



Summary report

Investigating innovative new engagements with volunteers at the Royal Free Charity

Co-sponsored by HelpForce

November 2017





Introduction



Project outline

- The volunteering programme at the Royal Free Hospital is very successful, highly visible and well integrated into everyday operations
- We conducted over 30 one-on-one interviews of staff, managers and volunteers at both the Royal Free Hospital and at Barnet Hospital
- We talked to staff, volunteers and volunteer managers and we also focused on dementia volunteering – called “dementia companions” at Royal Free
- We have encountered positive feedback and enthusiasm from all, and we have focussed on attempting to identify the factors behind the success of volunteering at Royal Free
- We have also been able to contrast the situation at Barnet where volunteering is successful but not as high profile as at the Royal Free Hospital

Outputs



1. Report

- Prepared for RFC (this document)
- Most of this to be available for use in supporting volunteering good practice nationally

2. Selected quotes

- From staff and volunteers grouped by theme
- A resource for internal and external communication

3. Transcripts of conversations

- An internal document for RFC

Solidifying our theories through this project

1 Incoming hypotheses

Incoming list of hypotheses (HelpForce)

- Integration with staff and support from staff is key
- Programme needs to be well funded and well-led
- Identity is key
- A critical mass of volunteers is key to success
- Volunteering plays an important role in systems feedback in and innovation
- To embed volunteers in a deeper way take time and experimentation

HelpForce publications

- Can Volunteering Help Save the NHS? An evidence review of the effectiveness and impact of volunteering

Published evaluations of volunteering

- (thin on the ground)

2

Interviews
and
analysis

3 Success factors

Operation

- Well funded & led
- ✓ Strong Identity & visibility
- ✓ Critical mass of volunteers
- Clear processes and measurement

Support for volunteers

- ✓ Flexibility & freedom for volunteers
- ✓ Recognition of volunteer contribution
- ✓ Persevere and evolve

Volunteer status and benefit

- ✓ Status, being valued
- ✓ Feeling purpose & contribution
- Feeling personal benefit from participation

System Impact

- ✓ Integrated with staff
- ✓ Trusted in their roles
- Volunteers give feedback to the system

Success factors – evidence summary (see cases/quotes and examples)

Success factors	What it means & what we observed	Confirmed?
A successful volunteer programme requires a genuinely engaged top leadership	Visible commitment at board level (not confirmed)	NO
The volunteer function benefits from being well funded	RFC volunteering is well-funded and resourced, benefiting from the link between the Charity/Trust structure	YES
Clear identity and strong visibility are key to a successful volunteer programme	Volunteer presence and identity is exceptionally strong at RFC	YES
A critical mass of volunteers is required before the programme takes off	Qualitative feedback surfaced both the time required to build success and a critical mass of volunteers being helpful	YES
Clear processes and measurement of volunteering	Efficient systems of volunteer management were observed - but measurement could be more formally done and easily available	(YES)
It is important to allow flexibility and freedom to volunteers in fulfilling their roles	Letting volunteers use their strengths and enthusiasm freely and not be restricted by the system. This was observed in most feedback from volunteers	YES
Multiple methods to recognise volunteers as important	This is recognition both on a personal level from management and staff and also formally through thank you events and length of service awards	YES
New initiatives for volunteers need to persevere and evolve to find the best way of operation	Direct observation of the Barnet discharge project as a work in progress with fluid objectives and example of this	YES
The programme need to seek to integrate volunteers with staff and encourage support from staff to volunteers	Integration, acceptance and support by staff is very high at RFC	YES
Volunteer feel status and value in their work	Examples of how volunteers are valued are very forthcoming from staff	YES
Volunteers feel purpose and contribution from their roles	Volunteers feedback states this frequently	YES
Volunteers are trusted in their roles	There is good evidence of this from conversations with staff	YES
Volunteers can contribute system feedback through commenting when they see potential improvements	There is occasional evidence of this	NO

The Royal Free Hospital: volunteering by the numbers

The trust treats 1.6 million patients and has over 1 million outpatient attendances each year.

