**Norfolk & Norwich Settle in Service**

**Volunteer Recruitment and Training**

The Settle in Service provides an ad-hoc aspect to volunteering. Volunteers are already based in their community and get on with their day to day lives until they receive a phone call from a coordinator requesting for their help. This can make it difficult when it comes to managing volunteers and providing a service. Some volunteers are very flexible and others not so much. We also have some volunteers who haven’t provided a settle in for a couple of months due to various reasons including not receiving a referral in their area. We make it a priority to keep in touch with volunteers whether it is through a phone call, newsletter  or a personal visit to either their home or meet up for a coffee in their village.

The SIS is very thorough in all aspects of recruitment, training support and management. Due to the nature of the Settle in Service we actively look for volunteers who have the appropriate skills, expertise and experience to deal with challenging situations if they arise.  The demographics of Norfolk had to be taken into consideration when recruiting volunteers as it a very rural county and the road and public infrastructure is not brilliant, and we wanted volunteers in all areas to cut down on the travelling for them.  Targeted recruitment helped depending on what part of the country we had fewer volunteers.

**Awareness Day -**

We firstly invite potential volunteers who are interested to come along to an “awareness day”. We usually hold these off site in a local community hall or similar.  During this session we present different situations that a volunteer may find themselves in. A sample of these situations include:

* As a volunteer you are due to meet a patient when they arrive home. It has been agreed that you will settle in and wait with the patient until her daughter arrives approximately 2 hours later. After about an hour the daughter rings the house and is now unable to arrive until the following morning. Who would you initially call? What steps could be taken to ensure that the patient will be safe until the following morning?
* Arriving at a patient’s home you discover that apart from some mouldy bread and some very off milk in the fridge the cupboards are essentially bare. The patient has no cash for food but does have a debit card to access money. What, if any, are the options open to you?

The Awareness Day gives the volunteers a chance to see whether this type of volunteering is for them. As the coordinator, it gives you a chance to see some of the potential volunteer’s responses to different situations and make your own judgment whether they are suitable.

**Recruitment Forms -**

Once the session is over we ask for all relevant recruitment documents which include:

* Application Form (if we don’t have it already)
* NNUH Declaration Form, Including 2 forms of ID (passport, driving licence etc)
* DBS

**Training Day –**

We then invite the potential volunteers to a training day which includes speakers from relevant departments which include:

* Health and Safety
* Safeguarding
* Information Governance
* Infection Control
* Spotting Home Hazards

**Competencies –**

Lastly as part of training the volunteer attends a settle in with a coordinator to complete some competencies. These competencies can be done in 1 or 2 visits. The competencies include:

* Volunteer Dress Code – wearing gilet, ID on show (lanyard), adhere to volunteer dress policy.
* Equipment – Aware of items in bag and their usage: aprons, gloves, hand gel and leaflets. Use equipment.
* Introduction – Says Hello, introduces self and where they’re from. Shows ID. Friendly manner.
* Communication Skills – Attentive to patient. Asking what they need help with and give suggestions. Listening and giving the patient time. Asking questions relevant to the settle in service.
* Hands on Skills – Competent with assisting with tasks. Making cup of tea. Washing dishes up. Moving furniture. Aware of PPE. Do and don’t around medication
* Hazard Assessment – Complete form and use suggested actions.
* Concerns – Identify any concerns. Talking these through with patient. Offer leaflets and assistance if able. Escalate to coordinator.
* Paperwork – Complete settle in visit form, hazard form.

Once the competencies are completed, the DBS checks come back clear and if the volunteer is comfortable they can start to complete settle ins on their own.

The Settle in Service volunteers must adhere to the [lone working policy](about:blank) and report to the coordinator at the end of a visit. This being no later than 18:00.