



South London Gives – Year 2

Project Evaluation - January 2020 to March 2021

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1. Executive Summary

1.1 Purpose of the report

The purpose of this report is to provide an evaluation of the second year of the Sickle Cell Society's (SCS) '*South London Gives*' blood donation project. SCS is the first external agency to be commissioned by NHSBT (NHS Blood and Transplant) to raise awareness of the need for blood donors within black-heritage communities.

This year 2 evaluation report considers delivery and impact over the period January 2020 to March 2021, drawing on quantitative data, including event and registration figures, and qualitative data, such as case studies and survey responses.

1.2 Executive summary

Sickle Cell Society's South London Gives (SLG) project operated from January 2019 - March 2021 and aimed to engage with black-heritage people on the topic of blood donation and its importance in treating sickle cell disorder, where regular transfusion is often needed. The project also aimed to address the challenges that [research](#) has shown exists around blood donation for some people from these communities; raise awareness of the need for ethnically matched blood to treat people with sickle cell and encourage people to register as potential blood donors.

The original technical specification was as follows, although planned outcomes were collaboratively revised by SCS and NHSBT throughout the life of the project.

1. Provide 1 FTE community organiser(s) to work with NHSBT staff to identify 30 advocates (18 in year 1 and 12 in year 2) of blood donation in South London black communities.
2. Provide training, using an established and successful syllabus in community organising for the 30 identified advocates and 2 NHBT staff to develop as leaders with practical skills such as relationship building and advocacy.
3. Provide ongoing support and development of advocates so that they can mobilise volunteer Community Advocates and recruit at least 600 new black donors in year 1, increasing to 1,100 new black donors in year 2 if the contract is extended.



As an institution respected in the target communities with expertise in matters relating to blood, SCS has been uniquely placed to present the case for ethnically matched blood to a large and varied audience, supported by the personal testimonies of our volunteer team, the Community Advocates.

The impact of Covid-19 (2020) meant that the project was suspended from March 2020 to June 2020. South London Gives then restarted with a new focus, delivering its work online to adapt to the circumstances of the Covid-19 pandemic and social distancing, and to dovetail with our Give Blood, Spread Love (GBSL) online project – funded by Terumo BCT. GBSL was introduced to further the reach of our blood donor recruitment message across the whole of London, and in Birmingham, as two areas where sickle cell is more prevalent and where corresponding ethnically matched donors would be available to engage. Reach has been much wider, on a national scale, due to the ongoing development of a virtual/online approach. Whilst delivering the blood donor engagement programme online is an essential area of development, it should not be seen as a replacement of SLG's face-to-face Community Advocate strategy. This continues to be an important and effective way to engage with older age groups and those not motivated to engage online or those who have no or limited access to online resources. SLG's face-to-face approach and the networking by our trained Community Advocates is also needed to support the conversion rates from engagement to actual blood donor registration.

SLG was originally planned as a pilot project testing the efficacy of a structured [Community Organising](#) approach in four south London boroughs: Greenwich, Lewisham, Lambeth and Southwark. However, in line with the iterative approach requested in the tender and set out in our project proposal, SLG adapted its work to address the participation preferences of its volunteer team (the SLG Community Advocates.) This more flexible approach to Advocate involvement, alongside our strategy of maximising the Society's existing and nascent connections with multiple, black-led organisations throughout London, presented opportunities for the project to engage directly with large groups of potential donors, expanding our reach beyond the originally specified area of South London.

Our year 1 report (2019/20) detailed the challenges with a Community Organising approach in this context; those most keen to volunteer with us are often people with lived



experienced of sickle cell disorder (SCD) or those who are parents or carers of people with SCD. The demands of our original Community Organising training programme, which required regular in-person attendance at a series of structured training days proved difficult to commit to for many of our volunteer recruits. Conflicting demands of childcare, work responsibilities or personal health limitations inhibited the full progression of the originally planned training programme, which, in line with recommendations from Community Organising UK, intended for group interaction and peer learning to be a central part of the induction and preparation process. (It is important to recognise that a training structure requiring in-person attendance was the most common and established method of training delivery at the time; the move to widespread online training is a largely a new development necessitated by Covid 19 restrictions.) Fortunately, we identified this challenge early on and as a result, took a flexible approach to volunteer training and involvement. We designed a new a programme, which incorporated key aspects of Community Organising, while also focusing on practical steps that enabled volunteers to take swift action in support of the project, including taking part in centrally arranged group recruitment activities that enabled us to better meet project outcomes.

The impact of the Covid-19 pandemic upon South London Gives was significant. As well as experiencing a temporary suspension of delivery between March and June 2020, all our group awareness raising and recruitment activities, previously delivered in person at churches, workplaces and community settings, moved online. Our digital project, Give Blood, Spread Love, supported this transition with its dedicated online presence enabling us to target younger, diverse, and more socially engaged audiences.

These key adaptations to the SLG pilot enabled our work to achieve significantly more reach in terms of engagement than the original pilot would have allowed, with our online approach enabling the participation of communities in additional geographical areas, across London and beyond, to reach significantly wider audiences.

Training has proven effective in equipping the Community Advocates with the knowledge to advocate for SLG. Individuals have succeeded in forging new links in our target communities that have in turn provided further opportunities for engagement. Community Advocates have also personally developed confidence, communication and other skills and have gone on to take lead volunteer roles representing the Society on, for example, NHSBT's FAIR (For the Assessment of Individualised Risk) steering group and in our marketing campaigns, such as Brenda's Smith's involvement in our 'Don't thank



me, join me' recruitment drive which aimed to recruit 40 new blood donors in recognition of her 40th blood donation.

The restrictions placed upon our work because of Covid-19 and the subsequent need to hold most of our year 2 activities online has led to us developing new connections with local authorities and health agencies who have sought our involvement as part of their remote education activities for their staff working from home. We have continued delivering our work with churches, community groups, colleges, and private sector establishments, many of whom transitioned their services and events online. The shift from face-to-face engagement to remote methods presented a challenge in terms of converting engagement with our message, to new donor registrations, and we have experimented with various ways to address this over the past year, including offering more support to people to complete the registration process.

As recommended in our year 1 report, we made efforts to diversify the ethnic backgrounds of registrants to include more of those from Caribbean and mixed heritage backgrounds; an overwhelming majority of year one registrants were of African ethnicity largely due to highly successful recruitment events held at black African churches. Our GBSL project has helped us achieve this, partly through targeting people for involvement, including online influencers and celebrities from Caribbean or mixed heritage backgrounds.

The best practice and learning developed from the iterative approach to SLG's pilot project will help to inform the continued development of our blood donation awareness work. We also hope that it will inform development of effective community engagement strategies for wider blood, transplant and other health related projects which will help to build trust and awareness between BAME communities and statutory health agencies.

2. SLG Community Advocates

2.1 Background

The South London Gives project originally aimed to identify and train 30 Community Advocates (CAs) over two years. This work ran between Jan 2019 to March 2021 with the extended time reflecting the temporary suspension of the project for 3 months due to the 2020 pandemic. Community Advocates were tasked with engaging members of their



own communities in blood donation. The ESRO 'Blood Donation in BAME Communities' report found that, 'A BAME message is effective', and that when the need for more black-heritage donors is explained to target communities, 'many react strongly to the lower numbers of BAME donors and see this as a reason for them to get involved'. The implication is that it can be more compelling for messaging to be delivered by people with a perceived shared ethnic identity to those whom we wish to recruit. As the report highlights, this can be for several reasons, including lack of trust in governmental and social institutions, with the blood donation service being viewed as being part of these.

