

27/6/03



ELSIE SALTER HOUSE

*11 Marquis St Ashburton
Ph 9885 6426
Fax: 9813 8265
Email elsie.salter.house@bigpond.com*

VOLUNTEER POLICY & PRACTICE GUIDELINES

ELSIE SALTER HOUSE

HISTORY

Elsie Salter House opened on February 24th 1991, at 6 Y Street, Ashburton, as an initiative of the Ashburton Baptist Church. The Hon. K.P. Setches, Minister for Community Services, conducted the official opening.

The Centre was named after Miss Elsie Salter who lived in the Ashburton/Glen Iris area from 1940 – 1979. As a nurse and a member of the Ashburton Baptist Church, she was committed to the service of others. Her generous bequest to the church facilitated the establishment of the Adult Day Care Centre.

Elsie Salter House is a volunteer supported Planned Activity Group (P.A.G.), not for profit service. The program is auspiced by Ashburton Baptist Community Services Inc. and funded through the State and Federal Government's Home and Community Care Program. However, there are also substantial contributions from local community groups, individuals and the Church community.

Elsie Salter House is designed specifically to cater for people with dementia. Our aim is to have a Christian Day Care Centre, offering an excellent program, giving practical and emotional support to clients as well as respite to their carers.

In October 1994 Elsie Salter House moved to its permanent purpose built home at 11 Marquis Street, Ashburton. Mr Peter Costello M.P., Federal Member for Higgins, officially opened these premises.

MISSION STATEMENT

Elsie Salter House is a Dementia Specific Day Care Centre committed to providing a Christian ministry of loving care and understanding to those with dementia. We aim to enhance the quality of life of our clients and at the same time give support, friendship and encouragement to their carers.

PHILOSOPHY

Volunteering provides a means through which people exercise their democratic right to actively participate and contribute to the well being of the service. Volunteers are a valuable and respected part of the staff team for Elsie Salter House. Volunteer involvement will be managed through:-

- ◇ volunteer job descriptions
- ◇ a volunteer policy and
- ◇ a charter of rights and responsibilities

Volunteers are employed in response to service need. Volunteers are employed on the basis of their ability to effectively; appropriately and reliably carry out the required skills and abilities necessary for the tasks. Equal opportunity employment strategies apply as per current legislation. Volunteers will be given opportunities to participate in training and to contribute to relevant agency decisions

THE ROLE OF THE VOLUNTEER*

The role of the volunteer is different to the role of paid staff. The volunteer's role is to supplement and enhance that of paid staff. Volunteers will not be used in ways that constitutes a threat to the security and job satisfaction of paid staff or deprives others of a livelihood

As a volunteer your role is to:

- Provide social and nutritional support to the client.
- To be a companion providing friendship and opportunities for social interaction.
- To provide a link between the client and the organization; to support client needs pertaining to the organisational goals.
- To facilitate and encourage client's access and participation in the community
- To support the community integration process.
- To monitor the well being of the client, and to communicate to staff regarding the client's needs (and changing needs).

