

# **EVALUATION OF THE VOLUNTEERING IN CARE HOMES PROJECT**

## SUMMARY REPORT

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March 2016

## Introduction

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This short report has the twin task of summarising the evaluation of the Volunteering in Care Homes (ViCH) project (see the full report for more detail) and drawing on these findings and wider evidence to explore the implications for developing volunteering in care homes more generally. It presents considerable good practice learning, examines the impact of volunteering on residents, staff and volunteers, and concludes by making recommendations for the care and volunteering sector.

## Volunteering context

Twelve million adults volunteer regularly with an organisation in England<sup>i</sup> and the King's Fund estimates that there are around three million regular volunteers within health and social care services – the same as the number of paid staff.<sup>ii</sup> However, there are no reliable figures on the numbers involved in care homes. There are certainly many examples of successful volunteering projects – both directly run by homes and third party organisations – yet many (perhaps most) homes do not involve any volunteers and there is no doubt that volunteering is generally underdeveloped in this setting – especially compared to other similar settings. As John Kennedy's recent review for the Joseph Rowntree Foundation questioned: 'a flourishing volunteering movement supporting care homes would be great. It exists in hospices, why not care homes? What is it that makes care homes so off limits?'<sup>iii</sup> Care homes have traditionally been a blind spot for the volunteering sector possibly because the majority are for-profit, with some volunteer infrastructure organisations not placing volunteers in private organisations.<sup>iv</sup>

## Care home context

There are around 17,000<sup>v</sup> care homes in England, ranging from large private groups and small family businesses to statutory providers and charitable organisations. The Care Quality Commission (CQC) ratings show that the vast majority of homes provide good quality care,<sup>vi</sup> however, the sector undeniably faces a number of pressing challenges and is often referred to as being in 'crisis'. There is general consensus that the nature of care must become more person-centred, more holistic and more focused on social and emotional wellbeing. On top of this many face severe staffing issues and financial strain, with some sector bodies estimating a shortage of £3bn by 2020.<sup>vii</sup> Around 300,000 older people live in nursing or residential settings in England and as many as 80% of them are living with some form of dementia or severe memory problems.<sup>viii</sup>

### Home Manager

*'I think there is a lot of potential for it and we are only scratching the surface at the moment'*

## Rationale for the project

Within this context, the Department of Health (DH) funded the three-year ViCH project to pilot volunteering in care homes and contribute to the relative dearth of evidence in this area. The evaluation had two strands. The formative element aimed to draw out good practice learning to inform project development. The impact assessment aimed to explore the contribution of volunteers to the quality of life and quality of care of residents.

## The ViCH project and evaluation

The project placed volunteers in befriending and activity-based roles.<sup>ix</sup> It was piloted in five Clinical Commissioning Group (CCG) areas within fourteen care homes (see below). Managed by NCVO it was delivered locally by five partner Volunteer Centres (VCs), who were responsible for recruiting, selecting and training volunteers before passing them on to care homes, who were then responsible for their coordination and ongoing support. The project was informed by a Strategic Advisory Group.

CCG area	Volunteer Centre	Care Home
NHS Central London CCG	One Westminster	Carlton Dene Elderly Resource Centre St George's Nursing Home Westmead Elderly Resource Centre
NHS Oldham CCG	Oldham Volunteer Centre	Longwood Lodge Park House Stoneswood
NHS Blackburn and Darwen CCG	Blackburn & Darwen CVS	Moorland View Care Home Old Gates Nursing and Residential Care Home
NHS Shropshire CCG	Shropshire Rural Community Council	Bowbrook House Crowmoor House Residential Home Uplands at Oxon Nursing Home
NHS South Derbyshire CCG	South Derbyshire CVS	Oakland Village Residential Care Home Overseal Residential Care Home Shardlow Manor

The evaluation<sup>x</sup> involved an interim and project completion stage including the following framework and elements of data collection.

