Volunteers Delivering Care
Food for Thought

A tool for organisations considering volunteer roles in a care setting

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Background

The Link Me project aimed to enhance the wellbeing of older people with a learning disability, in particular their confidence, reducing the feelings of isolation and loneliness, through providing volunteers to assist them to engage in their community through leisure and fun activities. A Big Lottery funded project, it was a partnership between Mencap, Volunteer Now, Omagh Senior Gateway Club and Carrickfergus and District Senior Gateway Club. The project was successful in having a positive impact on the older people and the partners were keen to share learning gained throughout the life of the project, particularly around volunteer roles providing support.

A number of wider discussion groups held as part of the project, teased out the boundaries and support issues around volunteers administering medication, supporting personal care needs and dealing with behaviours of concern. These issues encapsulate some of the key challenges for organisations involving volunteers. However, these examples are not the only ones. This tool aims to provide a framework for consideration when developing volunteer roles to provide support to people with more complex needs in a range of settings.

Context

Volunteers have always been involved in providing care and support in a range of settings in our community, however expectations around which tasks volunteers can do are shifting. In the 2016 NISRA research into volunteering in N Ireland, almost 48% of people volunteering were undertaking practical tasks[1], visiting people or befriending. Volunteering in the statutory health sector is growing with an increasing number of volunteer roles available. In addition, a number of voluntary organisations are delivering services on behalf of the health service and many of these services involve volunteers.

There are a number of tasks which have traditionally been seen as paid tasks and which volunteers may not normally be expected to do. However with reduction in budgets and increased contracting out of services this is a changing picture. It was clear from our discussion groups that context is key. What may be completely unacceptable for a volunteer role in a statutory health setting may be normal practice in a less formal, community based setting.

The key issue appears to be the need, in whatever context, to ensure the systems and processes are appropriate to the role. Clear principles should be in place in each organisation for deciding the boundary between the role of a volunteer and the role of paid

[1] "Practical help such as shopping, gardening, building, meals on wheels" NISRA 2016

staff. Additionally, robust processes for risk management, recruitment, selection, training and support are required for each role. Organisations need to be aware that they have a duty of care both to the service users and to the volunteers in these kinds of settings and this needs to be considered when developing roles and the volunteer management processes which support them.

Job Substitution

Job substitution is a difficult and complex area – in particular where public sector bodies are involving volunteers. In a recent article in Third Sector, Rob Jackson[2] used different language to tease out some of the issues in this area. He suggested using the terms displacement and replacement instead of substitution.

- *"Displacement is when paid roles are purposefully removed with the intention that volunteers can be brought in to do the work instead.*

- *Replacement is when work previously done by paid roles is reallocated to volunteers. For example, an organisation is forced to cut paid roles because of funding changes, so it recruits volunteers to deliver the service in a different way for the continued benefit of its clients.*

If paid roles are being purposefully displaced so volunteers can do the work instead, concerns should be raised. As well as the issue of removing people's livelihoods, two major errors of judgement about volunteering are probably being made: volunteers are a free or cost-saving option; it is easy to recruit people who will volunteer to take on those paid roles and do it for no reimbursement."

The key issue with replacement is that the service provided is not the same when provided by volunteers as it is when provided by paid staff. This could be because the service is provided in a different way involving a team of people instead of one individual or it could be that the service is provided for a shorter period of time. It is also possible that by providing a service involving volunteers the service is enhanced because volunteers have a different motivation and approach, for example the additional support provided by a regular, volunteer driver as opposed to the one off service provided via a taxi.

Thinking in this way also explains why context in these decisions is crucial. For example if a volunteer in a hospital setting is being asked to assist a patient with washing, it is likely that someone's paid job is being displaced. In a community based setting in a voluntary organisation which involves longer term volunteers, this may be regarded as a normal part of the role. There is also a difference in context relating to whether the service is being provided to an adult or to a child. Often organisations are more comfortable in asking volunteers to undertake a personal care task for a child such as feeding or dressing, than they would be in providing a similar service for an adult.