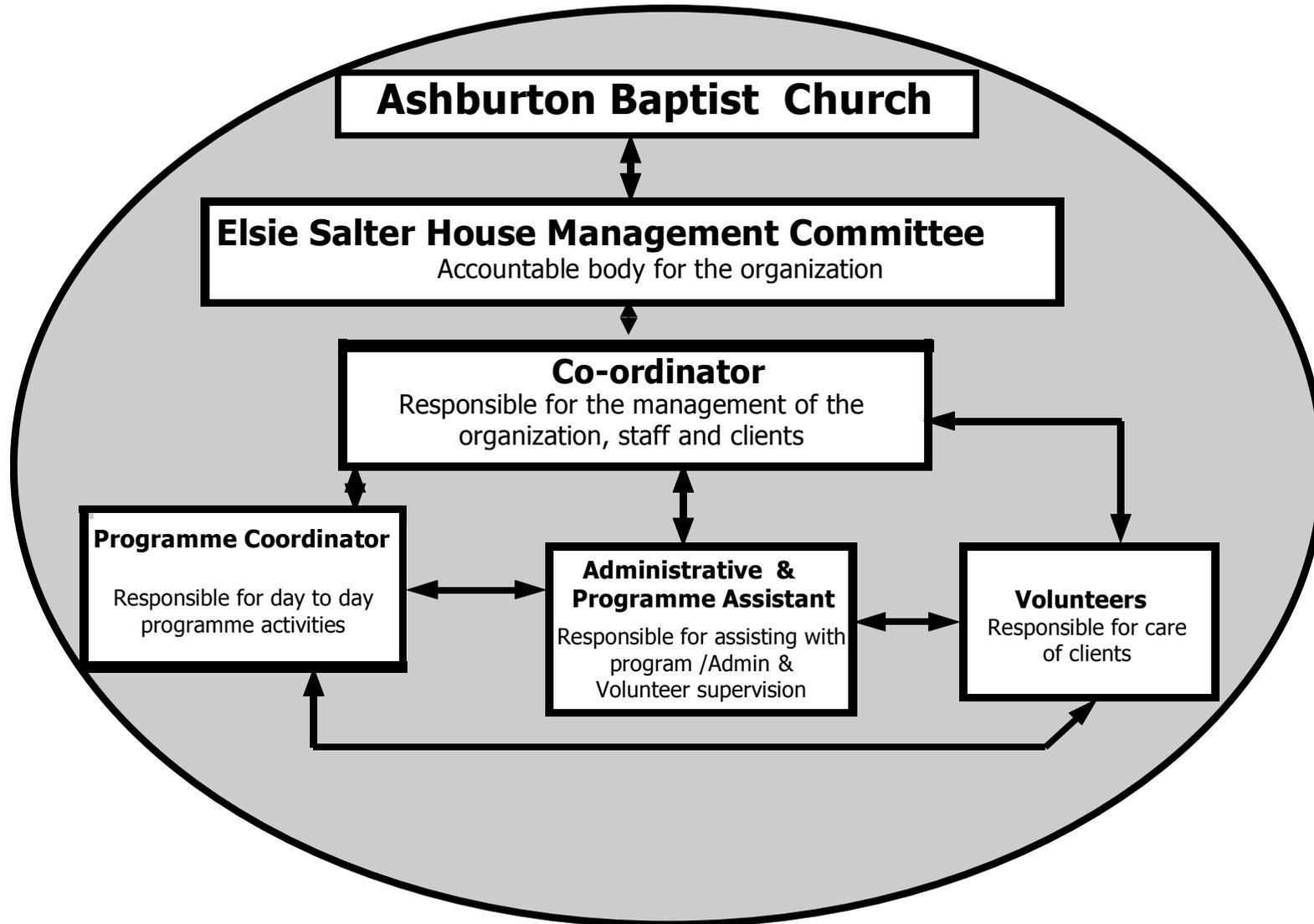
PRINCIPLES

Volunteering at Elsie Salter House is always a matter of free choice; and should never be connected to receipt of financial reward or benefit.

Volunteering is not regarded as a substitute for paid work and should not be used as a pre condition to paid employment.

Volunteering should benefit the client the community and the volunteer.

MANAGEMENT STRUCTURE OF ELSIE SALTER HOUSE



OBJECTIVES

1. To provide the opportunity for companionship and friendship for isolated people assessed as being in need of this support, and also provide respite for carers.
2. To maintain clients daily living skills to enable them to live as independently as possible and to retain their self-reliance and self-sufficiency.
3. To provide intellectual stimulation, which is satisfying, adequate, age and culturally appropriate.
4. To provide appropriate physical exercise and activities to maintain and enhance physical health and well-being.
5. To provide appropriate emotional and psychological support which will assist in maintaining a sense of personal security and self esteem essential to independence.
6. To provide carers with information and access to other support services.
7. To provide culturally appropriate information about access to other support agencies.
8. To provide and maintain a suitable venue and environment which ensures the comfort and security of clients.
9. To deliver a client focused, high standard, cost effective service.

Volunteer are encouraged to read the full Elsie Salter House Policy & Procedures Manual, which is available in the front office.

GENERAL PRINCIPLES & PRACTICES

- # All volunteer contribution is carried out according to the organization's requirements as stated in job descriptions, policies, guidelines and protocols.
- # Everyone is to be treated as an honoured guest – respected and valued.
- # Clients respond to the emotional and physical environment. We aim to have the environment familiar, relaxed, homelike, domestic, stress-free and fun.
- # We encourage participation and independence e.g. don't pick up the ball for the client if it would be good exercise for them.
- # Clients access to services is decided on the basis of need.
- # We respect the privacy and confidentiality and dignity of the client. Any information re- garding clients is not to be discussed outside of Elsie Salter House.
- # We will keep clients/carers informed about the service and any costs involved.
- # We will endeavour to deliver service in a safe manner.
- # We will be responsive to the carer and his or her needs for support.
- # We will inform clients/carers of other service options available for his/her support.
- # We will negotiate with carers before changes are made to the service.
- # We will respect client's refusal of a service and ensure that any future attempt to access the service is not prejudiced.
- # We will deal with client/carers complaints fairly and promptly, without retribution.
- # We will obtain authorisation from clients/carers before exchanging information with other agencies.
- # We will inform clients/carers of their rights and responsibilities in relation to services provided.