Evaluation framework (drawing on the Volunteering Impact Assessment Toolkit, <sup>xi</sup> Senses <sup>xii</sup> and Adult Social Care Outcomes Framework)	
<p><b>Case studies</b></p> <p>In-depth interviews with staff (30), volunteers (21), residents (15) and relatives (6)</p> <p>5 x interim stage, 5 x project completion (including 2 x repeat visits)</p>	<p><b>Phone interviews</b></p> <p>12 interviews with Volunteer Centre staff (6 x interim stage, 6 x project completion)</p> <p>12 x care home key contact</p>
<p><b>Monitoring data</b></p> <p>IVR's Volunteer Investment and Value Audit (VIVA) collecting information on volunteer roles and hours and expenditure on training, support and staff</p>	<p><b>Start-up survey</b></p> <p>52 volunteers (42% response rate)</p> <p><b>Final impact survey</b></p> <p>65 active volunteers (63% response rate)</p> <p>29 active staff (76% response rate)<sup>xiii</sup></p>
<b>Good practice learning and impact assessment</b>	

## The project in numbers

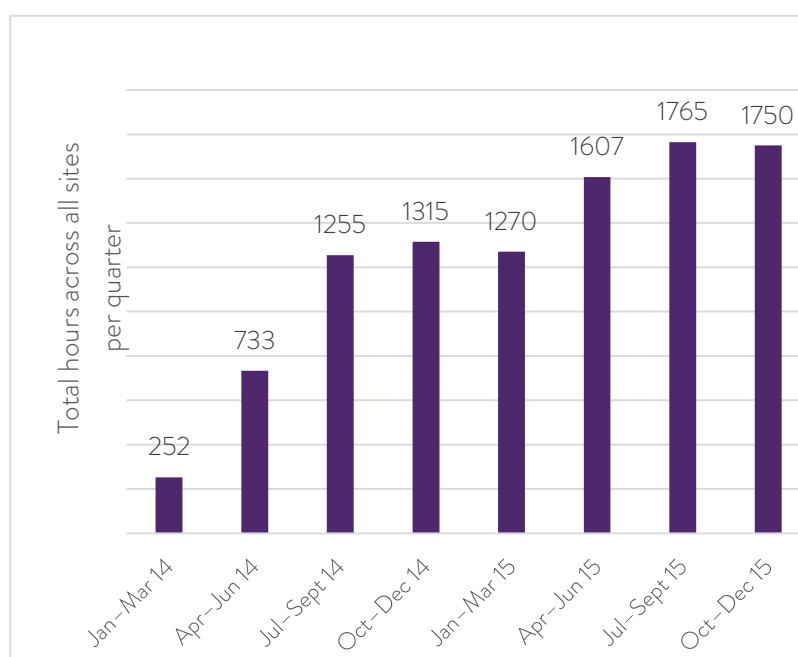


Volunteer roles were split roughly between befriending roles (51%) (usually undertaken one-to-one) and activity-based roles (49%)<sup>xiv</sup> (including arts and craft, reminiscence, cat therapy, boccia and digital skills). The involvement ranged from a regular ongoing commitment, say two hours every Tuesday morning, to irregular and sometimes one-off engagement. In total, 259 volunteers contributed 9,947 hours across the course of the project. After plateauing at the interim evaluation stage (December 2014) the level of activity increased by almost a quarter (23%) between 2014 and 2015,<sup>xv</sup> with 103 active volunteers between October and December 2015. This increase was primarily driven by an increase in the number of hours contributed by each volunteer rather than an increase in the number of volunteers.

### Relative

*'She is always laughing in her room when they are there – you can see the smile on her face is completely different to when they are just sitting there... I'd rather she was laughing than sitting and watching telly'*

These project-level figures mask significant variation as the involvement of volunteers was much more successful in some areas than in others. For example, in 2015 the home with the highest level of activity (1,116 hours) had ten times that of the lowest home (112 hours). Similarly, significant variation amongst volunteers meant that half the total hours across the whole project were contributed by a core of just 36 individuals (14%). Finally, the highest CCG area saw five times the level of activity of the lowest area. A central thrust of the evaluation was to explain these differences and draw out learning from them.



