

# **Community Visitors Scheme**

**Volunteer Survey & Aged Care Homes Survey**

**Program Analysis & Recommendations**

**May 2008**

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### Acknowledgements:

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## Executive Summary

### **Volunteer Survey**

The Community Visitors Scheme provides volunteers for isolated residents of Hostels and Nursing Homes in Victoria and NSW.

Half of the volunteers are aged over 60 years. This is an increase over the previous survey, (34% 61 years and over).

The majority of participants are female, although slightly less than in the last survey. Over one third are retired, over one third are in full or part time employment. 75% travel less than 10 kms to their place of visit.

The majority of volunteers visit nursing homes, the rest hostels. Very few visit both. Over 90% visit the one resident only.

The best aspects of involvement with the volunteer program where;

- The smile on the residents face
- Brightening the life of the resident
- Knowing you are doing something positive for someone
- Forming new relationships
- Feeling worthwhile

Negative aspects of involvement with the volunteer program are;

- The paper work
- Experiencing the decline of the resident
- The helplessness of their conditions

Overall the general feeling is that the volunteer experience is a positive one.

## Recommendations

Communicate the positive aspects of the program that can be communicated to future potential volunteer participants.

- Brightening the life of the resident
- Ensure policies should be communicated sufficiently.
- Reimbursement for travel using own vehicle
- Claiming out of pocket when given prior approval
- Refine the Process for resolution of a grievance
- Location and timing seem to be the biggest hurdle to attendance at training sessions and other functions.
- Each state office needs to look at this from their own perspective to work on solutions.
- Develop training methods that can be disseminated without presence at a training session, not as a replacement for face to face training but as a back up and refresher.

## Executive summary

### **(Aged care Homes)**

The Community Visitors Scheme provides volunteers for isolated residents of Hostels and Nursing Homes in Victoria and NSW (limited )

Nearly half of respondents state their staff are not well informed of the program, awareness of policies however is high, except for “volunteers born in another country must sign a statutory declaration.

The selection criteria for a resident to be matched with a volunteer is based principally around their potential isolation and loneliness, lack of contact with or support from family and their desire for companionship.

Interaction with program co-ordinators is viewed very positively

Any suggestions for improvement were based mainly around continued education about the program particularly because of new staff members

## Recommendations

- Notification of the death or relocation of residents is a major issue. Anything to assist in the notification process should be encouraged.
- Canvas opinions about including notification in any electronic data base so it pops up when a resident dies or is relocated for some reason.
- Address any policies that do not have strong awareness
- Staff members duty to notify CVS co-ordinator or the volunteer if the resident is absent or relocated or dies.
- Education needs to be continual. New staff must be made aware of the program as soon as possible.
- Today’s technology offers new methods of disseminating information in user friendly ways.

## Section 1 – Volunteer Survey Introduction

The Community Visitors Scheme provides volunteers for isolated residents of Hostels and Nursing Homes in Victoria and NSW (limited )

Volunteers are trained, matched with a resident and regularly supported by co-ordinator contact via phone and newsletter.

This survey was conducted by the MS Society of NSW/Vic to gain feedback on the Community Visitors Scheme Friends for Older People Program

This survey was undertaken to assess the service provided to volunteers

### Objectives

What are the strengths and weaknesses of the service

What are the levels of satisfaction of volunteers

What are the problems faced by volunteers

Are our services and processes sufficient to deal with any problems

What improvements could be made to the services provided

This survey is a repeat of the survey undertaken in 2000. Generally the results are very similar from one survey period to the next.

### Sample

179 surveys were completed and returned during February 2008. The response rate was 38% of volunteers 36% were answered on line 64% were self completion paper based

Half of the volunteers are aged over 60 years. The majority are female.

Over one third are retired, over one third are in full or part time employment.

