



ACTION ON LONELINESS IN CARE HOMES

October 2015 - October 2016

London Borough of Tower Hamlets

By Ellie Watmough and Marine Begault



**ACTION ON
LONELINESS**



WITH SPECIAL THANKS TO:

All the residents, staff and families at the six participating homes:

Hawthorn Green (Sanctuary Care)

Pat Shaw House (Gateway Housing)

Peter Shore Court (Gateway Housing)

Silk Court Care Home (Anchor)

Sonali Gardens Extra Care (Creative Support)

Westport Care Centre (Excelcare)

All 51 Magic Me volunteers.

My Home Life (City University) for support and advice on evaluation.

London Borough of Tower Hamlets, Public Health Team, who commissioned Action on Loneliness.

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To find out more about the work of intergenerational arts charity Magic Me, visit **www.magicme.co.uk**

Throughout this report names and identifying details have been changed to protect the privacy of individuals.

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INTRODUCTION

“Action on Loneliness in care homes: an intergenerational project” was commissioned by the London Borough of Tower Hamlets Public Health team and was run by Magic Me between October 2015 and October 2016.

Older people moving into care are often already experiencing loss: of their health, independence, home or a partner. Isolated within institutions which focus on physical care, and distanced from leisure, social, and other amenities, older people can suffer from inactivity, enforced dependency and lack of purpose, leading to both physical and psychological changes e.g. depression, increased anxiety, and listlessness.

Severe loneliness is experienced by an estimated 22-44% of care residents. In an inner city borough older people are more likely to live with known risk factors for loneliness e.g. poverty, living alone, in poor health, living in poor neighbourhoods or experience of homelessness. In Tower Hamlets, population churn and lack of affordable housing for younger generations leave elders isolated and lacking social networks; on moving into care homes they therefore have few if any social relationships and thus receive no visitors or contact from friends or family. Diverse cultural backgrounds and languages increase the difficulty of forming new friendships and relations with fellow residents and staff.

Tower Hamlets Public Health team sought to develop a project that would provide opportunities for older people living in either care or extra care housing schemes to interact with people in the wider community by matching them with volunteers on the basis of topics or activities of mutual interest. The intention was to enable the development of relationships that would be of meaning and value to both parties.



Magic Me tendered for *Action On Loneliness* due to our wealth of experience 27 years, in working effectively alongside care home teams to bring volunteers and school students to socialise and work on creative projects with residents. Our *Cocktails in Care Homes* project currently works with nine care homes across five London boroughs bringing young adult volunteers into care homes every month to socialise with residents.

The objective of this project was to recruit and match 60 volunteers (10 in each care home) with 60 residents across five care homes and one residential extra care facility in Tower Hamlets. The volunteers visited the residents on a weekly basis forming an intergenerational befriending service that was based on mutual interests and shared connections.

AIMS AND OBJECTIVES

Magic Me's key aims for the project were:

- 1. Residents experience reduced feelings of social isolation/loneliness:**
 - form rewarding new intergenerational relationships
 - form better relationships with staff and fellow residents
 - feel a greater sense of connection with the local community
- 2. To support and train local volunteers to enable them to gain new skills and confidence in interacting positively with older people including those with difficult conditions e.g. dementia.**
 - form rewarding new intergenerational relationships
 - see residents and care homes in a more positive light
- 3. For staff to gain a better understanding of the residents in their care as individuals:**
 - form better relationships with them
 - providers recognize the value of intergenerational activities in improving services and outcomes for residents
- 4. To develop a project model that supported care homes in working successfully and positively with volunteers**
- 5. To highlight the positive effect volunteers can have on residents' well-being and the care home community**

EVALUATION PROCESS

Working from these five keys aims Magic Me developed an approach in which quantitative and qualitative data was gathered to be used together to evaluate the project. We worked with My Home Life based at City University, who are a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people. My Home Life helped us to develop an evaluation framework and assisted us in the final evaluation meetings and interviews with volunteers and care home staff.

Our approach was designed to take into account that the vast majority of care home residents have some form of dementia or communication difficulties. Magic Me determined that it would not be possible to use a subjective measure to provide a benchmark for loneliness due to high levels of cognitive impairment among residents. A set of questions (residents questionnaires) were devised that sought to identify if a resident was socially isolated or expressed that they were lonely. This of course came with its own challenges which will be addressed in the Project Challenges and Learning Outcomes (on page 26).