## Impact on residents

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The evaluation found evidence that involving volunteers had profound positive impacts for residents, backing up findings from the wider literature. These findings are based on subjective measures of impact through exploring the perceptions of key stakeholders. Residents were interviewed as part of the evaluation but due to the challenges of research involving those with dementia many of the findings are primarily based on in-depth interviews and surveys from staff, volunteers and, to a lesser extent, relatives. In some homes the impact was inhibited by the relatively low levels of volunteer activity, however, across the project high levels of positive impact were recorded in a number of areas. The survey found that 89% of staff and 75% of volunteers thought the involvement of volunteers had contributed major or moderate positive impacts in their care home overall.

### Social wellbeing impacts

The most significant contribution of the project is on the social and emotional side of residents' quality of life. For many, the involvement of volunteers has delivered fundamental socialisation, company and 'someone to talk to' ranging from very basic 'sitting and being' or handholding to more substantial long term one-to-one befriending relationships and support. These befriending relationships can involve trips outside of the home, relationships with relatives and a whole range of social and practical support with some developing into genuine and occasionally deep friendships. For those living with moderate or severe dementia the volunteers have provided social stimulation and company even where the resident does not recognise them.

### Emotional wellbeing impacts

Very closely related to social impacts, the effective involvement of the volunteers was seen by stakeholders to have major positive impacts on the emotional wellbeing of residents including helping them settle within the home, adding purpose to their lives, enjoyment, supporting them in overcoming bereavement and generally reducing distress and anxiety. The only negative impacts for residents were the emotional effects of volunteers withdrawing after a close bond had been formed.

#### Resident

*'If I didn't have the volunteer my morale would be very low. I'd be shouting at everybody – all of us in here have some form of dementia. I ring this bell and nobody comes and nothing happens and then I scream at the matron and say you haven't got enough staff and she gets very annoyed when I say that but it is true.'*

## Mental and physical wellbeing

Although not as strong, the involvement of volunteers was also perceived to have boosted mental and physical wellbeing in two main ways – especially by staff. Firstly, the nature of the roles meant that the residents were provided with mental and physical stimulation. Such activities as reminiscence, games, quizzes, reading the newspaper or simply chatting was ‘keeping them sharper and a bit more interested in their environment for longer’ (home manager). More research is needed, but this supports wider evidence that mental stimulation can slow cognitive decline.<sup>xvi xvii</sup> Some activities also provided direct physical stimulation, such as walking and arts and crafts.

Secondly, the link between social, emotional, mental and physical wellbeing was stressed by many interviewees. Such a link has been seen in a number of recent pieces of research concluding that loneliness and lack of social interaction is detrimental to health.<sup>xviii</sup> In-depth interviews revealed the perceived strength of this link with one manager arguing that ‘if you get the social right, the physical and the mental wellbeing come after it’.

### Resident

*‘Instead of sitting in their rooms... keep people thinking the whole time and keep the brain alert instead of being a dodo.’*

Staff perception of impact on residents (n=29 of 38) (%)	Major positive	Moderate or minor positive	No impact	Major, moderate or minor negative
Emotional wellbeing	62	31	3	3
Social wellbeing	59	38	3	0
Mental wellbeing	48	45	7	0
Physical wellbeing	41	38	21	0

Few residents detailed specific positive physical impacts and around a third of staff also thought the project had no impact around eating, sleeping and life expectancy (28%, 28% and 41%). However, around a third of staff felt it had a major positive impact (31%) in all three areas. This is interesting although there is little wider evidence that supports such a link.