75% travel less than 10 kms to their place of visit

#### Ages of volunteers

47% 61 years and over

20% 51 – 60 years

33% under 50 years

#### Gender

78% female

22% male

#### Employment status

20% full time employment



18% part time or casual  
37% retired

14% home duties  
11% student/unemployed

Distance travel

75% less than 10 kms  
15% 10 – 20 kms

	2000	
Travel within 20 km of facility visited	88%	90%
Female volunteers	83%	78%
	34%	47%
Volunteer retired or performing home duties	50%	51%
Volunteering for 3 years or	62%	49%
Matched with 1-3 residents	86%	80%
Have experienced resident passing away	47%	39%

## Summary

Half of the volunteers are aged over 60 years. This is an increase over the previous survey, (34% 61 years and over).

The majority are female, although slightly less than in the last survey.  
Over one third are retired, over one third are in full or part time employment.  
75% travel less than 10 kms to their place of visit

The majority of volunteers visit nursing homes, the rest hostels. Very few visit both.  
Over 90% visit the one resident only.



50% have been matched with only one resident in their time of volunteering. Only 8% feel at some time they have been mismatched with a resident.

39% have experienced a resident passing away during their time of volunteering.  
25% of the sample have been volunteering for less than 1 year.  
25% have been volunteering for over 6 years.

Coordinators are well regarded with over 90% positive ratings. They are seen as easily accessible and offering good, strong support.

Support is good from the ACH staff although there is a disturbing 34% that state they were not told of a resident passing away or being moved due to ill health.

Difficulties are few and enjoyment high with 80% enjoying their roles “very much”

The best aspects of involvement with the volunteer program where;

- The smile on the residents face
- Brightening the life of the resident
- Knowing you are doing something positive for someone
- Forming new relationships
- Feeling worthwhile

Negative aspects of involvement with the volunteer program are;

- The paper work
- Experiencing the decline of the resident
- The helplessness of their conditions

Overall the general feeling is that the volunteer experience is a positive one.

## Recommendations

Establish what aspects lead to volunteer withdrawal from the program;

- Focus on reasons that can be addressed positively.
- Factors of life stage or changes to volunteer time availability cannot be easily overcome.

Understand the positive aspects of the program that can be communicated to future potential volunteer participants.

- Brightening the life of the resident
- Offering something good to someone.
- Forming new relationships
- Feeling worthwhile
- Ensure policies that have not been communicated sufficiently, are addressed more clearly in future correspondence

- Reimbursement for travel using own vehicle
- Claiming out of pocket when given prior approval
- Insurance whilst working as volunteer
- Process for resolution of a grievance
  
- Location and timing seem to be the biggest hurdle to attendance at training sessions and other functions.
  
- Each state office needs to look at this from their own perspective to work on solutions.
- Develop training methods that can be disseminated without presence at a training session, not as a replacement for face to face training but as a back up and refresher.
- Technology today offers inexpensive information transfer methods

One of the biggest concerns would seem to be the lack of communication when a resident is either moved to a hospital or dies. This can be a traumatic experience for the volunteer who is not forewarned.

Coupled with the negative aspects of watching their friend's decline and the feeling of powerlessness that this engenders, this would seem to be one of the major negative aspects of the whole program. The reality cannot be changed but things can be done to assist this process and make it easier for the volunteer.

Notification of the decline or death of their resident should be a priority

## Experience with CSV program

### Matches with a resident

- 50% 1 resident
- 22% 2 residents
- 24% 3 or more residents
- 39% have experienced a resident passing away
- 23% have experienced a resident being relocated

8% state they have been unsuitably matched with a resident at some time.

Comments indicate the main reason for a mismatch related to the medical condition of the resident causing difficulties in communication.

All but 4 volunteers feel they are currently well matched with their resident.

Those who need to communicate a mismatch to their coordinators would in the main do so by phone or in their monthly report.

67% visit Nursing homes  
 34% visit Hostels(a small number of volunteers visit both)  
 90% only visit the one resident at the home  
 4% visit more than one home

Length of time volunteering  
 25% less than 1 year  
 49% 1 – 5 years  
 15% 6 – 10 years  
 10% more than 10 years

Whilst numbers decrease after the first couple of years it is encouraging to see volunteers that are still active after more than 10 years.

## Volunteer Policies

The majority of policies seem to be understood with few generating any negative responses.

