could be replicated elsewhere. This is consistent with the explicit objective of developing a model that could be rolled out to other parts of Scotland and elsewhere in the UK.

There was some indication that given a structural landscape that would suit replication, learning was already finding expression in developments elsewhere. This

included discussions between Macmillan, Glasgow Life, and other local authorities.

At a UK level representatives from Macmillan have highlighted the significant continuing interest in the role of libraries as part of the Macmillan information and support strategy.

With proof of concept in Glasgow the challenge would then be the transferability of the model to other settings. Some unique factors associated with the Glasgow model were identified as important considerations in transferability, including:

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- The densely populated urban environment of Glasgow, which potentially offers a 'critical mass' of service users for localised services. While as yet unproven over the long-run in Glasgow, interviewees have questioned the ability to transplant the model wholesale into a rural setting that is sparsely populated.

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  - The incidence of libraries in the city, meaning relatively close proximity and good accessibility for the vast majority of the population. This made libraries an obvious choice of venue to host MCISS services across the city, which might not be the case elsewhere.

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  - The continuing viability of libraries. With libraries in Glasgow transforming their role in communities, introducing new services, and sustaining footfall there has been a strong basis on which to mount the Macmillan service. The decline and ultimate viability of libraries elsewhere was identified as a central consideration for Macmillan.

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  - The availability of the right implementation partner in Glasgow. Glasgow Life as an arms-length council organisation has offered the scale (including the complementary services), breadth of vision, management capacity, and light-footedness to deliver a project of this complexity with Macmillan. Such an agency might not readily be available elsewhere.

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  - The shared vision and commitment of Glasgow Life and Macmillan to developing

the role of libraries as a source of health information. For both parties the timing was important, as was the perceived success of the earlier pilot initiative in Easterhouse.

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There were also elements of the Glasgow experience that were more transferrable. The main ones identified by interviewees included:

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- The adequate upfront time to build a coalition of interests and design the programme.

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  - The diversity and mix of partners involved.

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  - The enabling partnership structures created.

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  - The right blend of staff skills and experience required to drive forward the initiative.

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  - The tiered model of provision, based on differing levels of service in libraries.

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  - The design of welcoming service environments in libraries.

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  - The initial groundwork carried out to foster support and commitment among library staff.

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  - The quality programme of volunteer recruitment, deployment and support created.

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  - The critical role of Information and Support Officers in delivering the service.

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  - The local connections and referral pathways developed with health professionals and third sector partners.
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The increasingly divergent policies, legislation and infrastructure between Scotland and England to support the delivery of health and social care were, however, also flagged up as significant influences on the potential for replication.

*“Obviously if it’s across the UK there’ll be different structures and treatment provision and cancer pathways so I think ‘yes generically’ but more attention to individual regions’ methods.”*

Steering Group Member

It is therefore important not to seek to replicate the model in its entirety elsewhere, but to take the effective practices and tailor these to the local context.

The scale of investment in Glasgow is undoubtedly unprecedented for Macmillan and for a service of this kind in libraries. Strategic representatives from the partners have reiterated that as a demonstration project, the investment has incorporated the costs of experimentation, failures, and useful learning. Likewise the interviews with programme staff have highlighted how their accumulated knowledge and tested templates can accelerate progress and considerably reduce the costs of implementation elsewhere.

## Summary

The main points arising from this section are as follows:

- There remains a steadfast commitment to a continuing and inherently sustainable volunteer-led service. However, views are less well formed at this stage on what changes, if any, might be required to the current programme to achieve this.
- According to senior representatives from Glasgow Life the costs of a continuing service have been built into future service plans and budgets. This is in line with the agreement with Macmillan and provides confidence in the financial viability of the service.
- There remains a strong expectation and belief that the programme can and

should have a long-term future. Stakeholders and staff have great confidence in the long-term prospects of the service but are aware of factors within and outside of the programme that might influence its sustainability.