PROJECT STRUCTURE AND MANAGEMENT

Project Team

The project was managed by Ellie Watmough, an experienced Magic Me project manager, supported by Programme Assistant, Rosie Goldsmith. To lead the recruitment and management of volunteers, Magic Me created a new role and employed a new staff member, Adam Butler, as Volunteer Manager. A freelance Evaluation Coordinator, Marine Begault, was contracted to assist on gathering and coordinating the monitoring and evaluation material of the project. In May 2016 a freelance Bengali Speaking Project Assistant, Syeda Begum, was contracted to assist with recruiting and matching volunteers with residents and collecting the evaluation data in a home where many of the residents preferred to speak Bengali or Sylheti.

Volunteer Recruitment & Communications

Magic Me targeted people aged 18+ who live, work or study in Tower Hamlets.

The recruitment and communications plan covered the following:

- The Magic Me website, Facebook and Twitter platforms displayed regular calls for volunteers, updates and contact information about the project.
- General marketing (Flyers were designed, printed and displayed in community venues, shop and cafes)
- Online tools (Volunteer brokerage websites)
- Partnership working (LBTH internal communications, University student volunteering programmes)
- We sent press releases to local publications advertising the project for January press dates: East End Life, The Wharf and London24. In January, an article in East End Life was published about the project.
- LBTH Communications staff placed our Action on Loneliness in Care Homes project launch on the internal staff intranet and magazine.
- Targeted recruitment (Bengali speakers, Parent & Toddler groups, technology workers, faith-based groups) Bengali versions of flyers were printed and circulated.

These recruitment avenues resulted in 201 enquiries into volunteering with the project, with the East End Life press piece just after Christmas being particularly successful in gaining a response.

Volunteer Journey: Application, Induction and Support

A frequently cited disappointment expressed by potential volunteers nationally is the lack of regularity and clarity of communications when applying for volunteering roles. Magic Me developed a Volunteer Journey with regular contact built-in and a clear pathway with timelines that volunteers were kept aware of. However, on occasions, due to the number of volunteers being inducted, it was hard for Magic Me to be in as much contact with existing volunteers as we would have wanted.

Application procedure. The volunteer application procedure was designed to be simple and suitable for busy professionals. We developed a web-based form that collected contact information, availability and volunteer interests in a mobile, tablet and desktop computer-friendly way. This form takes less than 5 minutes to complete and used jargon-free language.

Once someone had applied, to capitalise on volunteer enthusiasm, Magic Me followed up with invitations and registration links to an initial Volunteer Induction Session, ensuring that volunteers were kept in the loop, aware of the project timeline and when they would next be contacted.

Volunteer motivations and care home perception surveys. Once volunteers registered to attend an Initial Induction Session, they were given an optional, anonymous survey to complete on volunteer motivations and perceptions of care homes. The initial answers revealed that many volunteers had little knowledge and somewhat negative perceptions of care homes, which we hoped to change through this programme.

DBS checks and references. We required volunteers to complete the reference and DBS process before they visited a resident in the care home, as their role involved unsupervised contact with vulnerable adults in a residential environment. The reference request and ID document requirements were communicated to the volunteers 2-3 weeks in advance of their attending Initial Induction.

Upon arrival at the induction, the documents were collected and verified by a Magic Me document checker and scanned using a tablet computer with a Magic Me account, before being handed back to the volunteers at the end of the session.

This meant the vast majority of volunteers did not have to make any extra trips to Magic Me for document checking, or experience any delays in their volunteering.

The initial volunteer induction session. Designed by Magic Me specifically for this project, this group session focused on what to expect in a care home, an introduction to the concept of loneliness as a public health issue, and on dementia awareness. The session enabled volunteers to explore effective communication skills and activity ideas that would help them connect with residents in a care home setting. The induction also covered Magic Me's volunteer policies, processes, safeguarding and other important operational information such as volunteer support.

All volunteers were then sent a **Volunteer Handbook** containing the Volunteer Role Description, Volunteer Agreement, statements summarising our Volunteer Policy, further information about the care homes and communication tips.

