

Final report and evaluation

Supporting the wellbeing of care home residents

May 2024



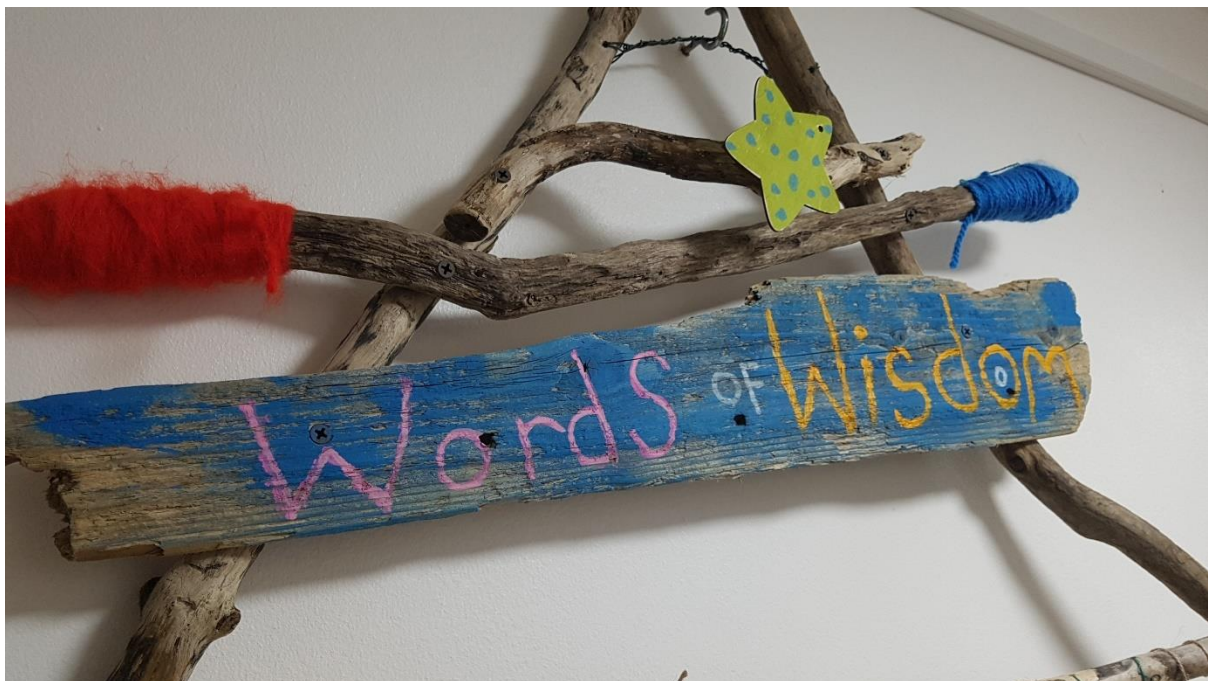
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Lywodraeth Cymru
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Background

Through Age Cymru's previous care home volunteering pilots we know that volunteering has a positive impact on care home resident wellbeing, as well as on staff, relatives, and the volunteers. However, progress in getting local activity up and running, supporting recruitment, providing training and then tapering support was slower than anticipated. As a result of a lack of capacity in voluntary organisations, we have been working to develop care home capacity to host and manage volunteers.

Since July 2023 we have been continuing with the recruitment, training and matching of volunteers with suitable care homes, and our artist practitioners have continued to support care homes with the induction of volunteers and coaching them to use the Tell Me More approach. Alongside this we have also been evaluating the impact of volunteering on the wellbeing of residents, staff and volunteers, the tell me more approach, and looking to understand what is needed to make volunteering sustainable in care homes across Wales.

In addition to our focus on care home volunteering, since July, we have had a second workstream focused on gathering, developing and sharing good practice on the process and practice care homes use to learn about residents when they first move into a care home.



Project achievements

From July 2023 until 31 March 2024, the project recruited, trained and placed 44 volunteers in suitable care homes. These volunteers have completed an overall 990 hours of volunteering, with some volunteers visiting their care homes more than once a week. In total 870 care home residents were engaged through volunteer interactions and creative projects.

The project carried out 18 training sessions with a total of 73 volunteers and staff members, which covered safeguarding, dementia awareness, having Tell Me More conversations, and an introduction to care homes and volunteering guidelines. Training sessions took place online and were adjusted to sessions each fortnight including as 'twilight' sessions to accommodate trainees' availability.