GOOD PRACTICE & COMMUNICATION STRATEGIES

- # Sometimes the client needs to be shown how an activity is done. Take it for granted that the client will join in an activity – a request often meets with a refusal. However, respect his/her right to refuse.
- # Give continual eye contact. Most of these folk need reassurance and positive regard.
- # Praise sincerely.
- # Humour helps. Make a joke or gentle teasing.
- # Share on-to-one – the flowers, pictures, the date
- # Dancing is one of the activities we offer and clients really enjoy it if you join in.
- # Include clients when you talk to other volunteers. Conversation that obviously is not taking the client into account causes stress.
- # Listen. Seek the meaning behind the words.
- # “All hands on deck” when there is a change of activity until clients are settled.
- # Don't judge, don't argue. *Their* logic belongs to *their* reality. Many clients are certain that they are in another time and place, a good rule of thumb is, that when a client is seeking information it is OK to respond factually. However if the client is operating in another reality try to join them there rather than to correct them or to offer facts. If the client believes that they are a younger age or in another location, it can sometimes help if you go along with their perceptions and frame your response to fit with their needs,
- # Never discuss a client's difficulties with others in a client's presence.
- # Be sensitive to the client's need for the toilet and to their need for privacy.
- # Remember the client's need for nourishment and for the extra fluids, especially on hot days.
- # Exercise might not be adequately catered for at home so it's important at Elsie Salter House that we gently encourage people to join in activities.
- # Some clients have difficulty interpreting our messages. They may become jumbled, so that what we say is not necessarily what the person hears. Body language is important.
- # Come towards the person slowly and from the front. Don't startle them by rushing up.

- # Maintain eye contact throughout your conversations.
- # Speak slowly and clearly.
- # Don't compete with other noises, e.g. dishwasher, radio. Wait for these to stop, then continue.
- # Sit down to their level.
- # Touch when appropriate.
- # Don't send mixed messages, e.g. face tense when words are pleasant.
- # Gestures – it may help to point to objects.
- # Keep your sentences short and simple.
- # Active listening – anticipate meaning, interpret.
- # Limit the choice to two when questioning, e.g. Tea or coffee?
- # Phrase question for yes/no answers, e.g. not “What have you lost?” but, “Have you lost your glasses?”
- # Use names as you communicate, e.g. “Sit on the chair”, rather than, “Sit here”.
- # Give it a break if you are not successful in communicating.

THE DAY AT ELSIE SALTER

Tuesday and Friday

Setting up:-

1. Environment

Does it look comfortable, attractive, inviting? eg. flowers, oil burner, cushions, etc. straightened.

2. Preparation

Bring in the daily paper from the front garden and put it in the front office

Lay out tablecloths and put vases of flowers onto the tables

- Assist with preparing vegies for soup as required.
- Assist with sandwiches and morning tea preparation as required.
- Unload dishwasher and put items away.
- Assist with any preparation required for the day's activity.
- Clean up the kitchen according to the Food Safety Programme eg Clean Benches, wash, dry and put away dishes, sanitize boards benches, empty garbage etc.

DAILY ROUTINE (TUESDAY AND FRIDAY)

10.00am-10.30 WELCOME, SOCIAL DISCUSSION & CURRENT AFFAIRS
Clients can be apprehensive before arrival. They might think they are unwanted. The welcome needs to be warm, personal, and sensitive – not too over-whelming. Show clients to a comfortable seat in the lounge room and assist them with their name tag and any introductions that may be necessary.

At this time we do a review of the daily newspaper , day, date, weather and any relevant news items. Everyone may not be at his or her best at this point so lots of happy humorous interaction is needed. A time for jokes and interesting articles. It's best if there is one theme at a time and clients are gently brought into conversation.

10.30am MORNING TEA. Prior to morning teas clients are guided to either of the two bathrooms to wash their hands. Where people sit is important. Frail clients need support and would probably be best seated in one of the chairs with arms. Some need supervision with their food etc. Those who get stressed easily shouldn't be hemmed in. If a client is upset by another client - separate them. After morning tea check if clients need to go to the toilet.

11.00am VEGETABLE PREPARATION. Clients need to wash their hands (again) and to dry them with disposable paper towels, and to put on aprons, before being seated at the table. Again, be aware of seating arrangements. Clients are given prepared vegetables to cut according to the strength of their hands and ability. Remember, this can be enjoyable and good for the clients self esteem – the

maintenance of previously learnt skills. Give reassurance that it is being done the right way. Genuine praise and gratitude.

NOTE: Often it's necessary to get someone started – knife, vegies held the right way. Even gently help them commence when the “Starter button’ is not functioning. Where possible, staff and volunteers to sit down and join in the activity rather than “hover”.