## Staff impacts

The evaluation had anticipated some negative consequences for staff, however, the majority felt that the involvement of volunteers had a positive impact on staff satisfaction with their job (68%), retention (61%), stress levels (71%) and feelings of job security (54%). No negative impacts were recorded around these areas in the staff survey. The case studies also revealed few fears amongst staff of volunteers replacing them – likely because of the distinct volunteer roles and high demand for staff within most participating organisations. The only negative impacts for staff were increased demands on time and increased responsibility for volunteer management without sufficient training.

## Impact on volunteers

The reciprocal nature of volunteering has long been realised and participation can have substantial positive benefits for volunteers themselves. By far the most highly rated impacts in this project were those around altruistic and social aspects of involvement such as enjoyment, satisfaction and social and emotional wellbeing. This supports the growing body of evidence linking regular volunteering with enhanced wellbeing.<sup>xix</sup> In a minority of areas, the involvement of some volunteers was framed around career development – by volunteers, the VC and some care homes, who saw the project as a means of recruiting staff. In these areas some volunteers had gone on to paid employment and around half of volunteers saw their involvement as having a positive impact on

### Volunteer

*‘I like my music and I like to share it. You get a buzz when you are playing your music when you see their foot tapping or their finger moving.’*

### Volunteer

*‘Volunteering in care homes is a great impact for me both in my job and in my studies, and the way I think about people in need.’*

developing new skills and their employment prospects. This also supports wider evidence that volunteering can contribute to skills development, especially for younger volunteers<sup>xx</sup> although there is little systematic evidence linking volunteering with specific employment outcomes<sup>xxi</sup> for volunteers generally.

Volunteer perception of impact (n=55 of 103) (%)	Major positive	Moderate or minor positive	No impact	Major, moderate or minor negative
Your enjoyment	46	44	4	6
Satisfaction from seeing the results	46	41	9	4
Your emotional wellbeing	38	45	11	6
Your sense of personal achievement	37	50	9	4
Your social wellbeing	31	55	11	4
Your mental wellbeing	24	43	30	4
New skills	19	54	22	6
Your employment prospects	19	30	50	2
Your physical wellbeing	15	26	55	4

These findings broadly matched the motivations of volunteers at the start of their engagement with the vast majority (87%) saying they wanted to improve things/help people and around a third (31%) wanting to learn new skills. Negative impacts for volunteers related to poor volunteer management practices and dealing with bereavement of residents.

## Volunteer management and good practice learning

At the interim evaluation stage there was a marked split between those homes where the project had been well established and was beginning to have substantial impacts and those where there had been very little volunteer activity and little or no impact. Across the course of the evaluation there were positive developments in the majority of homes although there remains great variety in the success and impact of the project. This can largely be explained by variety in the quality of volunteer management by the VCs and care homes. As can be seen from the table below, volunteers were overwhelmingly satisfied with various aspects of their volunteer management, however, more negative aspects were raised through in-depth interviews. In particular, there was a lack of substantial ongoing coordination and support provided to volunteers by some care homes often meaning that VCs continued to deliver this management. The below offers a brief summary around some key areas but there is much more detail and good practice learning in the full report and the toolkit.

### Volunteer Centre Co-ordinator

*'Recruitment hasn't been difficult, recruiting the right type of volunteers has been difficult.'*

### Home Manager

*'Now it works very, very well but it has been a long road of some disasters, some good gains but now I feel it is actually working – we have the right people with the right skill set to make a difference and it is making a real difference to a lot of people'*

Volunteer satisfaction with different aspects of volunteer management (n=60 of 103) (%)	Very or fairly satisfied	Neither satisfied nor dissatisfied	Very or fairly dissatisfied
The recruitment and selection process	84	9	7
The induction and pre-placement training before volunteering	84	9	7
The induction and training that you have received within your care home	75	16	9
The way your day-to-day activities are coordinated	78	18	4
The emotional support you receive	73	23	4
The reward and recognition of your contribution	72	17	11
The say that you have in the way your volunteering is organised	81	17	2
The clarity of your volunteer role	82	11	7
How staff and volunteers are working together in your care home	70	23	7
The opportunities to share learning with other volunteers	67	27	6



