



YOUR KNOWLEDGE, OUR KNOW-HOW
HELPING MAKE A DIFFERENCE LOCALLY



**SALFORD
TOGETHER**
Support to Stay Healthy and Well



Volunteering in Care Homes Programme



Lessons Learnt Evaluation July 2015 – September 2015

Introduction

The Institute for Volunteering Research Interim Evaluation Report on Volunteering in Care Homes 2015 identified that: “existing evidence shows there are relatively few volunteers engaged in care homes, especially when compared to other social care settings”.¹ The review also noted a lack of research “on the impact of this type of engagement in such settings and little good practice evidence to inform its development in the future”.²

The Salford Together Volunteering in care homes project aimed to test the model of recruiting, training and supporting volunteers in two care homes in Salford (Swinton Hall and Barton Brook) over a three month period and look to develop good volunteer management practice in care homes in Salford. This approach involved monitoring and evaluating volunteer, resident and staff feedback; creating case studies from both care homes; evaluating findings and sharing experiences with others involved in similar settings.

Monitoring and Evaluation

Volunteers, residents and care home staff were asked to complete monitoring questionnaires on a regular basis; volunteers were asked on a fortnightly basis whilst 5 residents and 5 care home staff at each care home were asked at the beginning and end of the project. All questionnaire participants were asked to score their feelings as below:

Scoring:

1	2	3	4	5
very positive	quite positive	quite negative	very negative	don't know

Volunteer questionnaires asked how participants felt in regard to their volunteering role; social activity matters; sense of purpose for the residents.

Residents/Family/Friends questionnaires asked how participants felt in regard to their activity; feeling socially active; a sense of purpose. (It should be noted that some residents who completed the monitoring suffered dementia).

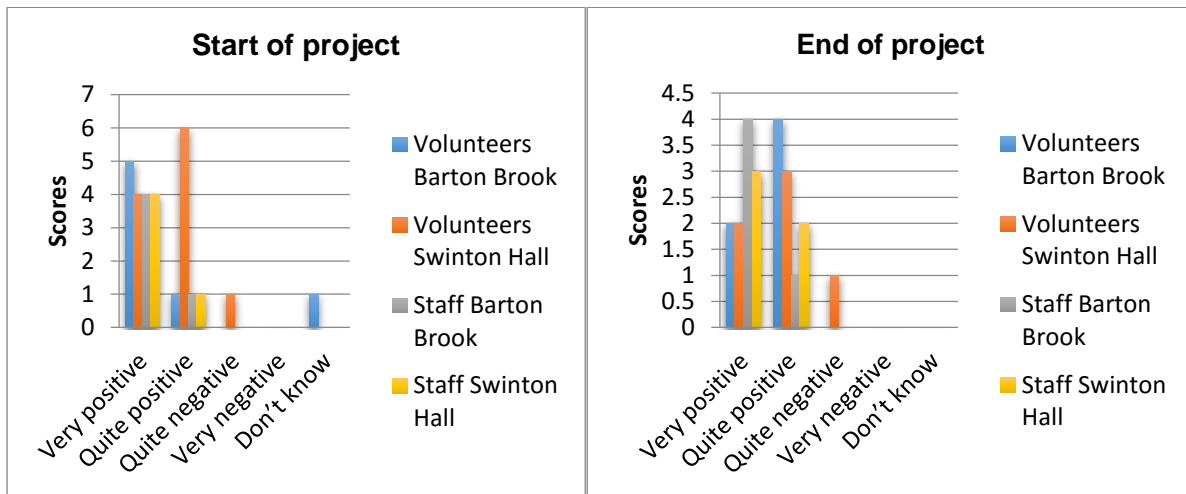
Care home staff questionnaires asked how participants felt in regard to volunteers; social activity matters; sense of purpose for the residents.

¹ Hill, Matthew, *Evaluation of the volunteering in care homes project: Interim Evaluation Report, Executive Summary*, Institute for Volunteering Research/NCVO, May 2015, pg 2.

https://www.ncvo.org.uk/images/Executive_summary_ViCH_interim_report_May_2015_1.pdf

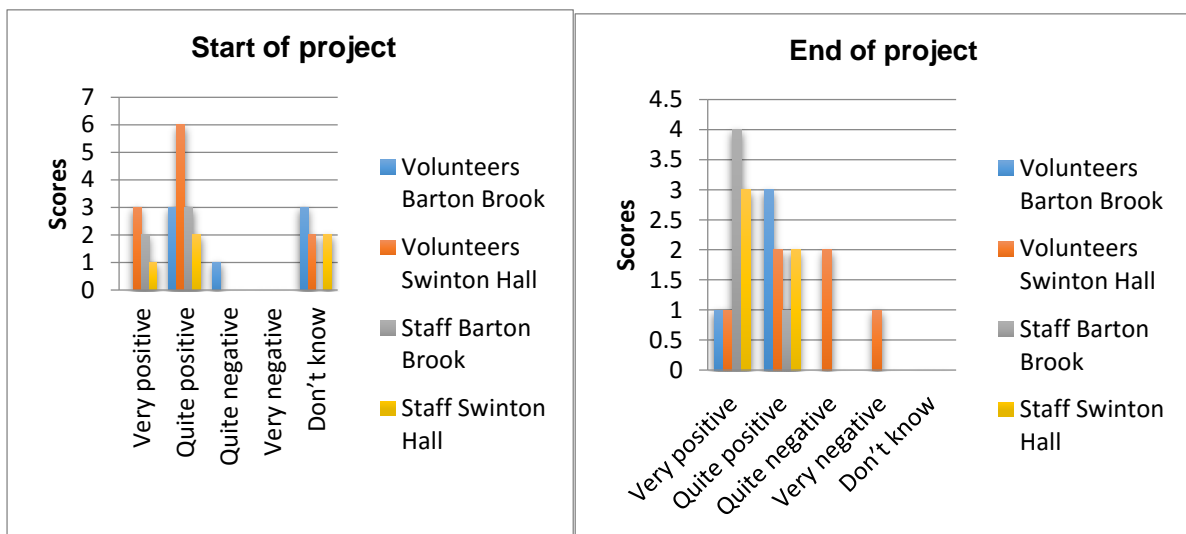
² “ pg 2.

Do you feel that volunteering in care homes provides a valuable contribution towards supporting resident health and wellbeing?



