Evaluation of the volunteering in care homes project

Interim Evaluation Report

Executive Summary

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NCVO

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Introduction

The Institute for Volunteering Research (IVR) has been commissioned to evaluate the Department of Health (DoH) funded *Volunteering in Care Homes* (ViCH) project, which aims to improve quality of life and quality of care outcomes for residents by placing volunteers in befriending and activity-based roles in care homes. The project is being piloted in five Clinical Commissioning Group (CCG) areas in England. It is managed by the National Council for Voluntary Organisations (NCVO) and is delivered with five partner Volunteer Centres. The interim evaluation report has been produced to inform the next stages of project delivery and evaluation.

Evidence review

Existing evidence shows that there are relatively few volunteers engaged in care homes, especially when compared to other social care settings. Notwithstanding some important contributions, our literature review also shows a dearth 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. The project and accompanying evaluation have set out to help address these gaps.

Methodology

This report outlines the findings of the interim evaluation with the final reporting stage in Spring 2016. The interim evaluation draws on detailed monitoring data based on IVR's Volunteer Investment and Value Audit (VIVA) tool (January 2014-December 2014), a volunteer start-up questionnaire survey (42% response rate), telephone interviews with key care home staff (12 of 13 care homes) and, most heavily, on five in-depth organisational case studies. A total of 36 interviews were undertaken across the case studies including with residents, relatives, volunteers, staff and management. Ethical approval was provided by the Social Care Research Ethics Committee (13-IEC08-0050).

Volunteer activity

Volunteer roles are split roughly between befriending roles (94 roles) (usually undertaken one-to-one) and activity based roles (81 roles)[1]. There have been a wide range of activity based roles within the care homes including arts and craft, reminiscence, training, cat therapy and boccia. Volunteers are involved with residents living with a range of conditions although a very high proportion are living with some form of dementia.

As can be seen from table 1 below, the first volunteers were placed in January 2014. Up until the end of December 2014, 151 volunteers had been successfully placed across 13 care homes, contributing a total of 3,557 hours (mean of 24 hours, median of 13 hours per volunteer). Initially, the overall level of activity increased sharply from quarter to quarter but this has now plateaued. Downward pressure on hours is driven by a sharp decline in the number of new volunteers placed (the retention rate of volunteers between quarters is approximately two-thirds) but is offset by an increase in the mean number of hours contributed by each volunteer. The overall level of activity masks significant variation between different care homes, individual volunteers and CCG areas.

Table 1: Number of volunteers active and recruited in each quarter

	Jan-Mar '14	Apr-Jun '14	Jul-Sep '14	Oct-Dec '14
Volunteers active	**40**	**76**	**90**	**84**
Volunteers recruited	**40**	**49**	**38**	**24**
Mean hours per volunteer	**6**	**10**	**14**	**16**
TOTAL VOLUNTEER HOURS	**252**	**733**	**1257**	**1315**

Variety across care homes The total level of activity within each care home ranges from 687 hours to 60 hours (mean of 274 hours). Looking at the last quarter (Oct-Dec 2014), five of

[1] Some volunteers undertake multiple roles

the 13 care homes had more than 10 hours of volunteering per week whereas in some care homes the level of activity was extremely low. Interestingly, the level of activity actually declined in six care homes over the last quarter (see table 2 below for some of the underlying drivers of this diversity).

Variety across individual volunteers Of the 151 volunteers, twenty-four have contributed more than half of the volunteer hours and just 10 volunteers have contributed more than a quarter of volunteer hours. Almost half (44%) have contributed 10 hours or less. This variation is driven by a range of factors including demographic characteristics (e.g. older women have contributed most hours), attitudinal characteristics (e.g. those with purely instrumental motivations such as CV building have contributed least), delivery-level characteristics (e.g. setting up clear expectations and offering substantial ongoing support) and role characteristics (e.g. befrienders have contributed the vast majority of hours).

Variety across CCG areas Three quarters (76%) of all hours have been contributed in two of the five CCG areas. These areas have successfully recruited more volunteers but, just as importantly, they have been able to recruit volunteers who contribute significant numbers of hours. This has been achieved through establishing clear expectations of volunteers, focusing on befriending roles and care homes offering more active ongoing management and support.

Volunteer management

Recruitment and selection The project has recruited a high number of volunteers and has managed to recruit a range in terms of age, ethnicity and disability (although the majority are female). Moreover, sixty-one per cent of volunteers were very satisfied with the recruitment and selection process. The issue has been recruiting sufficient numbers of volunteers who contribute considerable time and do not require huge amounts of support. The project must ensure that volunteers are selected based on their ability and willingness to commit, their understanding of the demands of a care home environment, their basic communication skills and their basic emotional skills.

Pre-placement training and induction A specialist training session co-designed and piloted by Skills for Care and delivered by an independent training provider has been a strength of

the project so far being highly rated by volunteers and care home staff (61% of volunteers were very satisfied with it). However, volunteers should be provided with additional training in bereavement (this has been introduced in many areas), dementia and in-role induction. The project should also look to involve care home staff as much as possible in training and induction as this is greatly valued where it has happened.

Ongoing volunteer management Generally, there was little ongoing volunteer management within the care homes around in-role coordination, emotional support or role development. Care home staff faced a number of barriers including time, a lack of management prioritisation, little understanding of volunteering and low levels of skill in volunteer management. The project should offer more support for volunteers including ad hoc and structured as well as group and one-to-one support (this has been successful in the care homes where it has been introduced). The project should also provide additional training and support to care home staff around volunteer management.