[2] https://www.thirdsector.co.uk/rob-jackson-job-substitution-time-new-approach/volunteering/article/1423895

Consideration also needs to be given to the potential to stray across the line between a volunteer role and the potential creation of an employment contract. If the role is too formal and too much like a paid job that can cause confusion, similarly if there is high value training given in return for a specific number of volunteer hours this could be problematic. For more information, please see: www.volunteernow.co.uk/app/uploads/2019/03/Volunteering-the-Law-Information-Sheet.pdf

What appears to be the overarching theme emerging from the discussion is how the role is developed, the selection process chosen, the risk assessment framework and crucially the training and support provided. There is no one rule but rather a **framework of questions** each organisation should ask itself. Please consider the questions outlined for each of the three areas in the following pages.

Key Issues to Consider in Relation to Risk Management for Specific Roles

1. Prompting, assisting or administering medication[3]

Involvement of volunteers is more likely to be in the prompting: e.g. reminding someone to take or assisting e.g. helping someone to take off a lid, than in administering, which is ensuring that the person gets offered or is given the correct medication at the correct time in the correct way. Additional complexities arise when administering certain types of medication, when the recipient is a child or when there are capacity issues.

In any situation, it is important to ensure that the volunteer is meeting the required standards and that effective delegation of responsibility is in place. Please see www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf

Questions for consideration:
Each context is different so it is not possible to provide definitive answers but organisations should ask some key questions:

- Is the role description clear?
- Where does responsibility lie and has it been effectively delegated?
- Is a paid person already doing this?
- Does the volunteer have the required training and skills?
- What is the record keeping requirement?
- What is the regulatory framework?
- What are the safeguarding issues? I.e. prevention of abuse, potential for neglect/physical abuse/institutional abuse, reporting procedures.
- What insurance cover is required? Need to explore with the insurer that the volunteer role is appropriate.
- What is the guidance for consent and capacity (if administering)?
- What support and supervision will be in place? In particular does the volunteer have a clear link to staff with whom they can raise any concerns?
- What are the boundaries and guidelines for the role?
- Is there a code of behaviour in place?

Relevant Volunteer Now Resources *available at:*
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- *As Good As They Give Workbooks*

[3] http://www.careinspectorate.com/images/documents/2786/prompting-assisting-and-administration-of-medication-in-a-care-setting-guidance-for-professionals.pdf

L'Arche Case Study: Involving Volunteers in Medication Administration

L'Arche is an international organisation which was founded in 1964, as a response to the institutionalisation of persons with learning disabilities. The founder of L'Arche, Jean Vanier, invited three men with learning disabilities to move out of the large hospital in which they were living, and share a house with him in the village of Trosly, France. From this one small act, L'Arche grew and expanded and we now have 140 communities spread throughout the world, in 39 different countries.

From its earliest beginnings, L'Arche was run almost entirely by full-time volunteers, who lived in community in the L'Arche houses alongside persons with learning disabilities (referred to as "core members" of the community). The care and support provided to the core members was delivered almost exclusively by volunteers, some of whom came from a care background, and some of whom didn't. This model existed for the better part of 40 years in most L'Arche communities, and still exists in some communities today. By and large the model has worked well, and L'Arche continues to be recognised as both an excellent service provider and an inspirational organisation. However, in many Western countries, the move towards increased regulation and monitoring of care and support services has made a volunteer-led service model unviable, as regulators expect care to be delivered by professional, paid staff.

The L'Arche Belfast community was founded in 2001, when we opened a house for 4 core members on the Ormeau Road. Initially, live-in volunteers delivered much of the care and support we provided to our core members. In 2005, when we began to prepare for registration with RQIA, we gradually began to hire paid support workers, who took on much of the responsibility for our service delivery. However, as this shift happened, we recognised the important contribution that our volunteers made to the life of the community, and in ensuring that our house felt like "home", rather than a house in which services are delivered. We remained committed to having a place for long-term live-in volunteers in the L'Arche Belfast, and to continue involving them in some aspects of service delivery.

Our current staff team consists of 14 paid support workers and 7 volunteers, split between two supported living houses. The support workers are paid to deliver the statutory care and support service to our 9 core members, and they take on the bulk of the responsibility for service provision. Our volunteers provide an additional service, what we refer to as "community support". Our volunteers continue to live alongside our core members in their houses, where they help to maintain a sense of warm home environment in the houses. Our volunteers also make it possible for us to provide our core members with a lot of one-to-one support, making it possible for us to support them to do activities that they might not otherwise be able to do. Volunteers are often involved with organising special events, such as discos and birthday parties, which are a benefit to our core members.

