Volunteering in care homes
volunteer induction
If your session is held in a care home, welcome your volunteers and take time to warm them into their environment, familiarising the group with brief information about the home. For some volunteers it may be their first time in a care home and they may feel unsure of what to expect. Similarly, volunteer groups can be diverse and for some, it may be their first time returning to a learning environment after a long break. Anxieties can easily be laid to rest by assuring the group that there are no “silly questions”; agree together to show respect towards each others’ thoughts and opinions. This can also be a positive time to look at “ground rules” for the session.
Ground rules

- There is no such thing as a daft question
- If someone says something you don’t understand – please ask them to explain
- Start and finish on time
- Respect others’ views
- Any others?
Introductions

Introductions are a positive way of encouraging group discussion and breaking the ice. The above activity also encourages individuals to consider themselves as a whole person, and the different elements that contribute to making them who they are. You can use this time to introduce the group to person-centred support. Remind the group that, for instance, it is not simply, “an old woman in a home with Dementia” they are be-friending, but rather “Ethel Banks, with a great sense of humour, 3 children, grand children, a husband, passionate sports follower with a love of brass bands, and most importantly, full of stories and history that can be shared and passed on!”

It can be beneficial to share stories of current volunteers or experiences of your own, where people have connected with each other through personal stories or shared interests - particularly where the resident is not simply a recipient but a valid contributor.

In pairs, ask the person next to you;

- Their name
- Why they want to volunteer
- What type of caring experiences have they done previously?
- Their interests/hobbies
- One unusual thing about them!

Introduce each other to the rest of the group
Care homes – different types

- Residential
- Nursing care
- Dual registered care
- Specialised dementia care

As many volunteers are new to care home structures, it is important to clarify the different types of care homes in the country. As a volunteer this is relevant in managing their own expectations (volunteering in a Specialised Dementia Care Unit will offer different opportunities to volunteering in a Residential Home). Asking volunteers to consider the differences they may encounter in each location will enable a facilitator to understand any pre-conceived ideas volunteers may hold, and respond to any inaccuracies or questions.
Ask the group to suggest the different roles they may come across within a care home. By comparing the residential home to a family home, all with different roles and reasons for being there, volunteers can be reminded of the importance of tolerance and working positively together to help residents live as they would choose to live. This is another opportunity to remind volunteers of the importance of their role, and the real and significant impact they can play in supporting residents.
Adult deemed to be at risk

“Any person 18 years of age and over who is or may be in need of social care services (including services due to their role as carer) by reason of mental or other disability, age or illness; and who is or may be unable to take care of himself or herself, or unable to protect him or herself against significant harm or serious exploitation”

(No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, Department of Health, 2000)

This statement, defining those who could be in need of receiving social care, is a sobering reminder that it could be any of us, at any time. Understanding the need any of us, or our families, may have for social care now or in the future, can encourage volunteers to actively participate in creating a better provision, asking themselves simply - is this good enough for me?
Health and safety in care homes

- Infection prevention and control
- Food safety
- Fire safety
- Accidents and emergencies
- Control of substances hazardous to health
- Manual handling and positioning
- Safety of all in the building

Your volunteers have heard a lot of new information and may be feeling tired! Splitting your volunteers into smaller groups and asking them to create a thought shower around “health and safety in care homes” can be a great way of waking people up and encouraging quieter members of the group to contribute.

After 10-15 minutes ask each group to feedback. The above slide can ensure that all important topics have been appropriately covered.
Effective communication

Things to consider:
- How we communicate
- Potential barriers
- Touch

Using the groups already established, ask volunteers to draw up two columns - one for “good communication” and the other for “poor communication”. Remind them that communication can be affected by our attitudes and demeanour, but also to consider contributing environmental factors.

After 10 minutes ask the groups to feedback their thoughts. Ask leading questions if you feel there are any factors (such as touch) the volunteers have overlooked.
Using role play

Paper resources and written scenarios can begin to feel disconnected from the real-life issues volunteers will face in the care home. By introducing role play, participants can explore sensitive issues in a safe environment, think through challenges to find on-the-spot solutions, find confidence in knowing their responses are appropriate or gain the confidence to put into practise a response that works, and allow participants to try out ideas they may not try in a real life scenario. Feedback from participants in previous workshops also shows volunteers often find role play a fun, enlightening and rewarding element to the session. Similarly, not only is it a tangible way of encouraging participants to learn through experience, but it also provides facilitators with a useful method of assessing a participant’s communication skills.