<p>People</p> 	<p>750 active volunteers in a variety of roles such as: greeting desk, satnav-ers, companion dogs, mealtime help, barber, massage, dementia, ward helpers, fund raisers, cocktails (oncology)</p> <p>Working a minimum of 3 hours per week for 6 months</p>
<p>Young Volunteers</p> 	<p>400 young volunteers since launch (100 at Barnet and Chase Farm)</p> <p>Young volunteers commit to a min. of 2 hours / week. Roles include fundraising, dementia companions, satnav guides and ward helpers.</p>
<p>Time and activity</p> 	<p>390,000 interactions with people in the hospital</p> <p>138,000 patients and visitors helped to find their way around the hospital.</p> <p>935 dementia patients received companionship from specially trained volunteers.</p> <p>33,000 patients received massages during their chemotherapy treatment or before surgery.</p> <p>3560 interactions with a therapy dog.</p>
<p>Care Impact</p> 	<p>Over 56,000 hours a year are volunteered at RFH.</p> <p>The impact on outcomes for dementia patients is recognised from the special contribution that volunteers provide</p>
<p>Loyalty</p> 	<p>3 years service is very common among volunteers. Volunteers are recognised with long-service awards</p>

Case study:

Dementia Companions (1)



A very hard volunteering challenge that makes a huge difference to patients' lives

"The way that we treat patients with dementia is back to front. Dementia is an incurable illness, with few beneficial interventions, no operations they can do, we don't have any services to support them, and yet we approach the care of that person from a medical model. Dementia should be approached as a psycho-social issue, and, in my experience, what makes our patients do better, walk better, sleep better, be more independent, be calmer, happier, live longer, and go back home, is not pills or injections, it's having a friendly face, building a relationship with somebody, and having somebody look at them and understand them as a human. That is what volunteers are all about."

Trust Dementia Lead

935 dementia patients received companionship from specially trained volunteers last year

Context

- There are 850,000 people with dementia in the UK, with numbers set to rise to over 1 million by 2025, 2 million by 2051
- 225,000 will develop dementia this year, one every 3 minutes.
- 1 in 6 people over the age of 80 have dementia.

(Alzheimers Society)

- National clinical outcomes for dementia patients are poor, they are more likely to die, stay 7 times longer, 2/3rds are admitted from home, less than 1/3rd return. They frequently get worse than they were.

(Trust Dementia Lead)

Dementia volunteers

- This is one of the very hardest of the volunteering challenges that works best with a personal connection to dementia
- Typical dementia challenges are that patients are anxious; get out of bed; think they are going home; shout out, can be aggressive.
- RFC uses and trains volunteers in Cognitive Stimulation Therapy Groups patients are encouraged to talk about their lives
- The connections with volunteers gives patients hope. Volunteers play the role of an ally. Volunteers can put patients at ease skilfully on occasion. They can make of their focus - as opposed to clinical staff's other ch

Case study:

Dementia Companions (2)



A very hard volunteering challenge that makes a huge difference to patients' lives

Dementia training at RFC

- 18 fully trained dementia companions
- There is an ongoing training programme both to bring in more dementia companions, but equally importantly to expand understanding of dementia among ALL volunteers for use in their everyday lives



A complementary role

“Volunteers do their rounds just like the nurses do. They sit and chat. Relationships can be frayed between staff and patients – volunteers have different relationships, they are a friendly face.”

It takes time, persevere

“It probably took a good year for it to become an established substantial group of people that we could tap into as a resource. And part of that was getting enough volunteers to cover the days and getting them trained up and seeing when they could come in. But also just kind of influencing the culture of the wards so that we were thinking when we were seeing the patients and getting them to think in terms of what the volunteers could do. I think that took a while to become standard practice, and on the other wards that's not there yet.”

A personal connection or commitment helps

“Some of the longer term volunteers have a family member who has had dementia or another health condition, often they have had experience of being a carer or they want to go into the care profession.”



Improvement case study:

How can we use volunteers to help in discharge?

This is a work-in-progress project

It has started with better communication and relationships with care homes rather than a discharge target

The exact function of volunteers is still being defined

Improving communication between care homes and the hospital

The initial target was to improve communication between care homes and the hospital and how this can help admission, treatment and discharge/ return for care homes residents

Stage 1 – build better care home / hospital relationships

- **Event 1** (at care homes) gathering to meet and surface issues
- **Event 2** (return fixture at hospital) – continuation of this

Agenda - look at pathway from different point of view; agree potential ambitions and improvements (e.g. meds, communication, pastoral care, sharing of resident knowledge?)

