

Volunteering to support older people's health and care

VEnable Summary Report

Contents

1.	About the VEnable Project	01
2.	Key Findings.....	01
	2.1 Volunteering in hospitals.....	01
	2.2 Turning unmet needs into volunteer opportunities	01
3.	Volunteering in the community	02
	3.1 GP surgeries	03
	3.2 Care homes and sheltered housing	03
	3.3 Home and wider community	03
4.	Meeting and matching needs: Volunteer opportunities in the community	04
5.	Key challenges and barriers	05
6.	Finding, matching and placing volunteers with older people.....	06
7.	Summary Recommendations	07
	Strategy.....	07
	Communications	07
	At the community level	07
	Good Practice and Resources.....	07

1. About the VEnable Project

The summary presents findings from the VEnable pilot (2011-2012) led by Volunteer Development Scotland (VDS) in partnership with NHS Tayside, with support from the Scottish Government Health Directorates. It involved a literature review of evidence, followed by research to map how volunteering enhances older people's health and care in Tayside and to identify how these approaches can be expanded. The research involved one-to-one interviews with health and care staff, group sessions with volunteers and surveys of GP surgeries, care homes, sheltered housing and third sector organisations which engage volunteers in support of older people.

2. Key Findings

2.1 Volunteering in hospitals

Volunteers play a substantial role in supporting older in-patients, co-ordinated mainly by NHS Tayside. A total of 921 volunteers were registered at the time of the project, about 60% in hospices and 40% in hospitals. In addition, WRVS and the League of Friends manage hospital volunteers. Since older people often make up three-quarters of inpatients, it is reasonable to assume that hospital-based volunteers make a contribution to in-patient experiences. The most common roles are for drivers, trolley servers, befrienders and ward visitors, fundraisers, flower arrangers and welcome desk/meeter-greeters. The NHS also co-ordinates around 100 volunteer drivers at community hospitals (half of whom are in Angus), transporting older people who need assistance getting to and from appointments.

2.2 Turning unmet needs into volunteer opportunities

Four key areas of need point to opportunities for expanding volunteer support in hospitals:

- **Lack of consistency in directly managed volunteer support across the three areas of Tayside:** Almost two-thirds of NHS Tayside's hospital volunteers were based in Dundee, but two hospitals in both Perth & Kinross and Angus had no volunteers managed directly by the NHS.

- **Ward visitors and befrienders:** NHS Tayside's 93 volunteer ward visitors and befrienders were based at Ninewells Hospital in Dundee. In addition to older people without regular visitors of their own having someone to talk to, volunteers can carry out practical tasks for patients, such as serving drinks, helping at meal times and encouraging patients to carry out daily activities, e.g. washing their hair and getting dressed.

"I feel wards could benefit from more volunteers to do activities, such as knitting, reading and chatting about the newspaper"

(Event participant, Pitlochry).

- **Providing transport:** Older people attending as outpatients can benefit from volunteer drivers who accompany them during the appointment. None of the volunteer driver schemes served the two acute hospitals in the region.
- **Discharge from hospital:** A key unmet need is for volunteers to assist older people leaving hospital. Evidence suggests that early support at this stage can reduce future demand for hospital services. VEnable identified one volunteer service of this kind - the WRVS Home from Hospital Service in Perth & Kinross.

WRVS Home from Hospital Service in Perth & Kinross

Older people referred to this project are offered six weeks of volunteer support to help them settle back into their home. Volunteers assist with prescription collection, shopping and helping people attend follow up appointments including transport. Several other unmet needs around discharge from hospital could be matched to new volunteering opportunities, including follow-up of older patients by telephone or a 'good neighbour' approach; a contact person for assistance/advice; and ongoing help with practical tasks such as shopping, dog walking and collecting prescriptions.