We continued to work with the existing 20 care homes situated in Newport, Cardiff, Pembrokeshire, Neath Port Talbot, Gwynedd, Anglesey, and Rhondda Cynon Taf. The project also recruited an additional nine care homes in these participating areas; one in Neath Port Talbot; two in Cardiff, two in Newport, two in Gwynedd and two in Pembrokeshire. New volunteers were deployed in nearly all existing care homes. One Newport care home left the project due to management capacity for new volunteers. Alternative care homes were sourced for Newport volunteers.

In addition to the established areas, the project extended into two new ones, Swansea and Wrexham. In Wrexham two care homes hosted three volunteers. A further cluster of five care homes started with the project but were unable to continue from January 2024 due to staff capacity at the care homes. They wished to resume in September 2024.

Swansea has one care home active in the project, however a similar care home project run by Swansea University reduced the available places at care homes for Age Cymru volunteers. To supplement the cohort, a flexible approach sourced four other care homes in Crosshands, Carmarthen, Ceredigion, and Ruthin for volunteers local to those areas.

Care homes outside these regions have approached the project for inclusion. Where possible a volunteer has been matched but time limitations prevented further development with these care homes.

The artistic practitioners established the four-week creative session programme with 12 new care homes. Where possible these sessions have been used to help integrate the volunteers into the homes. Working alongside the artistic practitioners allows volunteers to observe good practice in interacting with older people who may be living with dementia and who may have physical or

communication difficulties. In the initial sessions in homes, the Tell me More cards were used to get to know residents which allowed art practitioners to build a picture of resident's interests and abilities; it enabled them to create themed projects around particular groups of residents. For example, focusing on creating Hollywood actor portraits in Port Talbot with its rich heritage of local actors.

Good practice on resident transition to live in a care home

Fundamental to resident wellbeing is understanding who they are and what matters to them and for this to form a key part of their care. Through this part of the project we promoted the importance of care homes learning about residents at the time they move in and using that learning to inform their ongoing relationships.

We gathered, developed and shared good practice on the process and practice care homes use to learn about residents when they first move into a care home and developed a resource.

To develop the resource we undertook interviews with care home managers, activities coordinators and carers across Cardiff, Monmouthshire, Rhondda Cynon Taf and Blaenau Gwent. Interviewed representatives of Social Care Wales, Care Inspectorate Wales and Integrated Adult Services (Monmouthshire Local Authority). Conversations focused particularly on the use of Welsh language in care, neurodiversity among older adults and exploring ethnic diversity in care homes.

We also spoke to academic researchers working on older adult care, including Dr Catrin Hedd Jones (Bangor University), Dr Victoria Shepherd (Cardiff University) and Angharad Higgins (Swansea Bay University Health Board).

To carry out research on veterans in care homes, we contacted representatives from the Royal British Legion. This resulted in a visit to Galanos House, an RBL care home in Warwickshire, including a long-form interview with the manager and activities coordinator.

The research resulted in the development of [‘Preserving What Matters’ resource](#) which was published in March 2024, and launched at the two project events; ‘Enriching care homes in Wales’.

A link to resource on the Age Cymru website was shared with everyone who attended the events and was publicised as part of the launch through Age Cymru's networks and social media. It has since been presented to the Cross Party Group on Older People & Ageing and to a group of researchers from Swansea University who are looking into Welsh language provision in care.

Hard copies of the resource were shared at the project conferences, 80 in English and 20 Welsh to range of care practitioners, local authority staff and staff from regulatory bodies (e.g., Social Care Wales, Care Inspectorate Wales). 20 hard copies were also shared with ENRICH Cymru, and at an Age Cymru Senedd event focused on older adult mental health, which included a presentation by the Minister for

Mental Health and Early Years. There needs to be a continued focus to understand the impact and use of the resource.

An additional area that our previous research indicated supported ongoing good mental wellbeing of care home residents, and was intended to be included in the good practice gathering, was the tracking of mental health. During the current project research this area was looked at but through the research it was established that where tracking was taking place it was most readily the tracking of wellbeing but not necessarily specifically or inclusive of mental health, so this was an area that we were unable to add to the resource due to lack of good practice. This is an area which needs more focus and support.

Project conferences

The project held two conferences in March, in Cardiff at the Cardiff University Students' Union and in Wrexham at the Xplore! Science Centre, to showcase the potential of volunteer activity and highlight the impact of responding to resident voices, and the transition in of new residents to support resident mental wellbeing. The events were attended by 52 people in total across a range of stakeholders, including care home staff, managers and activities coordinators, local authority staff, representatives of regulatory bodies (e.g., Social Care Wales) and other practitioners.

The agenda for the morning included a detailed presentation by the Age Cymru volunteer officers on the care home volunteering project, followed by a group discussion around overcoming barriers to bringing volunteers into care homes.