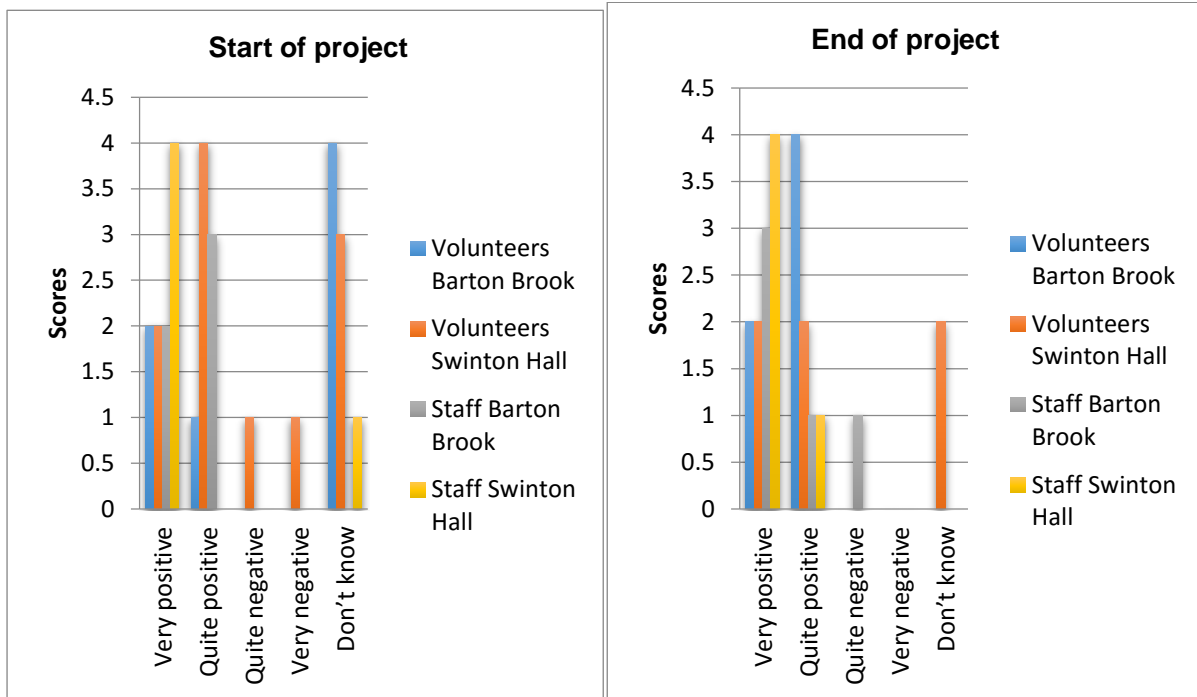
As can be seen from the above charts the highest % of staff and volunteers rated this question as very positive/quiet positive both at the start and end of the project.

Do you feel that providing volunteering opportunities in care homes is seen as a valuable service by the care home staff?



As can be seen the highest increase in this section was by the staff in care homes who by the end of the project rated the volunteers as very positive rather than positive.

Do you feel that volunteering in care homes is seen as important by the family and friends of the residents?



Volunteers: A higher % of volunteers at Barton Brook changed their score from don't know to quiet positive by the end of the project, whilst volunteers at Swinton Hall remain split between very positive/quiet positive and don't know.

Staff: Both care homes rated this question very positive/quiet positive at both the start and end of the project.

Lydia, 67 year old on dementia unit - “Lydia was very quiet and didn’t seem to want company or to join in with activities. I wanted to help her join in, and persisted by regularly saying hello and asking her if she wanted to join in. It took some time, but one day when I asked her, and to my surprise, she leapt from her chair, hugged me and took my hand, and joined in with the sing-a-long activity. Lydia had the biggest smile ever. I sat with her, we sang and chatted, and when I had to leave, she kissed my hand and thanked me for my time. I felt that I had accomplished something by supporting her to get involved and not giving up.”

Background

With over 40 care homes across Salford the city has a variety of facilities operating in different ways to support their residents. Due to the financial constraints of the cost of care and the budgets allocated to support that care the priority of many care homes has been to focus on providing personal care to residents at the detriment of social activity and wellbeing.

The Integrated Care Programme in Salford aims to bring together partners to test new ways of working to improve the quality of life for older people. The programme operates through three main work streams: Community Assets, Centre of Contact and Multi-Disciplinary Groups under the collective name of Salford Together, throughout the life time of the programme other work streams have been developed including the housing work stream

and the care homes and housebound. The programme works through a test and learn model using a plan do study act (PDSA) approach.

The Volunteering in care homes project was a test of change developed through the Community Asset Work Stream which worked with two care homes, Swinton Hall Nursing Home and Barton Brook Nursing and Residential Home for a period of three months, to see if by supporting more social and wellbeing activity residents feel they have:

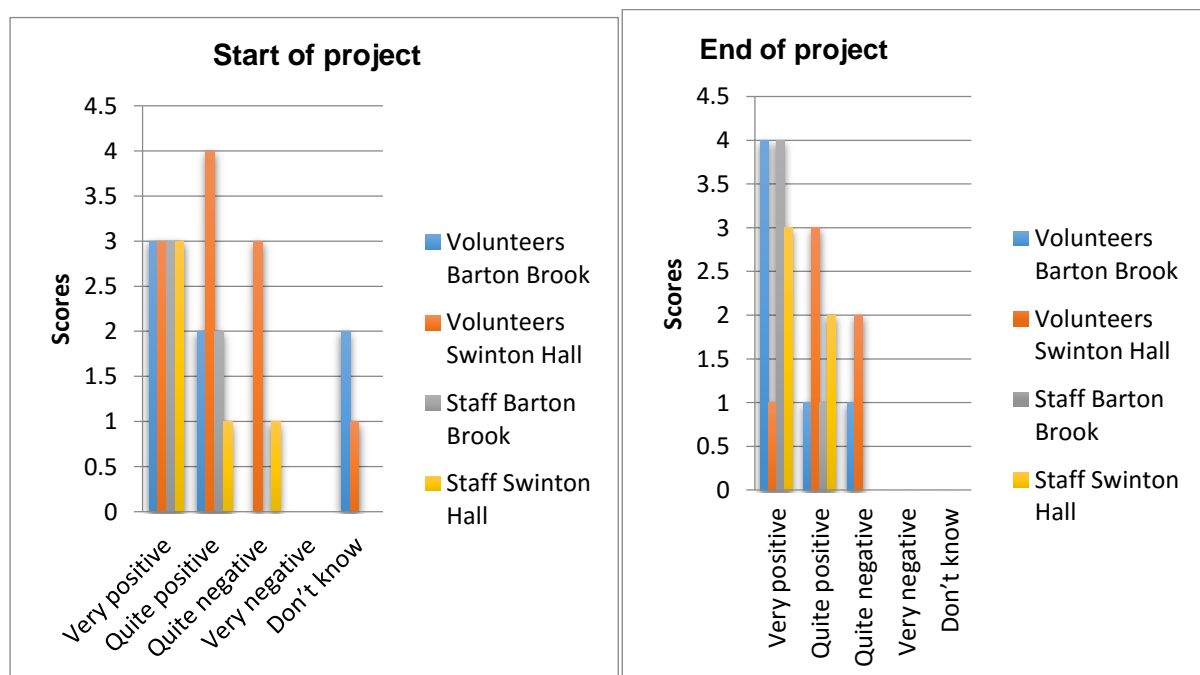
- **Better health and social care outcomes** (better able to manage their own long term conditions eg pain management, improved sleep patterns, healthier eating patterns)
- **Improved experience for service users and carers** (more engaged in their own well being)
- **Reduced health and social care costs** (less likely to need admittance to hospital services)