"There is an inherent distrust of the NHS for some people in black communities due to inequality and discrimination over the years. I understand and can relate to black heritage communities, with our beliefs, culture, nuances and how we express ourselves more freely in unapologetically black spaces." SLG Community Advocate

The Recruitment and Training programme for the CAs was reviewed at the beginning of year 2 due to the impact of the Covid-19 pandemic on our core delivery methods and the need to equip volunteers with the skills needed to deliver our message via online presentations (rather than face-to-face) and via the use of social media, such as WhatsApp, Instagram, Facebook and Twitter. When we relaunched the project in June 2020, alongside the beginning of our Give Blood, Spread Love project, we were enabled to test and improve our online delivery approach and reach wider, and more diverse, audiences, incorporating our learning from our first year.

Table 1: Overview of Community Advocate Involvement

Recruitment: Primarily self – directed to Sickle Cell Society
Sickle Cell Status: 73% with a personal connection to sickle cell
Diversity of Community Advocates: 76% of Black African origin; 12% male
Support: 100% would choose to volunteer with us again; 100% describe the support they receive as either 'excellent' (86%) or 'good' (14%)
Benefits: 95% feel more part of the community; 76% feel more confident

This led to an approach much more heavily weighted towards online/social media engagement in line with the need for social distancing and longer-term remote working.



The parallel development of the GBSL programme, aimed at younger contacts, led to a natural drawing together of the two projects for greater impact and reach to a more ethnically diverse demographic, attracting more people who identify as being of Caribbean heritage or mixed race to our overall blood donation work. The collaboration between SLG and GBSL enabled us to create joint campaigns, harnessing the digital expertise of GBSL, and drawing on SLG's learning about what works in terms of donor recruitment. Such campaigns featured SLG's Community Advocates, for example, our 'Don't thank me, join me' campaign. (See image.) Other joint work supported the development and dissemination of over 100 digital engagement images on the topics of sickle cell, the need for ethnically matched blood and the blood donation process. The projects also jointly supported the delivery of online presentations to organisations co-led by younger GBSL members and older representatives of SLG, enabling us to display our cross-generational approach to highlighting the impact of sickle cell and encouraging blood donor registration.



Our increased online approach during 2020, and the targeting of younger contacts (17-34 years) through GBSL means that we are identifying blood donors whose potential for giving spans a longer period than older generations as they are less likely to be affected by co-morbidities that could exclude them from donating. By targeting young people now, we can embed and grow a new generation who understand the importance of blood donation within black-heritage communities, to self-perpetuate an increased number of donors in the future.

2.2 Community Advocate Recruitment:

SLG promotes the need for Community Advocates (CA), volunteers who commit to engaging their personal networks and participating in face-to-face or online group donor recruitment events, through a variety of routes. Over the past two years, SLG has advertised the volunteer opportunity via the Sickle Cell Society's social media and that of community organisations in our initial target boroughs, and via volunteer centres in these and other nearby areas. It is notable that despite advertising widely for volunteer



involvement, most of our volunteers are those who have been involved with the Society previously or who have actively sought out SCS as an organisation that they wish to support. More generalist recruitment routes, including volunteer centres and student volunteer programmes were largely unsuccessful in recruiting committed CAs to the SLG project.

Almost all of those currently involved (73%) have a personal connection to sickle cell, either having SCD or trait themselves or a close family member affected. Most of our volunteers are of black African origin, mirroring the prevalence of SCD or trait in this community. In response to year 1 evaluation recommendations, we aimed to diversify our volunteer pool primarily to involve more Caribbean and mixed black heritage volunteers with an aim of attracting and engaging more potential blood donors from this background. This was also supported by Give Blood, Spread Love's more ethnically diverse volunteer team – the 'Give Blood Squad' who have also enabled this work as a whole to reflect younger volunteers and so better engage people aged between 17 and 34. Our aim for a more even gender balance of CAs has remained a challenge. Men remain under-represented among our volunteer cohort, making up only 12%, although we do ensure that our promotional communications and engagement work is gender balanced so we reflect male involvement in our work to attract as many male donors as possible. We are fortunate in having several high-profile black male supporters who take part in our campaigns and advocate for blood donation, which further helps to ensure that men are visible in our messaging. These supporters include musician and person with sickle cell, 1one, and high-profile blood donor, Mayor of Brent, Earnest Ezeajughi who registered with SLG and recorded a promotional film featuring SCS patron Dame Elizabeth Anionwu. In addition, the Give Blood Squad members (the team of volunteers who support GBSL through recording supporting videos and sharing our online resources) are far more gender balanced with an even mix of those identifying as male or female.

As of March 2021, we had recruited 35 Community Advocates (against a total project target of 30) with 31 remaining involved in some capacity in our work at project end. Our CAs have an impressive range of relevant experience and skills and include scientists, business and management leaders, clinical trials specialists and trainee doctors.

We have had to be particularly mindful to encourage and support those CAs with sickle cell to effectively manage their own health and well-being and not over commit



themselves to volunteering. For some volunteers, sickness, due to sickle cell symptoms, has prohibited them from taking part in some activities and events; some have chosen, for example, not to attend events during periods of cold weather to safeguard their health. We have built in a system to measure and manage such concerns into the risk assessment procedure that we carry out for our external group activities, and, for example, check venues have appropriate shelter and heating in advance of our attendance so that volunteers considering supporting events can be fully informed before coming along.

Recruitment activity during Year 2 was as follows:

- Relaunch of volunteer recruitment in January 2020.
- Recruitment suspended due to Covid-19 (March to June 2020)
- June/July Community Advocate role reviewed to emphasise the need to participate in online engagement. Three new CAs recruited and online induction sessions held.
- Community Advocates were also recruited throughout the year primarily through them approaching the Sickle Cell Society directly.



Once engaged, retention of our CAs has been strong throughout the project. We experienced some drop off during 2020 (4 CAs left the project) with two citing that the move to online delivery methods, necessary due to Covid-19 restrictions, was not what they wished to do; 1 person left as they gained employment following developing skills and work experience through the project and 1 person left for personal reasons. For even the most active and committed CAs, the change from face-to-face to online campaigning has been a challenge, with many missing the impact and excitement of attending events and talking directly with people about sickle cell and blood donation. This is also partly due to the immediate recruitment success such events allow and that volunteers find particularly rewarding. (Face-to-face events yield far better recruitment



results than online.) CAs continue to express their keenness to return to face-to-face activities as soon as circumstances allow.

2.3 Community Advocate Training:

South London Gives (SLG) requests that Community Advocates attend its training programme to develop them as leaders for the project, equipping them with the practical skills to successfully recruit blood donors from black-heritage communities. The CA training programme is comprised of developing their understanding of three key elements:

- Blood donation facts and processes using NHSBT and SLG/GBSL resources.
- Sickle cell awareness, with input from SCS staff, haematologists and people with lived experience.
- Blood donation awareness, including practical exercises in having conversations with potential donors and an understanding of the full spectrum of barriers individuals may have to blood donation.

Equipping CAs with the above has enabled them to successfully recruit blood donors from our target communities independently and as part of face-to-face and online group activities. Table 2 summarises key factors and responses set out for Community Advocates through the training programme.