The afternoon session included a presentation on the care homes transitions project and resource, followed by a presentation by Graham Jones on Woody's Lodge veterans' charity and their work with older veterans living in care homes.

Afternoon presentations were followed by group discussions focusing on perceptions of older people in care homes, and how attendees would like to see these attitudes change.

All the sessions across the two days were rated 'Good' or 'Very good' by attendees.



Evaluation

Information for the evaluation was gathered via feedback forms with volunteers, care home staff, residents, one to one and group interviews mostly with care home staff and volunteers. Interviews with residents were limited due to safeguarding concerns and availability. Feedback was also gathered via journals from the artistic practitioners, particularly on the Tell Me More cards.

In addition, information for the evaluation was collected at the two project conferences at the round table discussions, and via the conference feedback forms.

Impact of the volunteering programme on volunteers

'The experience I've had at the care home was amazing, I had the opportunity of meeting with people, I was able to relate freely with the residents especially one of them who loves word puzzles at over 98 years' – Volunteer, Newport

All volunteers were recruited, trained and placed in care homes by the Age Cymru volunteer officers. The volunteer officers developed strong links with local educational institutions, in both Further Education and Higher education, businesses and volunteer bureaus to enable a steady stream of volunteers. This took time and resource to establish but once set up provided ongoing high-quality volunteers. Within universities and colleges relationships were also built outside of the volunteering departments with specific relevant courses, such as with Health and Social Care MA course at Wrexham University.

The diversity of volunteer backgrounds shows the wide range of enthusiasm for the volunteering role. Many younger volunteers are studying medical science, paramedical, psychology and biosciences, aiming to improve their understanding of and communication skills with older people. Amongst the mature applicants are retired lecturers, retired insurance staff, nursing staff and a single mother who finds the role helps her feel less isolated while her child is in school. In terms of life stages, the highest proportion of volunteers were between the ages of 17 and 25 at around 60%, followed by working age volunteers, then the smallest proportion was retired volunteers. In addition, 81% of the volunteers were female, with 19% being male.

One of the important factors in being able to suitably place and retain volunteers is understanding a person's motivation for volunteering. When asked why they became a care home volunteer, the most frequently reported reason was to support older people, this was followed by wanting to improve their skills, then wanting to improve their

community, then equally rated after this was wanting to be connected, more social interaction and for career aspirations. Other reasons were to be more creative and as part of the Wesh Baccalaureate. Many people told us that they had experience with caring for a loved one, or of a loved one living in a care home and wanted to give back to those communities who had so well supported and cared for family and friends. One volunteer, who was a retired teacher told us:

‘I cared for my Mum with Alzheimer’s; I want to give back to others’

Another volunteer who was a Cambridge University undergraduate told us that they wanted to improve their skills for their career and the role in the care home could specifically support this. They told us that:

‘Enhanced communication, empathy and patience, is essential for a Clinical Psychologist career’

Some volunteers specifically wanted to be involved due to the role Age Cymru had in the programme. Comments from volunteers included:

‘Age Cymru provided advice for us when mum had dementia and we were struggling to navigate the Welsh social services system this gives me a practical, personal reason for wanting to support this charity in particular.’

‘We really need advocates for the elderly. We need people who are 100% on their side. We need people to befriend them, to help them feel cared for and safe in a society that must feel hostile to them at times. We really need charities like Age Cymru, and I have time to give, so I want to give it to Age Cymru.’

78% of the volunteers told us that they would be ‘very likely’ to recommend being a volunteer in a care home. Comments included:

‘It is very enjoyable and afterwards you feel you gain a sense of ‘achievement because I feel like I have made a difference to that person’s day.

‘I have gained a lot from my Care Home Volunteering thanks to Age Cymru and the Care Home that allowed me to volunteer there. I have been supported throughout, and I am very grateful for my experience’

‘It’s beneficial for the elderly, and also very much for the volunteers. Nice and morally important to give and to help others. In this world helping “just for it’s own sake” is so overlooked and it’s so vital on a human level. It gives so much dignity and kindness to others’

Of the others, all but one said they would be ‘quite likely’ to recommend it. With one person commenting that they would be ‘quite likely because:

‘It takes a bit of time to settle in but I have already learnt a lot from this experience and it has changed my perception on some things. I have grown very fond of the residents and I think caring about and for others is important. I have come to respect how resilient elderly people are’

The one person who said that they would be ‘unlikely’ to recommend being a care home volunteer said that this was on account of the mentor not involving the volunteer in other challenging tasks which made the role, boring doing the same thing every week.