- The phased ‘handover’ of responsibility from the dedicated programme team has been identified as critical to the sustainability of MCISS services. Some transitional steps are being taken and appear to be progressing well although a detailed succession plan for the service has not been formally agreed or widely shared.
- There was widespread support for the idea of replicating the model to support people with other long-term conditions. The strategies identified included opening up the Macmillan spaces in libraries for use by other services that support people with other conditions and extending the remit and knowledge of volunteers to support this wider range of conditions. There was some consensus that the fundamentals of the service must first be sound, and services well established, although less clarity on when and how the service might be extended.
- There was also a broad belief that the MCISS @ Glasgow Libraries approach could be replicated elsewhere. Stakeholders have urged careful consideration of the conditions necessary for replication and identified a combination of factors evident in Glasgow that have been important influences on success locally. These have included factors unique to Glasgow (the characteristics of the city, its agencies, its libraries, and its population) as well as more transferable elements (e.g. the quality volunteering programme, the design of the customised cancer support environments in libraries).

# 8: Conclusions and Recommendations /

This report has provided a comprehensive analysis of Phase 1 of the implementation of MCISS @ Glasgow Libraries. It has outlined progress, offered a rounded perspective on the effectiveness of the programme, and identified emerging impacts. This final section draws together the main learning and implications for the next phase of the programme.

## Progress and Performance

MCISS @ Glasgow Libraries is a substantial and complex initiative that represents a step-change for Macmillan and a different way of doing business for Glasgow Life.

The evidence contained in this report indicates that the partnership arrangements formed have been highly effective. The core partnership between Macmillan and Glasgow Life is strong, based on trust and mutual respect, and seems set to endure. The partnership structures put in place have also been successful in forming a broad and inclusive coalition of stakeholders to support implementation. The benefits of this partnership are now starting to play out at the local level where learning is being exchanged, practice is being improved, and stronger referral pathways being developed for people affected by cancer.

Initial programme intentions and expectations are steadily being translated into new cancer information services on the ground. Seventeen venues are now providing volunteer-led drop-in services, with most others providing basic access to cancer information and all services to be in place by the end of October 2014. This complex process appears to have been effectively managed, with service points established in a suitably consultative and pragmatic manner. While delays in establishing the new services have largely been unavoidable, there have been more significant delays in concluding the complex contractual agreements for capital investments in new purpose-built centres. The experience to date has

highlighted the importance of a planned and consultative process, a realistic and adequate timeframe for rolling out service points, and adequate early consideration of the complexities of investing in new purpose-built venues.

The service points established in the host venues are now bedding in well. Glasgow Libraries staff have been welcoming and supportive of the new services and are being increasingly involved in the day-to-day work of the services. On the whole, the new Macmillan spaces in libraries are functioning well, relationships with volunteers developing, and small but positive changes are occurring in the way that libraries work and are perceived internally. This appears to be supporting the growing role of libraries in promoting health and wellbeing, and accelerating a change in the relationship between libraries and their local communities and customers. Nonetheless, things are still at an early stage and there is still much to do to ensure that library staff remain fully involved and that the service has the fullest possible impact on libraries.

Considerable efforts have been made to encourage awareness of the MCISS services. Given the pressure to get services established, however, the promotional push has been spread thinly across the city. The experience has shown the importance of local visibility, outreach and word of mouth to the service as well as the need for a stronger flow of referrals from local health professionals and others.

The continual opening and promotion of MCISS drop-in services in libraries has resulted in slowly rising attendance (there have been approximately 3,140 visits to services in just over two years). It has taken much longer than expected to get people using the services and the target level of attendance at drop-in services will not be achieved. It is a matter of supposition at this stage whether greater patience and promotion will significantly increase footfall at the drop-in services or whether unmet need and public appetite for the service have simply been overestimated.