Live-in volunteers in L'Arche are expected to undergo the same pre-employment checks as our support workers (e.g. AccessNI checks and a police check from their home countries, if they are from abroad; 2 acceptable references, etc.). They also undergo the same induction process and receive the same training programme as our support workers. The reasons for this are twofold: first, to build up volunteers' competence and confidence; secondly, offering skills training is a way that we can give something back to our volunteers for their contribution.

We offer our volunteers basic training in safe medication handling, which is based on ARC NI's "Train the Trainer in Safe Medication Handling" training. This provides volunteers (and support workers) with the knowledge they need in order to safely help our core members with some low-level medication tasks: helping them to take tablets or liquid medication, and helping them to administer creams, ointments, etc. More complicated medication administration tasks (e.g. helping with insulin injections) are beyond the remit of this training, and beyond the remit of what volunteers would be expected to help our core members with. The training also covers important topics such as how to recognise an adverse reaction to medication and what action to take; the importance of regular medication reviews with medical professionals; a core member's rights with regards to medication (including the right to decline medication); the importance of discretion, confidentiality, and good record keeping; and the uses and potential side effects of medication that is currently being used by core members. We have found that providing this training to our volunteers, and having them involved with some medication administration, has enhanced the service we provide to our core members, as there are more people available who can help them with their medication, and more people who are aware of potential health issues that could be caused by medication.

Although volunteers are fully trained and help with some medication administration, they are never given full responsibility for this in the houses, as there are always paid support staff on duty who carry this responsibility. New volunteers are given several opportunities to shadow experienced staff before they help a core member with medication, and experienced staff shadow volunteers the first time they help with medication. Volunteers are able to "opt out" of helping with medication handling tasks, if they do not feel comfortable doing these.

Fortunately, medication errors are rare in L'Arche Belfast, but they do occasionally occur. Review of our medication incident records demonstrates that our volunteers are not any more likely to have been responsible for an error than our paid support staff, and that they are able to follow correct procedures following an incident. The key to volunteer involvement in medication-related tasks lies in offering good training and on-going support and supervision, and in ensuring that volunteers are well-equipped and confident in their abilities before they help with medication. It is also essential that volunteers understand that the weight of responsibility for medication-related support tasks does not lie with them, and that they have the option to not be involved with this aspect of care and support if they wish.

2. Personal Care

The Department of Work and Pensions (DWP) defines personal care as, attention required in connection with bodily functions. Bodily functions can include dressing, washing, bathing or shaving, toileting, getting in or out of bed, eating, drinking, taking medication and communicating. Seeing and hearing are also considered to be bodily functions.

There is a spectrum of volunteer participation in this area from one off involvement to a more regular part of a volunteer role.

Questions for consideration:
Each context is different so it is not possible to provide definitive answers but organisations should ask some key questions:

- Does the volunteer have the opportunity to opt out?
- Is a paid person already doing this?
- Is the role description clear?
- Client choice – the person may be more comfortable with a volunteer who they know than a paid staff member they do not know? Gender of volunteer?
- Ratios of staff or volunteers to service users, relevant to needs of group?
- Does the volunteer have the required training and skills?
- What is the regulatory framework?
- What are the safeguarding issues, in particular the reporting procedures?
- What insurance cover is required? Need to explore with the insurer that the volunteer role is appropriate.
- What is the guidance for consent and capacity (if administering)?
- What support and supervision will be in place? In particular does the volunteer have a clear link to staff with whom they can raise any concerns?
- What are the boundaries and guidelines for the role?
- Is there a code of behaviour in place?

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Positive Futures Case Study: Involving Volunteer in Swimming Groups

Each week groups of children with learning disability attend swimming sessions supported by staff and volunteers.

In some groups almost all of the children will need a degree of assistance or prompting in getting changed before and after their swim.

Where active support is required to dry and dress a child this will be provided by a staff member. Volunteers may be required to prompt a child and if necessary give some help with getting changed or dressed.