3. Volunteering in the community

Community and primary care settings are of critical importance in reaching older people who may otherwise be isolated. The team explored volunteering support through GP surgeries, care homes and sheltered housing, and surveyed third sector organisations which involve volunteers in their work with older people. The **timing of referrals** of older people to volunteer support was consistently raised: older people may access support too late due to lack of awareness, trust or unwillingness to ask for help. Volunteers can play a significant **prevention** role through anticipatory, low-level support. Older people who volunteer often provide this early support themselves. Volunteering can contribute to less isolation, more activity, better health and reduced admissions to hospital.

3.1 GP surgeries

Engagement of GP surgeries was considered as key to enabling greater volunteer support for older people. The survey of GP surgeries showed one-quarter host volunteers who provide direct support to older people, spread fairly evenly across Tayside. Provision of health information was the most common volunteer activity, followed by support groups. Half of the practices refer older patients onto volunteer support offered by other organisations. A further third sign-post older patients but were unsure if support was provided by volunteers, while only 3 respondents said they didn't refer onto volunteer support.

Angus Volunteer Centre Single Point of Contact

Established in 2012, Angus Volunteer Centre's Single Point of Contact (SPOC) was highlighted by several stakeholders as a potential model of good practice in co-ordinating volunteer support from GP practices. The SPOC provides GP surgeries and other health & social care services with a named contact for advice and signposting to volunteer support and volunteer opportunities. It has made particular efforts to engage GP surgeries.

3.2 Care homes and sheltered housing

The survey of care homes and sheltered housing units in Tayside led to a small number of responses, but pointed to a diverse set of volunteer activities (reading, social events, arts & crafts, reminiscence). Volunteer support in residential care featured in Reshaping Care Change Fund proposals. Residents of a sheltered housing complex in Angus have identified skills they can share with younger people, who in turn can share

skills with residents in a reciprocal way. A Dundee housing association working with Alzheimer Scotland has been funded to set up a community cafe for people living with dementia, while another received funding to develop volunteer-led activities for older people.

3.3 Home and wider community

Volunteers play an important role in the social, emotional and practical support of older people at home as well as in the community, through day centres, lunch/social clubs and libraries. A substantial amount of volunteering support in the community occurs through third sector organisations. The following types of support were identified:

Overcoming social isolation - befriending schemes and lunch/social clubs

Volunteer befrienders commit regular time to visit people at home or accompany them to social events in the community. VEnable identified five befriending services across Tayside. Angus Council also supports around 70 volunteer befrienders. A total of **28 lunch and social clubs** were identified, with most in Perth & Kinross and fewest 4 in Dundee. These provide opportunities for older people to meet, play games and enjoy other forms of entertainment, as well as exercise classes. In addition, 24 **volunteer-led social groups** were identified, organised by Age Concern and WRVS among others. A total of 17 **day centres** run by charities and statutory providers offered a range of activities. Angus Gold, run by the Council's Education Department, enables older people to learn about computers and drama. Some respondents emphasised a need to move away from traditional day centre models and encourage personalised approaches better suited to older people's interests and skills.

Practical support and keeping fit and healthy

Volunteers offer practical support to older people, including **food shopping** e.g. through WRVS Shop Drop and Dundee Food Train (which engages around 50 volunteers delivering shopping and spending time with older people). For those with limited mobility or who are housebound, this contributes to maintaining independence and continuing to eat well. A large number of **exercise activities/groups** were identified, organised by social clubs and led or supported by volunteers. Healthy Community Collaborative in Perth & Kinross was referred to frequently. **Walking groups** led by volunteers involve a significant number of older people and help to overcome social isolation as well as maintaining health. **Chair-based exercise** enables participants in Angus to remain seated while exercising and is mostly aimed at older or frail people. Other forms of exercise involving volunteers include bowling, tai chi and dancing, supported by Dundee Celebrate Age Network (CAN).

Volunteer drivers supporting transport needs

Volunteer drivers help older people to get out and about for social activities as well as medical appointments. As well as the NHS Tayside scheme, VEnable identified 13 voluntary transport providers in the community, provided by British Red Cross and Dundee Community Transport, while Perth & Kinross Community Transport Group is an umbrella organisation with over 650 volunteers. Volunteer drivers in Angus were engaged by the Council and can only be accessed through a statutory referral.