Outcomes

- ✓ Engagement of all parties and deeper understanding of others issues
- ✓ Building relationships and trust
- ✓ Hospital employs a trusted assessor (TA) who can authorise the discharge process in many cases

Next stage

Explore how volunteers can be linked across the patient journey rather than a drop-in resource

Admission -> Treatment -> Discharge-> Transport -> Return to care home

Examining pathways through the hospital

Patients/residents can be vulnerable, elderly, frail, dementia suffering, agitated, confused, sometimes with behavioural issues
The ambition is to trial how volunteers can help in new areas (particularly discharge)

1. Admission (usually via A&E or CDU?) Volunteers can play a support role at admission at this confusing/stressful time
2. Ward – role here is more understood and in operation, a range of role for volunteers here
3. Discharge (new) Volunteers can play a role in transfer (keeping company/lounge/transport)? (new) Volunteers can play a role in handover, steering resident back to care home?

Success factors

This process has not started from Hospital centric ambitions / or Care Home centric point of view – e.g. “we would like to reduce our bed days with quicker discharge”, but has started with its objective as **improved patient care** and **mutual sharing of issues**

Interviews

Interviews are available through quotes grouped by success factor (see appendix on next pages)



Identity and visibility

“You regularly see them as you walk in, you regularly see the purple shirts. They are just everywhere and doing everything and very, very helpful.”

Integration with staff

When we say something to the nurses they really listen to you. That helps you feel part of it because of course they know you are a volunteer but at the same time they respect your work.

Flexibility and Freedom

It is trial and error and we have to be flexible. At the end of day volunteers must enjoy themselves they must not feel like they are coming to work. It is totally up to me how I approach things, every volunteer on the program has a different approach

Status, being valued

We wouldn't be able to offer half of what we offer to people with dementia were it not for them.

Patients and some nurses say “how nice to have you here”, they recognise the importance of our work.

Recognition

The value is that the nurses are freed up to do their nursing tasks and the patient is happier, less restless and agitated, has a distraction, they are occupied in the day, sleep at night. So the weight of the value is enormous but hard to measure.

Purpose and contribution

With volunteering, it can feel like you are just one more, but here I feel part of a bigger thing.

Trusted

The trust is good here, they don't chase you. It is the connection between us. The trust and freedom you have because you are doing it with your heart.)

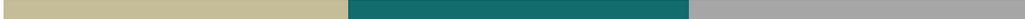
APPENDIX - Talking with staff and volunteers

Critical Success Factors - themed comments

Quotes from staff and volunteers grouped by the important themes identified during the research



Key success factors



Themes identified

1. Identity and visibility
2. Flexibility and freedom
3. Integration with staff
4. Recognition
5. Status and being valued
6. Purpose and contribution
7. Being trusted
8. Perseverance

+ a number of comments around the central focus of our research which was the challenge of **Dementia volunteering**

1. Identity and Visibility



“At my previous role - at a different trust - a woman came to say goodbye to me and I asked what she did, and she said she was a volunteer but she was so invisible I didn't know she existed and the staff didn't know who she was. Here nurses are used to volunteers, they have a uniform, they are known.”

[Senior Matron \(RF\)](#)

It is good to recognise volunteers and so our patients can recognise them, so many of us are in white and the volunteer colour is different very distinctive. And it helps the staff to know who people are

[Junior sister \(RF\)](#)

Feedback is very positive, since we are getting more volunteers and staff can see them with their purple shirts and they know they are there.

[Volunteer team manager \(B\)](#)

You regularly see them as you walk in, you regularly see the purple shirts. They are just everywhere and doing everything and very, very helpful.

[Discharge project \(B\)](#)

The uniform is wonderful, you can get up and don't need to think about what to wear and people know you are a volunteer and can stop and ask you things. It was ok before but all a bit casual.

[Volunteer \(B\)](#)

It's as soon as you walk in, I didn't know where the ops room was, but I was greeted by a volunteer at the front who said 'well there's your ops room' the third floor is there. It's the same up on the wards, the purple shirts are everywhere.

[Discharge project \(B\)](#)

Those purple t-shirts are a great add on to the team during the day. It is making the staff reassured that aside from them there is someone looking after that group of patients and they can be asked if there is something that needs their attention

[Ward Manager \(RF\)](#)

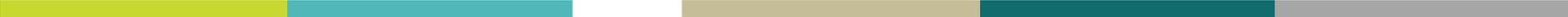
You don't want too many volunteers but you need a critical mass to make it work.

[Dementia Companion \(RF\)](#)

To me it was quite lovely to come in here and see all these volunteers. I came from a different trust where you didn't see any volunteers, here they come for when it is tea time, dinner time, and they get involved and I like that.