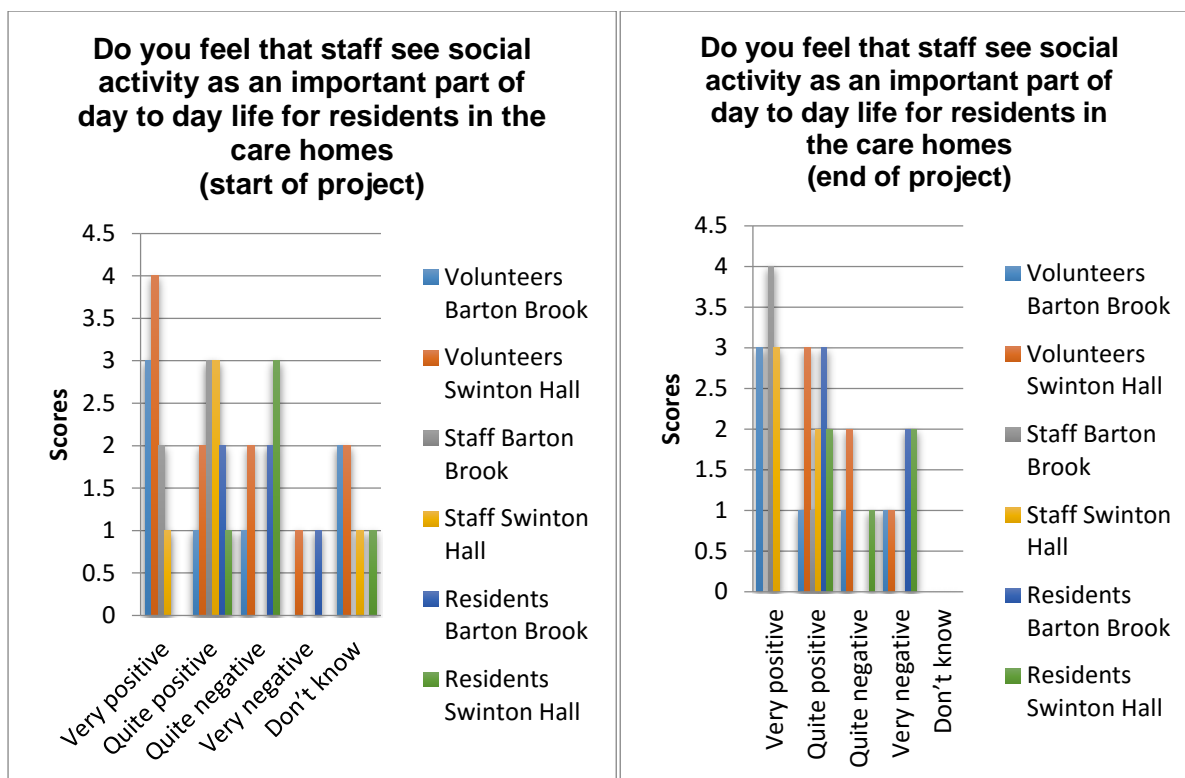
Project outline

Through the Community Asset Work Stream a volunteer coordinator post had been created to develop the role of volunteering as a life choice in later life, along-side testing different approaches to volunteering across the programme. The volunteer coordinator post is currently based within Salford CVS who facilitate the volunteer bureau for Salford.

One of the first projects for the volunteer coordinator was to develop a test of change working with care homes. The project worked across two of the Integrated Care work-streams - Care Homes and Community Assets - to support a team of volunteers enabling access to social activities within the care homes. The project engaged residents in social activity and enabled staff to understand the benefits of involving volunteers in helping to provide social activities and improve wellbeing. The two care homes involved in the project provided a mixture of residential, nursing, intermediate, and high need dementia care.

Do you feel that residents are encouraged to take part daily in social activity to help improve their health and wellbeing?





Project planning

Prior to recruiting the volunteers work took place to develop:

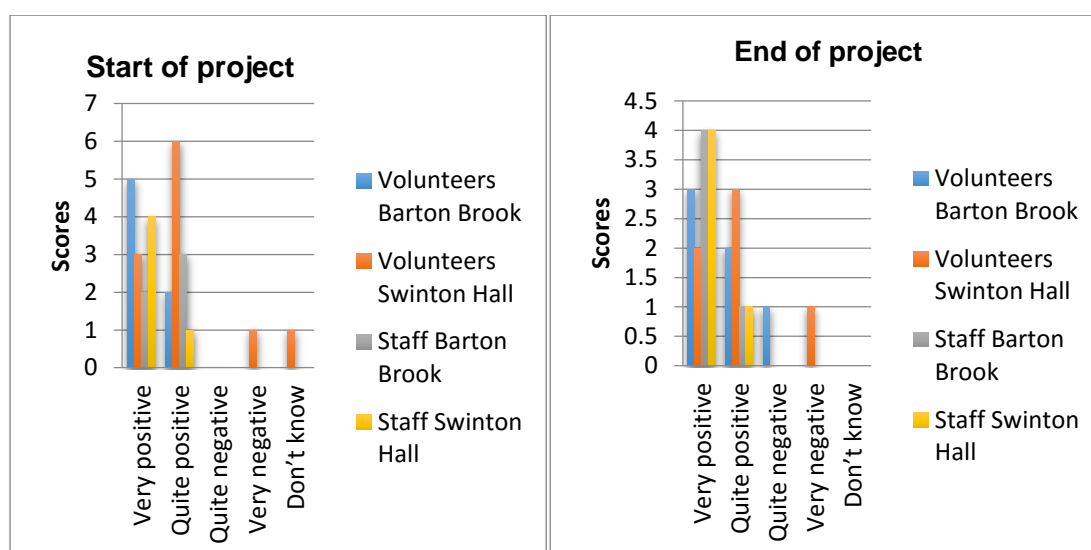
- A volunteer role description was developed
- A volunteering in Care Homes induction handbook was developed
- A training programme was agreed
- An Expectations Agreement which was signed by the care homes to ensure volunteers were protected when volunteering in the care homes
- The care homes were required to produce evidence of adequate public liability insurance provision which covered volunteers over 18 years.