Volunteers have been instrumental to the delivery and effectiveness of the service. A solid infrastructure of support has been created to recruit, train and support these volunteers and a deep, inclusive, and committed pool of volunteers are in place. The training activity is generally well regarded by volunteers although does not always prepare them fully for the challenging volunteering tasks they subsequently take on. Volunteers are typically enjoying the experience, feel well supported, and are contributing effectively. However, the slow take-up of services has emerged as an important source of frustration, meaning that volunteers are not always interacting with as many service users or contributing as much as they would like. The retention of volunteers is an issue of concern and one that merits further attention.

Now after two years of operations, the nature and pattern of service use is becoming better understood. The service is a generic one principally accessed by people that directly experience cancer and the evidence indicates that the service needs to do more to engage with men and with people from multiply deprived communities. While most contacts with the service are likely to be a one-off and relatively fleeting, there is a core group of visitors to drop-services that value ongoing contact with volunteers and indeed with peers. By some margin, the main reason for approaching the service is for emotional support, with the combination of talking and onward referrals accounting for almost three-quarters of all interventions by volunteers. The act of providing information is integral to

such support, but usually in a supporting capacity rather than as an end in itself. The body of information resources available at the MCISS services (leaflets, etc.) is comprehensive and the content tends to be delivered in a tailored and supported way. Most information is accessed via venues that host drop-in services with only around 10% of content being accessed in stand-alone Macmillan information points in libraries.

Finally, and most importantly, the service appears to be delivering promising results for people affected by cancer. The evidence suggests that service users regard the service as meeting a real need, are broadly satisfied with its mode of delivery, and seem to be deriving real and tangible benefits in a number of cases. The reassuring presence of volunteers, their active and compassionate listening, the useful information obtained and the helpful referrals made have helped service users to move forward and realise importantly held goals (e.g. re-establishing an active lifestyle following cancer diagnosis, finding a way through a difficult situation, dealing with stress and distress, and holding down work and managing a daily routine).

## **Replicability and Sustainability**

There is a growing interest in the model throughout the UK; where it is going, what its long-term prospects are, and how it might be replicated elsewhere.

Now approaching the end of Phase 1 of the process (set up), there remains a steadfast commitment to a continuing and inherently sustainable volunteer-led service in libraries. However, views are less well formed at this stage on what changes, if any, might be required to the current programme to achieve this.

There is a broad expectation among partners and staff that the take-up and results of the service will now grow and multiply; not least due to the influence of a number of parallel initiatives which will strengthen the referral framework with libraries as a central, non-clinical source of support.

The question of affordability is a matter that has been carefully considered by Glasgow Life. It has built the ongoing delivery of MCISS into future service plans and budgets and is prepared to subsume the associated managerial and overhead costs.

There is considerable optimism surrounding the ability to sustain a streamlined programme which will provide a guaranteed level of service across the city. However, together with some ongoing concerns about the continuing favourability of the strategic and funding environment for the service there appears to be two key factors that will be central to ongoing success and sustainability. The first is the ability of the programme to generate sufficient attendance at MCISS drop-in services to merit continuation (while take-up is increasing it is still unclear what would constitute a critical mass of service users and if and when this might be achieved). The second factor is the transitioning of the programme from one that is reliant on a dedicated central staff team to one where Glasgow Life managers, library staff and volunteers can pick up all relevant tasks (while this transitional process has not yet been clearly mapped out, early steps are progressing well and further measures must occur incrementally).

In relation to extension of the model to support the self-management of other long-term conditions in Glasgow, there is a strong and affirmative view that this should be the case. Possibilities have been described that would open up the Macmillan spaces in libraries for use by further services that support people with other conditions and extend the remit and knowledge of volunteers to support this wider range of conditions. While this is an attractive proposition there are a series of practical implications and challenges in making this a reality. This suggests the need for caution as a premature move towards this type of extension could conceivably undermine the fledgling services rather than bolster them through providing access to a wider base of service users. It will be important for the fundamentals of the service to be sound before any new strategy is pursued.