[Senior Matron \(RF\)](#)





2. Flexibility and Freedom



It is trial and error and we have to be flexible. At the end of day volunteers must enjoy themselves they must not feel like they are coming to work. They have a great time, make good friends for life, we give them structure to the day, they leave feeling valued and useful, it is busy here, but at the end of the day they are free to do what they want, no filling in timesheets, they are not tied.

[Volunteer Manager \(RF\)](#)

It is flexible and totally up to me how I approach things, every volunteer on the program has a different approach, for me it is to get their story, where do you come from, what is your story?

[Dementia Companion \(RF\)](#)

You have to have the right nature, not everyone can be a volunteer, you need something inside of you, kindness and patience. [Volunteer \(RF\)](#)

You don't have to only speak to patients with Dementia, sometimes you can see someone in a bed, and you catch their eye and be talking to someone on the other side of the ward. I speak to a lot of non-dementia patients, we are not restricted. [Dementia companion \(RF\)](#)

I do it differently to other people, I endeavour not to ask questions and I go in as a definite friend. I adopt a "hello darling" approach. I don't go straight up to the dementia patients I speak to everyone in the room, I have a notepad with those who have dementia, but I approach them all

[Dementia companion \(RF\)](#)

Volunteers have a specific time that they come in because they choose what they want to do when we recruit them, so some want to be on dementia wards and some want to be our Sat Nav guides so they have their own slot every week.

[Volunteer team manager \(B\)](#)





3. Integration with Staff



When we say something to the nurses they really listen to you. That helps you feel part of it because of course they know you are a volunteer but at the same time they respect your work.

[Dementia companion \(RF\)](#)

In terms of the relationships with staff, you have to work at that, it has taken me quite a long time to get to know the consultants, I am now on quite friendly terms with one of the consultants, it has taken me over two years.

[Dementia Companion \(RF\)](#)

The doctors are so busy, they have their professional jobs to do, and see these people in purple shirts, some of them are not sure what we are doing half the time, and it takes time.

[Dementia Companion \(RF\)](#)

I get on very well with the doctors and nurses and they know my name better than I know them because there are so many of them. I get on with people.

[Dementia companion \(RF\)](#)

They will be part of the team, they will not just be volunteers who make the tea on this ward at a certain time, and they will actually be a core part of our team. We will have that personal relationship with the volunteers.

[Volunteer manager\(B\)](#)



4. Recognition



The value is that the nurses are freed up to do their nursing tasks and the patient is happier, less restless and agitated, has a distraction, they are occupied in the day, sleep at night. So the weight of the value is enormous but hard to measure.

[Virtual ward sister \(RF\)](#)

Someone came up to me two months ago in the coffee shop outside and she said I must thank you for talking to my sister, I just didn't want to interrupt when I saw you talking to her, it is the first time I have seen her laugh and smile like that for a long while.

[Dementia companion \(RF\)](#)

I had one person whose mother died over the weekend and she came up to me and said I must thank you for talking to my mother. She thanked me before she thanked the doctor who was sitting next to me.

[Dementia companion \(RF\)](#)

The volunteer staff are brilliant, I just call them in the morning and ask them if I can have help for a day or a week if say the housekeeper is away.

[Administrator vascular ward \(RF\)](#)

Volunteers make it jolly and bright, you come in here in a heightened state of stress, and they help you to get to where you want to, sometimes patients and visitors are so distressed they can't see the signs so you need someone to tell you.

[Volunteer coordinator \(RF\)](#)

They get lots of thanks from me, I know it might not seem a lot but it takes a job away from me. Every year there are certificates given out for long service.

[Administrator on ward \(RF\)](#)

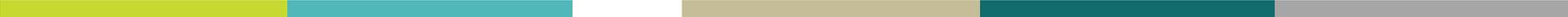
I would encourage other wards to look at the volunteers, they do great things for the patient experience in the hospital and also free up the nurses so that they can do the basic care.

[Senior Matron \(RF\)](#)

They provide a nice friendly atmosphere to the ward because they want to be here, they are not made to be here like some of us are, and that makes a big difference in the way they approach and respond to patients and their family and the relatives and also stressed staff too.