## Recruitment and selection

VCs reported a high level of interest in care home volunteering compared to other opportunities that they offered and generally they had been successful in recruiting volunteer numbers (although there have been some difficulties in rural areas). A particular success has been the high number of young volunteers (23% under 26 years old) through explicit targeting (eg colleges and universities). Three-quarters (76%) were female, which is similar to other health and social care settings. Initially there were challenges in recruiting volunteers who could commit high numbers of hours and some care homes were dissatisfied that the volunteers had too many support needs (ranging from learning difficulties to inexperience). As a result, VCs became gradually more targeted and selective of volunteers around the following four broad characteristics.

Characteristic	Features
<b>Commitment</b>	This includes both positive motivations for engagement (ie not just for the CV) but also the ability to commit to regular hours.
<b>Understanding</b>	A basic knowledge of the care home environment and some of the challenges to expect (this can be developed during training).
<b>Communication skills</b>	The confidence and competence to communicate with people who have difficulty communicating themselves.
<b>Emotional skills</b>	Ability to recognise and react to emotions in others and manage their own emotions in this challenging environment.

## Matching

Within befriending relationships the matching process was found to be crucial. Where substantial resources and energy were devoted to this process the projects have reaped the rewards. The matching process was largely based on broad personality traits rather than specific interests but in some cases a lot of detail was obtained from the resident and the volunteer. Importantly, not all matches were successful and so it worked well where a review process was built in.

## Induction and training

The training, co-designed with Skills for Care, was highly rated by volunteers (84% very or fairly satisfied) – with the training modules forming a key output of the project. Staff generally saw the training as a very good bare minimum for preparing the volunteers. It includes a mix of basic knowledge and practical learning such as dealing with difficult situations and preparing volunteers for a care home environment. At three hours it is short compared to some other settings where volunteers receive multiple days of training and so additional training may need to be included. Based on feedback, dealing with bereavement was added. The training is generic and so it was found that where care home staff have attended or delivered it, volunteers have gained greater home-specific insights leading to better preparation and, helpfully, establishing a relationship between staff and volunteers pre-placement. Where volunteers are supporting those with more severe dementia they should be offered additional specific training. Some homes have

developed clear in-home induction procedures although in others, volunteers were not sufficiently introduced to staff and did not have their role within the home clearly explained.

## Ongoing volunteer management

By far the greatest challenge within the project has been offering effective ongoing management to volunteers in coordinating day-to-day activities, broader role development and emotional support. Such processes have developed through the course of the project and these are now well established in some homes where staff are clear about roles and responsibilities, volunteers receive a thorough in-home induction, have their tasks coordinated, get some feedback and communication from staff and have an opportunity to reflect on broader practice and emotional issues. Especially effective has been the development of peer support mechanisms through buddying, group support or even day-to-day pairing of volunteers. However, there continued to be a sharp lack of ongoing volunteer management in many of the care homes. This left volunteers feeling unsupported, limited the potential impact of the project and meant that the VC continues to provide substantial management instead of transferring responsibility to the care home as was the ambition of the project. The key barrier to effective management is lack of staff time especially in those homes with a high ratio between staff and residents. However, staff also felt they lacked skills in volunteer management and the evaluation found low levels of understanding of the nature and requirements of involving volunteers in some homes. To address this the project offered volunteer management to some staff but this was after evaluation data collection.

### Volunteer

*'I take myself along there, I sign in the book and I go up and see my lady. Sometimes there aren't any staff around and sometimes they don't say hello... I just go up and see my lady and I come down and sign out and then I go.'*

## The VC-home partnership model

The evaluation shows that this model is an effective way of delivering volunteering in care homes. Most importantly care homes have valued the time that VCs have devoted to recruitment and training as well as valuing their skills, their advice and support in volunteer management and their role as an external agitator to drive change within the organisation.