Those that indicate any lack of understanding are:

- |   |      |
|---|------|
| ➤ Reimbursement for travel using own vehicle              | 28%* |
| ➤ Claiming out of pocket when given prior approval        | 28%* |
| ➤ Insurance whilst working as volunteer                   | 21%  |
| ➤ Process for resolution of a grievance                   | 20%  |
| ➤ Not monitoring standards at ACH                         | 10%  |
| ➤ The process for addressing concerns about resident care | 10%  |
| ➤ Current driver licence information                      | 7%   |
| ➤ Not being involved in personal care of a resident       | 5%   |

All other policies received little or no response to show lack of knowledge or understanding

These are the same policies that had lower levels of understanding in 2000.

\* Several did not answer this question on the basis that it did not apply

Only 6% of volunteers state they claim for travel reimbursement. The majority (92%) state they do not claim for out of pocket expenses.

## Training

In Summary:

- 95% of volunteers believe they have received adequate training
- 68% have attended Volunteer Induction Training
- 32% have not attended training
- 37% have attended Specialised Workshops.
- 93% of those who have attended training found it helpful.

Reasons for not attending training usually relate to problems with location or timing of the training sessions

Those who did attend training but did not find it helpful, usually found they already knew much of what was being taught.

The pattern of attendance and the reasons for non attendance are very similar to the previous study.

## Involvement with residents

Activities undertaken with resident

- 98% Conversing and socialising
- 30% Special morning and afternoon teas
- 30% Being a companion at activities within the facility
- 28% Reading
- 20% Accompanying the resident at outings organised by self
- 20% Cards and Games
- 7% Craft activities
- 6% Writing letters
- 5% Accompanying the resident at outings organised by ACH

Other activities mentioned included going for walks, singing and music, sharing special treats, and small personal undertakings.

It would seem that about 50% venture out with the resident either in their own car (16%) wheelchairs (12%) or walking (12%).

A small number take their resident out in taxis or wheel chair taxis

Generally volunteers feel their visits make a difference to the quality of life of their residents.

However some of these answers were qualified with comments such as:

- “dementia patients can vary”
- “my patient is getting dementia and doesn’t always remember”
- “It seems quite tiring for her”
- “Perhaps training will help”

## CVS program coordinator

Service provided by the coordinators is well regarded:

- 99% find their coordinator easily accessible
- 91% are aware of their coordinators working hours
- 97% find the coordinators response time appropriate
- 97% believe they are well supported by their coordinator

A very small number (7) complained about a lack of regular contact, lack of regular phone calls, poor feedback to comments made on reports, and cancellation of training.

Virtually all respondents felt confident in contacting their coordinator with any concerns or to access resources.

Coordinator support is strong.

The greater majority of volunteers state they are offered regular support group meetings/functions.

Only 23% of volunteers do not attend these functions.

Reasons for non attendance appear to relate to time and location

The majority of those who have attended support group meetings find them valuable.

Suggestions to improve the meetings include:

- More information on conditions such as dementia
- More input on experiences
- Participation from all attendees
- Hostel staff to address meetings
- Encourage interaction between volunteers
- The greater majority enjoy receiving their newsletter

Suggestions for changes or new ideas include:

- information on workshops
- Feedback from other volunteers
- Tips and ideas on how to communicate

- Stories on visitor experiences
- Profiles on individual volunteers

## ACH Service

Generally volunteers feel welcomed by the ACH staff.

Only 4 made comments that related to an apparent lack of interest from staff.

34% of volunteers state they have NOT been notified when their residents have to go to hospital or in the event of their death.

However this response may be complicated by those who answered 'no' when this has not occurred to them.