Boundary issues The distinction between volunteer and paid roles is clear and generally there have been positive relationships with staff. In some areas there have been boundary issues between volunteers and residents with the volunteer being seen as a friend or family member. The closeness of these relationships underpins their positive impact but also raises some concerns about overdependence, crossing of boundaries (e.g. sharing mobile phone numbers and offering gifts) and volunteers feeling unable to withdraw from their role.

Impacts on residents

There is compelling evidence of profound and positive impacts on residents backing up findings from the wider literature. The primary impact of volunteers is the sheer time and resources that they contribute, however, there is also strong evidence for volunteers making a distinctive contribution based on their equality and closeness to residents and the altruistic dynamic of their engagement. There is a wide variety in the level of impact across different CCG areas, care homes and volunteer roles and the general lack of activity is the largest factor underpinning the lack of impact.

Social wellbeing impacts By far the most significant contribution is on the social wellbeing side of quality of life and quality of care and for some stakeholders all of the positive impacts were in this area. For many residents the project has delivered fundamental socialisation, company and 'someone to talk to' ranging from very basic 'sitting and being' with people to more substantial long term one-to-one befriending relationships and support. Befriending relationships are much more intimate and can involve trips outside of the home, relationships with relatives, gifts and a whole range of social, emotional (such as bereavement support) and practical support (e.g. assistance with correspondence).

Emotional wellbeing impacts Very closely related to social impacts, the effective involvement of the volunteers was seen to have substantial positive emotional impacts on residents including helping them settle within the home, supporting them in overcoming bereavement and generally reducing distress and anxiety.

Mental and physical wellbeing impacts There was less evidence around these impacts, however, drawing on wider literature we can see that where volunteer roles are providing socialisation and mental (e.g. arts and crafts, reading newspapers or bingo) and physical stimulation (e.g. walking or boccia) they are likely to have positive impacts in these areas.

Impact on other groups

Relatives Carers and relatives appear supportive of the project. The primary impact for them is increased satisfaction with the care that their relative is receiving.

Volunteers The reciprocal nature of involvement was stressed by a number of volunteers with them gaining a range of benefits including developing confidence, satisfaction from helping, a sense of community and developing communication skills.

The organisation Little evidence has been captured on the wider impacts on organisational culture.

Volunteer Investment and Value Audit

One of the aims of the project is to demonstrate that it can deliver positive impacts cost-effectively. The VIVA tool offers a simple albeit limited mechanism for doing this. So far the project overall has seen £76,263 of investment and has delivered £43,073 of value (Oct 2013-Dec 2014). This shows that establishing volunteer engagement in care homes – especially where they have not been involved before - requires considerable investment of time and resources at project start-up to build relationships with care home management and staff, recruit and train sufficient volunteers and embed volunteering. Within this context the first two CCG areas to start the project now have positive VIVA ratios (between Jul-Dec '14) whereas investment continues to outstrip value in the remaining three. These three areas need to significantly increase volunteer activity over the coming months.

Conclusions and implications

The full report offers a much more detailed review of a huge range of specific conclusions and delivery-level recommendations. The below offers a brief summary of the key broader conclusions, project-level recommendations and table 2 offers a number of factors that have been identified as underpinning success across different CCG areas, care homes and individual volunteers.

Conclusion 1: There is compelling evidence that where the project is working well it is having significant positive impacts on residents, relatives and volunteers especially around social and emotional wellbeing

Conclusion 2: There is huge variety in the success and impact of the project across different CCG areas, care homes and volunteers

Conclusion 3: The low level of activity in some areas is the single greatest inhibitor of impact

Conclusion 4: There are generally low levels of ongoing volunteer management within the care homes

Conclusion 5: The project model of external responsibility for volunteer recruitment, selection and training is sound

Project-level recommendation 1: Assess the emphasis on generating learning vs delivering specific outcomes

Project-level recommendation 2: Assess whether to continue with homes where there have been low levels of activity and whether to recruit new care homes

Project-level recommendation 3: Assess the desired level of selection of volunteers

Project-level recommendation 4: Assess the focus on impacts related to social and emotional wellbeing vs physical and mental wellbeing

Project-level recommendation 5: Assess how the model overall should develop

Table 2: **Key success factors** (Blue indicates those factors we have compelling evidence for and red italics those that will be explored in more detail in the next stage of the evaluation).

Resident and relatives Effective matching of residents and volunteers Resident driven engagement Resident-led activities Effective 'matching' between volunteers and residents *Severity of dementia and other illnesses* *Relative engagement*	**Volunteers** Four recruitment criteria • Ability and willingness to commit to substantial hours • Understanding of care home environment • Emotional skills • Communication skills *Volunteers recruiting other volunteers through word of mouth* *Some non-instrumental motivation (especially not solely employability)* *Understanding of relationship to paid staff*
Volunteer Centre Recruit substantial no. of volunteers Recruit volunteers who can commit to substantial hours Targeted recruitment of volunteers for roles identified (see volunteers box above) Outline expectations of substantial commitment Deliver general induction and dementia awareness training Engage care home staff in training and induction Effectively 'pass on' responsibility for volunteer management to care homes Continuous monitoring and communication with care home management Build partnerships with care homes at the start *Rurality makes recruitment harder* *Higher deprivation makes recruitment harder*	**Care home characteristics** Management commitment to time and resources for project Key staff contact for volunteers More staff per resident Positive perceptions of volunteers amongst management and staff Understanding of volunteer management Take on volunteer management (including in-role, emotional and role development) A clear role for the volunteer (whether befriending or activity based) *Management status (private, public or voluntary)* *What are effective forms of support (including in-role, emotional and role development)* *Volunteer management training* *Size (no. of residents)* *Positive care culture* *Financial investment in volunteers*