However, there were also instances of culture clash between care homes and VCs. Generally this boiled down to homes placing the emphasis on outcomes for residents and VCs having more emphasis on the needs of volunteers borne out in the homes feeling the volunteers needed to be more highly selected and the VCs feeling the volunteers require greater ongoing support.

### Home Manager

*'I think if it was left to us as a local authority we wouldn't have the time or resources to do it so the involvement of the VC is important to us.... It would have struggled to get off the ground to be honest.'*

## Volunteer Investment and Value Audit (VIVA)

The evaluation also utilised the VIVA tool in order to assess the cost-effectiveness of this model of engagement. The tool offers a simple (albeit limited) mechanism for doing this. The investment side adds up all expenditure on volunteers including staff time, training and expenses. The value side multiplies the volunteer hours by the average wage rate for an equivalent paid role. This is a limited measure that excludes the distinctive contribution of volunteers and the benefits for volunteers themselves but it is a simple tool for understanding cost-effectiveness.

As can be seen below there was considerable initial investment at project start up particularly in staff time to build relationships between the VC and care home, within the homes and in recruiting and training volunteers. Over the whole project there has been investment of £147,639 and a return of £123,394. A positive ongoing value ratio was achieved 18 months into the project with a trajectory towards increasing value, and it is likely that a positive overall ratio will be seen in the second quarter of 2016. High start-up costs have also been seen in other IVR evaluations – especially in areas with traditionally low involvement of volunteers. The figures demonstrate that with initial investment the model can deliver positive impacts for residents cost effectively. By building on the learning from this project a replicated model could benefit from efficiency savings and, crucially, savings due to increased scale. However, as well as start-up costs, such a model requires substantial ongoing resources as can be seen from the relatively constant investment in each quarter.

### Volunteer Centre Staff

*‘It needs proper resources. Not just initially – it runs throughout the project because there are things that you need to develop along the way... There is no way you run this project and say “okay, hands off...”’*

Quarter	Investment	Value	Return
Oct–Dec 13	£10,388	0	-£10,388
Jan–Mar 14	£17,021	£2,813	-£14,208
Apr–Jun 14	£15,927	£8,199	-£7,728
Jul–Sept 14	£15,334	£15,558	£224
Oct–Dec 14	£18,203	£16,484	-£1,719
Jan–Mar 15	£17,412	£15,010	-£2,401
Apr–Jun 15	£16,947	£17,834	£887
Jul–Sept 15	£19,488	£23,516	£4,028
Oct–Dec 15	£16,919	£23,980	£7,060

## The future

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There will always be pockets of good practice within the care home sector and the majority of participating homes are taking volunteering forward beyond the pilot. However, volunteering remains markedly underdeveloped in care homes more widely. Below, recommendations are made across five broad areas for taking volunteer engagement forward within this specialist setting.

### Strategic engagement

The majority of care homes saw the project as contributing considerable value, yet few homes had devoted substantial staff time, financial resources or senior management consideration to the project. In particular, the involvement of volunteers was rarely placed within a broader strategy of community engagement, nor (with some exceptions) a broader strategy of more person-centred, holistic care. Instead, volunteers were seen as an ‘added bonus’ or ‘cherry on top’ of existing core staff-delivered services. Many homes felt this was the appropriate role for volunteers, but wider evidence shows that if volunteering remains at the periphery of strategic thinking it is unlikely to get the recognition and resources that it requires.<sup>xxii</sup> <sup>xxiii</sup> There is also a need for the volunteering sector to engage strategically with care homes in order to offer support and guidance – especially private sector homes, which they generally have less experience of working with.