When asked what the most important outcome was for them as a care home volunteer, the most frequently reported reason was a better understanding /appreciation of older people, followed by improved communications skills, and a sense of wellbeing, next highly rated was an increase in confidence with, improved CV/Career the least frequently highly rated.

The impact of the volunteer opportunity can also be seen beyond the volunteer directly. Volunteers at a care home in Aberdare, visit the care home at least once each week, and sometimes take their children at weekends. During an interview for the evaluation the volunteers commented on the importance for the children to understand the cycle of life through the eyes of residents. They also commented on how much they had learned about local history through the residents and the importance for residents to have extended contact with the community outside the care home.



Impact of the volunteering programme on care homes

'It's so helpful having the volunteers, they allow us to get on with other jobs. They interact with resident's one-to-one which is so valuable to us'

Prior to getting involved with the Age Cymru project most of the care homes we spoke to had previously had some volunteers, but the majority of these volunteers were work experience students who were short term.

The key reported benefit by care homes of having the volunteers is the extra time that is available to spend with residents. 80% reported this as a benefit. The majority of care homes we spoke told us that due to demands on time, staff can't often spend as much time as they'd like with all residents, volunteers really supported an increase interaction with residents. In one care home there's three staff members to 14 residents per floor, over three floors. One care home from Wrexham has received over 200 volunteer support hours due to being involved in the project. Their volunteers are bringing in new ideas and skills, creating new activities for residents, engaging all residents including non-verbal residents, and raising the quality of residents' experiences at the home.

Only a couple of homes reported experiencing any problems with volunteers. One care home had a volunteer leave quite quickly and a couple used the volunteering experience for a short amount of visits for their CV. However, the majority found that the volunteers sincerely wished to be here and to support residents with conversation.

'I think that all of our volunteers, team members and residents all enjoyed having the volunteers here. One family used the opportunity of bringing their young children in to promote intergenerational interaction which was lovely.'