[Senior Matron \(RF\)](#)





5. Status and being valued

“ We wouldn’t be able to offer half of what we offer to people with dementia were it not for them.
[Trust dementia leader \(RF\)](#)

Patients and some nurses say “how nice to have you here”, they recognise the importance of our work.
[Dementia companion \(RF\)](#)

I think we would lose a lot of quality without volunteers. Patients alone with no one to talk with them, even some patients getting dehydrated because elderly patients don’t drink much.
[Ward sister \(RF\)](#)

The volunteers are really important and staff on the wards really value them. They are the glue, they pull something together, they have the time and the energy.
[Volunteer coordinator \(RF\)](#)

Volunteers are very appreciated in the hospital. The feeling of reward is the best thing.
[Dementia companion \(RF\)](#)



6a. Purpose and contribution



The relationships that the volunteers build with our patients has often made the difference between that person being sedated or not, that person getting up and walking or not, that person being allowed to go into their own home or not.

[Trust dementia leader \(RF\)](#)

With volunteering, it can feel like you are just one more, but here I feel part of a bigger thing.

[Dementia companion \(RF\)](#)

The most volunteers can do is be there, just making patients feel they are not being left alone on their own because that is what causes anxiety being in an unfamiliar environment with these people who just come in and out, feed them, give the tea, clean them.

[Ward Manager \(RF\)](#)

It is excellent, I feel useful and I am giving something to the elderly vulnerable people it gives me happiness when I feel I can do something for someone else.

[Dementia companion \(RF\)](#)

Some of the longer term volunteers appear to have a family member who has had dementia or another health condition, often they have had experience of being a carer or they want to go into the care profession.

[Trust dementia leader \(RF\)](#)

The impact on the patients is huge because we want to get them up and moving because we can't discharge patients back to their own home or a care home if their mobility is not the same.

[Junior sister \(RF\)](#)

It's very interesting to see the interaction of 17-year-old teenagers speaking with 90 year old patients. The sharing they have between them is lovely to see. I think they bring a bit of freshness to the patients because the patients are here all day looking at the ceiling or looking at nothing; they are bored.

[Ward sister \(RF\)](#)

We ask the volunteer if they can spend some time with that patient, and it works because the patient feels someone is talking to me, someone is paying attention, making them feel safe.

[Ward sister \(RF\)](#)



6b. Purpose and contribution



What makes our patients do better, walk better, sleep better, be more independent, be calmer, be happier, live longer, be able to go back to their own home, is not pills, is not injections, it's having a friendly face, it's building a relationship with somebody, and it's having somebody look at them and understand them as a human instead of a label or instead of a bed number. That is what volunteers are all about.

[Trust dementia leader \(RF\)](#)

Volunteers have very important roles, even showing people around is very important because the hospital is like a labyrinth.

[Volunteer with dementia training \(B\)](#)

I am just here to pass the time of day, patients always say nice to talk to you. We are not doing any harm, just making their hospital experience pass a bit better. We are useful in getting patients to calm down. We make a difference in the moment

[Dementia companion \(RF\)](#)

I am just there to make them feel special and feel good, to notice that there is someone who cares about them for those minutes or hours that I am there. It is not measurable, but you do get feedback like people not wanting you to go

[Dementia companion \(RF\)](#)

I like it here, I feel like I have a job, some places you go to volunteer and you know it is just volunteer there and it is not like you are part of the family or group.

[Dementia companion \(RF\)](#)

It is the leadership that makes the volunteers more focused on what they are doing, they come here with a purpose - if they are not sure they talk to staff

[Junior sister \(RF\)](#)

I sometimes get to learn poems I don't already know, it can be interesting for me, and it is my way of using my superfluous knowledge and the only occasion where it is a real advantage.

[Poetry reading volunteer \(RF\)](#)

It has helped me to not get depressed, it is easy to get depressed so I try to keep busy every day.

[Volunteer \(RF\)](#)





7. Trusted



The trust is good here, they don't chase you. It is the connection between us. The trust and freedom you have because you are doing it with your heart.

[Volunteer \(RF\)](#)

They open up and talk to me. I can read and see people. It is really nice that as a volunteer I have made someone happy. You know when people need attention and help, it is not just the tea and coffee, when you are in pain, someone to talk to you so you have a bit of relief. They trust me.

[Volunteer \(RF\)](#)

It is well managed but I don't feel like I have anyone breathing down my neck, it is a trust. They start you slowly and when you are ready they let you get on with it.

[Dementia companion \(RF\)](#)



8. Persevere with and evolve the programme



The dementia companions existed prior to me coming into post, but I think it probably took a good year for it to become an established substantial group of people that we could tap into as a resource

[Trust dementia leader \(RF\)](#)

I think it would be good to have the volunteers go and attend board rounds in areas that they want to feed into, that would be really effective.