## Involvement in Program

Difficulties are reported by about 14% of volunteers, these include:

- Changes, such as resident not being there or not available.
- Not being told of condition of resident changing
- Cleanliness and odour problems
- Trying to keep resident positive, not knowing what to do for them

Enjoyment of involvement with program

80% very much  
17% moderately  
3% more of a duty

The best aspects of involvement include;

- Brightening the life of the resident
- Putting a smile on their face, hearing them laugh
- Seeing them brighten up
- Seeing in his eyes that he knows me
- Offering something good to someone.
- Knowing you have improved their life
- Giving time to the elderly
- Giving pleasure
- Contributing to another
- Forming new relationships
- Making new friends
- Interacting with the resident and the staff

- Meeting other volunteers
- Benefits for themselves
- Knowing you are doing something good
- The acknowledgement
- Feeling I am worthwhile

The worst aspects of involvement in the program include:

- The paper work
- Experiencing the decline of the resident
- The helplessness of their conditions
- Time and travel concerns
- Lack of communication about the condition or the whereabouts of a resident
- Trying to communicate

## **Section 2**

# **CSV Aged Care Home Survey**

## Section 2 Aged Care Home Survey Introduction

The Community Visitors Scheme provides volunteers for isolated residents of Hostels and Nursing Homes in Victoria and NSW (limited )

Volunteers are trained, matched with a resident and regularly supported by co-ordinator contact via phone and newsletter.

This survey was conducted by the MS Society of NSW/Vic. to gain feedback on the Community Visitors Scheme Friends for Older People Program amongst a sample of the Aged Care Homes that are involved in the Program.

## Objectives

This survey was undertaken to assess the service provided to Aged Care Homes, key elements where;

- What are the strengths and weaknesses of the service
- Levels of staff awareness of the program
- Levels of staff knowledge and understanding about the program policies and processes
- Success of the process of assessment and matching of residents and volunteers
- Satisfaction with the program coordinators
- Possible improvements to the program services

## Sample

59 surveys were completed and returned during February 2008. The res rate was 33% of Aged Care Homes in the program.

### Level of care provided

- 24% low care
- 31% high care
- 47% combined
- 10% other care related to respite or specific dementia services

### Location of homes

- 71% metropolitan
- 29% rural



### Number of beds

- 24% up to 39
- 22% 40 – 59
- 33% 60 – 99
- 19% more than 100

### Other factors

- 100% of homes had some residents with dementia
- 28% of homes have residents with multiple sclerosis
- Most had one or two residents with MS
- 36% of homes had residents under 60 years of age
- Half had one resident ,the rest between 2 to three residents, one had 5.
- 67% of homes have lonely residents from non English speaking backgrounds
- The majority had one or two residents but a small number had between 5 to ten.
- 2 homes had residents of Aboriginal or Torres Strait origin.
- One of these has 6 residents , the other is mainly respite beds.

### Number of volunteers visiting

16%	1
21%	2
22%	3
19%	4
16%	5 or more

### Other volunteer programs at homes

52% receive volunteers from other programs, These include:

- Church groups,
- Community groups especially those of other cultures and languages
- School students
- Other hospital volunteer groups
- Individuals

## Summary

Results are very consistent with previous study in 2000.

Nearly half of respondents state their staff are not well informed of the program Awareness of policies however is high, except for “volunteers born in another country must sign a statutory declaration” (53% awareness)

The sticker to remind of notification when a resident passes away or is relocated is considered a good idea and necessary, but there are 24 % who do not know about them or else do not use them

Selection criteria for a resident to be matched with a volunteer is based principally around their potential isolation and loneliness, lack of contact with or support from family and their desire for companionship.

The process for matching a resident with a volunteer follows:

1. Assessment of the need
2. Explanation of the program to the resident and their family
3. Permission from the resident and their family
4. Paper work sent to CVS
5. Wait for a match

Not all respondents mentioned every stage of the process

Interaction with program co-ordinators is viewed very positively

Any suggestions for improvement were based mainly around continued education about the program particularly because of new staff members

## Recommendations

- Notification of the death or relocation of residents is a major issue. Anything to assist in the notification process is to be encouraged.
- Work on improving the sticker or some form of notification reminder.
- Work with co-operative ACHs to establish if the supplied sticker is not used, why not,?
- How can it be improved?
- Canvas opinions about including notification in any electronic data base so it pops up when a resident dies or is relocated for some reason.
- Address any policies that do not have strong awareness
- Volunteers born in another country must sign a statutory declaration
- Staff members duty to notify CVS co-ordinator or the volunteer if the resident is absent or relocated or dies.
- CVS notification sticker
- Education needs to be continual. New staff must be made aware of the program as soon as possible.
- Today's technology offers new methods of disseminating information in user friendly ways.
- Think of electronic methods, email, CDs, less expensive and less likely to be ignored