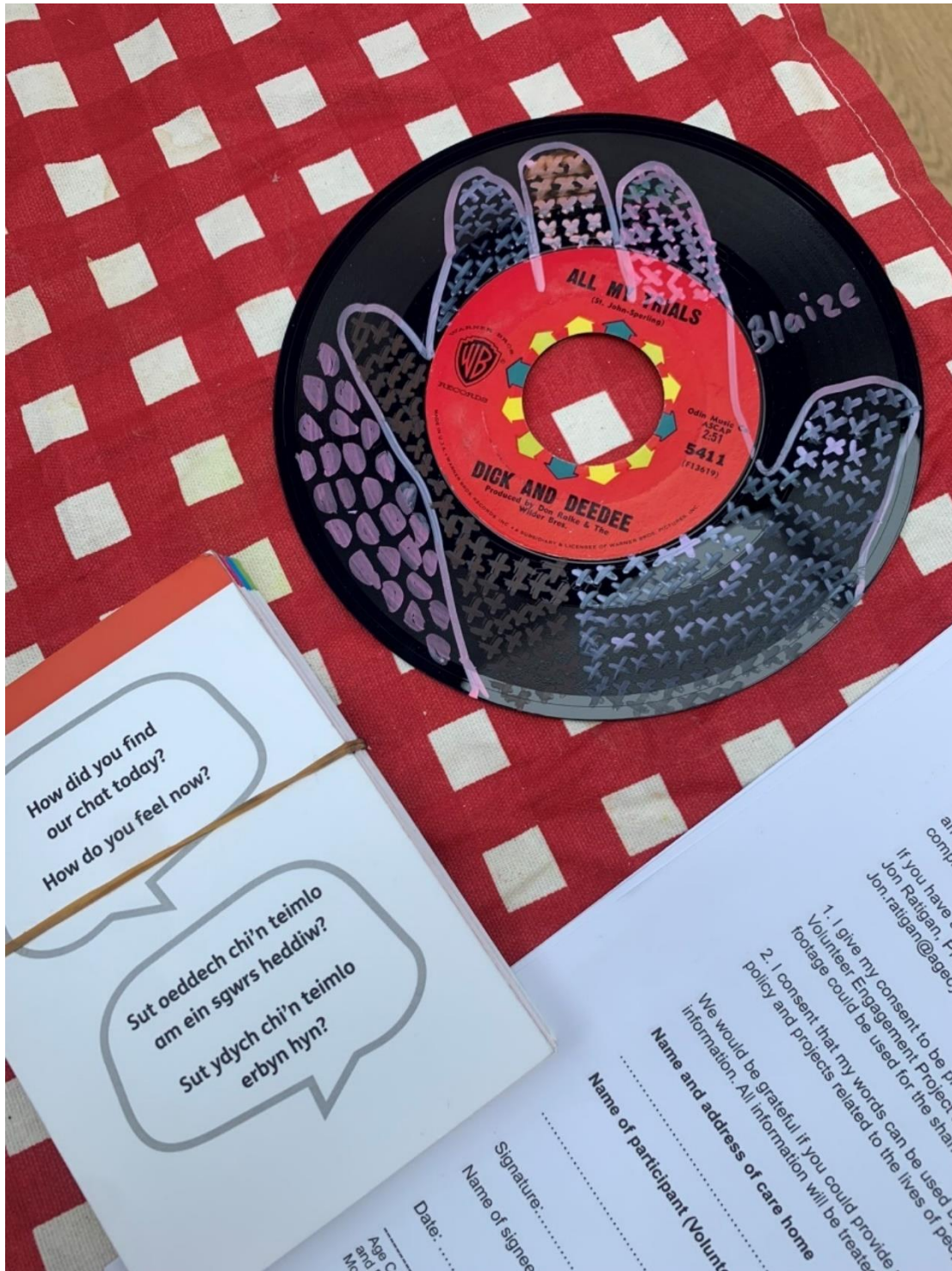
Overall care home impact feedback

All the care homes we spoke to as part of the evaluation told us that they would recommend this care home programme to other care homes. We also asked how likely care homes were to recommend Age Cymru to others, on a scale of 1-10, where 0 is not at all likely and 10 is extremely likely. All selected 10, and said that they would like to work with Age Cymru again.

Care homes told us that the programme took away the time-consuming part of recruiting volunteer, and that they wouldn't be able to recruit, train and manage the volunteers without the external support. They told us that volunteers came to them 'care home ready' and they were able to reap the benefits, and that there were absolutely no downsides to this programme. It was feedback that the care home resource toolkit was helpful but many homes needed the concentrated

support as they lack the internal capacity for the volunteer process. Another told us that they loved being part of the project and welcomed being involved in any future initiatives you may run. One care home manager commented:

‘John and the volunteers were very, very helpful and the residents Look forward to seeing them. The residents are proud with the end project. Hopefully, we would work with yourselves again as we got new residents in now. The part in this project and I talk and tell them how good this project was.’



Impact of the volunteering programme on residents

'It's nice to meet different people with different lives'

One of the most significant impacts of having volunteers in care homes for residents was the increased interaction and socialisation. Due to staff capacity residents often didn't get enough time with staff which can exacerbate isolation and loneliness and reduces opportunities to get involved with activities. Having volunteers has meant a significant increase in socialising and chatting and stimulation for residents, especially bonding with younger volunteers.

All the residents said that the impact of having the volunteers there was 'good' and 'helpful' and they enjoyed talking with new people. Residents told us that:

'I like the volunteer visits – they keep you busy!'

Some residents also told us that it helped them feel purposeful, with one person commenting:

'If it helps a young person get on in life, I'm still useful!'

Volunteers being present has also meant that there is an increased capacity for residents to be involved in creative and other activities. There were multiple examples where this had led to surprising connections with residents. One example is where the resident group were considering the question, have you had a favourite job?. A resident, Paula,* was very loud and vocal in the corner, she had a member of staff with her to keep her calm. She had sporadic outbursts of words and noises. Another resident Charles* provided some background to the facilitator on Paula* and said she was very bright and used to be a judge at dog shows, Crufts he believed. He tried to make her understand the question and said, 'you used to judge dogs didn't you?' She immediately started talking about her red setter dog with passion. Her words were slurred and disjointed but they understood that this was an important part of her life and she absolutely loved dogs. She then began to whistle, like she was calling the dog. Charles* turned to the facilitator with a smile and said, 'she's never done that before'.

Of the residents that took part in the creative activities, 100% said that they had not done that activity before. Activities ranged from Hollywood star jigsaw making, vinyl record painting, clay pot and clay decoration making, and working with driftwood and wool. 100% of residents said that they would like to do further activities. Having volunteers in place who have been trained in the Tell Me More approach makes this a much easier proposition. For each creative placement a

scrapbook was put together and left with the volunteer and activity coordinator with details of the activities undertaken and inspiration for more.

The sessions often brought out aspects of residents which were little seen or known, and they could also encourage new skills. For example, in one creative session led by the artist practitioner to make clay pots, the session was started as usual with Hollywood film star pictures as inspiration and with a little quiz about who they were which residents really enjoyed. One resident who was sitting in the corner not even participating got them all right. People really loved working on this scale with clay, the activity coordinator said they have someone coming in now and again to do clay work but it's usually rolling and using cutters, nothing like this. One lady, said she's been to art school and used the throw pots. The artistic practitioner said it was lovely to see people get stuck in.