Equally, the view at this stage is that once success has been demonstrated in Glasgow

the MCISS service might lend itself to replication elsewhere. Based on the experience and challenges in Glasgow it is advisable not to attempt to transplant the model wholesale but to better understand the conditions that have given rise to its suitability in Glasgow (e.g. urban environment, level and pattern of needs, positioning and strengths of libraries, fit with related initiatives in the city, etc.) and are likely to drive success in the city. The investment in Glasgow as a demonstration project has, however, produced insights as well as tried-and-tested methods that will undoubtedly accelerate the learning curve for other areas.

## Critical Success Factors

As the largest initiative of its kind being funded by Macmillan, it is essential to learn about the factors that have so far driven successful implementation in Glasgow.

Among the critical success factors identified to date are:

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- **Strong leadership.** The core partners Macmillan and Glasgow Life have cultivated a very clear vision for the service and provided an unwavering commitment to its implementation. This has provided the ambition that has drawn other partners into the initiative and given confidence throughout the process. Each has also made a guaranteed long-term commitment to the initiative.

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  - **The right delivery partner and staff.** Glasgow Life, as a major arms-length council organisation, has offered the scale (including complementary services), management capacity, and flexibility to deliver a programme of this reach and complexity. Added to this Glasgow Life has embedded a team of highly competent and skilled individuals who have proven adept at navigating the process of implementation.

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  - **Enabling partnership structures.** A broad and inclusive partnership has given the programme both strength and reach. The citywide and local structures put in place have enabled partners to come together to

pursue a timely and shared agenda, to build trust, to progress productive day-to-day working relationships, and to make important contributions to the programme.

- **A favourable library infrastructure.** The incidence, accessibility, ongoing viability, reach, and transformation already underway in libraries have made them a very well placed community setting to deliver cancer information and support. The engagement and groundwork carried out to establish services has also ensured that libraries have been an effective host.
- **Welcoming Environments.** The high quality and welcoming service environments created in the libraries have achieved a difficult balance between visibility and privacy. On the whole they function well, provide a new resource for libraries, and a conducive setting within which to provide cancer information and support. In the longer term these spaces will help to ensure that conversations about cancer are conducted more openly than ever before in Glasgow and are no longer hidden away.
- **Effective volunteer support.** The Macmillan volunteering programme within Glasgow Life has been instrumental in providing the capacity and skills required to deliver an ambitious network of drop-in services across the city. The evidence also suggests that these volunteers have been able to deliver responsive and high quality service to people affected by cancer.
- **Patient investment.** The substantial scale of investment by Macmillan in the programme together with the length of term and flexibility with which it is delivered has been pivotal. This has provided the capacity and continuity needed to get services off the ground, ensured quality (in the environments created and team recruited), and created room for experimentation.

This combination of factors has also created the conditions necessary to further embed the programme over the next three years.

## Recommendations

The findings set out in this evaluation have been very positive in most respects. The programme has been implemented as well as might reasonably have been expected, most of the basic building blocks of an effective service are in place, and service user experience and impact is encouraging. However, there remain some outstanding concerns most notably in the level of demand for and take-up of services.

The following recommendations are therefore focused on ways to strengthen the reach, engagement, and sustainability of the service during the process of embedding the programme within Glasgow Life.

### *Strengthening promotion*

During Phase 1 the MCISS programme team devoted resources where possible to marketing and promotional efforts. However, the time and effort associated with getting services open has meant that the promotional push has been more limited and diffuse than perhaps required. As the focus now shifts from set up to strengthening delivery, additional emphasis must be placed on maximising awareness of services and ensuring that they are well used.

We recommend that additional capacity and resources be allocated to communications and marketing. There are small but important measures that can be taken immediately to: improve visibility, including clearer signage inside and outside of libraries; strengthen engagement with library customers, including better awareness raising among library staff and further doorstep and in-library promotion; and engage with people outside of libraries, including more intensive, targeted and sustained outreach and greater emphasis on building referral partnerships locally. While mass communications will become more important as all services go 'live' (a citywide advertising campaign, a regular flow of service user stories to media partners, etc.) the service is essentially a localised one that relies principally on word of mouth. Better evidence may therefore be required on the most effective means of communicating with people locally and

encouraging them to tell others about the service.