The initial test set out to recruit a team of five volunteers, but due to the expectation of volunteer fallout it was agreed to over-recruit and ten volunteers were finally recruited.

Volunteers were supported to attend the three two hour training sessions as well as receiving induction training from both care homes. Throughout the three month test the volunteer coordinator provided intensive support for the volunteers including 1:1 sessions, liaison between care home staff and volunteers and dealing with any concerns from both volunteers and care homes staff. It was hoped that some volunteers would continue to volunteer with the care homes without such intensive support once the test project finished and the care homes felt better equipped to work with volunteers.

The volunteer co-ordinator also ensured the monitoring and evaluation was carried out for the duration of the project.

Do you feel that you received good quality support to carry out your volunteer role?



The majority of volunteers felt that the support they received from the start to the end of the project was very positive/quiet positive.

Recruitment and Training Programme

Between May 2015 and June 2015 ten volunteers were recruited via various routes, including, through the Volunteer Centre Salford, University of Salford, Salford Royal Foundation Trust website and magazine, and local media during Volunteer`s Week 2015.

Between June 2015 and July 2015: Volunteers began the Volunteering in Care Homes training programme which included:

- Salford Together Induction
- 3 day Empowered Conversation Training run over 3 weeks
- Safeguarding
- Dementia Friends Awareness session
- Care home activity toolkit training
- Induction training at both care homes; Swinton Hall provided training units on Safeguarding Vulnerable Adults, Infection Control, Challenging Behaviour, Health and Safety/Fire Safety; Barton Brook provided Fire Safety training.

Volunteer activity in care homes

The initial plan was that all five volunteers would carry out activity across both care homes to enable learning to be capture and provide comparison across the homes. Each care home initially offered 3 sessions a week.

As ten volunteers remained after the initial training (three male, seven female) it was agreed with the volunteers that five volunteers would be active at both sites visiting each care home once a week with the other five volunteers active at just one site – four volunteers visited Swinton Hall once a week and one volunteer visited Barton Brook once a week.. There was initially more activity at one care home than the other, mostly due to logistics or for personal reasons. It was interesting to note the different responses and experiences of those volunteering at both sites to those volunteering at just one of the care homes.³

³ Those volunteering at one site only were more content than those volunteering at both sites.

Volunteers attended activity sessions lasting two hours on agreed days and times. Where volunteers attended only one site they volunteered for two hours a week, and if at both sites they attended for four hours a week. Volunteers did not attend the care homes outside agreed times. Each session varied from between one and three volunteers.

	July	Aug	Sept
No. of Volunteers active	10	9	5
Total Volunteer hours	70	46	50
Volunteer hours at Swinton Hall	42	20	24
Volunteer hours at Barton Brook	28	26	26
<i>Between July 2015 and September 2015: 55 sessions of volunteering were delivered across the two care homes: Swinton Hall (24 sessions) and Barton Brook (31 sessions).</i>			

The volunteer retention rate was initially very high – out of ten volunteers originally recruited and completed training five remained with continued high levels of commitment and consistency. Of the other five:

- One volunteer discontinued soon after project commencement due to injury
- One volunteered for the first month but ceased due to childcare issues.
- Three volunteers stopped toward the middle of the project; reasons for discontinuation were college/childcare commitments/unknown.

Volunteers were involved in a wide range of activities including reminiscence, art, singing, and games. Volunteers were actively encouraged by staff to share their ideas and skills, and this led to volunteers introducing new activities such as card making, baking and outdoor games activity. Volunteering took the form of 1-to-1 activity and larger group activity (3 or 4 volunteers). Volunteers were involved with residents living with a range of conditions although a high proportion were living with some form of dementia which enabled volunteers to use the skills they had learnt during their initial training..

Working with Volunteers

The project built in extensive support for the volunteers and the coordination met with each volunteer regularly to discuss individual experiences to ensure the project ran smoothly. The project was not always easy for the volunteers who sometime felt that they were not making a difference so one of the important aspects of the project for volunteers to realise was that small steps make a difference. Volunteers felt able to express their frustrations during their 1-1 sessions

Initially the volunteers found activity sessions at one of the care homes quite disorganised; the volunteer co-ordinator worked with the activity co-ordinator to improve sessions for volunteers by encouraging better planned activities making best use of volunteer time. To make sessions easier to manage the activity co-ordinator initially had tended to select the same few residents who would respond to activities, and tended towards more 1:1 sessions where several volunteers would attend to one or two residents. However, it was felt by volunteers that their time and skills would be better utilised in group activities which also involved some 1:1 tasks. This meant that more residents could be reached during a session.