11.30am **ACTIVITIES** At approx. this time assist clients to move to the piano end of the dining room or to the front room for some activities . Clients join according to their abilities and interests. The main purpose is enjoyment and exercise. Dancing is a wonderful time to interact one-to-one where possible. Watch fatigue levels. Make sure no-one is sidelined without interaction.

12MD JUICE & PAUSE. Make sure that those clients who need encouragement/assistance with their drink, get it.

12.05pm Activities continue, perhaps some craft activity, baking or theme. At this time, it may be appropriate for some clients to be taken outside for a walk or to sit in the garden. Note the clients who need to be reminded or helped with toileting.

1.00pm **LUNCH.** Keep up some interaction with clients otherwise they get bored and problems arise. Some clients need the security of having someone stay with them and not leaving the table constantly, so minimum staff working.

2.15pm **SINGING.** All hands on deck to help settle clients down near the piano for a time of singing around the piano/keyboard. An alternative at times if the group is only small is some relaxation time up in the front room watching a video. This allows for those who wish to, to take a nap.

2.50pm **SETTLE IN FRONT ROOM** in readiness for being picked up/taken home. Majority of staff/volunteers to be in front room with clients.

3.00pm **HOME TIME.** Transport as necessary. There will be some cleaning up, putting away, and machines to be put on with washing. At this time it is important to be alert that clients do not go outside the front door by themselves.

DAILY ROUTINE FOR THURSDAYS – OUTING DAY

As for Tuesday and Friday until 11.00am. Here morning tea dishes are washed and the majority of the clients sit in front room with volunteers, while this is being done. One or two clients may help a volunteer with washing up.

11.15 am. Staff and volunteers assist clients onto the bus, having previously loaded bus with all the things that we need to take for our picnic.

11.30am. Depart ESH Go for drive to destination. Upon arrival take clients for a walk, if appropriate weather, have relaxed lunch, toilet clients and board bus by 1.50pm for return journey.

2.30pm (Approximately). Arrive back at ESH. Bring clients inside and seat at dining room table ready for afternoon tea. Unload the bus. Remainder of day as for Tuesday and Friday.

STATEMENT OF RIGHTS AND RESPONSIBILITIES FOR CONSUMERS WITHIN THE HACC PROGRAM

HACC POLICY STATEMENT

All clients accessing this service will be informed of the Rights and Responsibilities as clients of a HACC service. Staff will endeavour at all times to provide current relevant and timely information to clients regarding existing services to enable them to make informed choices from alternatives available. Information of Rights & Responsibilities will be provided to clients in as sensitive and culturally appropriate manner.

Our organization recognises that carers play a vital role in maintaining the independence of the frail aged and people with a disability, enabling them to remain living at home and in the community. We will ensure that each carer is informed about his or her rights and responsibilities in relation to the services, programmes and activities we provide, and consulted about any changes required. This will include making a copy of the Statement of Rights & Responsibilities available to each carer and where required explaining the Statement of Rights & responsibilities in a manner sensitive to any special linguistic, cultural, physical or intellectual requirements of the carer.

All staff accept that they have a duty of care to all clients and visitors to the centre and that all staff, clients and visitors have a legal duty of care to each other. The organization will ensure that all staff employ safe work practices, that staff are aware of their duty of care and that adequate training is provided.

CONSUMER RIGHTS

- The right to respect for their individual human worth and dignity.
- The right to be treated with courtesy
- The right to be assessed for access to services without discrimination
- The right to be informed and consulted about available services and other relevant matters..
- The right to be part of decisions made about their care
- The right to choose from available alternatives
- The right to pursue any complaint about service provision without retribution.
- The right to involve an advocate of their choice.
- The right to receive good quality services.
- The right to be notified of any change to service provision.
- The right to privacy and confidentiality, and access to all personal information kept about the consumer

CONSUMER RESPONSIBILITIES

- A general responsibility for the results of decisions they make and the responsibility to play their part in helping the service provider to provide them with services.
- To respect the human worth and dignity of the service provider staff and other consumers.
- To treat service provider staff and other consumers with courtesy.
- For the results of any decisions they make.
- To play their part in helping the service provider to provide them with the service
- To provide a safe work environment for staff and help them to provide consumers with services safely