These sessions can also help staff see residents in a new light or support them to challenge some of the ways that they do activities. For example, at the same clay pot making session the activity coordinator had prepared, prepped the space with a wipeable table cloth and provided aprons and plastic gloves for everyone. The artist practitioner pointed out that people don't usually wear gloves for clay work, this wouldn't be done in the community but the activity coordinator thought that the residents wouldn't take to working with the wet clay. In fact, those residents who didn't wear gloves loved it, and encouraged the activity coordinator to consider the capabilities of the residents.

Another example of the positive impact of the creative sessions with the art practitioners and supported by the volunteers was with a session on frottage. The practitioner tried to explain the idea of frottage to the group with reference to brass rubbings but no-one seemed to get what they were talking about, until Carol* entered. The activity coordinator said that Carol*, who is ultra arty-crafty, was next door and was quite tearful, she wasn't in the mood to join in today. But the activity coordinator persuaded her to come in and instantly she wanted to engage. Carol* knew exactly what brass rubbings were and was fascinated by the card reliefs made to facilitate the technique. Carol* then fully participated in the activity creating a rubbing at the end that she was proud of, along with the other residents.



Tell Me More cards toolkit

The Tell Me More cards are an appreciative inquiry-based toolkit developed by Age Cymru to support the facilitation of person-centred conversations with care home residents. All volunteers were trained in the use of the Tell Me More cards.

During this project, the Tell Me More cards were generally used during the first creative sessions in care homes. The use of the cards in these initial sessions served as a handy, fun way to get to know residents, the cards would ask questions beyond the usual 'do you like art and craft?' type of question one might ask to start a project and were useful in coaxing interesting factual information from individuals on which a small project could be based.

The cards were particularly useful in giving less confident volunteers something to fall back on when they started in a care home, which can be quite daunting places to enter at first.

Distribution and tactile-ness

After an introduction to the cards in the training session, a set of cards was left at each home which had a volunteer introduced, they were either left with a manager or activities coordinator. They were presented in a clear folder so easily visible.

There were considerations given to converting the cards made into an app, however feedback was that older people really like the feel of the physical cards, and it makes the conversation process much easier, they also generally understand what 'cards' and 'card games' are without much explanation. Also, touch screens are not older-person friendly in that they require a certain level of natural skin oil to operate them, which can be low in older people. See this report:

<https://www.gabefender.com/writing/touch-screens-dont-work-for-everyone>

The benefits of an app could be that users could possibly add successful questions to the pack and also share good answers with the pack community.

Themes and questions

The cards are coloured according to 3 themes: Past, Present and Future, each theme has around 10 questions associated with it.

In terms of which themes work best, in practice it's more the specific questions rather than themes that stand out. Also, it can depend on how a question is 'sold' to a resident. Feedback was that it can be useful to rephrase a question to ensure it's understood and sometimes giving examples or suggestions of what an answer could be in order to prompt an answer, can help to encourage interaction.

The themes have also been quite useful to challenge perceptions, On one occasion card themes of past, present and future were presented to the group and the activities coordinator present commented that questions about the past would

probably work best with their residents. The implication was perhaps that residents don't have much life left to look forward to. In practice the present and future themed cards work well too to engage with residents, and the conversations don't need to focus on convalescence.

The questions don't all work for everyone and anyone using the cards needs to be flexible and adaptable in their approach. For example, sometimes a less open ended question does not work for an individual. Eg. a question like, *Have you had a favourite car?, did it have a name?* Obviously, if a resident didn't drive or have a car, the car question could be difficult to answer. In this case you'd move on to maybe using the bus or walking, eg. *how did you do your shopping? Did you use a bicycle etc.*, so it's a question of using the cards as a starting point for discussion.

Also, some of the questions are more closed and require a specific, name based answer, eg. *Who is your favourite singer? Can you name or sing a song that you love?*

Obviously, remembering names can be difficult for a person with dementia and so it can be useful to try to hone in by making suggestions to help people like- *do you like slow ballads or something with a beat you can dance to?*

Having said that, in practice, some questions are just better than others and tend to produce more interesting responses.

Have you had a favourite job? always produces answers that tell you so much about a person.

Where were you born? Have you moved much? Where have you enjoyed living most? is another which can reveal a lot about a person's life, job and world outlook.

In your life, do you think you follow your head or your heart? is one that people seem to really enjoy answering, as if you're suddenly being really attentive to their inner lives.

Have or do you have any hobbies? is a great one that provides insight into what people's interests are and whether they can be nurtured through a creative project.