Table 2:

Factors	Messaging / Approaches
<p>Awareness – in home countries blood donation is often an emergency response. Readiness of blood in the UK negates the impression of a lack and many don't know there is a need for black / mixed race donors</p>	<p>Clarification of the need to recruit black African and black Caribbean donors as well as people of mixed race (over 40,000 needed, relative to an existing 1%-1.5% from these groups) to provide ethnically matched specific blood types to treat sickle cell patients. Raising awareness of the existence of exchange blood transfusion and how this (as an example) requires a consistent supply of ethnically matched blood from many people.</p>



<p>Fear (of needles) & lack of scientific knowledge and understanding about the process</p>	<p>Explanation of process, life-saving potential, and suggested coping techniques. Assurance regarding regeneration of blood and hygiene factors (e.g., use of sterile needles). Assistance with identification of a convenient venue, the registration process, and the time the blood donation procedure takes.</p>
<p>Eligibility – concerns re: lifestyle factors, medication for conditions such as diabetes and visits to countries of origin as obstacles to eligibility</p>	<p>Clarity re: basic criteria (e.g. aged 17-66 with a weight over 50KG), eligibility of people with sickle cell trait to donate and reasons why donation is sometimes deferred. i.e., needing to wait if a potential donor has been to certain countries within the last 6 months (occasionally up to 2 years.)</p>
<p>Trust – Concerns regarding sharing personal data and illegal blood trade</p>	<p>Education re: data protection laws and legal guidelines around use / distribution of blood in the UK. We help Community Advocates understand how they can use their own experience, show empathy and evidence their understanding of issues around trust to be an effective and trustworthy representative of sickle cell awareness and blood donation.</p>

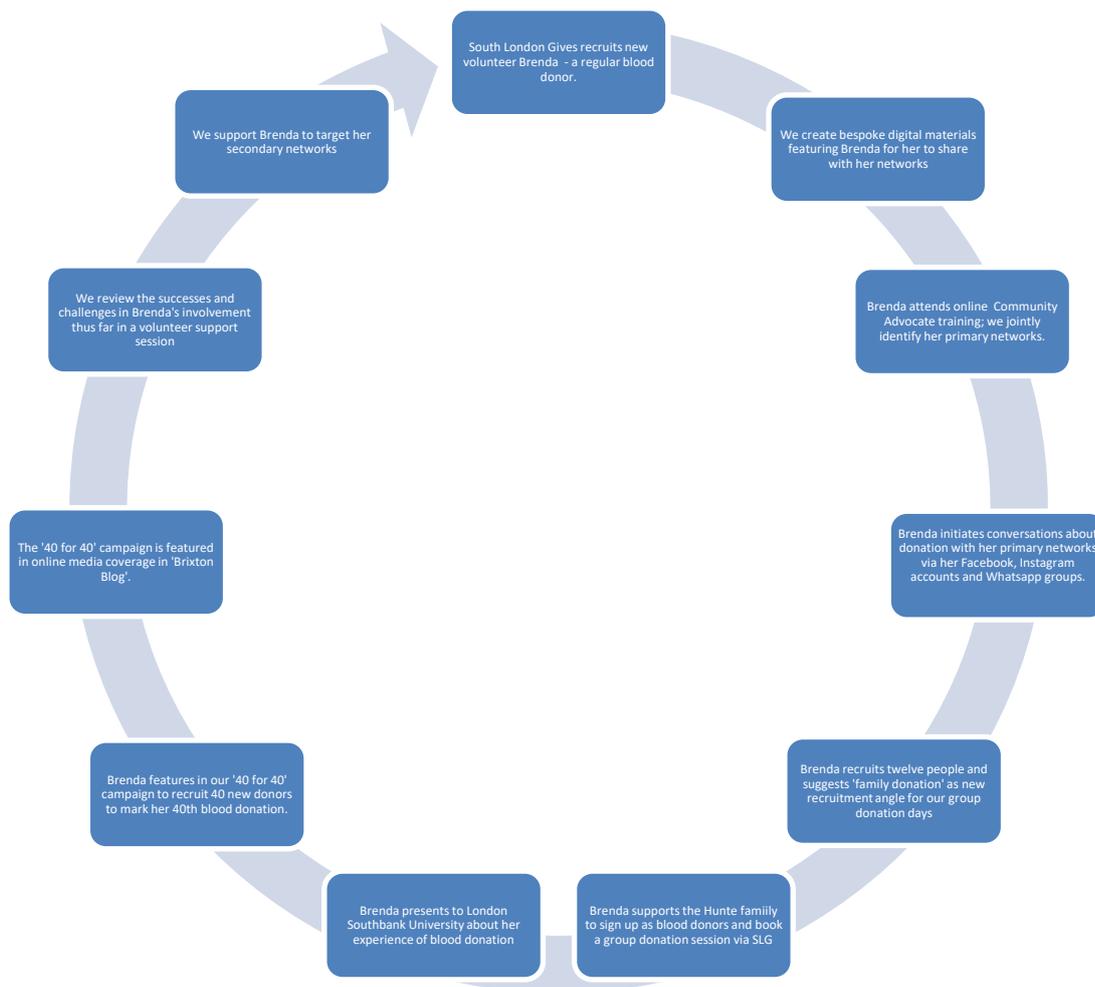
Community Advocate training typically takes place over three months, with a requirement that volunteers also come along to our bi-monthly group support sessions to share information and update their learning. Due to Covid-19, our original volunteer training programme needed to change to include additional online skills, including remote presenting, and reaching out to contacts/potential donors online. As such, in June/July 2020, when the project recommenced after the first Covid-19 lockdown we delivered two 'Refresh and Reflect' training sessions for the Community Advocates and revised the CA role, stating the importance of online engagement and individual action. We adapted our existing training programme so it could effectively function online. As part of this training, and in collaboration with GBSL, we developed simple promotional resources for CAs to share via social media e.g., WhatsApp, Instagram, Twitter and Facebook, to provide a

route for them to communicate our messaging to their networks, in place of face-to-face contact. Outside of training, team members share new ideas and information via a dedicated WhatsApp group.

2.4 Community Advocates in action:

In contrast to the typical way Community Advocates engaged with their individual networks in Year 1, the Covid-19 pandemic meant that in Year 2 much of this engagement happened via digital/ online tools including WhatsApp, Facebook and Twitter. Nevertheless, as the example in Table 3 illustrates, our Community Advocates still participated in a broad range of awareness raising activities and continued to shape new approaches in our work.

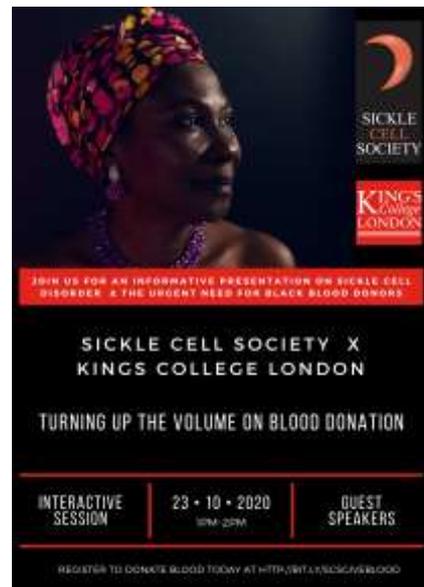
Table 3:





2.5 Community Advocate Support

We held regular support and planning meetings throughout 2020/21 to enable and encourage Community Advocates to share their ideas and to assist them in expanding and revising their role in line with SLG's revised online event approach and to work collaboratively with our wider GBSL programme. This regular supervision and support enabled the CAs to increase their impact and effectiveness, with several of the volunteers being supported to take part in related activities beyond their core volunteer role. These included media interviews, appearing in a Terumo BCT-led film on Exchange Blood Transfusion and representing the Sickle Cell Society on NHSBT's FAIR panel, reassessing the blood donation service's routine use of screening questions affecting gay/bisexual men and those with sexual partners from Sub-Saharan Africa, questions that are frequently highlighted as both barriers to donation, and discriminatory, in our conversations with those from our target groups. SLG's Manager also regularly provides one to one coaching and training to Community Advocates who struggle to meet regular meetings due to personal commitments or who wish to pursue specific individual projects. This year, this has included supporting CAs to curate presentations for Black History Month at Kings College University (see image) and at the British Pharmaceutical Students Association.