Scenarios:
Each scenario should last for 2-3 minutes. Always ensure that participants are challenged enough to cause them to think, but supported enough to feel proud of their achievements when they sit down. Paying close attention to your participants in earlier parts of the workshop will help you to select the most appropriate scenario for them. Once each person has participated in role play, go through the scenarios as a group, drawing on the important information in each category.

Explain that you are Ethel/Frank and invite a participant to come and introduce themselves as a volunteer. The following scenarios can be used with volunteers to help explore need-to-know information from the volunteer handbook:
Personal boundaries

- Tell me about you…
- Can I come to your house?
- Can I have your phone number?
- It’s my birthday – are you going to buy me a present?
- I have some cheap tobacco – do you want to buy some?

**Scenario 1:**

Explain to the volunteer that it is your birthday. Ask them if they have bought you a gift. When they say no, begin to make requests. See how many requests you can persuade the volunteer to agree to.

**Scenario 2:**

Ask the volunteer why they have come to see you. When the volunteer (and they inevitably do) tells you they are there as a friend, explain to them that you are very happy and they are welcome to visit you in your home. Try to persuade the volunteer that as a friend you would like to visit their house too - perhaps for dinner? Try to pin down a time and day with the volunteer, or coax out of them an address, phone number, Facebook friend request etc. Other things to consider are; what to do if gifts are given to volunteers from a resident, time keeping and managing expectations.
### Scenario 3:

As the volunteer approaches, you are sad and unresponsive. After an uncomfortable pause (giving the volunteer opportunity to ask you what is wrong), you reveal you are too weak and tired to talk since the staff have stopped feeding you.

<table>
<thead>
<tr>
<th>Alert the person in charge is all you need to do volunteer action</th>
<th>Referral and decision</th>
<th>Strategy discussions</th>
<th>Assessment and investigation</th>
<th>Outcomes</th>
<th>Monitor and review</th>
</tr>
</thead>
</table>
Confidentiality

- Confidentiality and its limits
- Access to, and protection of, data
- Record keeping and access to files

Scenario 4:

Share with your volunteer that you are feeling deeply depressed. You do not feel you have much longer to live and you are frightened that you will never see your family again as they all live in Australia. After a few moments, become concerned that the volunteer will speak to the manager about how depressed you are and probe them for an honest response to this concern.
Equality and Diversity

Scenario 5:
Tell your volunteer you are very glad to meet them. Helpfully inform them of all the annoying people in the care home (staff/residents/families) who they should avoid, and why. Don't hold back on gossip, (all invented) and see if the volunteer will engage with you or try to divert your attention.
Notes: Number 4 on page 6 of the volunteer handbook, will guide you in explaining Equality and Diversity.

Other scenarios to consider

Scenario 6:
As soon as your volunteer approaches ignore them, until finally sending them away.

Scenario 7:
Once your volunteer has introduced themselves, mistake them for a different person from your past. Always conclude role play with substantial group discussion to ensure the situations are addressed and volunteers are confident in moving forward. Similarly, it is good to remind volunteers that your character was entirely fictional and exaggerated!
There is a ‘u’ in Volunteer

- There are lots of different emotions that all people feel at differing times
- The role of a volunteer may be new to you
- The care home environment may be new to you
- You might also be coming into contact with people who are at the end of their lives, who may want to plan the end of their lives
- It is important that you take good care and give concern to your own thoughts and feelings
- It is normal and natural to have emotions. It is how you respond to them that is important
- Please always talk to someone you trust about how you are feeling. Acknowledging how you feel is part of the process of dealing with your emotions.

Volunteers have often reported role play as one of the most beneficial aspects of the session. However, scenarios are focused on the volunteers’ ability to adapt and communicate under difficult circumstances and could potentially leave them feeling a little out of their depth. Reminding them of the “u” in volunteer, demonstrates a care and concern for the volunteer’s emotional needs and reminds us that we do not need to have it all “figured out”, before embarking on this role.
What if I have concerns?

What not to do!