To ensure the safety and wellbeing of all involved the following procedures are put in place.

Bearing in mind safeguarding issues, the activity coordinator prepares a coordination sheet which advises staff and volunteers who they are allocated to support during each session. Both staff and volunteers are required to read and sign the risk assessment and support plan of each child they are assigned to.

One member of the team remains 'dry side' and therefore does not swim. They are on hand to assist and supervise if there are any emergencies or a child needs to get out of the pool for any reason. They also ensure that staff and volunteers are not left on their own with a child during 'changing' times

When the group arrive at the pool the staff and volunteers will use the disability changing room for the children so that no one is on their own with a child or they can select the required number of changing cubicles in the same area so that no child, volunteer or staff member is isolated in any way. Their choice will be dependent on the resources available on the day and the support needs of the children. As much as possible each child is afforded privacy.

Staff and volunteers take turns to get changed in their own cubicle.

Where a child or young person needs active support in private, a staff member or volunteer will be allocated to support them however another staff member will check in with them at short intervals to ensure everything is ok.

During induction training volunteers are made aware they can refuse to engage in personal care if they are not comfortable with it.

During safeguarding training all volunteers are made aware of how to ensure the safety and privacy of the children by closing the door over but not locking it and encouraging the children to do as much as they can for themselves.

3. Dealing with Behaviours of Concern

Behaviours of concern is sometimes called challenging behaviour. It describes behaviour that can be challenging to people such as parents, carers, teachers and other professionals. Behaviour is challenging if it is harmful to the person and others around them and if it stops them achieving things in their daily life. It can include angry outbursts, hitting or kicking other people, withdrawal, throwing things or self-harming. There is no single cause for challenging behaviour, but environment, relationships, discomfort and frustration are all common reasons. It can arise when a person's communication needs are not being met and can be a sign of wider problems, including with someone's mental health.[4]

Volunteers may find themselves dealing with behaviour of concern in a range of settings whether an intentional part of the role or not.

Questions for consideration:
Each context is different so it is not possible to provide definitive answers but organisations should ask some key questions:

- Is the role description clear?
- Does the volunteer have the opportunity to opt out as part of the recruitment process?
- Is a paid person already doing this?
- Does the volunteer have the required training and skills?
- Does the volunteer have adequate support both during and after the event?
- What supervision will be in place? In particular does the volunteer have a clear link to staff with whom they can raise any concerns?
- What is the regulatory framework?
- What are the safeguarding issues, in particular the reporting procedures?
- What are the ratios of staff or volunteers to service users, are they relevant to needs of the group?
- What insurance cover is required? Need to explore with the insurer that the volunteer role is appropriate.
- What are the boundaries and guidelines for the role?
- Is there a code of behaviour in place?

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[4] https://www.mencap.org.uk/learning-disability-explained/conditions/challenging-behaviour

Mencap Case Study: A Volunteer's Perspective from the Link Me Project

As a volunteer on the Link Me project, I was matched with a lady to support her to take part in a group leisure activity (Boccia) over a 6 week period. This decision was agreed between the individual, her family, her supported living service and the Link Me Project Officer.

I already knew the lady having previously supported her to take part in other activities. Initially, she was delighted to see me, smiled broadly, and asked where we were going together. When I told her that we were going to Boccia, she smiled again and we began walking together towards the hall it was to be held in. We linked arms and chatted as we walked, and when we arrived the lady was happy to see her friends and the other volunteers she was familiar with.

However, when the time came for Boccia to start, the lady shouted, "I don't want to play!" Her facial expression changed so that she became visibly agitated. I told her it was ok, and that we could watch the game instead. Again, she shouted "no" and remained frustrated. I did not wish the other participants to be impacted by this distress so I suggested we left the room, and the lady walked out ahead of me instead of taking my arm as she usually did. She was fidgeting with her hands and picking at her fingernails. I spoke in a soothing voice and asked if she was ok, but she remained silent and would not make eye contact. I asked if she wanted to play Boccia and she muttered "no" then began to tap the side of her head with her fist. I said 'it's ok, we don't have to if you don't want to' and asked if she wanted to do something else. She immediately ceased tapping her head and said 'yes'. We agreed to have a cup of tea and a biscuit together and looked through the magazines available in the connecting hall. This calmed the lady down and gave us an opportunity to chat about a different activity she could do if she didn't want to continue on the planned 6 week programme.