***“The session delivered by (Community Advocate) Sola was very interactive and all-round excellent. Because SCD is not something a lot of people know about, the session was delivered in such a way that it was able to fill in gaps in knowledge and encourage people (especially Black people) to donate blood. I can’t over emphasise how good the talk was. In addition, having a patient speak (Give Blood Squad member, Gilde) on their experience was highly beneficial.*”**

Adanna Anthony Okeke - British Pharmaceutical Students Association

Previous reporting has highlighted the personal stories of three of our CAs (Bola, Michelle and Kevin) and their reasons for wanting to volunteer to support the work of



the SLG project. The continued commitment and determination of our CAs, utilising their communication skills and drawing on their networks, continues to make a positive impact on the amount of black heritage people who are aware of the need for ethnically matched blood. Bola Jibodu, a CA with sickle cell who receives exchange blood transfusions, remains one of the project’s key proponents. Through her involvement with SLG, Bola has moved from rarely speaking publicly about having sickle cell and her dependence on donated blood to taking part in numerous face-to-face and online presentations and events, and sharing her story in [this film](#), a collaboration between Terumo BCT, BBC Works and the Sickle Cell Society.

In addition to the primary goal of engaging ethnically matched blood donors, the SLG’s Community Advocate approach included the additional benefit of social and skills development for the CAs themselves. It is notable that in year 2, fewer CAs report that their volunteering has enabled them to, for example, ‘Build relationships with new people’, with 50% strongly agreeing or agreeing with this statement as opposed to 88% in year 1. From qualitative feedback from CAs, we can reasonably associate this change with the hiatus in project delivery experienced this year, and the move to online engagement meaning that volunteers only ‘met’ each other or our target communities online for brief periods, when previously training days and recruitment sessions would be for several hours, and sometimes a full day.

Table 4: Year 1 Benefit to Community Advocates

Statement	Strongly agree	Agree	Neither agree / disagree
Building relationships with new people	63%	25%	12%
Feeling more a part of the community	32%	51%	17%
Learning new skills	67%	33%	/
Feeling more confident	67%	33%	/
Better at communicating with people I do not know	50%	33%	17%



Maintaining / improving health and wellbeing	33%	50%	17%
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Table 5: Year 2 benefit to Community Advocates

Statement	Strongly agree	Agree	Neither agree / disagree
Building relationships with new people	29%	21%	50%
Feeling more a part of the community	71%	24%	
Learning new skills	43%	21%	46%
Feeling more confident	50%	26%	
Better at communicating with people I do not know	/	35%	65%
Maintaining / improving health and wellbeing	7%	21%	72%

“I am thoroughly enjoying volunteering with SLG. I am looking to get better and to develop my contribution to the team and wider community even more. I am happy to do whatever I can to raise awareness of sickle cell and get more black blood donors to start giving.”

Bola Jibodu, Community Advocate

3. Activities

3.1 Background

Throughout Year 2, South London Gives has continued to disseminate our messages and recruit new blood donors via activities with organisations including, community groups, student bodies, workplaces, and church groups. These activities have been a mixture of formal presentations and training/ learning sessions involving, and often led



by, our Community Advocates. We have also been supported by individuals such as social media influencers and black-heritage celebrities in this work who have enabled us to broadcast their messages of support and personal experiences of blood donation on our social media as part of our promotional and recruitment activities. While many of these relationships have been brokered by project staff and Community Advocates, the Sickle Cell Society's Information and Helpline Team have also received direct approaches from organisations seeking speakers on sickle cell which they have passed to the project, enabling us to then introduce the topic of blood donation as part of our agreed input into their work. During year 2, the Information and Helpline Team have forwarded 8 contacts to us that have resulted in SLG delivering online presentations. It is also notable that, with the increased profile of our blood donation work, achieved by ongoing media coverage and the presence of dedicated social media channels for Give Blood, Spread Love, we have had more organisations approaching us specifically for information and collaboration on blood donation in minority ethnic communities, and predict this will continue as our work in this field develops further.

3.2 Type of activities

Table 6 (below) illustrates registrations by event type during Year 2 together with the percentage of the total blood donor registrations recorded.

Table 6:

Type of activity	Number	Registrations (%) of total
Church	3 (online)	13 (6%)
Community	2 (online)	5 (2.5%)
Educational establishment	8 (4 online/ 4 in person)	90 (42%)
Corporate Sector	2 (1 online/ 1 in person)	9 (4%)
Public Sector	5 (online)	3 (2.5%)
Collaborations with GBSL	28 (online)	54 (25%)
Other recruitment routes (including direct CA recruitment and direct approaches to SCS)	/	39 (18%)



Faith groups

This year we delivered online presentations to branches of Presbyterian Church of Ghana (2) and the Seventh Day Adventists (1). Via our face-to-face work in churches in year 1 we achieved exceedingly positive recruitment outcomes, with 58% of new registrants being reached this way. At our church visits we have seen firsthand how many of the Church Pastors/ Leaders are hugely influential and revered and how they often model behaviours that people in the community are inclined to follow. Therefore, it is interesting to note that sign up rates have not been replicated when we present online (despite using the same structure of hearing testimonies on sickle cell and blood donation from our CAs.) This is partly to do with lower numbers of the congregation joining services online (this was an unfamiliar way of worship for many of the regular church attendees.) However, this is perhaps more connected to the lack of 'peer pressure' present in an online forum versus that in person, where registration is done privately via an online form and not in front of one's peers who have been encouraged to do so by their Pastor. Despite this, feedback from churches on the content presented is consistently positive:

"The feedback we had has been amazing, more so an eye opener for the congregation. We will keep pushing and repeat sharing the link as well as making it a standing item on our weekly announcements."

Adelinah Ausekre – Church of Ghana, Streatham, August 2020

Public and corporate organisations

Our work with public and corporate organisations this year has included presentations for London Borough of Bromley, London Borough of Bexley, the Home Office, NHS England/ NHS Improvement (NHSEI) and corporates including Top Table. As noted previously, due to the introduction of home working for many people, organisations have sought to increase the remote support and contact they provide to their staff, often in the form of increased access to online training and information sessions. That many of these organisations have directly approached SCS or SLG for such input is an unexpected outcome of this work.

The Q&A section of the presentation was the best part. The audience really engaged with the talk and asked lots of questions. The speakers, in turn, provided excellent answers.

Eliane Belben, London Borough of Bromley,



Educational organisations/ universities and student groups

This year we have increased our contacts with universities and specifically their African and Caribbean Societies. This has been partly due to the increased reach into younger communities supported by GBSL. Prior to the pandemic causing all face-to-face events to cease (March 2020) we delivered 4 in person recruitment activities in January and February 2020 which significantly contributed to recruitment figures, representing 42% of this year's achievement. This has included work with Nottingham University, who we also supported to run a recruitment drive on campus and to attend a group blood donation session, and London Southbank University.

"It was an honour to have you present for us and help kick off our celebration of Black History Month. I remain by my pledge to be a sickle cell champion, I hope to continue our partnership and help raise awareness across the campus."