### *Developing relationships with health services and professionals*

The MCISS @ Glasgow Libraries programme has made considerable progress in building productive relationships with other services at a city and local level. So far the relationships with key health professionals (GPs, oncologists, nurse specialists, etc.) have been variable; working well in some cases leading to referrals and no real engagement in others.

We recommend the redoubling of efforts to engage with health professionals, raise awareness and build trust in the programme. This might involve: escalating direct, face-to-face engagement and ongoing liaison with GP practices; providing continually refreshed information/bulletins on service changes, programme successes, and evidence of efficacy to ensure up-to-date knowledge of the service; securing increased membership of local Operational Working Groups by health professionals; working closely with colleagues from NHS Greater Glasgow and Clyde to identify further ways to increase internal visibility of the service; undertaking additional outreach work in hospital settings; widening the base of health professionals that the programme team seeks to engage with; and strengthening the role of libraries as a venue for holistic assessments and follow-up meetings as part of Improving the Cancer Journey. The strong partnership already formed between Macmillan and NHS Greater Glasgow and Clyde offers a strong foundation for such action.

### *Continued flexibility and experimentation*

The ambition at the outset was to establish a Macmillan presence in every library in the city. While this will have been achieved by the end of October 2014, not every MCISS service has yet taken hold effectively (enjoying widespread awareness or use) and coverage in some parts of the city could be stronger (where purpose-built hub services were planned but have not yet been realised). A key observation is that every area of the city and venue is unique in terms of location, setting, accessibility, mix of services, etc.

This implies that no simple one-size-fits-all strategy for growing services across the city is likely to be successful.

We recommend increased flexibility in the role and level of provision at each library in light of experience. This might involve the upgrading or downgrading the level of service in venues (e.g. downgrading to an information point if footfall simply is not sufficient to merit a regular volunteer presence) or rotating the location of the drop-in services (e.g. moving services between libraries or taking it occasionally to other community venues where demand exists). Continued experimentation in opening times across centres should also be encouraged to ensure MCISS services are as accessible as possible to all sections of the population.

### *Ensuring community orientation and reach*

The programme has been initiated and co-ordinated as a city response to cancer information and support. However, it is essentially a network of locally oriented and accessible services. This local orientation appears essential if the service in each venue is to develop sufficiently strong local roots, maximise the benefits of local trust and associated word of mouth, and ensure a sustainable level of service take-up from the surrounding population. Attached to this, particular targeted attention and resources are required to ensure an effective community response in areas of multiple deprivation.

We recommend action to further embed the MCISS services into their local community setting and to target multiply deprived areas of the city. This might involve further co-ordination of outreach activities with Glasgow Life area Communities Teams, finding ways to connect with work in other local facilities, community networks, and initiatives. It might also involve targeted initiatives in areas ranked in Scottish Index of Deprivation (SIMD) 15% most deprived communities where persistent health inequalities are also most evident. The community orientation of the service might also be strengthened by: the recruitment of MCISS volunteers already active in target communities who can bring ready-made local knowledge and

connections; active outreach and events in other busy local venues (e.g. community centres, churches, bingo halls, supermarkets), with particular consideration to strategies that will engage with men; developing more active connections with community leaders who might help to champion the service (church leaders, councillors, etc.); and local consultation to identify local barriers, needs and the potential for related initiatives (e.g. peer support groups for people affected by cancer). This should serve to ensure that services are well connected locally, address rather than exacerbate inequalities, and over time become recognised as part of the communities' response to cancer.

