

Residents as volunteers

Final evaluation summary report



In association with



Introduction

This report presents findings from NCVO's independent evaluation of the Abbeyfield's Residents as Volunteers project in year two, which is funded by the Big Lottery Fund. The project aimed to support over-75s who live in Abbeyfield homes to volunteer.

In the UK, approximately 421,000 people live in care homes¹ with the vast majority aged 65-years and over². Typically, older people living in care or residential homes have a number of health conditions and experience significant life changes impacting on their wellbeing. It is estimated that depression affects 40% of care home residents³. This project was motivated by the evidence around the benefits of volunteering, especially for older people. Based on this evidence it was believed that engagement in volunteering activities would have a positive impact on the wellbeing of residents living in care homes.

Between March 2016 and August 2018, the project was delivered by The Abbeyfield Society within their homes. It was managed by a project manager from The Abbeyfield Society, who recruited resident volunteers within their homes. Inspiration volunteers were recruited to help with resident recruitment, role development and provision of ongoing support. NCVO undertook the evaluation of the project which aimed to generate evidence of its impact and good practice around effective volunteer.

Evaluation framework

The evaluation draws on a range of sources, including in-depth interviews with residents, staff and inspirational volunteers, pre- and post-volunteering surveys and detailed monitoring

data. Table 1 shows the data collected for each method in year two.

Table 1: Data collected in year two

Method	Group		
	RV	IV	Staff
Total recruited	72		
Pre-survey	70		
6-month survey	60		
Monitoring data	53		
Interview	12	1	10

Findings

1. Most volunteering took place inside the home

In year two, a total number of 72 residents participated on wide range of volunteering roles. Almost two-thirds of participants were women and the average age was 86. Perhaps not surprisingly, residents were limited by various health conditions, most commonly arthritis (57%) and mobility issues (54%). Only four residents said that they did not have any health conditions (7%). About a third (31%) of RVs said that they had volunteered in the previous year.

The project adopted a broad definition of volunteering and which includes both formal (through an organisation) and informal (as an individual) volunteering roles and offers opportunities inside and outside the home. Many residents had multiple roles, there was a total of 113 different roles, and generally contributed substantial hours with 50% of RVs volunteering up to ten hours a month.

³ Godfrey, M., & Denby, T. (2004) *Depression and Older People: Towards Securing Well-being in Later Life*. London: Help the Aged.

Table 2: Typology of volunteering roles

Role type	Examples	%
In-home informal – domestic	Making tea and coffee, setting the table, gardening, washing up, decorating the home	37%
In-home informal - social	Music, quiz, board games, social secretary, book club, teaching others to knit	31%
In-home informal - external benefit	Befriending inside the home	3%
In-home formal - external benefit	Knitting for babies, organising refugee wash packs, filling Samaritans shoeboxes to be sent abroad	7%
In-home formal	Being committee member	2%
Outside informal	Accompanying other resident to the shops, running errands for residents, organising social trips	11%
Outside formal	Arrange flowers in church, reading assistant in local school, helping to run fundraising events	10%

The majority of the roles (75%) took place inside the home, ie on an Abbeyfield site (see Table 2). Feedback from the interviews suggests that roles inside the home are more accessible for residents with a range of health conditions. By far, the most common roles involved providing domestic help within the home (37%) such as gardening, making tea or setting the table, and organising social activities in the home (31%).

2. Altruistic reasons were the most common motivations to volunteer

The most common motivations were of an altruistic nature such as wanting to improve things or help people (45%) or volunteering being part of their philosophy in life (45%). These also came out through the interviews, often given as matter-of-fact statements like "I'm just a very happy person who likes to help everybody" (resident) or expressed as a desire to give back. Spare time was also a popular motivation in the survey (38%), however, interestingly the number is far lower compared to data for the whole UK (47%) or survey data from year one (59%).

A lot of residents also volunteered to socialise with people or to use their skills and knowledge.

The recruitment of RVs and development of volunteering roles varied depending on the homes. Where a more formal approach was necessary, it often involved some of the following stages:

- Relationship building.
- Promotion of the project.
- One-to-one meetings.
- Repeat visits.
- Initial support.

Successful recruitment adopted an open language and focused on specific volunteering roles rather than recruiting volunteers. Recruitment efforts may have focused too much on residents that were already engaged in volunteering or those staff felt might be open to it. This meant that in some cases there was an overreliance on very engaged residents.