- Take things home and worry about them
- Ignore things
- Stop coming to the care home

Giving your volunteers insight into who will be there to support them - who their “go-to” person is if any concerns occur, will help allay any anxiety or feeling of doing it all alone.
Top 10 tips

1. If in doubt check it out
2. Do your research
3. Don’t assume this is new
4. People in need of care and support are who we could be at any time of our lives
5. Put yourself in my place
6. Don’t be afraid of learning
7. Ask yourself, “is it good enough for me?”
8. Don’t make promises you wish you hadn’t
9. Manage your and others’ expectations
10. Avoid surprises – set out your stall.

Lastly...

Closing with the Top 10 Tips will enable you to summarise parts of the session, as well as prompt a brief time for questions and answers.

Remember, enjoy your group and have fun! You have insight into another world which your volunteers are intrigued about and would like to be involved in.

Avoid using jargon or acronyms but rather introduce your volunteers to the humanity in care homes; invite them to journey with you in exploring new opportunities and connections with older people.
“The “U” in volunteer” session has worked most effectively when delivered on the same day as the volunteer induction. The time volunteers spend getting to know each other and gaining trust in the first session, can help to create a safe environment for discussing difficult issues. The session is designed to encourage volunteers to consider potential coping strategies they can employ when encountering emotional challenges whilst volunteering. For many volunteers this part of the session can be both enlightening and encouraging. However, the self-reflective nature of the workshop can also evoke memories of difficult circumstances they may have encountered in the past. To encourage the group to remain focused on the role of a volunteer, it can be helpful to respond to questions with “as a volunteer…” Whilst the first part of the session draws on your ability to communicate the practical aspect of volunteering in care homes, the second part requires the facilitator to draw more upon their humanity: be open to sharing stories where you may have had to employ coping strategies in the care home environment. The session offers many do’s and don’ts, however it can be helpful for volunteers to leave the session reflecting on at least one positive coping strategy they employ in challenging circumstance, for instance, “cooking”, or “going for a long walk!”

Aims

Discuss the aims of the session with the volunteers, informing them that you will be looking at challenging situations that could occur and the conflicting and difficult emotions that may arise from these situations.

Scenarios

Splitting the group into smaller groups, ask them to discuss one of the following scenarios each, considering what they would feel, think, say and do. After 15 minutes discussion, bring the groups back and ask each group to feedback with the rest of the group, sharing their thoughts and feelings about the scenario.
Scenario exercise 1 - Elsie

Scenario

- You have been supporting Elsie for four years. She has talked to you on many occasions about her end of life care. You know that she wishes to be buried with her husband and to have the song ‘That’s Life’ played as the curtains close on her life.
- In the four years you have known Elsie, you have never heard her mention a daughter.
- On Elsie’s death, her daughter turns up and you try to explain that you have some useful information about Elsie’s wishes.
- You are told that arrangements have already been made and that Elsie will be cremated and her ashes placed in the local cemetery – 200 miles away from where her husband is buried and the song ‘Amazing Grace’ will be played.
- What do you feel, think, say and do?

Exercise

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Feel</th>
<th>Think</th>
<th>Say</th>
<th>Do</th>
</tr>
</thead>
</table>

How may these emotions differ:

<table>
<thead>
<tr>
<th>How may these emotions differ:</th>
<th>If you were family</th>
<th>If you were friends</th>
<th>If you were paid workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scenario exercise 2 - Jack

Scenario

- You have been supporting Jack for two years. It has been a good relationship and you feel that you and he are close.
- After many years of no contact from his family, they turn up to visit. Following the visit, you are told that the family no longer want you to support Jack – they feel it is an inappropriate relationship. No other details are given.
- The registered manager suggests that you support Jim instead.
- What do you feel, think, say and do?

Exercise

Emotions

Feel

Think

Say

Do

How may these emotions differ: If you were family If you were friends If you were paid workforce
Scenario exercise 3 - Alice

Scenario

- Alice is the first person for whom you have been a volunteer. You are proud of your achievements in your contact with her and feel a real sense of pride in your time spent with her.
- Three weeks into your planned contact, Alice says that she no longer wishes to see you again.
- What do you feel, think, say and do?

Exercise

<table>
<thead>
<tr>
<th>Emotions</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Think</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Say</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How may these emotions differ:

<table>
<thead>
<tr>
<th></th>
<th>If you were family</th>
<th>If you were friends</th>
<th>If you were paid workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You have been supporting Norman for just over a year. When a new resident moves into the care home, he tells you that Norman was a paedophile and abused young children.