Challenging behaviour can initially seem daunting, but the training I had received and support of the Link Me Project Officer, gave me confidence that I could manage the situation. I was able to de-escalate the frustration the individual felt, and avoid causing distress to other participants.

I maintained the positive relationship I had established with the individual by understanding that she had become frustrated and offering a solution. It also gave Link Me the opportunity to provide an even more person-centred service by allowing the lady to change her mind about the activity and become empowered to make a new decision about what she wanted to do.

Volunteer Management Framework

This framework outlines the kinds of processes and factors which need to be considered in relation to providing good practice for volunteer management in a care setting. It is based on a framework used by Mencap.

Key:

Green	Low risk roles
Yellow	Slightly higher risk, practical roles with no client contact
Amber	Medium risk roles with supervised client contact
Red	High risk roles, often in regulated activity

	Green	Yellow	Amber	Red
Criteria	Ad hoc events and activities open to all	Practical skills based activities with no client contact	Supervised activities with clients or one to one support in non-regulated activity	Unsupervised activities with children, volunteering in regulated activity with adults at risk.
Example Roles	One off events,	Admin. IT, DIY, Gardening, handling money	Activity groups, supervised school based activity, befriending	Driving, support with issues of personal care, support with medication, dealing with challenging behaviour, handling money.
Role Description	Broad outline	Specific detailed role description	Specific detailed role description and person specification	Specific detailed role description and person specification.
Application Process	Short basic form	Short basic form	Application form with contact details, experience and motivations	Application form with contact details, experience and motivations
References	No	No – unless handling money	Yes	Yes
Access NI Check	No	No – basic disclosure can be sought for cash handling roles	May be eligible for enhanced disclosure check (without barred list check)	Eligible for enhanced disclosure check with barred list check

	Green	Yellow	Amber	Red
Informal Chat	No	Yes	Yes	Yes
Settling in Period	No	Yes	Yes	Yes
Induction	Briefing at start of day Health and safety briefing	Yes	Yes	Yes
Training	None	Role specific determined by risk assessment e.g. Specific task related, Manual handling, fire, lone working, challenging behaviour etc.	Role specific determined by risk assessment e.g. Medication, manual handling, fire, lone working, communication skills, food hygiene, infection control, safeguarding, challenging behaviour, etc.	Role specific determined by risk assessment e.g. Medication, manual handling, fire, lone working, communication skills, food hygiene, infection control, safeguarding, challenging behaviour, etc.
Support	Check in and out with staff. On the day staff engagement. Follow up survey	Check in and out with staff. Informal catch up at least 3 monthly	Check in and out with staff. Support meeting at least 3 monthly	Check in and out with staff. Support meeting at least 3 monthly with 1 to 1 support as required.
Recognition	Annual event, thank you at the end of session	Annual event, thank you at the end of session, offer of Millennium Volunteers if under 25.	Annual event, thank you at the end of session, offer of Millennium Volunteers if under 25.	Annual event, thank you at the end of session, offer of Millennium Volunteers if under 25.
Risk Assessment	For event	For activity	For activity	For activity

Conclusion

In making decisions about the involvement of volunteers in these and other complex roles, organisations need to apply a rigorous approach to risk management. This will influence role descriptions, recruitment, selection, training, record keeping, support, supervision and insurance.

Volunteering is evolving and so the development of good practice will need to evolve as well. It was clear from the round table discussions that there are volunteers actively involved in these and other challenging roles in health care and residential settings. In reality the picture is not black and white and while duty of care is an essential consideration, tasks are not off limits simply because someone is a volunteer. The issue is more about the skills of the individual volunteer combined with effective volunteer management policy and procedures to provide a supportive and safe environment for everyone involved.

By using this framework, the associated questions and considering their individual context, each organisation will be able to decide for itself which roles are appropriate and how they can best manage them.

Volunteer Now would like to thank the organisations which have participated in the discussion groups and who have contributed case studies.

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