¹ Laing & Buisson (2017) Care of Older People UK Market Report

² Institute for Volunteering Research (2015) *Volunteering Impact Assessment Toolkit*. London: IVR

3. Provision of support was crucial for a positive volunteering experience

Staff support was crucial for the success of the project and most residents were happy with the support provided: 91% said they were very or fairly satisfied with staff support. The degree of support needed varied greatly by residents, homes and roles. Substantial time and skills were needed by staff for volunteer recruitment, role development and ongoing support. In homes with no inspirational volunteer, most staff found it difficult to fit those tasks within their normal job. This was particularly true for care staff that often had to prioritise caring responsibilities over supporting volunteering activities.

Homes acknowledged the potential of the inspirational volunteer in supporting and coordinating volunteering, but the recruitment was found to be challenging. Homes highlighted that they needed more support and the title of the role was perceived as potentially off-putting.

4. A variety of barriers prevent residents from volunteering

The evaluation has provided considerable new evidence on the specific barriers faced by this population. The Table 3 displays the various barriers at resident, home and project level and further splitting them in practical and cultural/psychological barriers. The most common barrier perceived by residents was feeling too old (36%) and having health conditions (36%).

Table 3: Barriers to volunteering

	Resident level	Home level	Project level
Practical barriers	<ul style="list-style-type: none"> Health Including mobility issues, specific conditions or overall health. Transport/social and economic capital Linked to mobility issues, cost or difficulty of transport was a barrier. Commitment Feeling to not be able or to not want to commit, often linked to the unpredictability of health. Lack of demand A lack of suggestions or not being asked for specific roles. 	<ul style="list-style-type: none"> Existing social interaction /nature of residents Group dynamics in the home and how residents interact socially. Existing volunteering culture Whether residents were involved in volunteering activities before the project. Ratio of staff to residents In some homes staff had little time. Social facilities in home In some homes there were well resourced social activities and a good social space. 	<ul style="list-style-type: none"> Project setup and management How the project is organised and managed, including management buy-in and leadership. Project evaluation The evaluation was often seen as very time consuming.
Cultural/psychological barriers	<ul style="list-style-type: none"> Confidence Lack of confidence in leaving the home or in own abilities. Too old/retired from service Some residents felt they had given enough and done their bit. Narrow view of volunteering Eg seeing formal volunteering narrowly as help in a charity shop. Anti-volunteering sentiment The view that Abbeyfield should not expect residents to volunteer. 	<ul style="list-style-type: none"> Staff assuming lack of interest Scepticism from staff around willingness or interest of residents to participate. Staff not supportive Staff not wanting residents to volunteer, often linked to specific roles. 	<ul style="list-style-type: none"> Embeddedness in the home Whether project was integrated in the home and supported by all staff.

Cultural/psychological barriers included lack of confidence, narrow views of volunteering or anti-volunteering sentiment. Most common barriers on home level include existing social interactions, staff to resident ratio, existing volunteering culture and non-supportive environment or lack of management buy-in. On project level, buy-in from house managers and supportive environments were crucial for enhancing and growing resident volunteering. Some homes were successful in overcoming most of the barriers on resident level, some of those will be presented in the recommendations section of this report.

5. Volunteering benefits residents' wellbeing

Residents reported that volunteering had various benefits for their emotional, social, physical and mental wellbeing. Residents felt that volunteering had most positive impact on their emotional and social wellbeing. According to the survey as presented in Figure 1, getting satisfaction from seeing the result and enjoyment were the most important benefits reported by residents: 91% and 90% said this was fairly or very important to them respectively. The impact of volunteering on social wellbeing was rated equally, with 69% of residents saying that they experienced a

moderate or major positive impact effect and 18% reporting a minor positive impact. In the interviews with both staff and residents, social interactions were an important motivational factor as well as a benefit of volunteering. Many residents also mentioned that volunteering helped them to stay physically and mentally active. However, compared to other dimensions, residents rated the impact of their volunteering least beneficial on their physical wellbeing.

Benefits also extended to the wider home. As well as offering social interaction in itself, the social benefits were seen to extend beyond the volunteering activity. In some homes, residents and staff described how the project has increased a sense of community and facilitated socialising within the home beyond volunteering activities. In some homes, the project seemed to have improved the relationships between residents and care staff, particularly when care staff initially had reservations about residents' volunteering. Staff also reported that their own perceptions on residents' participation were positively challenged.