Volunteer matching. Volunteers were matched by Magic Me staff with residents referred to the project, based on a number of factors, including availability, location, interests and experiences. Residents were referred by the care home staff based on the following criteria:

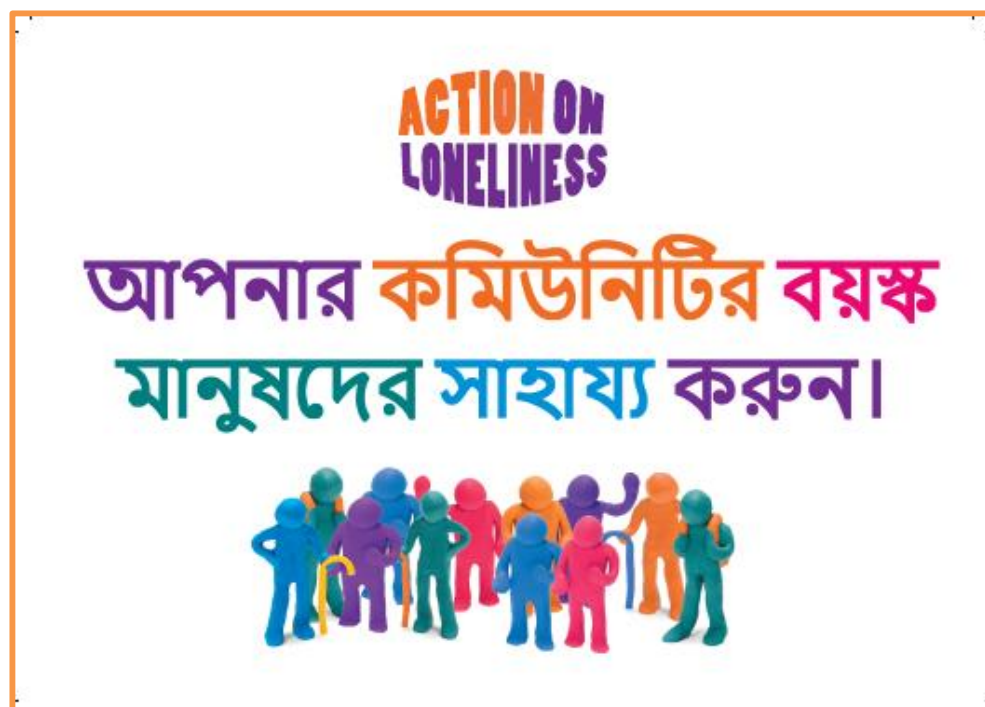
- Have expressed feeling lonely
- Have expressed a desire to be part of the project
- Have few or no visitors
- Would benefit from one to one attention

This matching process was very time consuming for Magic Me staff and will be discussed further in the Project Challenges and Learning Outcomes section. Once a potential match was identified, each volunteer was invited to a Care Home Induction.

Care home inductions. On the volunteer's first visit to the care home, senior care home staff assisted Magic Me in ensuring volunteers became comfortable and confident when making their visits. Each volunteer was introduced to their matched resident. In order to offer peer support, groups of 3-4 volunteers agreed dates and times when they could attend the care home together. Then once the DBS and screening process was completed they began attending the care home and meeting with their residents.

Care home visits. During their visits, the volunteers spent an hour with the resident before meeting as a group for a 15 minute debrief session, using a framework devised by Magic Me. They also completed the **Volunteer Session Log**, which ensured Magic Me had a record of how every visit went, which activities volunteers provided and a weekly gauge of a resident's progress throughout the project. A Lead Volunteer for each session contacted Magic Me after the session to check in. All volunteers were issued with a Magic Me photo ID to display when in the home, the reverse of which contained emergency contact numbers. They were also sent personal safety guidance based on Suzy Lamplugh Trust advice, including information relating to travelling to and from the sessions securely.

Further dementia training. Magic Me worked with Dementia Care Matters to provide additional dementia training for volunteers once they had started the project. Sally Knocker, associate trainer, delivered a session for volunteers in August based on their experiences of volunteering in the care homes.



Bengali version

KEY FINDINGS AND OUTCOMES

Participant numbers

Total Inducted volunteers	81
Total matches made between volunteer and resident	51
Total sessions completed between volunteer and resident	275
Total number of volunteers continuing to visit resident at project end	31

51 volunteers were matched with a resident in the 6 different care homes.

There were a total of 275 one-to-one visits, ranging from 45 minutes to 2 hours. In some cases, volunteers only visited the care home a couple of times; other matches were much more successful with one volunteer visiting their resident 36 times.

All care homes were overwhelmingly positive about the volunteers as a whole and expressed a desire to keep working with them, following the end of the project.

How far the project aims were met

The following section addresses each of the specific aims of the project, highlighting the feedback and evaluation materials collected throughout.

Aim 1: Residents experience reduced feelings of social isolation/loneliness

- form rewarding new intergenerational relationships
- form better relationships with staff and fellow residents
- feel a greater sense of connection with the local community

Feedback from care staff and managers and structured interviews conducted with them at key points of the project highlighted some benefits, which point to the residents experiencing reduced feelings of isolation and loneliness.