Volunteer views

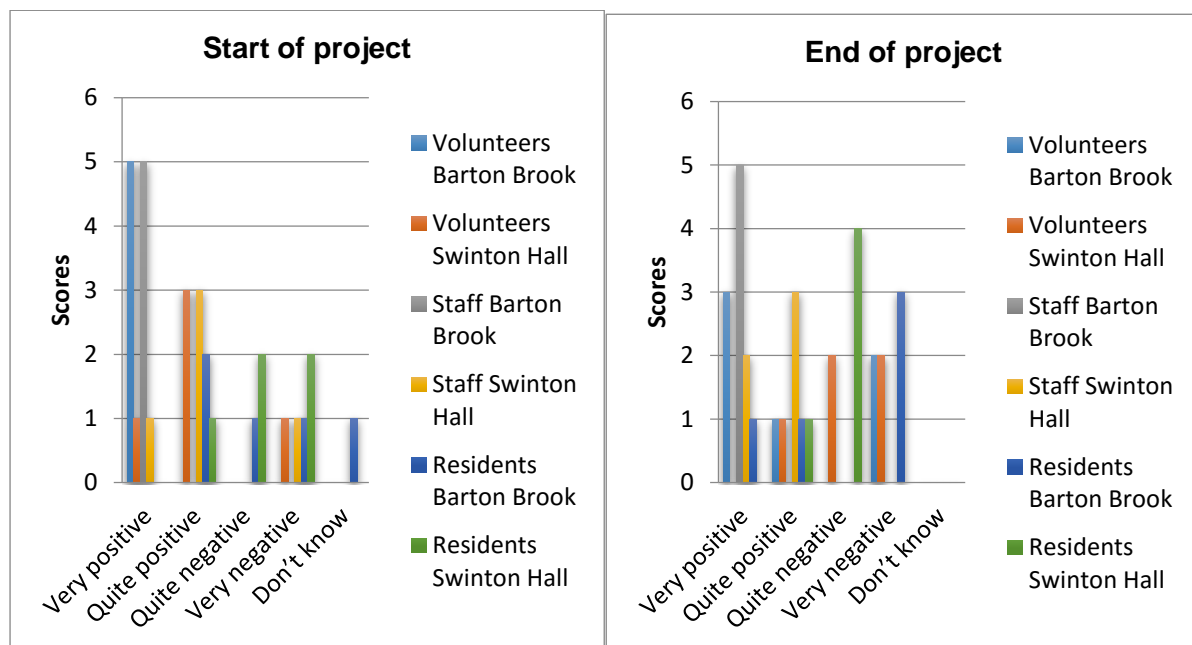
The volunteers were generally highly perceptive, observant, and sensitive to the needs of residents. Volunteers were very empathetic , particularly in terms of communicating with

residents with dementia, possibly due to the Empowered Conversation training they had received.

A volunteer highlighted that staff may benefit from receiving Empowered Conversation training as this would give improved communication skills and avoid demanding that residents on the dementia unit: “Remember? Don’t you remember?” or “What do you remember?” Although this may work with some residents, staff would benefit from exploring other techniques for communicating with residents suffering dementia.

Case study - Linda, 67 year old resident on a dementia unit - “As I walked into the lounge, Linda waved at me and smiled the biggest smile I have ever seen. The Activities Co-ordinator gave me a box of 5x7 cards of famous people and suggested I see if Linda would like to look at them with me. Linda waved me over and said it was lovely to see me and asked: ‘What do you have for me?’ I said: ‘Some pictures of people we might know!’ Lydia was excited and talked about the people she recognised; she remembered quite a few. We went through the box twice as she said she wanted to see the pictures again. After engaging with Lydia for nearly two hours, she said she was going to her room as she was tired. The Activity Co-ordinator afterwards mentioned that Lydia usually walks around the lounge but does not engage with anyone. I had met Lydia 4 weeks earlier when she had laughed and joked with me. Lydia did not engage on either occasion with the planned group activities; it seems she prefers 1:1 sessions and not the group element of some activities.”

Do you feel that the residents are able to have a say and that their opinions are listened to?



As can be seen from the graph above there were high perceptions from volunteer and residents that residents were not encouraged to have a voice within the care homes. Over the period of the project both volunteers and residents felt that this was an area where further improvements could make a positive impact within the care homes. Staff however felt that at the start and end of the project that residents did have a voice and their opinions were listened to.

Staff may say hello or partake in quick banter, but some volunteers did not see this as could be something which is looked at in the future but more support would be required from the care home staff to ensure both volunteers and residents are protected **effective**

communication. The benefit of volunteers within care homes would be that time can be spent sitting and conversing with residents when staff may be too busy with other tasks.



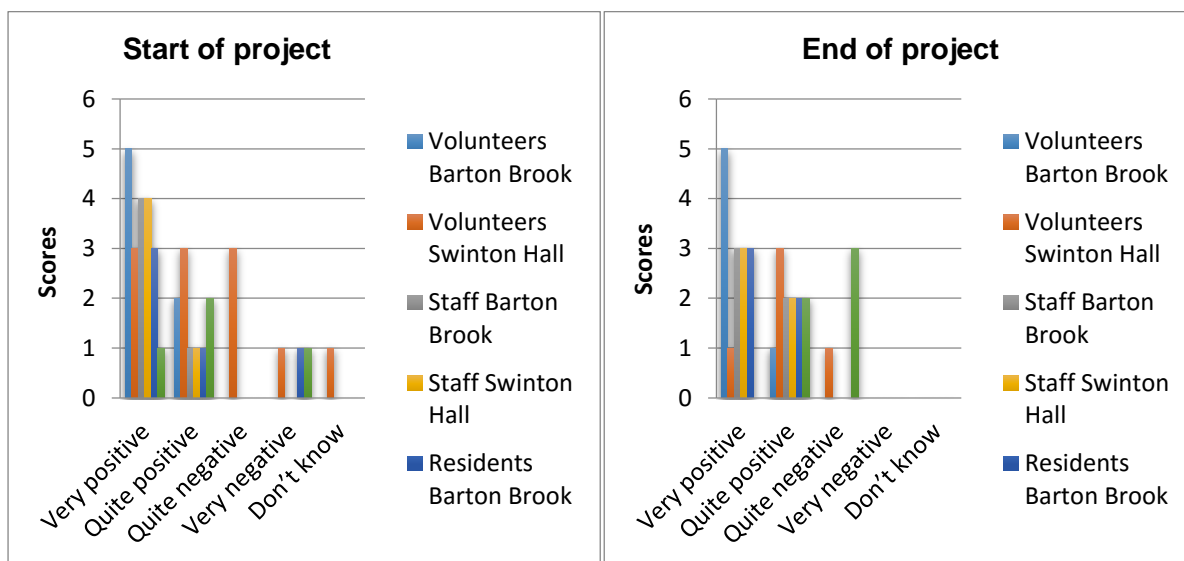
Annie - 93 year old resident.

Volunteers were informed that Annie sits in the same chair every day and is non-responsive. She had suffered a stroke and cannot speak coherently. When the volunteer group played a floor game of snakes and ladders, the activity co-ordinator invited Annie to take part to which she nodded. Annie played the game by choosing a card and watching the volunteers move around the game board. Annie was smiling and receiving pleasure from the game which was a highly visual group activity. The activity co-ordinator commented that Annie does not usually want to take part in activities and felt that this was a breakthrough. Annie has since participated in activity sessions including physical activity and seems responsive when volunteers attend. Although she cannot

communicate in words, Annie was able to alert a volunteer to the fact that she had somebody else`s glasses and not her own. The volunteer was able to assist in finding Annie`s glasses.