Daniel Campbell, London Southbank University

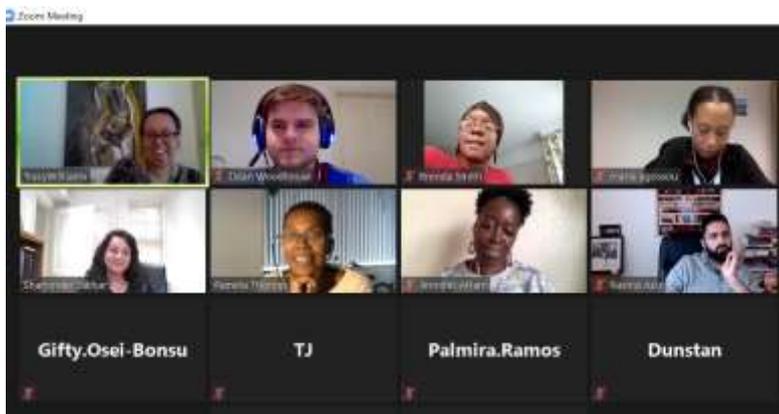


Table 7: Overview of responses from our online presentations

<i>"Which part of our presentation worked best and why?"</i>	
The representatives were knowledgeable	94%
The level of detail was appropriate	94%
Personal stories were powerful	86%
I would recommend holding a session to another group	94%
The audience engaged with the talk	82%



“The personal stories (especially videos) were really powerful. They helped highlight the need especially within the BAME community. The information was also really helpful. Participants were able to understand why blood donation was important, why there is an increased need for certain donors and the practicalities of it all.”

Presentation attendee

4. Communicating our message

4.1 Methods

Throughout the project we have used various methods to communicate our message about sickle cell and the need for more black-heritage blood donors. At our presentations to churches we have prominently featured our Community Advocates who have spoken from the stage and given personal testimony (planned and rehearsed in advance) about their experiences of having sickle cell and/or being a blood donor recipient, often linking it to their own religious beliefs. This approach is tremendously impactful resulting in high levels of engagement from audiences in terms of empathy expressed, questions asked, and registrations achieved. We often support such appearances with SCS films on sickle cell and blood donation and have routinely used NHSBT’s film featuring Church Leader, Donna Akodu. (As noted, despite using the same structure in our virtual presentations, registration results are lower.)

For our online presentations we have developed several interactive PowerPoint presentations that seek to establish attendees’ awareness of sickle cell (its prominence, severity, and treatments) and then proceed to explain the existence and importance of blood types such as Ro and B+ in its treatment. These presentations always include input from people with lived experience and in year 2, we have moved towards a more Community Advocate led approach to presentations, which has supported those volunteers who do not have personal experience of sickle cell or blood donation to take part and present the formal sections of our presentations.

The introduction of our Give Blood, Spread Love project has enabled us to resource the creation of a suite of online and distributable digital tools to support our awareness



raising and recruitment message. The SCS website currently hosts a page of downloadable resources that people can share via their own social media, and on their workplaces' intranet, for example. [GBSL's Instagram](#) features key messaging which is then routinely shared across the Society's Facebook, Twitter and Instagram accounts, supporting us to amplify our message even further.

In creating these tools, we have drawn upon some of the research that documents barriers to engagement and donation, aiming to speak directly to reasons people may have for not donating. For example, lack of awareness about the process; confusion about eligibility to donate if you have sickle cell trait and unfamiliarity of the impact that donated blood can have in terms of saving lives. This collection of emotive and engaging personal testimonies, case studies and Instagram stories, some featuring social media influencers and celebrities, (see links to some examples below) highlight the need for and positive impact of blood donation for people of black heritage affected by sickle cell. We have found that films/Instagram stories gain significantly more interaction in the form of comments and resharing, than simple photographs/images. Nevertheless, as of March 2021, almost 20,000 direct users have seen our online content and we have received more than 4000 interactions and shares.

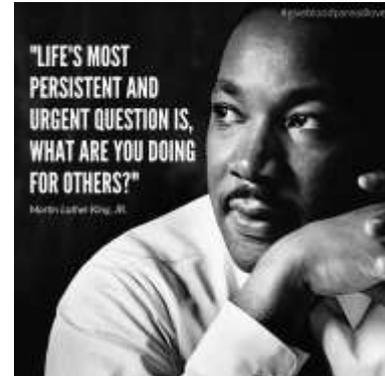
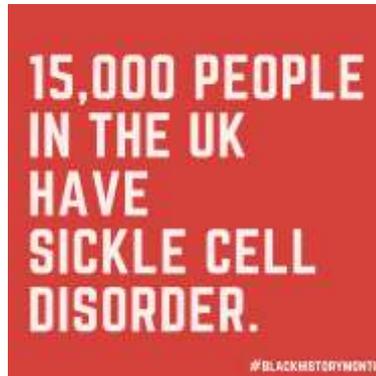
[How can giving blood change the life of someone living with sickle cell?](#)

[T'sharne, young person with sickle cell and regular blood donor recipient, thanks you for giving blood.](#)

[The importance of blood donation for Layla and Suki](#)

[Celebrity Nush Cope, a regular blood donor and newest member of The Give Blood Squad tells us about what's involved when you give blood.](#)

[The urgent need for black-heritage blood donors](#)



Above: Example digital images distributed during Black History Month 2020

5. Case studies

In Year 2 we have continued to collate a range of qualitative evidence from our stakeholders, including blood donor recipients, members of their families, our Community Advocates and blood donors themselves, providing powerful evidence of the positive experience of all groups engaged in the project.

Community Advocates:



Brenda Smith (left) Community Advocate and regular blood donor.

Brenda joined South London Gives as a Community Advocate in August 2020.

“Sometimes there is hesitancy in our community to come forward and donate blood. I want people to know that it is extremely safe and any personal information the blood donation service record is kept 100% confidential.”

Brenda’s plea to black communities is: “You are needed to save lives. “Everyone has said Black Lives Matter, if black lives really matter to you, then donate blood.”



Brenda Smith

- A blood donor for 20+ years
- Advocates for new black donors, specifically targeting men
- Participated in our 'Don't thank me, join me' campaign
- Regular contributor to our online presentations, specifically providing information on the blood donation process, the safeness of donating blood and how people can expect to be treated.
- No direct relationship with sickle cell.
- Altruistically motivated blood donor.



Dunstan Nichol-Wilson (Community Advocate and person with sickle cell)

Dunstan was our first recruit to SLG, and in year 2 has been involved in supporting new volunteers to the project. Dunstan has curated a presentation for his workplace, Kings College University, on the History of Sickle Cell and Blood Donation and spoken to the BBC and Supreme Radio about his campaigning to increase the number of black-heritage donors.

Dunstan Nicol Wilson

- Scientist
- Had not spoken publicly about having sickle cell prior to involvement with SLG
- Now a Sickle Cell Consultant providing insight and guidance on sickle cell to the public and private sector
- Represented the Sickle Cell Society on NHSBT's FAIR panel

Blood Donors:



"Felt amazing donating blood with my family, I felt proud of them all. I explained to them that there's an urgent need for more black blood donors and they all agreed to give it a go."

- Heather



After not giving blood for over 20 years, I was convinced to give it another go by my wife. I'm glad I did and will not let so much time lapse again. Worthwhile cause for just an hour of your time.

- Arnold



Was my first time donating, was encouraged by my mum to give it a go. Found it to be an effortless and worthwhile experience. Staff were all really friendly and put me instantly at ease. I will definitely make it a regular practice.

- Raymon



"Was a little nervous as it was my first time donating but as soon as you step in the centre you are greeted by friendly staff which helped. Donating was so easy and painless I would do it again. Felt good doing something worthwhile.

- Alayna

The Hunte Family

Community Advocate, Brenda Smith, recruited Heather Hunte, as part of her 'Don't thank me, join me' campaign. After a positive first-time donation experience Heather attended a group donation day facilitated by SLG, taking along her husband Arnold, a reinvigorated donor, and their two children in their 20s, first time donors, Alayna and Raymon.