Residents opening up

"She loves having the volunteer and has mentioned the volunteer and how they have played cards and speak about dogs. It made her very happy. She's more responsive to it. She is happier to see the volunteer. Sometimes she can be down and closed down and when we mention the volunteer she opens up." Care staff

"Because Don (resident) is very quiet and lost his wife and is still a little bit depressed ... what Charlie (volunteer) did is he opened him up to doing other things. Because before that when we had activities he would never do them. But the Charlie brought in a pack of cards and I think that was the trigger. And whenever Charlie comes they play cards together in the communal area. It's lovely."

Care home manager

"He is someone that likes structure, continuity and familiarity and this has helped because it's the same person that comes all the time. He is someone that would not embrace friendship easily, but if he sees your face regularly, he would."

Care home manager

When asked about the project, one of the residents said

"I don't really enjoy talking. If I talk, it's not because I want to, it's because I have to. I'm not a friendly man; I was once, a long time ago. I'm friendly with John (volunteer) though. I think I enjoy meeting with him more than anyone. I think he is a great chap." Resident

Residents participating more

Care home managers reported that some residents who received volunteer visits began interacting more with other residents and staff and participating more in group activities.

"David is interacting more. He really enjoys the visits and talks about it a lot."

Care home manager

"The residents really enjoy it. There was one resident, and his volunteer really did make a connection with him. The man this volunteer was seeing, wasn't a man who ever joined in activities, or even spoke that much." Care home manager

"He is chatting with other people. He's developing relationships with other residents and he is up for longer. Previously, after lunch he looked tired and went to sleep. But since you guys started 3 months ago, he has been active." Care home manager

Something to look forward to

"You need to feel special. To feel wanted and to feel needed. And I think that's the hard part. Give them something to look forward to. Like "John is coming to see me. Now I've got my visitor." To make them feel wanted, needed, valued. I don't think they are lonely, but it's that feeling of being wanted." Care home staff

"It's given them something to look forward to. Irene has made a point of telling everyone "I have a volunteer now". And when she rang her sister she was telling her sister about how this person comes to see her and what they talk about and do."

Care home Manager

Individual attention

“It’s difficult to sit with everyone and spend time with everyone as an individual. They tend to do things in groups. We all like to feel valued and wanted, and with the volunteers coming in every week that’s allowed them to feel valued.”

Care home manager

“They enjoy a lot of one to one time which is impossible to give ...there is just not the time to sit down with them every single day, even for 30 mins with one person, we cannot do that with 41 people.” Care home manager

“From our point of view it is really good because the people who do not have relatives they can speak one or two hours with them and they feel that there is someone to talk to and they can explore themselves.” Care staff

Connection with the community

“I think that is one of the main things that we want: these community links should be maintained between people living in a care home and people living in the community. Volunteering is great for that – maintaining that community link. And I think it can give the customer self-worth; they don’t feel isolated, they are linking with people from the community, rather than just the staff.” Care home manager

“I think that because it is something external rather than just internal staff because it is somebody else who is different from staff member. And I think that the community should come in anyways to build that bridge, especially young people with older people. I think that will benefit them in terms of somebody coming in and talking about other things than work or sickness. Also somebody who has more time to pursue conversation.” Care home manager

“Companionship – someone they know who is coming to see them from the outside world, give them a bit of news about what is going on. It’s a different face – they see us every day, it’s someone from the community.” Care staff

Aim 2: To support and train local volunteers to enable them to gain new skills and confidence in interacting positively with older people including those with difficult conditions e.g. dementia.

- form rewarding new intergenerational relationships
- see residents in a more positive light

Feedback from volunteers was collected in a variety of ways including SWEMWEBS (The Short Warwick and Edinburgh Mental Wellbeing Scale) questionnaires and the Campaign to End Loneliness (CTEL) Measurement Tool, volunteer surveys and a group evaluation session facilitated by My Home Life. Below are some comments and feedback collected at various points of the project:

A win-win situation

The volunteers expressed the positive impact the relationship they developed with their resident had on their life. The stories and examples they gave highlighted how they viewed the relationship as something positive for both themselves and the resident.

“I will always see Ann, if she wants to see me. I can’t imagine a week going by and not seeing her. It’s not something I can imagine. And I look forward to it; it’s one of the highlights of my week.”