Volunteers would have liked to have been able to undertake activity sessions for those residents who were unable to leave their bedrooms however for this test volunteers undertook supervised activities in the main lounges.

Do you feel that social activity matters to the residents eg they experience pleasure and are happy to take part:



- *Volunteers; At the start of the project the majority of volunteers felt that social activity could give pleasure. At end of the project this remained the same however those who had scored very negative or don't know had changed their score to quiet negative or quiet positive.*
- *Staff; At both care homes staff scored very positive/quiet positive at the start of the project, however Swinton Hall staff scores changed to more people rating the activity as very positive at the end of the project*
- *Residents: Barton Brook residents scored between quiet positive and very negative at the start of the project but by the end of the project the highest score was very*

positive. The majority of Swinton Hall residents scored very positive/quiet positive at the start and end of the project.

David, a 69 year old care home resident - David appeared in the lounge five weeks into the project having not been seen previously by volunteers. The volunteers were informed that he mostly stays in his room and sleeps in the afternoon which is why he had not been seen before. The activity co-ordinator asked a volunteer to talk to David, but on-duty carers expressed concern stating that David can be difficult and the volunteer would be better talking to somebody else. Due to being informed of volunteer feedback, which had highlighted lost opportunities of more direct contact with possibly `difficult` residents, the activity co-ordinator challenged carers and the volunteer spend time with David. As a result, David was stimulated and engaged successfully during the 1:1 session - enjoying talking, listening to country music and playing a quiz. The carers took notice and joined in with David and the volunteer during the quiz activity; one carer stated how "wonderful" it was to see the interaction between David and the volunteer. David's sleep pattern had altered on this day due to volunteer involvement and the Sister was asked to monitor his sleep during that night. The feedback was that he slept well but generally did not have issues with sleeping. David has since been seen awake and active during afternoon volunteer sessions, for example, partaking in an outside activity which involved some physical tasks; David did not want to go back inside as he was enjoying himself so much!

Volunteers were concerned that certain residents labelled as `challenging`, or `non-responsive` were not given the same opportunities, as those residents who did respond and engage. Some volunteers individually challenged this, whilst other volunteers were supported by the volunteer co-ordinator to discuss their concerns with care home staff.

One of the care homes advised on taking a break during the session but most volunteers wanted to carry on until the end of the session. The activity co-ordinator was sensitive to the need to reflect and have `time out` if contact with a resident had been distressing as can sometimes be the case in regard to dementia sufferers, but most volunteers wanted to make the most of the time available.

Volunteer Stories

Here are some stories from volunteers about how they felt they made a difference to individual residents. These examples show that activity provision can often improve communication, physical activity and feelings of connectedness for residents.

"I believe my time as a volunteer at Swinton Hall was most effectively spent. I got to know a lot of residents individually and learnt different things about them and what activities they enjoyed doing. In particular, there were two residents, Doris and Mildred, whom I felt my volunteering most benefited. I noticed the most change in Doris. Each week when volunteers would come to the home, Doris would repeat the phrases: "Can you help me go home please?" or "Can you help me get up please?" I found hearing this a bit shocking in the first few weeks because as a volunteer there is nothing you can do to help. However, Doris would tend to repeat the phrases less when she was involved in an activity or when she was being spoken to by someone about something personal. This gave me the impression that perhaps the phrases Doris was repeatedly saying were a code for: "Can I have a bit of company?" or "Can I get up and walk for a minute?" This shows that with the help of volunteer doing an activity, Doris felt better and did not want to use the phrases as often."

Ada, 89 year old resident - “We haven’t played that game in a long time, thank you” (Ada)

The activity co-ordinator explained that she had not been able to play the snakes and ladders floor game with the residents for some time as the game required a number of people. With the assistance of a small number of volunteers, the residents were now able to play the game. Ada became quite animated during the game, with her competitive streak showing through; she had been an active sportswoman in her youth! The activity really brought out Ada’s personality and highlights how volunteers can assist residents to be the individuals they are rather than just be seen as elderly residents in a care home. Ada was smiling and joking and said how much she had enjoyed it, and how they hadn’t played it for a long time. Ada mentioned another horse-racing floor game that they also hadn’t played for a while and asked the activity co-ordinator if they could play it soon. The activity co-ordinator agreed that, now they had volunteers to help, she would arrange for them to play the game. As a result of this, the game was played quite regularly with volunteer support. Residents have received this game as though it is a new activity. The game included residents being involved in physical activity which they seemed to enjoy.



“Another change in a resident I noticed was in Mildred. The activity co-ordinator informed me that Mildred was quite fond of card games, and when prompted with a card game activity, communication was a lot easier with her. Similarly, a stuffed toy tiger was brought into the care home, and as soon as Mildred touched it communication with her again became a lot easier, particularly bringing up memories from her childhood. Mildred could have spoken for hours with the stuffed tiger in her lap. This shows the importance of using touch, and how a volunteer can better engage with residents using soft toys and objects which are pleasant to touch and which give comfort to residents.”

Working with activity co-ordinators

The volunteer co-ordinator worked with the care homes activity co-ordinators to support and manage volunteers. Sometimes this involved actively steering staff to effectively work with volunteers. It also meant ensuring the co-ordinators utilised the potential of volunteers and their time. This was important for retention purposes, because if volunteers felt frustrated or poorly employed then there was the risk of losing them. Activity co-ordinators were keen to listen to volunteer ideas and suggestions, and with support were willing to support volunteers to lead sessions.

- Activity co-ordinator A had felt the need to `protect` volunteers from residents with more difficult behaviour, but once the activity co-ordinator had been guided to let volunteers face some challenges then the sessions became less tense and more spontaneous. There are obviously issues with this in terms of safeguarding volunteers from residents who are potentially physically challenging, but staff should provide appropriate levels of supervision to balance risk and control. There was an event at one of the care homes where such an incident may have occurred and was poorly controlled by staff, therefore it is important that staff understand and extend the duty of care to volunteers and are aware of boundaries to the volunteer role.
- Activity co-ordinator B took on board volunteer suggestions in regard to the reminiscence group activity which involved a lot of talking by staff whilst volunteers

sat listening; one volunteer suggested more 1:1 reminiscence sessions which seemed to be more successful for some residents and a better use of volunteer time.