#### Resident

*‘Anything you can do to keep this show on the road because I would like other people to benefit as much as I am.’*

### Organisational culture

A key factor underpinning the success of the project was the broader culture of care within the home. The evaluation didn’t systematically measure cultural characteristics of participating organisations, however, where there was a strong emphasis on the social and emotional wellbeing of residents and their individual needs, the engagement of volunteers tended to be better structured and supported. Embedding cultural processes can only come about through material changes such as resourcing volunteering, training staff in volunteer management and broader understandings of high quality care. The evaluation also showed that change can be difficult without external agitation – whether that be the VCs or other care homes, funders or regulators. As outlined above, culture change is also required within VCs to understand the needs of care homes and especially private organisations.

#### Home Manager

*‘I would love for it to be a core part but I don’t think we should be relying on volunteering to give that quality of care. I think therefore it still has to be... a cherry on top.’*

### Tools and resources

Organisations wishing to begin or develop their volunteering should utilise the existing free tools and resources available to support them in this process. The ViCH project has developed a volunteer training resource and a good practice toolkit for care homes, which also contains links to pre-existing good practice. Considerably more detail is also available in the full evaluation report. Additionally, there remains a need to develop training modules for volunteer management within care homes.

## Funding

The evaluation has shown that when it is working well, volunteers can offer substantial value to care homes, but they are certainly not the sole answer to the much documented funding crisis in social care. Instead it is clear that such projects require upfront and ongoing investment. There were considerable concerns among all stakeholders about where this necessary funding will come from. Some participating homes were willing to invest resources from their own budget but the majority will require external funding from either the local authority, charitable trusts or central government (this has been seen in other countries, for example, Australia's Community Visitor Scheme received around £10m of government funding between 2013 and 2016).<sup>xxiv</sup> Another challenge is to identify a funder who values the total impact of such a project, including the value for volunteers themselves.

### Volunteer Centre staff

*'Because it is a private home they said "we love it, we are in for it but if we need to commit any finances – no".'*

## Regulatory incentives

Just under half of staff (46%) felt the project had a major positive impact on their organisation's ability to achieve a high CQC rating, however, some felt that regulators continued to value physical care above social and emotional care and staff-delivered above volunteer-delivered services. The evaluation has certainly provided

### Home Manager

*'The value of the volunteers is just fab. I think they are added value to the business and the residents. Definitely. But I think the effort that goes in to recruiting them and training them and getting them here is immense and when we talk about the future. That is my concern.'*

evidence that volunteers can contribute to meeting CQC fundamental requirements and complement the broader emphasis on wellbeing and community engagement in the Care Act 2014 (HM Government, 2014) and NHS England's Five Year Forward review (Stevens, 2014). However, there was a general feeling that unless the value of volunteering is explicitly recognised by the CQC in their ratings system many homes will fail to engage with volunteering.

## Conclusion

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The evaluation found strong subjective evidence that befriending and activity-based volunteering roles have major positive impacts for residents in care homes, especially around social and emotional wellbeing. In order to reap these benefits, volunteers need to be effectively recruited, sufficiently trained, well matched and receive substantial ongoing support and coordination. Indeed, the lack of volunteer management within some homes significantly inhibited the impact of the project. The evaluation also highlighted a number of important broader challenges that need to be overcome in order for volunteer engagement to become well established across the sector, including strategic leadership, culture change, good practice learning, financial resources and regulatory incentives.