“To me, I see it as a win- win situation. Rachel has got a lot of time on her hands and a little bit of outside company can brighten up her day. I’ve lost all the elderly people in my family, including my parents. So I’ve got extra time, which I would have devoted to my parents. It’s a win – win situation.”

“I think I’m going to continue because it’s quite nice to take a break from whatever I’m doing. Being in the moment. I like the feeling that you’re helping someone rather than sitting in the office.”



Changed perceptions

Volunteers discussed their changed perceptions around old age, dementia and care homes.

“I think I was a bit naïve about what a care home would be like. I didn’t know. I was a bit shocked at what it was like. It was surprising in some ways. But the more you go the more you get used to it.”

“I think it’s made me realize, I have a couple of friends who have made the decision to send their parents or relatives to care homes - it’s actually educated me – it’s a very difficult decision, when you have a parent with dementia, it is a lot, it is demanding. I actually respect that more, I’ve gone back to apologize to them. It’s a difficult decision. It’s made me more sympathetic to the decisions people have to face.”

“It’s given me an awareness of dementia, before it was just a word that was bounced around. Actually being in the presence of people with dementia, seeing the different phases and dimensions, how it effects people in different ways, it has been a real eye opener. It’s not just a word.”

Gained new skills

Volunteers highlighted the skills they gained through the project:

“Listening to an older person, not just what they say, it’s how they communicate in other ways and really try to understand what they’re trying to say. And that takes time because it’s not just what they’re saying.” “It makes you a bit more patient.”

“I don’t think of it in terms of skills, it just expands your human understanding.”

“It has made me more confident. I’m quite a quiet person and so I don’t really put myself in situations where I talk to people but it’s made me realize there are different ways of communicating, different ways of talking to people. I feel a bit more confident.”

During my involvement with the project I have experienced a range of feelings. I would say that overall, my level of confidence has risen, and I am less afraid of rejection or rebuttal from others when expressing my view/s or making requests to care staff on behalf of my older person.

Aim 3: For staff to gain a better understanding of the residents in their care as individuals

- form better relationships with them
- providers recognize the value of intergenerational activities in improving services and outcomes for residents

The final structured interviews that were conducted with the care homes highlighted the value of the project in providing staff with further knowledge of their residents. Interviews revealed some concrete outcomes, actions which care managers took in response to these discoveries.

More information makes a big difference

“We gather life histories, but we can only go by what the person tells us if there is no relative, so if the volunteers are able to get that little bit more out, that makes their life more fulfilling, then that’s great.”

“Through conversations with his volunteer we found out John (resident) liked swimming. And that’s an interest we didn’t know he had. So we found a dementia friendly pool and he has a member of care staff going with him every week. It’s definitely through a conversation he’s had with the volunteer. If they build that bit of rapport with someone, they open up more.”

“One of the volunteers told me that one of the residents supports Arsenal and likes watching football. So we have arranged that twice a month, we go to the pub across the road to watch football in that atmosphere.”

“We learned a lot about the residents. We didn’t know Jack (resident) could play backgammon, we didn’t know. It’s just something Paul (volunteer) hit on. And Kathleen (resident)... we didn’t know she loved to go for walks in the summer.”

“Going outside the box of care”

The interviews also revealed the value that is placed on the volunteer in providing care staff with ideas and ways of working with the residents.

“It’s been good in the way that new faces, people with different ideas. Because care can become a little bit institutionalised, it can become a routine. But with volunteers they come and they want to make sure that by the time they leave, after their session, they have made a difference. So they come with new ideas, what didn’t work last week they come with a better ideas... It has made the staff realise how important it this befriending, and friendship. Going outside the box of care.”

“I think these volunteers, the way they treat someone with whom they have no connection, they’re not an employee or family. But the way they go out of their way to do things for someone they do not know, it gives the staff that sense that ‘I could be like that in the work place.’ Some people just do these things for money. But it’s about that empathy; it’s when you put that bit of empathy into your work. It’s so important to have a connection with the residents.”

“I think intergenerational things are fantastic. I think it’s great and works very well. If we had more elderly people coming in all the time, they have a limited conversation pot. The intergenerational thing is better because they are coming in with new ideas. One of the volunteers had an iPad and they were Skyping people.”

“It gives them (residents) an insight into what is going on out there.”

“Magic Me volunteers - They’ve been brilliant. I think what’s nice is that all the volunteers - they look like they want to be here. Rather than they are here because they’ve got to be here. They bring quite a lot of laughter. They are very outgoing, which I think has probably helped some of my younger staff that maybe hold back a little bit.”