Figure 1: The top six most important self-reported benefits of volunteering (%)

Rating: 1=Not at all important | 2=Not very important | 3=Fairly important | 4=Very important; For base and responses to the full list of statements see in Appendix

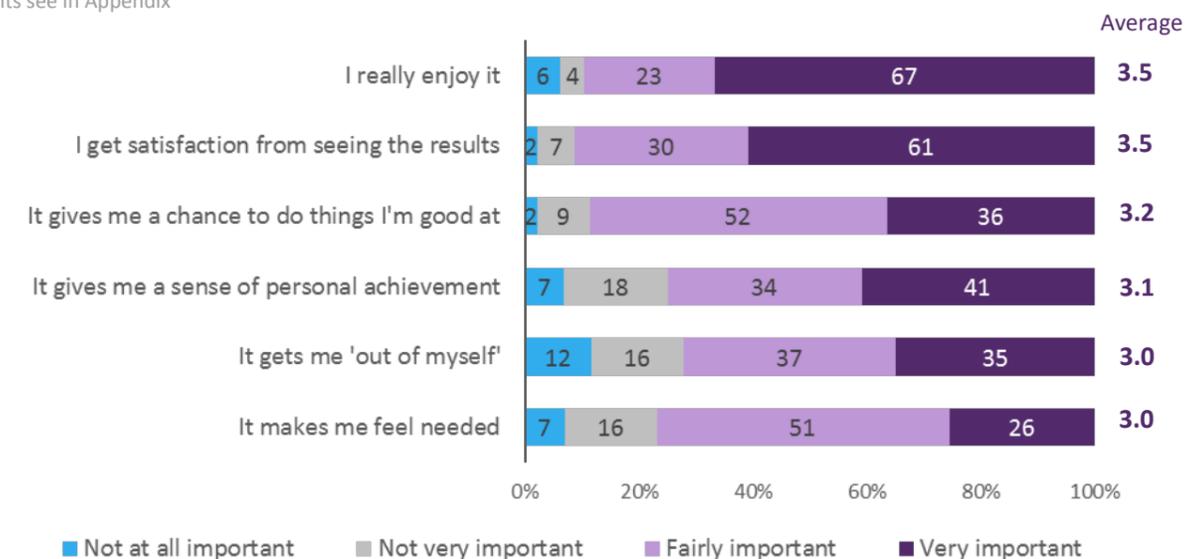


Table 4: Reported benefits from in-depth interview

EMOTIONAL	<p>A fundamental element of this dimension was fun and enjoyment. Further benefits included:</p> <ul style="list-style-type: none"> ▪ A sense of purpose "To know that people really appreciate it, that is what I enjoy." (resident) ▪ Feeling useful "Suddenly he realised that 'actually I have got a use in life.'" (staff) ▪ Sense of achievement/satisfaction "Seeing the result of your planting, planting seeds and then seeing them grow in the greenhouse." (resident) ▪ Increased confidence "It makes them grow in confidence so that they're not seen as being put out to pasture." (staff) 	<p>Many roles offered considerable social interaction which had several benefits.</p> <ul style="list-style-type: none"> ▪ Reduced feeling of loneliness "You don't have to be miserable on your own or be stuck in your apartment." (resident) ▪ Feeling of belonging/sense of community "Everybody [...] has noticed that change and sense of community, we're a big family." (staff) ▪ Building outside connections "You get different perspectives." (residents) ▪ Improved social dynamics "The relationship between the housekeepers and the residents have improved." (staff) 	SOCIAL
PHYSICAL	<p>Some interviews described the distraction of volunteering as beneficial and few RVs mentioned positive physical health benefits from specific roles.</p> <ul style="list-style-type: none"> ▪ Distraction from health conditions "It makes a difference, because I don't think about my little troubles I have, because I'm occupied." (resident) ▪ Keeping fit "The gardening [helps] too, the bending and lifting, getting plenty of exercise." (resident) 	<p>There were some findings related to benefits for mental wellbeing.</p> <ul style="list-style-type: none"> ▪ Challenging the brain "I mean one thing that we all feel very important is, keeping the brain going." (resident) ▪ Stimulation "With the likes of [resident] it's keeping her stimulated. I honestly believe it's slowing her dementia down because she's not worrying about things so much." (staff) 	MENTAL

6. Statistical analysis on the impact of the project is inconclusive

Additional to self-reported benefits, statistical analysis of validated wellbeing measures was undertaken. Analysis, however, does not suggest that there have been any statistically significant changes over time in residents' subjective wellbeing. There have been declines on a number of wellbeing measures, while others

increased. However, this is probably not surprising due to the characteristics of the population studied. Additionally, the analysis was limited due to a small sample size and missing data which means that the quantitative data does not provide conclusive information.