Support for people living with dementia:

Improved support for people with dementia has been identified as a key priority in Tayside and across Scotland. Alzheimer Scotland is the main provider of

volunteer support for older people and families living with dementia. Perth & Kinross Council provides volunteer support through a Day Opportunities Service and a Community Mental Health Team. Volunteers support older people with arts & crafts activities, carer support, counselling, exercise and transport. In addition, WRVS is developing dementia training for its volunteers and Blairgowrie Community Hospital has developed a specialist volunteer befriending team.

4. Meeting and matching needs: Volunteer opportunities in the community

New volunteering opportunities could be created to address four types of unmet need:

More volunteer drivers

Stakeholders highlighted a need for more accessible community transport in all parts of Tayside, to enable older people to: get to medical appointments, visit relatives in hospital especially in the evening and at weekends, help with shopping and take part in social activities. Gaps in support were compounded by a lack of information for older people as well as access problems faced in rural areas. Greater focus on networking and improved communication for transport providers and volunteers may be required.

Addressing social isolation

Reducing loneliness was regarded as valuable in itself, and as a contribution to fewer healthcare crises and

keeping people out of hospital. One of the most common needs is simply having someone to talk to. Stakeholders recognised the value of befriending support to encourage older people to be independent, motivated and to take part in community life:

“A major gap in services for old people are ones that would address loneliness and isolation; [this could be] a simple niche for volunteering.”

(Third Sector manager)

Befriending was regarded as especially valuable for those living alone, where family support was unavailable and for those recently bereaved, as well as for the carers of older and frail people.

Complementing personal care

Key personal care needs included: foot-care (chiroprody, podiatry), hairdressing, eye care and dental health (e.g. keeping dentures clean, checks on fitting to ensure older people were comfortable and able to eat properly). Foot-care including nail-cutting was raised as a significant unmet need due to the increased risk of falling and poor mobility.

Assistance with practical tasks

Gaps were identified in everyday practical support to help older people remain independent. Tasks which volunteers can assist with include: gardening, shopping, basic household chores, minor repairs, paperwork and form filling, dog walking/pet sitting and accompanying to health & social care appointments.

5. Key challenges and barriers

Participants reflected on the challenges and barriers to accessing volunteer support and creating more volunteer opportunities. While NHS staff who care for older people in hospitals/hospices could draw on the support of almost 1,000 volunteers managed directly – even if unequally in their roles and location - health & care staff in the community found it much harder to know when or how to put older people in contact with volunteers. Some said they did not feel it was part of their job. Three broad challenges and barriers were identified:

Strategic challenges – connecting volunteers to health and social care needs

The patchwork nature of volunteer support highlights the scale of the challenge in meeting older people’s health & social care needs. Volunteering was more **integrated** in some settings than others, but there was less evidence of policies being embedded in practice. Available support from volunteer co-ordinators was regarded as inadequate or inconsistent, although further developed in Angus. Some NHS participants raised concerns about volunteering as a substitute for paid work, highlighting the need for a clear distinction between the roles of staff and volunteers. Nonetheless, progress has been made in this area, with staff experiences and perceptions having improved.

Day-to-day challenges – staff engagement with volunteers

The survey of third sector organisations found that most older people approached them either by themselves or through a friend or family member, while almost half of older people getting in touch had

been referred by GPs or social workers. Challenges for staff in engaging with volunteer support include a **lack of information** on how to access volunteer support (e.g. about insurance for volunteer drivers). Other staff received **too much untargeted information** which was sometimes out of date. Many were unsure who to refer to, leading to reliance on a small number of local groups. **Information overload** was also raised, most consistently by GPs:

“GP surgeries are inundated with letters, flyers and posters, many of which the GPs never see as [they have] too much to deal with. [The relevance] is not seen by GPs or practice managers...sometimes leaflets are put in the volunteer-run help desk and occasionally posters put in waiting areas if relevant, i.e. around medical conditions such as cancer.”