SERVICE RESPONSIBILITIES

RESPONSIBILITIES

In providing services, service providers have a responsibility

- To enhance and respect the independence and dignity of the consumer
- To ensure that the consumers access to a service is decided only on the basis of need and the capacity of the service to meet that need.
- To inform consumers about options for HACC Program support
- To Inform consumers of their rights and responsibilities in relation to HACC services
- To involve the consumer and care in decisions on the assessment and service deliver plan
- To negotiate with the consumer before a change is made to the service being provided.
- To be responsive t50 the diverse social, cultural and physical experiences and needs of consumers
- To recognise the role of carers and be responsive to their need for support
- To inform the consumer about the service to be delivered and any fees charged
- To inform the consumer of the standards to expect in relation the services they may receive
- To ensure that the consumer continues to receive services agreed with the provider, taking the consumer's changing needs into account.
- To respect the privacy and confidentiality of the consumer.
- To allow the consumer access to information held by the service provider
- To allow the carer access to information held by the provider about the consumer where the carer is the legal or has been so authorised by the consumer
- To deliver services to the consumer in a safe manner
- To respect a consumer's refusal of service and to ensure any future attempt by the consumer to access a HACC service is not prejudiced because of that refusal
- To deal with consumer's complaints fairly and promptly and without retribution
- To mediate and attempt to negotiate a solution if conflict arises between the carer and the elderly person or younger person with a disability
- To accept the consumers choice and involvement of an advocate to represent his or her interests
- To take into account the consumers views when planning, managing and evaluating service provision.

SERVICE RIGHTS & RESPONSIBILITIES IN REGARD TO VOLUNTEERS

RESPONSIBILITIES

- # legal responsibilities in relation to health and safety issues.
- # Deciding in which areas volunteers can be involved and those in which paid workers only are to be involved.
- # Ensuring risk management strategies are in place.
- # Assessing volunteers skills and abilities to ensure that neither the volunteer nor clients are put at unnecessary risk.
- # Provide written job descriptions and procedures for volunteers.
- # Provide initial training and ongoing training of volunteers where necessary.
- # Monitoring that volunteers do not undertake work without the prior approval of their supervisor.
- # Include volunteers in decision-making where decisions affect their work.
- # Keep records of volunteers training and feedback.
- # Communicate clear expectations and provide appropriate supervision for volunteers.
- # Formally and informally, recognise volunteer efforts.
- # Continually evaluate the efficiency and effectiveness of the volunteers' contribution to the organization.

RIGHTS

- To expect conscientious acceptance of responsibilities as to punctuality, reliability and good performance
- # Expect enthusiasm, loyalty and belief in the work of the organization.
 - # To provide constructive feedback and to make decisions about where a volunteer will best fit and their suitability for the role.
 - # To dismiss volunteers assessed as unsuitable.
 - # Expect clear and open communication from the volunteer.

VOLUNTEER ROLES RIGHTS & RESPONSIBILITIES

RIGHTS OF VOLUNTEERS

As a volunteer you have the right:

1. To satisfying work. Work that has taken into consideration your interests, temperament, capabilities and time available.
2. To know what work is expected of you, to whom you are accountable and to be provided with a clearly written job description.
3. To be provided with a healthy and safe work environment and to be covered by insurance. Volunteers between the ages of 12 and 90 years are covered for insurance purposes under the Department of Human Services –Victoria
4. To be given orientation about the service and to be advised of any training sessions that are available.
5. The right to receive constructive feedback about your performance, and to have access to a grievance procedure.
6. To be heard and to have your views respected. We welcome suggestions regarding the program and encourage you to discuss any problems that come up.
7. To be recognised for your contribution and as a valued member of the team.
8. To have choices and to say “no” to tasks which do not suit you, which you feel you cannot do or are too difficult to maintain.
9. To support and supervision in your role.
10. To be respected and appreciated.
11. To be aware of your own needs and not become over involved. A happy and relaxed volunteer is better than a harassed volunteer.
12. To re-imbusement for out of pocket expenses – Petrol tokens are available from the Manager for the use of your car to transport clients to and from their homes.
13. To be advised of all relevant organizational policies that affect you in your role as a volunteer.
14. To have your confidential and personal information dealt with in accordance with the principles of Privacy Legislation.
15. To refuse a volunteer role or to request a change of role without prejudicing future placement or involvement.

RESPONSIBILITIES OF VOLUNTEERS

As a volunteer you have the responsibility:

1. To respect the privacy and confidentiality of clients, staff and other volunteers.
2. To be committed.
3. To carry out the agreed work responsibly and ethically and to carry out your volunteering job as specified in the job description.
4. To undertake orientation and training as requested.
5. To be aware of your own limitations and to ask for support when needed and to be accountable for your own actions.
6. To give reasonable notice before leaving the organization.
7. To value and support other team members.
8. To be reliable. To inform staff ASAP if you are unable to attend.
9. To be aware of your duty of care for your own and others' safety and to follow Food Safety Program Guidelines (manual in office) as per training provided.
10. To respect the client's dignity.
11. To maintain an awareness of the client's needs, to be patient and non-judgemental with clients.
12. To refrain from offering advise to clients or carers
13. To not attend the program if you are suffering from an infectious or food borne disease (or carrier of food borne disease). You should not report to ESH until
 - a. If suffering from a food-borne disease, a medical certificate is received.
 - b. If suffering from an infectious disease- you have been free of symptoms for at least 48 hours.
14. To report any injury sustained by any person, or damage to property incurred whilst working for Elsie Salter House, to the Manager as soon as possible. A written entry must be made in the incident book within 24 hours.
15. To refrain from accepting any monetary or other rewards of substantial value for services offered as a volunteer.
16. To provide receipts for any out-of-pocket expenditure.