### *Deepening the involvement of library staff*

From the outset the MCISS programme team has engaged well with library staff, particularly during the planning and opening of services. As the services mature there is an expectation that frontline library staff will become increasingly active in supporting the services. The priority must therefore shift from introducing and raising awareness of the services to encouraging ongoing and deeper involvement of library staff.

We recommend further action to keep library staff involved and committed to the service. This might include: the appointment of a Macmillan champion in each library (as already planned); staff involvement in campaigns to promote the service locally (e.g. doorstep displays, leaflets provided at service counters, one-off in-library promotional initiatives, etc.); regular refresher sessions with library teams about MCISS @ Glasgow Libraries, its progress, and the expectations of library staff; a more regular flow of information about the service and achievements through bulletins; a standing item to discuss the service on the agenda at library staff team meetings; and formal liaison including services debriefings/handovers by volunteers following weekly services. Further consideration will also be required to determine the functions that local library staff can reasonably be expected to take on and those that are more appropriately co-

ordinated citywide or taken on by others (e.g. local outreach events, liaison with local health professionals).

### *Equipping and retaining volunteers*

MCISS @ Glasgow Libraries has introduced a large-scale, professional, and high quality volunteering programme. However, the task of providing cancer information and support can be daunting, volunteers do not always feel best prepared, and the volunteering experience is not fully satisfactory given the limited take-up of services at this stage. The retention of volunteers has emerged as a concern and this has the potential to become a more pronounced issue as volunteers are expected to take on increasing responsibility for services and support from programme staff diminishes over time.

We recommend action to ensure that volunteers are adequately prepared for the experience and that volunteer retention is maximised. This might involve further emphasis on: confirming that the expectations of prospective volunteers are realistic and that there is adequate commitment (particularly among large cohorts of student volunteers); ensuring that training prepares volunteers as fully as possible for the practical aspects of delivering fledgling drop-in services; encouraging 'buddying' or peer mentoring arrangements to ease the transition of new volunteers into services; the wider deployment of volunteers to a range of meaningful and rewarding tasks, most importantly including outreach and promotional activities; and more systematic debriefing of volunteers at the point of exit with associated action where concerns are identified.

### *A phased transition*

The work, skills and commitment of the central programme team has been critical in getting the MCISS service network established and well positioned for the future. There is still much more for the team to do to stabilise these services. Given the relative newness and fragility of this activity in local libraries, the withdrawal of central team support and handover of tasks to

Glasgow Life managers, library staff and volunteers must be handled very carefully.

We recommend a phased handover of the responsibilities currently deployed through the MCISS programme team. This might involve: agreement on those core or citywide functions that will need to be retained on an ongoing basis beyond Phase 2 of the programme (e.g. service co-ordination, marketing, quality assurance, etc.); a tapered reduction in MCISS programme team staff numbers and handover of associated functions once alternative arrangements have been put in place and tested; and initiating the phased handover of responsibility for service points to library champions and lead volunteers once certain criteria are met (e.g. a credible and sustainable level of regular footfall at services has been identified and reached). This should be part of a carefully designed blueprint for a 'stripped back' central programme and a choreographed withdrawal of Macmillan funding. Glasgow Life might also wish to consider ways to retain a core team and to find ways to share the associated costs across new partnerships and contracts where the skills of the team can support MCISS services elsewhere.

### *Refining partnership arrangements*

The MCISS @ Glasgow Libraries partnership, and supporting arrangements, has been one of the factors critical to success. This report has described the effectiveness of the partnership arrangements and deepening of working relationships between the broad coalition of stakeholders. As the programme moves into its mainstreaming phase, however, it is important that the programme governance and partnership structures evolve to reflect this.

We recommend a gradual recalibration of the partnership structures over the next three years. This might involve: integrating the Steering Group and Operations Sub Group more closely into the management structure of Glasgow Life, increasingly involving senior Glasgow Life staff in overseeing and directing the service; strengthening the focus on multi-agency Communications and Marketing as a critical element of the programme; and continuing to develop the role of local Operational Steering Groups and Partnership

Forum to strengthen relationships with and referrals from citywide and local partners.