(Practice Manager)

GPs also said they would like a clearer grasp of the evidence-base for the contribution of volunteering to health and care and information “written in GP language”. A few were uncertain about whether, when and how to make referrals to volunteer support. In turn, third sector organisations faced challenges in finding the right contact person to share information with in each setting.

Ongoing training and support

Volunteers said that busy nurses and healthcare assistants may lack time to support or engage with them, impacting on their ability to know how they could best help on the wards:

“It can be difficult for a volunteer to walk into a health environment; staff are busy, they (volunteers can be shy and staff don’t have time to guide/support them.”

(Event participant, Arbroath)

They also identified the need for social and emotional support in relation to the challenges of helping older people with higher levels of dependency or vulnerability. Health & care staff emphasised the need for volunteers have a clear understanding of **patient confidentiality**.

6. Finding, matching and placing volunteers with older people

Finding enough volunteers to support older people was a primary challenge. Some roles were less popular than others, e.g. supporting older people in continuing care compared to high numbers engaged in hospices. Third sector organisations reported difficulties in finding volunteers to support older people with more complex needs arising from mental health problems, dementia and other communication impairments. The diversity of routes into volunteering in Tayside (including local volunteer centres, NHS voluntary service managers and third sector organisations) may itself lead to confusion among potential volunteers. Interviewees reported that older people’s needs are often managed by health/care organisations which don’t consider fully volunteer needs such as lack of time, their skills/interests and flexibility around roles/tasks. Protecting Vulnerable Groups (PVG) check was regarded as a key part of the process, notably by GPs, but is time-consuming and off-putting for some would-be volunteers. Expectations about volunteer support may be unrealistic or older people may be reluctant to accept volunteer support. **Achieving a good match** takes time and requires capacity to coordinate relationships and to train and support volunteers. Volunteers have different motivations which should be taken into account, including some expectations about **training**.

7 Summary Recommendations

Strategy

- Recognise positive outcomes from the Change Fund achieved by local third sector partners (e.g. better co-ordination of volunteer drivers, hospital link workers, time-banking and shared recruitment of volunteers), and invest in more effective approaches across the three local authority areas.
- Recognise the untapped resource of older volunteers in providing care, support and information. Ask more people approaching retirement to support other older people as befrienders and volunteer drivers, and when older patients are being discharged from hospital.
- Increase the contribution of volunteers to co-production and prevention. Integrate volunteering support more firmly into planning in both acute and community settings. Develop new volunteering opportunities to address key unmet needs identified by the VEnable Project, where volunteers are regarded as co-producers of valuable health and care outcomes rather than as a service 'commodity'.

Communications

- Make it easier for older people and key individuals/organisations to find out about volunteering by expanding approaches which raise awareness and improve co-ordination (e.g. Angus Single Point of Contact, hospital link workers). Provide better-targeted information to GP surgeries, including evidence of the benefits for mental/physical health.
- Establish a more effective forum to share resources and good practice between acute and community settings, especially to co-ordinate volunteer-led transport.

At the community level

- Extend sign-posting approaches to all GP surgeries in order to address the uneven nature of volunteer support and volunteering opportunities.
- Recruit 'volunteering champions' (existing volunteers) as a link between primary care teams and local Third Sector Interfaces, to improve sharing of information on volunteer support and volunteering opportunities.

Good Practice and Resources

- Share the lessons of good practice where volunteers already support older people and develop early intervention roles, e.g. emerging examples of volunteers supporting older people with dementia.
- Target resources to organisations/approaches engaging volunteers to greatest effect by: improving development support to ensure a good match between volunteer interests/motivations and older people's significant unmet needs; and expanding volunteering to address unmet needs through greater ongoing support for Volunteer Involving Organisations working with older people.