WORKPLACE HEALTH & SAFETY

EMERGENCY PROCEDURES

Please note that only First Aid Qualified staff are to deliver First Aid to clients. i.e. Karen/Bobbie and volunteer with current certification.

There is a first aid kit on top of the fridge in the kitchen for any minor incidents. If the incident occurs within the centre, notify a staff member immediately. Staff must make a note in the incident book. If the incident occurs whilst on an outing on the Thursday, notify staff immediately. The first aid kit is taken on the bus outings.

If the incident occurs when picking up clients from their homes: If the client has had a fall **do not move them** unless they are in danger. Cover them with a blanket, check breathing, telephone for an ambulance and then ring the centre. A staff member will be dispatched to assist if required.

If an incident occurs whilst in transit, if the client/volunteer are not injured, notify the appropriate authorities, if necessary and then ring the centre. A staff member will be dispatched to assist if required. If the client/volunteer is injured, **do not move them** unless they are in danger. Cover them with a blanket, check breathing, telephone for an ambulance and then ring the centre.

There is a Fire Evacuation Plan on the wall adjacent to both exits at the centre. Please familiarise yourself with exits and evacuation plans.

LIFTING OF HEAVY CLIENTS

In the likely event that you will be required from time to time to assist helping clients to get up from chairs, lounges etc, it is vital that you know how to do so in such a way as to avoid injury to both yourself and the client. When you commence your involvement at ESH it is important that you are shown how to do this as part of your orientation. Please ask one of the staff to demonstrate this for you. (see "Safe Lifting Procedure" notes attached to job descriptions).

FOOD HANDLING ISSUES

Elsie Salter House is registered with the Boroondara Council as a Class 1 Premise and as such is required to operate within the guidelines set out in our Food Safety Program document. Volunteers are required to undergo an introductory course in food safety as a part of their orientation, which will be conducted by the Food Safety Supervisor. Training updates will be conducted regularly. You are required to attend these sessions.

DEMENTIA

Dementia is a syndrome due to disease of the brain, such as Alzheimer's disease, cerebrovascular disease and in other conditions primarily or secondarily affecting the brain. It is usually of a chronic or progressive nature.

Common symptoms or behavioural changes of a dementing illness include:

- Memory loss
- Disorientation
- Wandering
- Language difficulties
- Impaired comprehension, reasoning and judgement
- Failure to recognise people or objects
- Loss of ability to initiate and learn
- Changes in mood
- Personality changes (such as paranoia)
- Night-time wakefulness
- Gradual failure to perform daily living tasks
- Hallucinations or delusions
- Challenging behaviour such as verbal and physical aggression, resistance to care, suspicion, agitation and repetitive acts, inappropriate sexual behaviour, stealing and hiding things, use of abusive or obscene language.

At present, little can be done to improve the course of the majority of dementing illnesses, however, the widely held perception that dementia cannot be prevented or treated is changing. Therapeutic interventions that provide symptomatic treatment, modify risk factors and manage the behavioural manifestations of the illness are becoming increasingly available and research into the causes of and cures for dementing illnesses is burgeoning world-wide

We cater for all dementias – not just Alzheimer's Disease. Dementia is the umbrella heading for a group of symptoms. Dementia can have so many different causes and Alzheimer's Disease is only one.

WHAT IS DEMENTIA??

The dementia is used widely to describe a group of diseases which affects the brain leading to defects in a person's abilities in judgement, orientation, emotions, memory and thinking. It is a syndrome characterised by a decline in previously acquired educational, occupational or social capabilities.

There are many possible reasons for the development of dementia.

The most well known dementia is Alzheimer's Disease, in which there is an abnormal build up of certain substances in brain cells.

The second most common dementia Vasculare Dementia results from many small strokes deep in the brain, due to blood vessel disease

ALZHEIMER'S DISEASE

Alzheimer's disease is the most common dementia and follows a progressively deteriorating course. Proven risk factors for Alzheimer's Disease are advancing age, family history and Down Syndrome.

VASCULAR DEMENTIA

Or Multi Infarct Dementia

This is due to disorders of the blood vessels in the brain which over many years, cause small parts of the brain to die. This may be associated with high blood pressure in a person and later more noticeable strokes and emotional changes.