Aim 4: To develop a project model that supports care homes in working successfully and positively with volunteers

Care homes identified at the beginning of the project that there was a real need for volunteers but that they did not always have the capacity to recruit and manage them. Magic Me worked hard with care homes and their staff to develop an understanding and a model that enabled the staff to work successfully and positively with volunteers.

Through Magic Me externally recruiting, training, supporting and managing the volunteers, care homes and residents were able to benefit from regular volunteer visits.

All care homes have said that they would like to continue working with volunteers; their experience of having the volunteers has been positive, both for the residents and the staff.

In the final interviews with key staff, care homes identified a strong understanding and knowledge of how to successfully support volunteers and identified key areas they would concentrate on when working with volunteers in future.

Developing relationship between volunteer and care staff:

“I think something that is important is developing the relationship between the staff and the volunteer. The volunteers have told me they would like that to happen. That will have an impact on the staff, because then the staff can also relate to the volunteer. I will try my best to get the volunteers to attend our staff meetings, introduce them to the staff and get it a little bit more formalised in terms of the staff understanding the role of the volunteers and also the other way so that the volunteer can relate to the staff.”

“That would be my aim now, if we get our own volunteers. It would be to have a proper programme with them, a proper induction, to invite them to have their meals with us and come and get to know the staff. To integrate them more with the staff.”

Making volunteers feel valued:

“I think volunteers are important; I give them a platform. It’s not easy, the life we live in, there is not time for anything. For someone to be able to slot that time, I give them a platform.”

“We will take on the volunteers. We need to give support to make sure that they feel welcome. Support them to express themselves and to be able to report any concerns or anything they have learned about the customer, to put forward plans which they think will benefit the customer.”

Supporting volunteers/ supervision:

“I think we need, as a home, to treat them more like our employees...I think they need to feel a bit more integrated in the home. Feeling more part of the staff, I think that’s important.”

“What I would like is for the volunteers to have a touch down with the manager. They are like a third eye, they can see things we don’t always see. They need supervision. They cannot be left and abandoned. There should be that connection that contact with the home and them. They might have some questions about what is possible to do in the homes. And it might be help us develop activities with the residents as well.”

Aim 5: To highlight the positive effect volunteers can have on residents' well-being and the care home community

All six care homes recognised that the volunteers had a positive impact on the residents' wellbeing. Their feedback on the project highlighted an acknowledgment and understanding that the volunteers brought something different to the wellbeing of the resident. Some care homes had felt disillusioned by working with volunteers in the past.

Changed perceptions on value of volunteers:

"We are trying to recruit our own volunteers at the moment which is quite difficult sometimes because I think we have tried before and people volunteer for their own benefit rather than for the benefit of the customer... It's not good. I'm a little bit disillusioned with volunteering and recruiting volunteers."

"It's the first time I've had volunteers in the home – ever. In all my years as a manager, I've never ever entertained volunteers. It's made me look at them with new eyes. It's been great. I didn't realise the impact that the volunteers could have on them."

Positive impact on the care home community:

"We need volunteers really. We still need external bodies in the home to help us. Care staff have very limited time as well. And although we try our best to pursue people's interests, if we get volunteers we know that there are people around helping to pursue their interests"

"After they've gone, the residents are calmer, they are not restless, there is that ambiance of calmness."

"When residents remember the volunteer – after a couple of hours, they tell me about their experience...when someone remembers these interactions it's because they've made a difference. If they didn't they wouldn't remember."



“Because with staff, we have to follow policies and procedures and how you to do things. But when you come as family or volunteer there are no procedures, you can just be natural. You’re sort of care free. It’s that freedom to be yourself.”

“They bring something completely different to care homes. It’s so separate from care. This empathy – it also helps us develop ourselves. It’s not about the paid job it’s about really caring and wanting to improve someone’s wellbeing.”

“I think it’s different. It’s a different relationship. It’s not like with staff. The staff is the staff. And if there is a daughter and a son they come with expectations. I don’t think there are expectations if somebody is a volunteer. They know they are doing it out of the good of their heart. They are not getting paid for it; they don’t have to do it. Also staff don’t have time to sit around and play Backgammon for an hour and a half.”

“I strongly believe 100 % that these kinds of things need to happen. It should not be a 3 or 4 month project but 3 or 4 years.”

PROJECT CHALLENGES AND LEARNING OUTCOMES

Matching residents and volunteers

Our original plan was to set up small social events to identify isolated residents and help with volunteer matches, as we thought it may be hard to identify the most isolated people in the care homes. However, to our surprise care homes were very forward in referring isolated people. Staff had strong ideas of people who would benefit from the project.