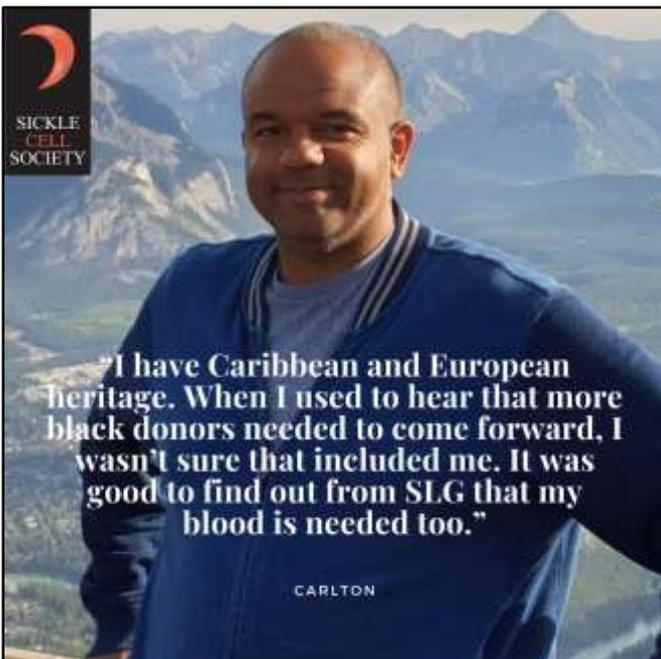


Bel Lartey (left) a regular donor.

Bel had not donated blood for over 10 years. After hearing about how blood helps people with sickle cell Bel says "I felt compelled to help how I could".

Representatives from SCS were holding an event at the African Health and Wellbeing Day organised by the Centre of Pan African Thought which Bel attended.

Challenges: Bel told us "The process can be a bit worry-inducing due to the feeling that there are many obstacles to donating such as travel restrictions, sexual history and low haemoglobin levels. However, the NHS staff on hand are well trained and very friendly.



Carlton Lewis (newly recruited donor, has now donated twice)

Carlton was recruited via a Community Advocate as part of SLG's work to actively target mixed race donors. Research on the type of messaging often used by NHSBT showed that, 'Mixed race non-donors may not fully identify with BAME messaging'. In our work, we specifically name mixed race people in our promotions and prioritise the term 'black heritage' over the simplified term of 'black'.

Churches:



House of Praise, Camberwell - We began our working relationship with House of Praise in 2019 after being linked to them by our CA and the church's Women's Group leader, Bola Jibodu. In 2020 and 2021 we continued our work with them, supporting donor recruits to navigate the blood donation system and planning a programme of awareness raising work with them. *"The face-to-face presentation from SLG was very effective. The team were able to talk to people and answer questions after the presentation. Having people on their team to share their real-life experiences gave many others hope. The playing of the short video of Pastor Donna Akodu showing how quick blood donation can be was helpful. Now we know more about SLG's work we think it is really important that the work they do raising awareness of sickle cell and having conversations with people undecided about donating is recognised. We are looking forward to continuing our partnership with"*

Abiola Olusegun, Church Leader at House of Praise



6. Outcomes

Table 8 illustrates achievement against KPIs from January 2020 to March 2021.

Online events and content	YEAR 2 ACTUAL	YEAR 2 TARGET	% ACHIEVED
Number of online recruitment events and activities	48	52	92%
Dissemination of info to Haemoglobinopathy Coordinating Centres for online use	50	50	100%
Social media content piece relating to blood donation and encouraging registrations	13	7	185%
Social media live related to blood donation	3	3	100%
Community Advocates			
Number of one to one 'meetings' with potential advocates	38	50	76%
Number of advocates trained in community organising	21	20	105%
Volunteer hours spent on the project supporting donor recruitment	573	500	115%
Volunteers reporting increased skills	13	20	65%
Donor recruitment			
New black donor registrations	213	600	35%
People attending group donation sessions	29	40	72%



Over SLG's full delivery period, the project:

- Registered 624 new donors
- Delivered presentations, workshops and support on sickle cell and blood donation to 125 agencies
- Directly reached over 5000 people at face-to-face events
- Designed and delivered a new volunteer recruitment and training programme, securing involvement from skilled professionals in the sickle cell and blood donation community
- Recruited and trained 35 Community Advocates
- Collaborated on joint media projects with NHSBT, BBC TV, BBC Works, Terumo BCT, Premier Christian Radio and Supreme Radio to raise awareness of sickle cell and blood donation and recruit new donors
- Supported the recruitment of 35 Give Blood, Spread Love 'squad members' spreading awareness around blood donation.
- Engaged over 1000 social media followers
- Developed and shared a suite of digital blood donation resources with over 30 organisations and individuals
- Developed social media content viewed by over 19,000 unique users
- Secured celebrity endorsement from people including Yinka Bokinni and Nush Cope
- Had its social media posts shared and retweeted over 50,000 times.

New donor registrations

In year 1, women represented 249 (61%) of donors recruited vs. 162 (39%) male. In year 2 women represented 155 (72%) donors vs 58 (28%) male.

Over the life of the project the gender balance was 65% female vs 35% male.

Due to male under-representation we are keen to directly target more men for involvement through dedicated campaigns in our future work.





In Year 2, 94 (44%) of recruits were 30, and under, with 119 (56%) 31 and above. This reasonably even balance is indicative of our close work with student bodies this year and the influence of GBSL which has enabled us to reach a younger demographic.

Lack of clarity around access to NHSBT's online system during the initial phase of project delivery in year 1 meant age data was not collected for 201 (49%) participants, however 78 (19%) were recorded as 30 and under and 132 (32%) as 31 and above. Over 2 years the age breakdown is as follows:

- 30 and under: 172 (28%)
- 31 and over 251 (40%)
- Unknown 201 (32%)

The project database shows that most people who have engaged with the project to date are from a black African background, reflecting our multiple recruitment activities in black African churches. Over 2 years, 48% of recruits were African, 9% Caribbean. Further ethnicity breakdowns are as follows:

Table 9

Ethnicity Breakdown – Year 1	
African	192 (47%)
Caribbean	25 (6%)
White and black African/Caribbean	2 (0.5)
Any other BAC Background	2 (0.5%)
Not collected	190 (46%)
Ethnicity Breakdown – Year 2	
African	111 (52%)
Caribbean	30 (14%)
White and black African/Caribbean	9 (5%)
Any other BAC Background	63 (29%)
Not collected	/



7.0 Learning & Conclusions

Over the past 2 years the Sickle Cell Society has built upon its networks of organisations, communities, and individuals to reach the specified target group for this work. In addition to its existing expertise in sickle cell disorder, community engagement, and the treatment requirements for people with sickle cell, we have developed significant new inhouse knowledge of NHSBT's blood donation processes and developed a team of staff and volunteers who are able to share a powerful perspective on blood donation and who are committed to making a difference. Hearing the blood donation message from a trusted source helps convert people who are otherwise donation ready, while challenging issues and barriers to donation helps others take the first step towards registration.

7.1 What are the best ways of supporting people from black-heritage communities that help to achieve the project outcomes?