You suddenly feel that you can no longer be in the same room as him.

What do you feel, think, say and do?

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Feel</th>
<th>Think</th>
<th>Say</th>
<th>Do</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How may these emotions differ:

<table>
<thead>
<tr>
<th></th>
<th>If you were family</th>
<th>If you were friends</th>
<th>If you were paid workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Scenario

- You have been supporting Keith who is 89 and a Second World War veteran. He was told by the care home manager that he could not attend the D-Day events in France.
- Keith decided to disregard the decision, put on his medals and set off to join the events on the beaches of northern France for the 70th anniversary of the landings.
- What do you feel, think, say and do?

### Exercise

<table>
<thead>
<tr>
<th>Emotions</th>
<th>If you were family</th>
<th>If you were friends</th>
<th>If you were paid workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Think</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Say</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How may these emotions differ:
Suggestions for managing difficult emotions

Take time to look at each suggestion with the group, and discuss ways in which these suggestions could benefit any of the scenarios previously discussed.

Listed below are some suggestions to help you manage these feelings and keep you safe and well.

■ **Face your feelings.** You can try to suppress your emotions, but you can’t avoid them forever. In order to heal, you have to acknowledge the pain. Trying to avoid feelings of sadness and loss only prolongs the grieving process. Unresolved grief can also lead to complications, such as depression, anxiety, substance abuse and mental health problems.

■ **Express your feelings in a tangible or creative way.** Write about your experience. If you’ve lost a loved one, write a letter saying the things you never got to say, make a scrapbook or photo album celebrating the person’s life or get involved in a cause or organisation that was important to him or her.

■ **Look after your physical health.** The mind and body are connected. When you feel good physically, you’ll also feel better emotionally. Combat stress and fatigue by getting enough sleep, eating a balanced diet and exercising. Don’t use alcohol or drugs to numb the pain of grief or lift your mood artificially.

■ **Don’t let anyone tell you how to feel, and don’t tell yourself how to feel.** Your emotions are your own, and no one else can tell you when it’s time to “move on” or “get over it”. Whatever you feel, let yourself feel free, without embarrassment or judgement. It’s okay to be angry, to yell at the heavens, to cry or not to cry. It’s also okay to laugh, to find moments of joy and to let go when you’re ready.

■ **Plan ahead for emotional ‘triggers’.** Anniversaries, places and milestones can reawaken memories and feelings. Be prepared for an emotional wallop and know that it’s completely normal.
## Ten top tips for coping

<table>
<thead>
<tr>
<th>What to do</th>
<th>What not to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Keep breathing (this is very important)</td>
<td>1. Panic</td>
</tr>
<tr>
<td>2. Keep things in perspective</td>
<td>2. Think you are the only person this has happened to</td>
</tr>
<tr>
<td>3. Talk to people</td>
<td>3. Withdraw from people</td>
</tr>
<tr>
<td>4. Ask for support</td>
<td>4. Compare yourself with others who have experienced this</td>
</tr>
<tr>
<td>5. Acknowledge how you are feeling</td>
<td>5. Blame yourself</td>
</tr>
<tr>
<td>6. Give yourself permission to feel that way</td>
<td>6. Forget others who are suffering</td>
</tr>
<tr>
<td>7. Allow time - it is a great healer</td>
<td>7. Forget that what does not kill us makes us stronger</td>
</tr>
<tr>
<td>8. Keep doing things that make you feel good</td>
<td>8. Think things should be better now</td>
</tr>
<tr>
<td>9. Avoid over indulgence in all things bad for you</td>
<td>9. Reflect too much on the situation</td>
</tr>
<tr>
<td>10. Prepare yourself - there is more to come</td>
<td>10. Think that any one of these tips can make the feelings disappear</td>
</tr>
</tbody>
</table>

In smaller groups, ask volunteers to feedback both positive and negative coping strategies. Use resource above to guide you in feeding back.
Looking ahead

Resources used in this training guide have been taken from “Sharing time and talents: building caring communities” workbook and the accompanying slide show, developed by the NCVO and Skills for Care. The workbook can be referenced during the session, however many volunteers have enjoyed taking a copy home and completing the activities in their own time. The slides have been selected to help support the facilitator within the session, both as guidance notes if required, and as a reference point for participants.