Activity co-ordinators did not sometimes seem to fully understand why volunteers needed to discuss issues with the volunteer co-ordinator during supervision sessions. There was initially an issue with care home staff understanding the responsibilities to formal volunteers, as they tended to view volunteers as not necessarily needing support or guidance.

Care home staff became aware that there was variety in volunteer activity in terms of commitment, skills, and motivation. Staff made comment on issues they had faced with volunteers, for example, some volunteers `not turning up`, how `great` some volunteers were, and how `not so great` others were. This is important because it evidences the reality of working with and managing volunteers, the reality of which is varying levels of skill, enthusiasm, and commitment.

The activity co-ordinators spoke of the positive outcomes of working with volunteers:

- Able to undertake larger group activities
- Able to undertake activities that have not been able to do for a long time
- More 1:1 work
- Able to reach more residents
- Residents who do not usually join in have participated
- Some excellent volunteers who have been very beneficial for residents

Activity co-ordinators also spoke of more difficult aspects of working with volunteers:

- They felt judged at times
- Volunteers do not know residents like the staff do
- Sometimes felt anxious that an activity would not work, and what would volunteers do if sessions did not work as planned?
- Felt pressure for the sessions to always be successful when in reality they sometimes are not
- Supervising volunteers is another task to manage and can take time away from other duties

The activity co-ordinators gave feedback on the support they had received from the volunteer co-ordinator:

- The support was good but more 1:1 sessions with the volunteer co-ordinator would have been beneficial
- Useful information on how best to utilise volunteers
- Learnt that volunteers need an induction package and good induction training which can reduce risk
- Good support around managing issues between volunteers and staff

Role of Salford Together Volunteer Co-ordinator

The volunteering in care homes project was time-consuming for the volunteer co-ordinator and took 2.5 days a week to supply intensive support including supervision. The volunteer co-ordinator role involved:

- Attending sessions and often staying for full sessions to observe volunteers and activities and to assist activity co-ordinators to make best use of volunteer time
- Providing supervision sessions for volunteers

- Attending sessions to ensure completion of volunteer monitoring and to reimburse volunteer expenses
- Administrative tasks associated with expenses, monitoring and supervision
- Meeting activity co-ordinators and care home trainers to plan training
- Meeting care home managers/matrons to develop relationships and discuss any issues; to complete Expectations Agreement; to discuss next steps
- Administrative tasks associated with contacting volunteers/care homes; telephone calls and emails
- Administrative tasks associated with creating volunteer induction pack and training material
- Planning and facilitating volunteer training and induction programme
- Meeting activity co-ordinators to discuss any issues
- Planning and providing volunteer meetings

Other care home staff

There were occasionally issues when care home staff showed a lack of understanding of volunteering, for example, when a volunteer informed a member of staff that a resident was trying to get out of his wheelchair the staff member informed the volunteer not to let the resident do this; the volunteer explained that she was not able to intervene. This evidences a lack of understanding of health and safety boundaries in relation to volunteers and residents and identifies where care home staff require greater understanding about boundaries to the volunteer role.

There was also an issue in regard to staff allowing volunteer contact with a potentially aggressive resident; one staff member allowed contact whilst another advised against. This highlights safeguarding issues for volunteers and a lack of consistency in staff response.

Volunteers occasionally felt a feeling of indifference towards them from some staff, and again this identifies a need for raising awareness of the role and value of volunteers. However, there was mostly extremely positive responses from staff who could see the difference made to residents and enjoyed the experiences that volunteers brought to the homes.

The skills learnt

- Volunteers were frustrated due to lack of planned activities, therefore planning and organisational skills were essential to maintaining volunteer interest and maximising volunteer time and performance.
- The volunteer team learnt that small steps made a difference and led to increased resident involvement and improved wellbeing. A long-standing volunteer from a local church group, St. Vincent De Paul, noted what a difference the volunteers made to the residents; she had observed volunteer and resident interactions and said: "It's wonderful to see the difference they (volunteers) make to residents".
- Where some residents did not want to partake in group activities, volunteers learnt that they could help to provide other options for individuals.
- Volunteers responded very positively to training which involved participative tasks. Volunteers gave very positive feedback on the Salford Together Volunteering in Care Homes programme which could assist to inform care home induction training in regard to how best to engage and train volunteers.
- Activity co-ordinators gained greater understanding of the volunteer role and volunteer expectations.

Things we learnt and can improve on

Training

- Ensure consistency of induction training for volunteers at individual care homes. Volunteer feedback concluded that one of the care homes provided some of the same induction training for volunteers as for staff which made volunteers feel valued and treated equally; volunteers received certificates which confirmed their training. The training material also made them feel better prepared for volunteering in a care home. However, at the other care home volunteers were not treated as equal to staff and did not receive similar staff induction training as they were “just volunteers”. As a result, volunteers felt devalued and inferior to staff.
- Some volunteers did not enjoy video training and thought that there were probably better training methods, but felt that this training was more useful and substantial than a lack of training.
- Awareness training should be provided to care home staff to ensure they understand the role and responsibilities of volunteers