- Communicating our messages face-to-face: Our experience has shown that the most successful way to support our target communities to develop their understanding of the need for ethnically matched blood *and* register as a potential blood donor is via face-to-face engagement, where informal conversations can be had and trust and empathy established, utilising our team of CAs who have direct experience of sickle cell and blood donation. While our digital project, GBSL has enabled us to achieve impressive reach, its remote nature lacks the initial impact of face-to-face work, requiring repeated contact with these audiences to drive them to further engage and register. Notwithstanding this, the widespread contacts made with our new digital audiences, and the information shared with them, has been meaningful and linked us with a younger demographic whose engagement we will build upon in our future work. With the long-term impact of Covid 19 still uncertain, it will be essential to maximise all permitted opportunities that offer in-person contact with our audiences, and further explore the potential of online engagement to yield the outcomes we seek.
- Ensuring blood donation registration and the donor appointment process is streamlined: In supporting new registrants to have an efficient blood donor journey, it is essential that the processes that exist to record their interest and book donation appointments are transparent and consistent. SLG aims to provide all the



information people need to decide if they wish to register as a donor (and uses many of NHSBT's online resources to support this.) In year 2, we were pleased to be able to use an online form via an NHSBT portal to register our new recruits which allowed us to track recruitment numbers more effectively. However, throughout the project we have experienced delays in new registrants being contacted to make an appointment to donate, with some reporting no contact at all. This year, we have used our own resources to enhance the donor journey, providing following up information to all registrants who opt into being contacted by us. However, it is not currently possible for the team to influence or support the administrative process once contacts are passed onto NHSBT or improve the speed with which people are offered appointments. It is necessary to strike a balance between a rigorous approach to blood donor communications and the relationship building and development that is key to recruiting and retaining new donors and building trust.

- Address existing barriers to donation: NHSBT is considering the impact that regulations related to people with sexual partners in Sub Saharan Africa have upon the ability of some people from our target group to donate blood. We have taken part in discussions with NHSBT on how this rule impacts upon the wider perceptions of the blood donation service as a place where discrimination may be experienced as a black-heritage person presenting to donate. We thoroughly recognise the importance of maintaining the safety of the blood supply and are pleased that NHSBT is considering moving to a more individualised screening process, as has been recently approved for some gay/bisexual men who were previously excluded from donation; we believe this will be an important step in reaching and reassuring donors from our target groups. We are also aware of how the permanent deferral of those found to have malaria antibodies and the way the deferral notifications are interpreted by some as confusing and unfair has upon wider efforts to recruit new donors, and believe reviewing the communications on this, as a minimum, would support more black-heritage people to consider registering over the long term.

“I was told not to bother giving blood again because of malaria antibodies present in my blood.”



“I remember having malaria over 30 years ago but have now been prevented from giving blood in the UK. I don’t understand why.”
Permanently deferred blood donors recruited by SLG

- Offering on-site blood donation opportunities: Throughout the project, 11 organisations have asked us to facilitate more flexible blood donation opportunities for places such as large churches, workplaces, and student campuses. We are aware that NHSBT trialled the reintroduction of a blood mobile unit to target black communities in early 2020, which was interrupted by Covid 19, and understand the complexities involved in this exercise, however the opportunities for people to donate in-house/or in flexibly accessed ‘pop up’ donation sites would support more black-heritage people who are willing to give without persuasion, to do so with immediacy, minimise administration between registration and donation and enable swift conversion rates.

7.2 What successes have come out of the project?

The Sickle Cell Society’s respected position among the target communities and its widely acknowledged expertise in sickle cell disorder, advocating for the rights of those affected, and its work across agencies in the UK and internationally, has supported the success of the project by:

- Enabling ease of access to sickle cell experts, including our team of Medical Advisers who have supported our events with their clinical insight.
- Providing access to already engaged potential volunteers who had previously been in contact with the Society seeking support or information; volunteered on our South London Link project and/ or who approached the Society directly seeking volunteer roles.
- Supporting the development of SLG’s promotion during project inception through its existing social media channels and mailing lists.
- Enabling contact with organisations, community groups and statutory agencies where SLG could share its messaging and engage in recruitment.



- Providing access to existing awareness-raising mechanisms, including the Society's AGM and our Patient Education Days.
- Sharing experience of working in partnership with NHSBT.
- Opening opportunities to promote the work and learning of the project to domestic and international audiences, including with sickle cell patient groups in Canada and the USA.

Community Advocates have been successful in presenting a peer message conveying the following impactfully:

- Urgency of need and lifesaving potential of donations, particularly with reference to the frequency of blood transfusions for those on exchange blood transfusion treatments.
- Importance of ethnically matched blood, lack of donors coming forward and impact to people's lives. Our CAs have spoken movingly about the impact of blood being 'rationed', particularly during the pandemic, and their fears of having to wait for necessary transfusions.
- The effect that living with sickle cell has on their life and that of their families, including the impact on mental health, and how easier access to blood transfusions can ease some of the stress, worry and unpredictability they experience.
- Demonstrating the safety of the blood donation process by talking about their positive first time or multiple donation experiences and reassuring potential donors that they will be treated respectfully when presenting to donate.
- Sharing personal details about their lives and treatments, and challenging taboos that still exist in some communities which view sickle cell as a 'curse' which is not to be spoken about.

The project has been successful in delivering the following benefits to Community Advocates:

- Cathartic opportunities to share personal experience of SCD with a range of audiences within and beyond black-heritage communities.



- Peer support and comradeship for those affected by SCD.
- Increased skills and confidence, and an enhanced sense of being part of a community.
- Recognition beyond the realms of the project as independent sickle cell and blood donation campaigners.

7.3 Was the project successful in achieving its intended outcomes?

The model adopted by South London Gives has worked, although, due to the iterative approach taken to its delivery, where methods were trialled, assessed for efficacy, adapted, and then trialled again, it has shifted from the model originally anticipated in the tender. It is reasonable to state that the ways the project has changed over time have revealed significant learning as to how the intended project outcomes can be achieved in this and other contexts and the barriers that still exist to black-heritage blood donor registration. The elements of the community organising approach retained by the project took longer to realise results than targets anticipated. Sacha Bedding, Chair of the Board of Community Organisers, states that it 'isn't a quick fix process' citing 'two years' as a standard timeframe for the full process to take effect. Project outcomes focused on registrations were further impacted by Covid-19 and the associated 3-month hiatus in project delivery.

We have learned that in our community engagement approaches we will meet with people who are at different stages of their relationship with blood donation and so have carefully adapted our methods accordingly. For example, some (typically people who self-refer to our project or happily approach us at events) are aware of the need for black-heritage donors, are keen to sign up and start donating and need that process to be swift and unproblematic in response to their enthusiasm and willingness to participate. However, for most of our target group, paced awareness raising, followed up with conversations about barriers are key, ultimately leading people to a place where they are clearer about the opportunities they have to be involved and support this work, either by registering, if eligible; being more prepared to do so and/ or offering to support us through either formal or informal volunteer involvement. The need for this incremental



approach has been key to our learning and has shaped our work this year and will do so in our subsequent projects.

The paring together of SLG with Give Blood, Spread Love has enabled the project to reach more younger people. By targeting those aged 17-34 years through our social media and that of the influencers and celebrities we have partnered with, we are identifying blood donors whose potential for giving spans a longer period than older generations as they are less likely to be affected by co-morbidities that could exclude them from donating. By starting this staged and paced conversation with these groups and normalising blood donation, we can embed and grow a new generation who understand the importance of regularly giving blood and model it as a common practice among their peers.

Our project tender stated that, 'Volunteer Advocates will include SCD patients that benefit themselves from blood transfusion. They will make for highly effective advocates as they will be able to communicate their condition and their need for transfusion to members of their own community.' This has been an undoubted success of SLG, and with the input of our Community Advocates, and members of GBSL's Give Blood Squad, we have told a range of impactful stories about the sometimes painful realities of living with sickle cell and the challenges of relying on blood donation when ethnically matched blood is not always readily available. We are mindful of the potential emotional cost of sharing personal stories for our team members and aim to safeguard their involvement through regular support and the staggering of their contributions, giving them time to rest and reflect between periods of involvement.