[Trust dementia leader \(RF\)](#)

This ward is going to be refurbished next month. This is going to be the first dementia friendly ward of the Royal Free site. We are going to have a room where we are going to hold activities for the patients. We are aiming to walk our patients to the room to have lunch together. We need more volunteers to make this work, and this is being discussed with the voluntary services.

[Ward sister \(RF\)](#)

It has changed a bit recently because the wards are getting more volunteers so the wards are getting more used to the volunteers.

[Volunteer team manager \(B\)](#)

What we are looking to do is with a specific cohort of patients but if we could do that alongside Dementia Companions that would be even better because volunteers would all be able to get support from each other and work as a team. Once we get this bit right, once our roles are established the volunteer roles can fit in.

[Discharge project \(B\)](#)

They are looking into how they can make this work better. There are plans on level 3 to have a memory lane in the corridor and the views from the window are of beautiful scenery so volunteers can take patients for a walk and to look at the trees.

[Clinical skills facilitator \(B\)](#)



Dementia challenges



The key to working with dementia patients, is not asking questions just being a friend. It is difficult to support dementia well. Some people don't know how to break into conversation with people so they find it harder."

[Dementia Companion \(RF\)](#)

To volunteer with dementia patients, you need patience and understanding and keep your tone level all the time and non-judgemental and sometimes you need a bit of maturity to do that.

[Senior Matron \(RF\)](#)

Dementia patients have to be approached differently. Patient may 'you are such a nice nurse', but I am not a nurse and I always say "I am a volunteer". They feel better after a chat and a cup of tea

[Volunteer with dementia training \(B\)](#)

There are never enough Dementia volunteers, I get quite a lot of people trailing me for an hour or two and you never see them again, it is quite difficult for some people because they may not speak English as a first language and some of the patients English is not great.

[Dementia Companion \(RF\)](#)

What we notice sometimes with the dementia companions is that they have those great skills of reassuring the patient.

[Ward sister \(RF\)](#)

Dementia companions need to have the passion to care and the understanding of the condition. Dementia companions are trained in engaging with patients and they can also go for a walk with patients to get them up and out of the ward. Even after the training volunteers will say it is not for me – it can be very scary entering the clinical setting.

[Volunteer \(B\)](#)

Being a dementia companion is not for all volunteers, it can be quite demanding and some decide in the end that they don't want to do it. Dementia companions often have a connection, personal experience with dementia.

[Dementia Volunteer coordinator \(RF\)](#)





Dementia challenges



We have a flagging system so that any person who has dementia has a forget me not flower, I think that everyone who had a forget me not flower should be given a dementia companion but at the moment the volunteers are very heavily reliant on us saying will you go and see this patient in bed 10, whereas what I would really like to see is them getting out there and finding the patients with dementia and going to see them no matter where they are. The person who administrate the volunteers could have access to that system and then being able to produce a daily list of who is here with dementia... it is just an access issue.

[Trust dementia leader \(RF\)](#)

Dementia Companions need to know how to communicate with dementia patients, they need longer to process information. We use the '8 things about me' which the dementia companions use to talk to dementia patients. It would be good for all volunteers to have dementia training so that they know they have to let them process what you are asking them, and not bombard them with information. And different dementias have different presentations so I think it would be very helpful so more training would be good.

[Junior sister \(RF\)](#)

My brother died of Alzheimer's, at that stage he had it and he was at the end then. That's why I was interested in becoming a volunteer. I volunteer because of my brother's illness, I wouldn't volunteer otherwise. I was drawn to it.

[Dementia companion \(RF\)](#)





Dementia challenges – the importance of training



A lot of what I teach is about not needing to be an expert, you don't need to be a neurologist to know what is going on with a patient or delivery the right care, or understand them. It is about understanding how to communicate, being mindful of how you are coming across, knowing the sort of topics to talk about, being able to spot the signs of distress or upset and I think that information, if it is delivered in the right way in the first instance, can be disseminated by a lay person.

[Trust dementia leader \(RF\)](#)

In terms of training it's good to have named volunteers and then that designated named volunteer can pass on information to new volunteers.

[Junior sister \(RF\)](#)

For me personally I am happy to train anyone who shows even the slightest bit of interest because even if I never ever see them again and they never come back here again, maybe they can help a neighbour or somebody in Tesco.

[Trust dementia lead \(RF\)](#)