## Experience with CVS program

- 44% state their staff are not well informed about the program
- The manner in which this could be improved, include
- In service meetings or education sessions (35%)
  
- Printed information such as posters, leaflets, newsletters, brochures the staff could read.
- One suggestion was leaflets that could be attached to pay slips
- In contrast, reported awareness of most procedures and policies was very high.
- 95% awareness volunteers not permitted to be involved in resident's personal care
- 90% awareness of restrictions relating to driving resident in their own car
- 100% awareness that CVS volunteers are police checked
- 53% aware that volunteers born in another country must sign a statutory declaration
- 14% state they are not aware of staff members duty to notify CVS co-ordinator or the volunteer if the resident is absent or relocated or dies.
- 24% state they are not aware of the CVS notification sticker about this
- Several do not have these stickers
- Some suggested the stickers were too large (inhibiting use)
- Several suggested the information be included on the resident documentation, management plan
- A number suggested this information be included on the computer database since their systems were being moved to computer.

The CVS Volunteer register is located at a number of positions around the homes

- 27% reception
- 25% nurses station
- 8% administration office
- 8% activity centre
- 8% community co-ordinators office
- 8% in a drawer, cupboard, on a shelf

## Involvement in the program

Selection criteria for referring residents to the CVS

- 75% Isolation risk of isolation, loneliness
- 56% lack of friends or family support
- 25% the desire for companionship
- 20% would benefit from the one on one contact / declines group activities
- 17% cultural / language barriers
- 15% basic needs such as impairment or inability to leave the facility
- Other aspects include the need for emotional stimulation, appropriate cognitive ability the residents personality



- Process followed for selection of resident for referral to CVS program

In general the process followed consists of

- Assessment of the need
- Explanation of the program to the resident / resident's family
- Gaining permission from resident/ resident's family
- Contacting the co-ordinator
- Completing the paperwork

However in answering this question not all respondents included each of these steps.

- One third just mentioned assessing the need
- Several only mentioned gaining permission and contacting the program
- Mentions were also made of
- Discussions with others in the home
- Waiting for volunteers to be assigned

## Program coordination Interaction

100% state they can easily contact their CVS co-ordinator

Co-ordinator response times are considered:

- 47% speedy
- 44% timely
- 3% delayed
- 6% no answer

All but two state they are satisfied with their working relationship between the CVS program co-ordinators and the designated staff.

Any comments made were positive, including good working relationships, how good the program works, how co-operative and supportive the co-ordinators appears, and the positive aspects of regular contact by phone email or visiting

Suggested improvements to the communication between staff and the CVS co-ordinator include:

- Increased education
- In service meetings – regular anything from every two months through to annual.
- In the instances when staff cannot or do not attend meetings some form of handout would be appreciated.
- Increased use of email
- Co-ordinators stopping to have a chat with staff
- Making sure staff are all aware of the program
- More phone calls to “touch base”
- More feedback on the status of finding volunteers

## Resident Matching

Overwhelming positive response, when asked if CVS volunteers are appropriately matched with the residents they visit. (The only dissent was a volunteer who was very young and unreliable)

However only 32% of homes agreed that all the residents who would benefit from a volunteer currently participate in the program

Reasons given related to either not enough volunteers or still waiting for a match

The numbers of additional residents that would potentially benefit from a volunteer visitor varied between;

- 12% 2 – 3 residents
- 39% 4 – 6 residents
- 10% 10 or more residents

## Overall Program Assessment

Rating of benefits of the program to residents

- 83% High
- 8% Moderate
- 8% no answer/unable to say

Areas identified for improvement:

- Staff information sessions
- Information on how to handle problems between families of residents and volunteers
- Paperwork
- Reliability of volunteers
- Co-ordinator networking with staff, getting to know the facility's policies
- Help with the perennial problem of notification of the death of a resident
- MORE VOLUNTEERS
- 34% of respondents asked for further contact to arrange an in-service