At project inception, we agreed to, 'Utilise research findings in advocate training and communications materials, such as those from the recent report; Ending the Silent Crisis, A Review Into Black, Asian, Mixed Race and Minority Ethnic (BAME) Blood, Stem Cell and Organ Donation; June 2018.' This research and the 2015 ERSO report, 'Blood Donation in BAME Communities, produced for NHSBT, have been pivotal in setting our understanding of some of the barriers and issues in blood donation for minority ethnic groups. Learning from these reports has been harnessed in our training sessions, forming the basis of discussions and role plays aimed at responding to common reasons expressed for not participating in blood donation. It is telling that, several years on from both reports, our experience in the field has confirmed similar findings, with people citing the same types of fears, concerns, and barriers to them becoming a blood donor.



The project has also achieved some unintended or soft outcomes throughout its duration, including supporting groups of friends and co-workers to attend group donation appointments at fixed venues. This activity has helped raise awareness of this opportunity (although some restrictions on group giving have been imposed due to Covid-19) and provided valuable promotional stories for the project that we have disseminated throughout our social media. (See this [Instagram story created by Nottingham University students.](#))

NHSBT asked us to recruit and record first time donors only, however the project has encouraged previous donors to give blood again, often restarting their donor journey after a gap of several years. This should be recorded as a soft outcome as should donors coming forward who are not from our target group but whom SLG registers irrespective of ethnicity.

7.4 What areas of the project could be improved upon?

- As a pilot programme, SLG/SCS and NHSBT have had to set and review the parameters during the course of project delivery which has been a learning experience for all parties. Ensuring all parties share a consistent vision regarding mutual roles and objectives will maximise efficiency in delivery of similar projects going forward.
- NHSBT processes for new registrants on receipt of forms from SLG was initially unclear. Communication with registrants has not necessarily aligned with preferences (with a mixture of calls, emails and letters) sometimes falling outside the agreed processing timescale or failing to take place at all, risking fulfilment of the donation.
- SLG project staff are unable to book appointments on behalf of prospective donors and lack of direct access to the booking system creates a more time-intensive and prolonged process. It also prevents access to numbers of registrants becoming donors and analysis of figures relative to project activity. (NHSBT's recognition that we did not have control of recruitment to donor conversion rates for this reason resulted in the KPI on actual blood donations being removed for year 2 of delivery.)
- The project has experienced occasions where SLG and NHSBT representatives have attended events and were attempting to recruit from the same pool of prospective donors simultaneously. Better sharing of information and plans from both parties



would enable this to be avoided in the future, avoiding duplication of work and mixed/confusing approaches being made to our target groups.

- The development of a more collaborative system of reporting, which provides a clearer picture of an individual's donor journey, once recruited by SLG, would help provide a more holistic and transparent way of monitoring and assessing achievement to target. In addition, being able to influence and co-brand communications sent to people registered through us would help address some of the perceived 'off-putting', 'corporate' or 'impersonal' contacts made with potential or actual donors.
- Our Give Blood, Spread Love project has facilitated the development of a range of high-quality messaging, and, in future collaborations with NHSBT, we would like to maximise their use and reach by distributing them through NHSBT channels, with full acknowledgment of our input.
- Community organising (aimed at developing leaders in communities to promote blood donation as part of a long-term approach to embedding blood donation) may be incompatible with a heavily target-driven approach. However, third sector, as opposed to public sector delivery, is better placed to fulfil this aim, handling stakeholders sensitively, and being mindful of the relationship building needed which is more characteristic to not-for-profit sector approaches

8.0 Summary Recommendations

This evaluation highlights several areas for project development that build on the current successes and learning of South London Gives' work. We hope our experiences may also influence wider improvements in the delivery of similar community engagement approaches.

8.1 Project Activities to Develop

We recommend development of the following:

- Continue to collaborate with the Give Blood, Spread Love, project and develop a joint strategy that maximises the use of digital communications and contacts to drive access to, in person, large scale recruitment opportunities.
- Develop future project plans that acknowledge the staged process involved for some when deciding to donate that include remaining in contact with 'the



undecideds' and providing information and support focusing on repetition of messaging and sensitive feedback to perceived or real barriers.

- Proportionately, flag up medical barriers to donation at an earlier stage. We have found that sometimes the realities of blood donor eligibility can be minimised in favour of blanket messaging, for example the 'people with sickle cell trait can donate' message. While this is true for most, we have been repeatedly challenged publicly by people with trait who have been permanently deferred because their donated blood cannot be filtered as needed. This then challenges the authenticity of our message, which would work better if such nuances were explained in a transparent manner and not ignored for fear of deterring registrations.
- We sometimes hear back from those we have registered (exclusively females, so far) who are disappointed that they have been temporarily deferred due to low iron levels. This is a common reason for deferrals, particularly in black women who often have lower iron readings than women from other ethnicities. (We have requested statistics on deferral numbers from NHSBT.) We know that such deferrals can put people off from returning to donate and so plan to address this barrier in forthcoming work, managing expectations around first time donation, and equipping people with the facts they need to reduce the risk of them being turned away for this reason.
- Increase the use of black male role models in our promotions, and target venues with men in our outreach work, (including gyms and sports clubs, for example) as part of a strategy to tackle the imbalance between numbers of men and women registering with us.

8.2 Use of Online Promotion

- Maximise the potential to disseminate edited videos of our presentations and workshops online to extend the audience and raise further awareness.
- Encourage involvement of volunteer advocates with prior experience of online project delivery and increase ongoing involvement of online influencers with a wide following in our virtual events.
- Review our social media promotions to ensure they include a clear call to action and explore how the involvement of those who do not immediately register can be better retained, measured, and tracked.

8.3 Volunteer Recruitment, Training & Support

- Arrange a recruitment drive to increase the number of black Caribbean community volunteer advocates to have a better representation from this community.



- Draw on the contacts and networks of this underrepresented volunteer group to schedule presentations and sign-up opportunities in churches and other community organisations that offer the highest potential yield in terms of prospective registration numbers.
- Encourage new volunteers without a direct connection to sickle cell to join the programme to help cover absences of community volunteer advocates in poor health due to sickle cell or related caring responsibilities.
- Continue to offer ongoing training to volunteer advocates, focussed on empowering them to take forward opportunities to network and present to groups independently.
- Implement a formal feedback process for community volunteer advocates attending events to better assess which approaches have worked particularly well or need adaptation.
- We need to keep creating fresh material and tell new stories. Our Community Advocates and GBSL members are central to this. We need to remain mindful of the emotional cost of sharing personal experiences in public spaces and keep providing appropriate support to our volunteer team.

8.4 Joint working and administrative processes

- Ensure the roles and responsibilities of the respective parties in future funding partnerships are clearly defined to ensure that the project direction remains aligned with objectives.
- Define the process and timescales for NHSBT's responses to enquiries with a robust information supply chain, reducing waiting times and increasing likelihood of conversion from enquiry to registration and registration to donation.
- Revisit the potential for the South London Gives team to have access to NHSBT's registration systems to help provide swift responses to donors about delayed contact.
- Compare activity plans between 'South London Gives' and NHSBT's 'Know Your Type' initiative to mitigate against duplication, particularly in respect of community events and university groups potentially targeted by both projects.

8.5 Additional considerations

We continue to encourage NHSBT to review whether it would be possible to strategically deploy a re-commissioned blood donation van to venues where there has been a positive reception to the blood donation message, to allow for direct conversion of registrants to blood donors.