### *Supporting the self-management of other long-term conditions*

The MCISS @ Glasgow Libraries was initiated with a view to exploring the potential for replication or extension of the model to support people with other long-term health conditions. Possibilities have been described elsewhere in this report to open up the Macmillan spaces in libraries and extend the remit and knowledge of volunteers to support this wider work. Equally the practical challenges and risks to the core MCISS of over-extension have also been highlighted.

We recommend small and measured steps to extend the services to other target groups at a point agreed by the Steering Group. This might involve: piloting a long-term conditions post or volunteer positions to help widen the basis for the service; extending the knowledge of volunteers by introducing a generic self-management 'module' into the core training and optional sessions on other long-term conditions into the learning programme; expanding the range of information booklets and online resources that volunteers are encouraged to use and signpost users to; and designation of selected libraries as health information hubs which would partner with other long-term conditions charities to schedule and host an extended range of outreach/drop-in services. It will be important to first agree the ultimate ambition of the service in relation to long-term conditions, to examine any likely impacts on the strengths of the current condition specific service (e.g. the Macmillan brand, the affiliation of volunteers to people affected by cancer, etc.), and to fully understand the implications of this on people and venues. It will also require effective consultation with library staff and volunteers to ensure sufficient commitment and capacity to implement any proposed changes.