After discussion with the care homes, and looking at the data we collected on residents, we decided that holding these social events may not actually engage the residents who had been referred; many of those identified had specified they would prefer one to one visits, or care staff had said they prefer to spend time in their rooms and probably would not join a group social event. Therefore, using the information collected on residents and volunteers, Magic Me's Project Manager and Volunteer Manager met regularly to bring the data together and form matches.

We made clear to residents and volunteers that the matches were not final. For example, a volunteer may want to meet with more than one person. In some cases, this happened organically. For example, in one care home a volunteer met with a resident who is often in the communal lounge and ended up talking to many other residents whilst there.

Matches were made for various reasons. Some people had a shared favourite sport, some both said they had an interest in history, or spoke the same language.

Although the matching process was successful and volunteers reported that having something in common was a good ice breaker, we were not always convinced that the process of matching on shared interests was necessary or helpful to forming a positive relationship.

“Knowing that we both liked football, did help me at the start as I immediately had something to talk about with Ted. But then we didn't really talk about it much after that first meeting.” Volunteer

“I get along brilliantly with Carol, but she absolutely loves dogs and always talks about them. I am actually terrified of dogs. But it doesn’t matter I am happy to chat about dogs when she wants to, and we always talk about other things and have a good laugh.” Volunteer

Volunteer retention:

51 volunteers were inducted and placed in a care home and a total of 31 have decided to continue volunteering in their care home and visit their resident. Reasons for volunteers deciding not to continue are around:

- Changing work commitments
- Moving outside of the borough
- Too emotionally difficult
- Not connecting with their resident/ not seeing feeling the benefit of their visits
- Their resident deciding not to continue the project or becoming too ill do so.

Volunteer peer support:

The project was designed so that a group of volunteers would visit the care home on the same day and have a debrief session together. We consider this peer support a really important ingredient in making volunteers feel supported and this was reflected by volunteers in the final evaluation session. However, these debriefs did not always take place, as, due to work commitments, volunteers would arrive (and end their session) at different times. Those that did not have a lot of contact with other volunteers in their home said that they wished they had had more peer support.

Some suggested having more socials and opportunities to meet up outside of the care home context and told us that the dementia training was valuable to them for the reason that it brought them together to speak about their experiences.

“That dementia training also gave us a forum to talk about our experiences: it was really good. Not just because of the training, but also sharing people’s experiences that was brilliant.” Volunteer

Ideally, Magic Me would have set up more of these groups sessions with volunteers, as volunteers clearly benefitted from them. However, Magic Me staff found that a lot of time was spent recruiting and training new volunteers, and struggled to find capacity to facilitate more sessions with current/already inducted volunteers. On reflection if we were working with a smaller number of volunteers this would have been easier to facilitate.

Emotionally difficult for volunteers

Whilst volunteers communicated how rewarding this experience had been for them, it is important to also recognise that it is emotionally difficult and that support is essential.

“The things that keep you going are those little times when you are moved, and you’re eye ball to eye ball and you connect and you cut through the dementia and everything.” Volunteer

“I think it’s quite easy to feel powerless if you’re watching it take over, if you’re watching him start to fail... I wouldn’t say it’s an amazing experience. It’s nice, but it’s not nice watching someone deteriorate. You feel powerless.” Volunteer

“I think that things like this evening have helped a great deal. Sharing experiences here is a great comfort and I agree it can be really hard and we talk about the reward and it is real, and those moments of contact are important but it can have a powerful effect on you to see somebody going through that and to have a sense of what they are losing. And just to have some time where you can share that experience around this table I just think that’s really valuable.” Volunteer

Contact person in care home

Magic Me identified a contact person for volunteers in their care home; either the care home Manager or the Activities Coordinator. Since the visits mostly took place after the volunteers’ work day (after 6 pm) the lead care home contact person tended to have left the home already.

This was challenging for the volunteers who expressed the desire to have someone in the home with whom they could chat about their resident and get an update on their week and general wellbeing. They also explained that knowing more about some of the activities taking place in the home that week would be a good entry point into some conversations. Volunteers spoke about wanting to have someone there to speak about what is possible/ not possible to do during their visits and that they would have liked to be kept in the loop about activities, trips and things happening in the home so that they could be more involved.

“There is something about the environment and what you feel you can do in the space, like moving tables and things you think you will inconvenience the staff.”

