ASUME

Volunteering in Dementia

environment

There is continuous negotiation of boundaries between volunteers and those they support demonstrated in the findings, particularly within the qualitative findings.

Challenges for those volunteering included trying to manage and maintain boundaries (both personal and between home and community spaces). At the same time, we saw the emergence of very close connections, where one Activity Friend felt the person she volunteered with was 'kind of a Granny' to her.

Responses to survey questions relating to volunteering environment are presented. These questions asked where volunteer activity takes place, and hours per week worked. Table 10 details selections from a pre-populated list of volunteering contexts, of which respondents were asked to select all that applied.

Pre-selected range of enjoyment factors – which ones did volunteers state they enjoyed about their role? N = 39.

Volunteering context	Stated	Not stated
Service user's home	9 (23.1%)	30 (76.9%)
Own home	1 (2.6%)	38 (97.4%)
Day care centre	15 (38.5%)	24 (61.5%)
Care home	13 (33.3%)	26 (66.7%)
Hospital ward	0 (0%)	39 (100%)
Sheltered housing	5 (12.8%)	34 (87.2%)
Community setting (public places)	10 (25.6%)	29 (74.4%)

The most common volunteering environments were both formal care settings; day care centres (38.5%) and care homes (33.3%). Some volunteers worked outside care settings; in a community setting (25.6%), in a service user's home (23.1%) or in sheltered housing (12.8%). No activity buddies worked in a hospital ward setting. These results demonstrate that volunteers are based in the community or community care settings rather than acute care sites.

One of the key findings from the UK ASUME project was that the boundaries between volunteers, carers and staff can be indistinct. Those living with dementia do not see categories such as 'staff' or 'volunteers' they simply appreciate the people in their networks. From the volunteer perspective, these boundaries were also blurred as volunteers treated those with dementia and carers as part of a package. This is significant in the study of volunteering and dementia as previous understandings of set boundaries between volunteers, staff, carers and those with dementia boundaries can be blurred (McCall et al. 2020). Although pathways into volunteering with those with dementia were diverse, volunteers did often show key links to a health and social care professional background and/or a history of dementia in the family (McCall et al 2017).

What the ASUME UK study has also shown was the positive impact of volunteering on all those involved, including carers, volunteers and those living with dementia. Social interaction is the thread that brought most groups and activities together. Social interaction was both an aim and a key outcome of volunteering activities (McCall et al 2020).

In the Norwegian context, Rokstad et al (2017) explored the impact of day care centers for people with dementia and their carers in Scotland and Norway finding positive outcomes for both groups and noting the involvement of volunteers in some settings. There were strong similarities in the services offered in both countries, and similarly to the UK ASUME study, the importance of social interaction and personal relationships was a key finding.

> I had to "shake up" the nursing home in which my brother lived. Every time we came, he was in bed just looking up to the ceiling. I told them that this could not go on, that he had to get out of bed, into a wheel chair to stop him from just fading away. I started to take him for daily walks until he could walk himself. He doesn't need the wheel chair anymore. He walks. I always take him for walks when I visit him. (AF3)

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