Recommendations for practice

These recommendations are based on the key findings of this project and wider research as presented in section **Error! Reference source not found.** They focus on how to improve and grow the project in Abbeyfield homes where it will continue, as well as on how other residential care providers could implement resident volunteering activities.

Adopt a broad view of volunteering and volunteers

This includes challenging the narrow view of volunteering held by some residents and home staff to show that volunteering is not just about helping out in a charity shop. This could be achieved by seeking active engagement of interested parties (ie older people) for developing roles that people identify themselves. In the context of Abbeyfield, promoting volunteering as serious leisure or social activity has proven to be particularly successful for engagement. It should be communicated to people living in residential care settings that such roles are available. Wider research has also shown the importance of providing opportunities that are appealing, enjoyable and have a purpose.

However, it is also necessary to acknowledge that recruiting volunteers in care home settings is a sensitive issue. On a more strategic level, Abbeyfield or other residential care providers would need to review the terms and labels used (eg 'volunteer') and certain volunteering roles (eg domestic help in the home) to help overcome scepticism from both residents and home staff and encourage involvement.

Develop tools to help recruit volunteers and enhance volunteering experience

Knowledge gathered from this project should be used to develop tools to structure recruitment of volunteers. This could involve sets of questions to draw out residents' interests and assets or providing promotional material (eg film, brochure) to raise interest and awareness. To enhance the

volunteering experience, volunteers should be recognised, for example by organising a summer party to celebrate gardening volunteers or an exhibition to celebrate the arts group, creating volunteering certificates, etc. Creating a network with other homes that run similar schemes could raise recognition, enhance ideas and grow volunteering.

Address barriers to volunteering but be realistic about the levels of involvement

Some homes have successfully managed to address the practical and cultural/psychological barriers to volunteering. Some examples include:

- Continuously encouraging and motivating residents to overcome confidence related barriers.
- Tailoring roles to residents' needs and providing a great variety of roles, including low commitment and flexible roles.
- Creating networks with the local community to overcome mobility issues and financial barriers (eg organising a library van, getting donations from charity shops for wool).
- Pairing up residents with external volunteers for specific roles (eg school children helped residents in the garden with physical work).
- Raising awareness of volunteering opportunities and celebrating what is happening, eg through activity notice boards or newsletters.
- Running fundraising events to provide money for some activities and groups.

However, recruitment needs to be realistic as some barriers cannot be easily addressed, particularly health related barriers which become even more apparent in later life.

Review the role of inspirational volunteers and create tools to help recruit them

The role of inspirational volunteers has great potential in enhancing volunteering in the home and taking up the coordination of volunteering

activities. However, the title ‘inspirational volunteer’ needs to be reviewed and made more accessible. In addition, homes need more resources and tools to support recruitment in those roles, including role descriptions, suggestion of advertising portals and websites, posters, etc. Furthermore, creating links with local volunteer-involving organisations or volunteer centres could lead to successful recruitment. Homes should adopt a flexible approach and also consider recruiting residents to the role.

▪ **Be realistic regarding the time required for effective support**

Staff in care homes are always pressed for time and this needs to be recognised when thinking about implementing a volunteering scheme in which their support has been crucial for success. Homes need to be realistic in how they are going to support residents in their volunteering in terms of priorities, fitting it around day-to-day tasks and funding. Home staff need to feel that their work around supporting volunteers is recognised, and homes potentially need to review job descriptions to reflect the additional responsibilities. Even if homes manage to recruit inspirational volunteers to take on the majority of this work, homes need to find time to recruit and support inspirational volunteers.

▪ **Provide centralised support and leadership for growing resident volunteering**

Centralised project management and support at the Abbeyfield head office has proven successful in driving the scheme. In the context of Abbeyfield or other residential care providers, showing leadership and commitment to volunteering and developing an overarching strategy could grow resident volunteering on a wider scale. Furthermore, it is important to gain and maintain management buy-in on home level. Clear communications around the benefits of resident volunteering could help overcome potential staff reservations. Additionally, creating

networking opportunities, providing training for staff, and developing tools and resources, could support individual homes in growing resident volunteering.

Recommendations for research and evaluation

Additional to recommendations for practice, the evaluation has provided useful insights on conducting research with older people (aged 75 and over) living in care homes. In light of an ageing population, it is assumed that the demand and need for similar research will increase in the future. These reflections and learning will help researchers to think through some of the challenges around methods, ethical and practical considerations. They can be found in the full report.

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