Volunteer

“It would be good to explore what the relationship is between volunteers and staff. On the one hand, I can totally see why you would want to minimize that, you don’t want to get in anybody’s way, especially because they clearly are stretched for resource. But on the other hand, I do think that it’s important. So anything that could improve that relationship, or promote positive aspects that we could bring to the people who are working there.” Volunteer

More dementia training/expert voice:

The volunteers expressed the need for an expert voice throughout the project; someone they could get in touch with when specific questions or situations came up in their visits.

“I think it would have been good to have somebody, like an expert voice, to speak to in the earlier stages. To think about some of the things I was encountering and I wasn’t sure about.” Volunteer

They also spoke about the need for a dementia session earlier in the project. Many of them found this session extremely useful and wished it had taken place as they were beginning their visits in the care home.

“That training was excellent; I wished we had had that at the beginning because it would have helped me to bond quicker with her.” Volunteer

Care homes want day time volunteers

Most care homes have expressed a desire to have volunteers come during the day as well as evenings. The volunteers who were recruited came during the week after work (after 6 pm) and this proved to be quite difficult for some of the residents that like to go to bed early. On a couple of occasions volunteers arrived at the care home and were told that their resident was too tired or already asleep. One resident has opted out of the programme completely because of this.

All care Managers have said that it is difficult to keep track of the volunteers for this reason as well, because they, and the Activities Coordinator, leave the care home before the volunteers arrive.

“It is hard when they are only coming in the evening, because in the evening, things are winding down a bit. I think to have volunteers coming in earlier in the day, when there are more things going on would be better, particularly because that is when my activity people are here. So then they can join in, instead of just being alone and getting on with it when everybody else has gone home.” Care home manager

This is a difficulty that is hard to overcome. There is not a shortage of volunteers wanting to sign up to volunteer in care homes, however, in this project we found we had a shortage of volunteers able to volunteer during the daytime. Most volunteers were young professionals coming to the care home after work.

Care staff capacity, restructuring and inconsistencies:

In initial meetings and discussions with care homes, staff identified that they did not always have the time to recruit and then manage volunteers. Care staff work on rotas and shift patterns can vary, so it can also be hard for a volunteer to have a consistent key contact and the support they need.

“It’s difficult because it’s not anyone’s sole role, and the care home is busy we have lots going on so it can be hard to find time to get volunteers”

Care Home Activities Co-ordinator

Throughout the course of the project, care home management and lead members of staff changed regularly. It was difficult to keep track of these changes and affected the project.

FINAL WORDS

The feedback we have received from care homes and volunteers alike was overwhelmingly positive. It is clear that interventions like Action on Loneliness are necessary and that there is a real need for volunteers in care homes. Care homes recognise that their residents need opportunities to meet and talk with younger people in the community. Equally they recognise that staff rarely have time in their daily shifts to spend one-to-one time with the residents pursuing their individual interests.

Magic Me's expertise and experience in working with volunteers, from recruitment to inducting and supporting them to work in care homes and with elderly people, was central to the success of this project.

We were excited how many local people wanted to volunteer with care home residents. It was challenging for Magic Me staff to manage such a large number of volunteers spread over six care homes. Being a pilot project, a lot of staff time was spent on recruitment and induction and setting up systems and evaluation. Had the project continued over a longer period of time, we would have liked to spend more time supporting and sustaining volunteer interest and engagement.

We were keen to set up the project so volunteers could easily continue visiting the care homes after it ended. For instance when carrying out DBS checks we encouraged all volunteers to sign up for service which would allow the care home to check their record, without a complete new check. At the end of October, Magic Me created a handover sheet for care homes with top tips for keeping volunteers engaged. With volunteers' permission, we then handed over the volunteer details to care homes so they could take over their management.

Challenges remain around the resources necessary in order for care homes to successfully manage (and keep) volunteers.

The Future

Since completion, Magic Me has continued to work in three of the six homes with our Cocktails in Care Homes project. We have also re-established contact with Hawthorn Green, a former partner, through this project, and are in the process of planning an intergenerational arts project with residents and a local junior school in Summer 2017.

“I can see it’s changing his life, but it’s changed mine. It really has... I wish I could get everybody to do this work because I never knew I was going to feel like this.”

Volunteer

“We need volunteers really. We still need external bodies in the home to help us. Care staff have very limited time as well. And although we try our best to pursue people’s (residents) interests, if we get volunteers we know that there are people around helping to pursue their interests.” Care Home Manager

Magic Me

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