PICK'S DISEASE

Pick's disease usually occurs in a relatively younger age group. The person can present as being slow and indifferent to life happenings, there may be language disturbances and memory problems which may not be apparent in the early stages.

ALCOHOL DEMENTIA

This may be associated with physical signs of alcohol abuse and a history of prolonged alcohol intake. The person can present with personality changes, short term memory loss, unsteady gait/walk, loss of sensation in the legs.

HEAD INJURY

Head injury if severe, can produce permanent change in a person's ability to think and cause disruptive behaviours and personality changes.

Different behaviours which may be encountered include:

- Agitation
- Incontinence
- Memory loss
- Problems with verbal expression
- Problems with comprehension
- Fear, hostility and aggressive behaviour
- Depression
- Anxiety
- Restlessness and wandering

ANGER/HOSTILITY

People with a disease are often not sure what is being said and their anxiety and frustration can escalate until they strike out. In their confusion, people will respond with normal reactions to perceived danger. However they seldom strike out in response to a simple 'hello' or other kind words from carers

A useful management style when carers

These hostile behaviours are not prevalent at ESH as one of our eligibility criteria is that the client does not engage in overtly disruptive, disrespectful or aggressive behaviour toward carer, staff or other clients.

SUPPORTING PEOPLE WITH DEMENTIA

When people have dementia, their need for a satisfactory quality of life is still important. When planning activities for people with dementia we try to cater for their current abilities and needs. People suffering from dementia often enjoy being able to maintain some day-to-day life patterns. Small routine tasks they have been used to doing like, cutting up vegetables, drying dishes etc can be very satisfying. We encourage clients to take on some small responsibilities as it can make them feel valued and help maintain life skills.

We try to avoid activities which involve learning new skills but aim at maintaining past skills. Making the task simpler can sometimes help clients still achieve things they have able to do in the past. By modifying tasks to compensate for lost expertise by allowing extra time, space, and break tasks down into small “one thing at a time” components we aim to facilitate success and give clients a feeling of achievement.

We try to build fun and social contact into any activity; as with most of us, if we aren't enjoying ourselves, it is much harder to do things, it is also easier to do something with others, so most activities are done in groups.

The rule “first in – last out ” learning applies. When we are planning activities, we take into consideration the persons cultural background. As a volunteer try exploring past hobbies, childhood leisure activities, work habits, language, lifestyle, significant life events, family background, travel etc. Trips down memory lane through family albums, history books, pictures, music etc, offer the opportunity to recapture past pleasures and can be deeply satisfying.

Do not be discouraged if clients forget what has just been happening - enjoying the moment, is what counts. Outings and activities that stimulate visual observations are great. However, it is important that clients do not feel overwhelmed so avoid crowds and places with constant noise and movement.

People with dementia often have difficulty with their vision and coordination so create a clear, calm work/activity space, free from other distractions. Choose a place which has good lighting, noise control, in a familiar, regular place, and is free of clutter. The use of safe equipment often prevents distress –try to use unbreakable containers and implements that will do no damage if misused.

When planning an activity we consider the time of day. Often people with dementia are more restless early in the morning or late afternoon. Gearing the activity to their energy levels and routines helps. Activities that require higher physical energy levels are best done when the person is the most restless.

Many people enjoy contact with animals and babies provided that do not get overtired or feel threatened. Small doses often work well.

A sense of rhythm and movement is sometimes retained longer than other senses; so many people with dementia really enjoy hearing music that evokes familiar memories. Dancing, walking, and exercise bikes are all good for both physical and emotional reasons. Audiotapes and Walkmans are sometimes really enjoyed too. Other sensory stimuli such as massage, brushing hair, smelling flowers or herbs are often appreciated.

It is also important to know what helps calm or divert someone when they are distressed. Ask the staff or through your own observation learn what soothes the person.

Don't let the person with dementia feel they are a failure if they don't succeed at a task and don't feel you have and don't feel you have failed either. Different things work at different times so it's often worth trying again another day.

Adapted from Alzheimer's Assoc. Australia Pamphlet 1999

VOLUNTEER INSURANCE COVER

Volunteers between the ages of 12 and 90 who come under the Volunteer Alliance umbrella i.e. any volunteer who works with either, Ashburton Support Services; Marwal Centre; Alamein Community Committee or Elsie Salter House, are covered by the Department of Human Services Public Liability and Personal Accident Insurance.

You are covered for personal accident, which provides income protection, medical and death benefits. You are also covered in the event of an accident occurring while performing voluntary labour or travelling to and from the location for voluntary labour. The voluntary activity must be authorised by the non-Government organization you are employed by.

You are not covered for temporary disability caused by sickness.