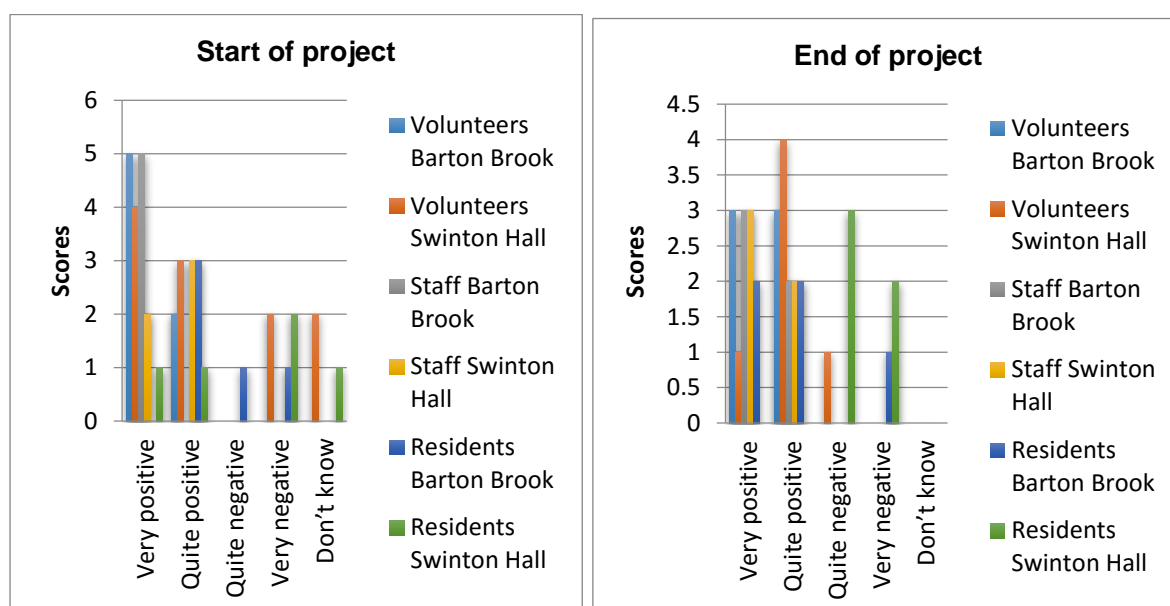
Preparing staff for volunteers

- Care home staff would benefit from an awareness session about what formal volunteering involves as staff generally viewed volunteering as informal.
- Key staff did not fully accept or appreciate why volunteers should be practically valued, for example, there was a lack of understanding as to why volunteers would require travel expenses; this simple measure towards valuing the difference volunteers make is important.
- One of the care homes seemed to view volunteering as a completely altruistic act.
- Staff in care homes need to think about how they value volunteers as part of the team and use appropriate language which aims to celebrate the role and added value a volunteer brings
- Care home staff may inadvertently isolate residents by labelling them ‘difficult’ or ‘doesn’t engage’.
- Building skills for care home staff on delivery of social activity using the activity tool kit.

Delivery of activity

- Volunteer sessions would benefit from advance planning of activity sessions.
- It was noted that 1-to-1 sessions were very effective and also larger group activities which involved 3 or 4 volunteers. It would be useful to guide activity co-ordinators and staff about what the most effective sessions may look like.
- The volunteer co-ordinator encouraged activity co-ordinators to consider befriending as an activity for individual residents. This could be a volunteer opportunity that is developed in-house where care homes recruit and match volunteers with residents.

Do you feel that social activity for residents is making a difference to their health and wellbeing?



Next Steps

- Further discussion with care home staff as to how to support them with their volunteer programme. The volunteer co-ordinator held initial conversations about this next step with the care home managers and followed this up by supplying them with the Volunteering in Care Homes Induction Pack and the Volunteer Centre Salford Good Practice Guidelines for Involving Volunteers.
- The amount of time involved in the recruitment, training, and management of volunteers during the project was quite substantial for the volunteer co-ordinator, and involving volunteers in any organisation is labour-intensive, although as can be seen from the case studies the outcomes can be considerable.
- The care homes require further support to ensure they implement and embed good volunteer management practice. Once this is achieved then care homes should be in a position to manage their own volunteer programme.
- **Key achievements**
- Two volunteers continued volunteering in care homes after project end; one volunteer in each care home.
- Two volunteers were employed by the care homes; one as an activities assistant at Barton Brook and one as a carer on the dementia unit at Swinton Hall

Monitoring and evaluation

Volunteer monitoring

Volunteering role – feeling your volunteer role is valued				
Do you feel that volunteering in care homes provides a valuable contribution towards supporting residents health and well being				
1	2	3	4	5
Do you feel that providing volunteering opportunities in care homes is seen as a valuable service by the care home staff				
1	2	3	4	5
Do you feel that volunteering in care homes is seen as important by the family and friends of the residents				
1	2	3	4	5
Do you feel that you received good quality support to carry out your volunteer role				
1	2	3	4	5
Do you feel that you have learned new skills by volunteering				
1	2	3	4	5
Social activity matters – feeling providing social activity can make a difference				
Do you feel that residents are encouraged to take part daily in social activity to help improve their health and well being				
1	2	3	4	5
Do you feel that staff see social activity as an important part of day to day life for residents in the care home				
1	2	3	4	5
Do you feel that social activity for residents is making a difference to their health and well being				
1	2	3	4	5
A sense of purpose for the residents				
Do you feel that social activity matters to the residents eg they experience pleasure and are happy taking part				
1	2	3	4	5
Do you feel that the residents are able to have a say and that their opinions are listened to				
1	2	3	4	5

Resident monitoring

Residents – feeling about how active you are				
How active do you currently feel on a day to day basis?				
1	2	3	4	5
Do you feel that you could be more active with some help from others				
1	2	3	4	5
Do you feel that volunteers help you to be more active and involved				
1	2	3	4	5
Do you feel that staff help you to be active				
1	2	3	4	5
Do you feel you have participated in activities of your choice				
1	2	3	4	5
Social activity matters – feeling social active				
Do you feel that you are encouraged to take part in daily social activity to help improve your health and well being				
1	2	3	4	5
Do you feel that staff see social activity as important part of daily life in the care home?				
1	2	3	4	5
Do you feel that social activity is making a difference to your health and well being				
1	2	3	4	5
A sense of purpose				
Do you feel that social activity matters to you, eg; do you experience pleasure				
1	2	3	4	5
Do you feel you are able to have a say and that your opinions are listened to				
1	2	3	4	5

Care home staff monitoring

Care home staff – how do you feel volunteers have helped residents				
Do you feel that volunteering in care homes provides a valuable contribution towards supporting residents` health and wellbeing?				
1	2	3	4	5
Do you feel that providing volunteering opportunities in care homes is seen as a valuable service by staff				
1	2	3	4	5
Do you feel that volunteering in care homes is seen as important by the family and friends of the residents				
1	2	3	4	5
Do you feel that volunteering in care homes is important to residents				
1	2	3	4	5
Do you feel you have a good understanding of the role of volunteers				
1	2	3	4	5
Social activity matters – feeling providing social activity can make a difference				
Do you feel that residents are encouraged to take part in daily social activity to help improve their health and well being				
1	2	3	4	5
Do you feel that staff see social activity as a valuable resource				
1	2	3	4	5
Do you feel that social activity for residents is making a difference to their health and wellbeing				
1	2	3	4	5
A sense of purpose for the residents				
Do you feel that social activity matters to the residents eg they experience pleasure and are happy taking part				
1	2	3	4	5
Do you feel that the residents are able to have a say and that their opinions are listened to				
1	2	3	4	5