# **Appendix: Programme Logic Model**

Context/Rationale	The Programme	Outputs	Outcomes	Impact
<p><b>The cancer story is changing</b></p> <p>Growing number of people living with cancer in Scotland 190,000 currently rising to an estimated 360,000 2030. Currently, 3250 new cancer cases diagnosed in Glasgow City each year. People are living longer with cancer and are dealing with the long-term consequences – cancer is seen increasingly as a long-term condition that should be managed in the community, rather than as an acute illness.</p> <p><b>People living with cancer have, unmet information and support needs</b></p> <p>People say they would like more info than they are given, some don't receive any info at all and when they do it is often solely focussed on clinical condition.</p> <p>Scottish Government has policies relevant to improved cancer info and support: Better Cancer Care, An Action Plan 2008 Better Cancer Care Progress Report 2011 "Gau'n Yersel" Self management strategy for long term conditions in Scotland 2008 Working &amp; Learning Together to Build Stronger Communities 2008 Detect Cancer Early (DCE) Programme 2011</p> <p><b>Glasgow Life facilities offer a good opportunity to reach people affected by cancer in the community</b></p> <p>Glasgow's 33 Libraries with annual footfall of over 4.5 million serve communities with multiple deprivations, high incidence of cancer and low literacy. Libraries provide accessible, trusted &amp; neutral environments and have potential to be a local network of info &amp; support. Leisure centres may also play a role because they attract different users from libraries. Librarians are info professionals &amp; with additional skills &amp; knowledge could contribute to integrated information &amp; support for cancer &amp; other long-term conditions in the community.</p> <p><b>The programme is based on learning from Easterhouse CISS</b></p> <p>The service provided accessible space for people to talk, share information and support each other. Strengths included constantly developing to meet changing needs in partnership with users &amp; opportunities for local people to develop skills for the benefit of their community as volunteers.</p>	<p><b>Provision of info, support and signposting, through an integrated tiered model</b></p> <p>Provision of information and emotional support and signposting to other services. Hubs are Easterhouse, Pollok and Mitchell covering South, North East and North West Glasgow with links to smaller local libraries. Tiered levels of info and support depending on library (e.g. size, footfall, local need). Tier 1: volunteer led drop-in centre with onsite services such as complementary therapies, counselling and benefits advice Tier 2: volunteer led information &amp; support &amp; signposting Tier 3: Information point in library with staff signposting to other services.</p> <p><b>Link to GL Physical activity and rehabilitation programme</b></p> <p>Links with leisure services in Scotstoun and Tollcross will be explored to reach different user groups and encourage physical activity. Encouraging &amp; enabling physical activity will be part of the service including Chi Gung.</p> <p><b>Staff and volunteers</b></p> <p>Programme staff team comprises Senior Programme Manager, Volunteer coordinator, Area Service Managers, Info and Support officers to provide strategic direction and operational management of the services. Existing library staff will take part in training and experiential learning to increase confidence, skills &amp; understanding leading to ownership of services. Volunteers are integral to service and will provide info, support and signposting at drop-in services.</p> <p><b>Partnership working and sustainability</b></p> <p>Phase 1 (2012-2015) establish services, refurbish spaces in libraries, lay foundations for sustainability. Phase 2 embed services &amp; new ways of working over 3-year period. Develop volunteers' role beyond cancer as part of Glasgow Life's improved service offer to people with other long-term conditions. Range of local partners involved through programme steering group and area sub-groups with partnerships developed with organisations that provide financial inclusion, complementary therapies and counselling.</p>	<p>Sessions delivered/ hours services open</p> <p>Number of locations opened</p> <p>Number of people supported in target groups including DCE enquiries</p> <p>Access provided to other services</p> <p>Follow up of users records how they heard of service and results of signposting</p> <p>Increased footfall in libraries &amp; leisure centres.</p> <p>Number of people accessing exercise and rehabilitation services</p> <p>Sessions delivered &amp; attendance</p> <p>Partnerships developed</p> <p>Delivery team recruited &amp; delivering work plans</p> <p>Number of library staff released &amp; trained</p> <p>Number of volunteers recruited, trained and retained (target 300)</p> <p>Number of volunteer hours provided</p> <p>Range of volunteering opportunities</p> <p>Financial support (£k) obtained for users</p> <p>Volunteering strategy</p> <p>Number of new sessions provided by partners to meet G. Life users' needs</p> <p>Number of G. Life service users also using partners' services</p>	<p><b>For people affected by cancer</b></p> <p>Widespread awareness of Info and Support services and how to access them. Services are accessible, integrated and meet the needs of people affected by cancer. People affected by cancer receive the information needed in timely manner and make informed decisions. People are better able to manage their cancer and feel more in control. People report improved quality of life including less anxiety/stress. People are more physically active and report improved overall well-being. Outcomes are consistent with Easterhouse CISS experience. People are encouraged and feel supported to visit GP if worried about a potential cancer diagnosis</p> <p><b>For staff and volunteers</b></p> <p>Programme staff team are motivated and engaged throughout and achieve their objectives. Library staff are well informed and consulted about the project/service and their expanded role, and are providing improved services to more people. Volunteers enjoy their experience and develop new skills and knowledge that enable them to take up rewarding opportunities that met their aspirations. Volunteers are integral to the service and provide services that meet the needs of users. Volunteers have enhanced skills and confidence that enable them to contribute to their communities. There is improved understanding among library staff about cancer support available locally and nationally and improved quality of service to their users. Volunteers use their social networks to encourage use of the service.</p> <p><b>For the partners</b></p> <p>Information &amp; support services in local communities for people affected by cancer are integrated and coordinated across Glasgow. The service is fully embedded and sustained within Glasgow Life, being extended to other long term conditions. There are strong, sustained partnerships that provide high quality coordinated services. There is greater access to financial benefits and improved financial situation among people affected by cancer.</p>	<p>People affected by cancer in the areas served by the programme and those worried about a potential cancer will know where to obtain information &amp; support about cancer and will feel confident about making decisions about their condition or potential condition</p> <p>Glasgow Life and its partner organisations will be providing a sustainable, comprehensive, integrated information &amp; support service to people with long-term conditions. Macmillan will be able to improve cancer information &amp; support in the community throughout the UK using the Glasgow Life programme as a model.</p> <p>People affected by cancer that have received a service from the programme will report that they have improved their quality of life. Libraries will have transformed their role as health information providers and have a greater impact on the population</p>



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