Do you enjoy going to the cinema? What was the first cinema you went to? What's your all time favourite film? are lovely questions which open up a whole stream of conversation about local cinemas, who they used to go with, Hollywood film stars etc.

Sensitive questions

There is no guessing really what questions will cause negative reactions in residents. Once with a group of around 7 residents, the question was asked 'do you have anything in your room which reminds you of home?' At this point, a relatively

young resident in his 60s walked out of the room and seemed a little upset. Later, the activities person told me that this resident was quite sensitive to talking about 'home'. That he felt he was too young to be in the care home but knew he had to because he couldn't cope in his own home.

Similarly, questions about family could potentially trigger negative memories if, for example, a resident has recently lost a loved one.

Non-responders

In one session a woman with dementia was asked the question- *'tell me something about your mother or father'*. Immediately, the questioner could tell that there wasn't going to be a response but it might have been the same response from many other questions too. Sometimes it's just difficult to include everyone in a group question scenario if they have advanced dementia, you have to simplify, reword and sometimes just move on and ask another question.

Carer facilitation

It can really help a group conversation session when a carer or activities coordinator who knows the residents well joins in, they can provide prompts to questions that may otherwise be tricky for participants.

For example, if asked about a favourite place in the world, a resident may be stuck for an answer when put on the spot. But a carer who knows them may remember something they said or point out a picture that they saw in the resident's room of a holiday etc. which can provide insightful prompts for an answer or starting point for a memory.

Potential issues with the cards

The main issue with the cards is their availability in the care homes. As mentioned, the cards are dropped off at the volunteer inductions but there is no guessing what then happens to them, they are easily mislaid.

In order to try to overcome this, the cards have been sent out as a PDF to volunteers, suggesting that they save it to their phones for ease of access. Even if the volunteers feel they don't want to use them in a live session, they could still glean some ideas from browsing through the cards.

It's unclear too, how much the cards are used by volunteers; we haven't done in-depth questioning on this. Anecdotally, some volunteers have told us that say they have tried the cards out but there is the potential that others haven't used them at all.

Taking the work forwards

The evaluation looked at what needs to be in place to enable volunteering in every care home in Wales, and take the learning from this project forward.

Sustainable programme of support

The overwhelming feedback has been of the successful implementation of the care home volunteering project, however the level of support necessary to achieve this is very resource heavy, and costly. It also takes time to build relationships, trust and momentum with both the care homes and the recruitment opportunities, and also to train volunteers once recruited and find suitable care home placements. These relationships and trust can also be lost quickly when funding or support ceases. This all means that any support moving forward needs to be sustainable and long term to enable more care homes across Wales to be hosting volunteers.

External support for recruitment, training and placement

Care homes have consistently fed back to us the positive impact that volunteers have on residents and care homes and the significant advantage there is to having these regular ongoing volunteering opportunities. Care homes are also telling us that they have the will, but what they lack is the capacity, and for some the knowledge and expertise, to recruit and train to the appropriate level, and often the capacity to maintain support for their volunteers. The importance of an external body support and facilitate volunteers from recruitment to deployment was emphasised and that a key point of contact outside the care home was deemed a valuable asset to enable volunteering to take place. It was also emphasised that care homes needed to be able to access ongoing information and support with managing volunteers.

Clear roles and a change of mindset from care homes

There needs to be a change of mindset from some care homes to ensure that volunteers aren't an extra team member, and their role in the care home is clear. This is important to retain long term volunteers. The care home project supported the clarifying of volunteer roles, so expectation was clear from the outset between the care home and volunteers of volunteers did, and didn't do. This was again reinforced as part of the induction process, to make sure that volunteers were comfortable with their role. The change of mindset also includes care homes committing capacity to the management and support for care homes, and to making this role and the supporting of volunteers a priority.

Understand people's motivations to volunteer

As part of our volunteer recruitment information collection we ask what people want to get out of volunteering, and why they want to volunteer in a care home. This is very important information to know as it ensures that volunteers have the

correct placement, support and understanding, leading to a higher likelihood of people volunteering long term.

A flexible approach

To enable more volunteers to get involved and commit to sustainable roles, care homes need to be more flexible to accommodate volunteers. Volunteering is becoming harder as people who traditionally provided a large amount of volunteering such as retirees are facing more challenges on their time. This includes the increase in people providing unpaid care, the increase in grandparents needing to provide childcare to family members due to increase in childcare costs, and people needing work longer to meet rises in the cost of living. Care homes need to be more accommodating to enable people who have other pressures on their time to volunteer.