## Notes

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- <sup>i</sup> Cabinet Office (2015) Community Life Survey 2014–15, Cabinet Office.
- <sup>ii</sup> Naylor, C., Mundle, C., Weeks, L., & Buck, D. (2013) *Volunteering in health and care: Securing a sustainable future*. King's Fund.
- <sup>iii</sup> Kennedy, J. (2015) *John Kennedy's Care Home Inquiry*, Joseph Roundtree Foundation p.43
- <sup>iv</sup> Hill, M. (2015) *Evaluation of Volunteering in Care Homes Project: Interim Evaluation Report* Institute for Volunteering Research
- <sup>v</sup> See care home listings at <[www.carehome.co.uk/care\\_search\\_results.cfm/searchcountry/England](http://www.carehome.co.uk/care_search_results.cfm/searchcountry/England)> (accessed March 2016)
- <sup>vi</sup> See Care Quality Commission ratings at <[www.cqc.org.uk/](http://www.cqc.org.uk/)> (accessed March 2016)
- <sup>vii</sup> Open letter from sector representatives to George Osborne (2015) Available at <[www.ukhca.co.uk/mediastatement\\_information.aspx?releaseID=232675](http://www.ukhca.co.uk/mediastatement_information.aspx?releaseID=232675)> (accessed March 2016)
- <sup>viii</sup> Alzheimer's Society (2014) 'Statistics'.  
[www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=341](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=341) (accessed March 2016)
- <sup>ix</sup> See details of the project at <[www.ncvo.org.uk/practical-support/volunteering/volunteering-in-care-homes](http://www.ncvo.org.uk/practical-support/volunteering/volunteering-in-care-homes)> (March 2016)
- <sup>x</sup> Ethical approval was provided by the Social Care Research Ethics Committee (13-IEC08-0050)
- <sup>xi</sup> Davis Smith, J., Gaskin, K., Ellis, A. & Howlett., S. (2015) *Volunteering Impact Assessment Toolkit: A practical guide for assessing the difference that volunteering makes*. Institute for Volunteering Research.
- <sup>xii</sup> Nolan, M. R., Brown, J., Davies, S., Nolan, J. & Keady, J. (2006) *The Senses Framework: improving care for older people through a relationship-centred approach. Getting Research into Practice (GRiP) Report No 2*. Sheffield Hallam University
- <sup>xiii</sup> Response rates were high but due to the size of the project the actual number of respondents was low. As such confidence intervals are high and caution should be shown when interpreting the figures
- <sup>xiv</sup> Some volunteers undertake multiple roles
- <sup>xv</sup> Comparing Oct–Dec for 2014 and 2015 for those care homes that were active in both years.
- <sup>xvi</sup> Seitz, D., K. Le Clair, et al. (2014). 'Volunteers Adding Life in Dementia (VALID): A Volunteer-Led Intervention to Reduce Neuropsychiatric Symptoms of Dementia in Long-Term Care.' *The American Journal of Geriatric Psychiatry* 22(3): S136-S136.
- <sup>xvii</sup> Wilson, R. S. et al (2013) 'Life-span cognitive activity, neuropathologic burden, and cognitive aging'. Published in *Neurology*, July 3 2013.
- <sup>xviii</sup> Gardiner, C. and Barnes, S., (2016) 'The impact of volunteer befriending services for older people at the end of life: Mechanisms supporting wellbeing' *Progress in Palliative Care*, pp.1–6.
- <sup>xix</sup> Fujiwara, D., Oroyemi, P. & McKinnon, E. (2013) *Wellbeing and civil society: Estimating the value of volunteering using subjective wellbeing data* Cabinet Office
- <sup>xx</sup> Kirkman, E., Sanders, M. & Emanuel, N. (2015) *Evaluating Youth Social Action, An Interim Report: Does participating in social action boost the skills young people need to succeed in adult life?* Cabinet Office
- <sup>xxi</sup> Ellis Paine, A., McKay, S. & Moro, D. (2013) *Does volunteering improve employability? Evidence from the British Household Panel Survey* Third Sector Research Centre

<sup>xxii</sup> Hill, M., Morris, S., Ockenden, N. and Payne, S. (2013) *Volunteer management in palliative care: Dimpleby Marie Curie Cancer Care Research Fund: Final Report*

<sup>xxiii</sup> NESTA (2015) *Boosting Citizen Participation and Volunteering in Health* NESTA

<sup>xxiv</sup> See details of the scheme at: [www.dss.gov.au/ageing-and-aged-care/older-people-their-families-and-carers/community-visitors-scheme](http://www.dss.gov.au/ageing-and-aged-care/older-people-their-families-and-carers/community-visitors-scheme)