You are covered for:

- Temporary total disability caused by injury (a % of average weekly earnings to a maximum of \$1,000 for a period not exceeding 104 weeks).
- Temporary partial disability caused by injury for 25% of average weekly earnings to a maximum of \$250 for a period of 104 weeks
- Death and capital benefits:
- Volunteers aged between 12 –18 yrs the cover is \$30,000
- Volunteers aged between 18 - 80 yrs the cover is \$85,000
- Volunteers aged between 80 - 90 yrs the cover is \$45,000.
- Medical expenses up to \$10,000 (but not expenses recoverable whether in total or in part from Medicare).
- Medical expenses excess \$50 (for above benefit).
- \$3,000.000 in respect of any one loss or series of losses arising out of one cause.
- The policy extends to provide cover for occupationally acquired HIV or AIDS
- Domestic help extension \$100 per week for 104 weeks - 7 day excess.

The insurance does not cover your car.

Important notes

Volunteer parents who take children along whilst they, the parents, participate in volunteer work, do so at their own risk as children are not covered by this insurance policy.

If you do have an accident (even a minor one) or get injured as part of your volunteer work, you must report it to the service within 24 hours and fill out an accident report.

DISCIPLINARY & DISMISSAL POLICY & PROCEDURES

Agencies belonging to Volunteer Alliance adhere to the following policy and procedures in relation to disciplinary and dismissal matters.

All volunteers have a right to be treated with respect and dignity. Wherever possible when addressing matters of concern related to a volunteer's performance or behaviour, the services involved choose to take a positive and constructive approach with the aim of affecting positive change rather than instituting punitive measures.

Any dissatisfaction with the performance level of volunteers will be considered in the context of the workplace environment and dealt with as it occurs.

When matters of concern about behaviour or performance arise, volunteers will be given the opportunity to improve their performance to the required level within an appropriate time frame and with adequate support. Where the performance requires learning a new skill or attribute not specifically required as a pre requisite for the position in the job description, referral to appropriate training will be provided.

The Chief Executive Officer of the service where the volunteer is placed has final responsibility for hiring and firing of volunteers. A volunteer has the right to use the grievance procedure of the service concerned if correct dismissal processes have not been followed.

PROCEDURES

The procedures to be followed when dealing with disciplinary matters are:

1. When a problem exists the first step is that the volunteer is given an explanation of the problem and a verbal request for improvement. The request may be conducted in an informal manner, by the designated supervisor of the volunteer. The request should specify the behaviour or activity that is causing concern and clearly articulate the desired behaviour. Appropriate ways of achieving the desired performance level should be explored including any training and support needs.
2. If the problem persists, the Unit Co-ordinator/ or the Volunteer Alliance co-ordinator /or the service's manager/CEO will issue a second formal verbal request for improvement. The request is to be documented (the volunteer should be made aware of this) and any agreements reached noted. The volunteer is to be informed of the likely consequences for failure to achieve change. Information about appropriate training avenue(s) should also be offered to assist the volunteer to achieve the required performance level.
3. Once the process has moved to the formal interview stage, it is the right of both the volunteer and the service to institute either a mediation process or

to involve an advocate to speak on either parties' behalf at the formal interview.

4. If the problem is not resolved then the volunteer may be either dismissed, or offered a change in role at the discretion of the service's manager/CEO. A written explanation of the reasons for dismissal will be provided to the volunteer by the service if requested.

In instances, such as theft, physical or verbal abuse, or a breach of the confidentiality agreement, instant dismissal will apply.

Each time the formal dismissal process is invoked there should be a formal review of the policy by the Volunteer Alliance Committee.

INCIDENT / ACCIDENT POLICY

It is a requirement of the service that any incident, accident or illness caused by your volunteer work be recorded in the Incident/Accident book provided by the service.

Any events or injuries such as falls, illness, cuts, bruising, any verbal or physical abuse* of either a client, yourself, another volunteer or staff member, should be recorded and signed off by the service's responsible officer.

If you are unable to fill out the incident/ accident form you must provide the following information *in writing* to the organization within 24 hrs.

- Your name and your volunteer position;
- The date and time the injury/incident or illness occurred;
- Your exact location when the accident/incident/illness happened;
- How the injury/incident/illness happened;
- The nature of the injury or illness what part(s) of your body were affected (if any);
- Names of all people involved in the accident/incident, and details of any injury you observed to others;
- Names of any witnesses to the injury or illness;
- Any damage to property that occurred;
- The date you informed the service;

If you are unable to notify the service someone else can give notice on your behalf, by providing the above information and his or her name.

The service should acknowledge in writing that they have been notified of your injury or illness.

*

- Verbal abuse includes shouting, name calling, insults
- Physical abuse includes hitting, pushing, restraining
- Sexual harassment verbal or physical