Change in policy for international students

Currently if a volunteer has a Tier 4 Visa, during term time there is a limit of 20 hours of work, includes both voluntary and paid work. This should be relaxed so these students can take on more volunteer hours.

Ability to volunteer at multiple care homes

Some volunteers expressed an interest in volunteering at several homes. Where possible it would be useful to support this, the sharing of volunteers between care homes could increase capacity to support volunteers, as well as sharing of ideas.

Volunteers to support good transition

A good transition to live in a care home is a crucial part of ensuring a resident's wellbeing. Volunteers could be trained to use the Tell Me More approach as part of the onboarding process supporting the process of understanding about what matters to that new resident and to support them to settle into their new environment. This would provide a clear role for a volunteer, capacity for the care home so this important process can happen and an improved wellbeing for the new resident.

Celebrate success stories

Positive examples of where volunteering has worked well with testimonials from care homes, volunteers and residents would help with ongoing encouragement for care homes to take on volunteers as well as encourage people to volunteer. There also needs to be more promotion of the benefits of volunteering in care homes both to the volunteers and staff.

Overcome practical and logistical barriers to volunteering

Transport to care homes, particularly in rural areas is a challenge for people who don't have access to their own transport. In some areas the project team were able to overcome this by finding other homes on transport routes to place the recruited volunteers, but for those homes with poor transport links this could limit the

volunteering opportunities. In addition, some volunteers fed back that they would struggle to commit long term if expenses for travel is not provided. This is potentially a barrier for those on low income who may want to volunteer. Some care homes provide expenses for travel and lunch.

Established recruitment pathways

The project had a key focus on developing relationships with recruitment opportunities such as with Universities and colleges, including specific relevant departments, and businesses. These relationships and building of trust with potential recruitment opportunities were time and resource heavy and this would need to be considered when developing future volunteering opportunities for care homes across Wales.

Networks and good practice sharing

More needs to be done to connect up activity and wellbeing coordinators to enable the sharing of good practice and ideas around volunteering, and have a centralised resource for any supporting materials.

Male based activities

Volunteers should be trained and encouraged to expand the types of activities that engage more males, who from experience do not always wish to join in with craft based activities.

Befriending volunteers

Many residents are isolated and lonely in their rooms and would benefit from 1:1 conversation time. There could be the development of specific befriender care home volunteer roles to support these residents. These roles are specific which could make them easier to recruit for and retain.

Additional training for volunteers

Support with additional training would encourage long term volunteering by increasing knowledge skills and confidence. The Age Cymru training programme included dementia awareness, use of the Tell Me More cards, and safeguarding. Other areas could be awareness of challenging behaviour, or more training for interaction with non-verbal service users. This could be in-house training if service users are unique or have a condition we don't see often.

Support for volunteers

To encourage long term engagement there needs to be more support for volunteers, this includes opportunities for peer support, and sharing, and debrief/counselling support. They also need a consistent point of contact at the home that is easily contactable.

Availability of Tell Me More cards

Make Tell Me More cards more widely available to help conversations with residents. They act as an ice breaker for volunteers and residents, and a crucial to support volunteers, particularly with residents with dementia.

Challenge perceptions

Negative stereotypes and perceptions of the experience of living in a care still persist and more needs to be done to dispel myths of what a care home is like. These negative perceptions can be a barrier for potential volunteers and reduces the number of people who may consider volunteering their time in a care home. A lot of people who put themselves forward to volunteer as part of this programme had prior experience of working with or having relatives in a care home so had been able to see beyond some . Many people have never set foot in care home, and may be unconfident or worried about what volunteering in a care home could be like.



Conclusions and further work

- Volunteers in care homes have a significant beneficial impact on residents, as well as on the staff and care home.
- Creative activities supported volunteers improve the wellbeing of residents, staff and families.
- Care homes recognise the benefits and welcome volunteers in their homes.
- The majority of care homes currently lack the capacity to recruit, train and manage their own volunteers.
- Care homes need support to recruit, train and manage volunteers but this doesn't need to be centralised. It could be beneficial for this to be on a local level to reflect the different local organisations and needs of the area, with support with sharing of expertise, learning and resources from a national body, such as Age Cymru.
- The care home toolkits are useful resources, but care homes need a dedicated role at care home, or specific capacity to embed volunteers and use the toolkits alongside external support.
- The Preserving What Matters is a useful resource to support care home residents with a good transition. Further work now needs to be done to share, and embed the resource, and monitor the impact. There are also areas for further research which were highlighted as gaps, inclusive of neurodiversity of care home residents, use of Welsh Language, support for LGBTQ+ residents, and monitoring of mental health.

