
The Caddy Project

Evaluation Report
Meaningful community participation for people living with memory loss

A Dementia Friendly Community initiative in the Southern Fleurieu region

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Abbreviations

CC                  Community Connect
CNP                 Caring Neighbourhood Program
ESML                Early stage memory loss
PATF                Southern Fleurieu & Kangaroo Island Positive Ageing Taskforce
PLWML               Person/people living with memory loss
1 Synopsis

Consultation in the Southern Fleurieu region by the Positive Ageing Taskforce (PATF) identified withdrawal from community activity and social isolation as an issue for people living with memory loss. The PATF secured an Age Friendly SA grant from Office for Ageing Well, SA Health to trial and evaluate a dementia support initiative during 2018 called the Caddy Project. Based on a golfing analogy, the Caddy Project recognises that the person living with memory loss is the expert of their own life with inherent strengths and capacities. When matched with a volunteer trained in the role of a ‘caddy’ to offer enabling resources, the person is supported to maintain meaningful engagement with their chosen social or community activities thereby reducing the risk of social isolation.

The Caddy Project was embedded into the existing infrastructure of two community engagement programs; the City of Victor Harbor’s Caring Neighbourhood Program, and Alexandrina Council’s Community Connect program. The main objective of the Caddy Project was to trial a prototype volunteer model to support ongoing participation in meaningful social and community activities and contribute to resilience and wellbeing of older people with memory loss living in the Victor Harbor and Alexandrina council regions.

While ‘buddy’ or ‘befriending’ schemes have been trialled elsewhere, no published reports were found of similar projects that had worked with a person living with memory loss towards community re-engagement using wellbeing goals. The Caddy Project was informed by the current aged care reforms and new directions for home and community support focussed on wellness and reablement.

Evaluation

In keeping with the small size of the Caddy Project and in the absence of previous evaluated programs, this evaluation has sought to answer three questions:

1. How did the project work?
2. What do we know about whether the project does work and for whom?
3. Should the project be continued, and if so what would be needed?

The evaluation was conducted over 2018 by two independent health researchers in collaboration with the project staff so that the learning and project refinement were developmental. The evaluation data came from interviews with clients, carers, caddies and project staff as well as from project documents and participation in project meetings.
1.1 How did the project work?

A program logic model was developed to illustrate the 11 program aspects and components and how these were sequenced (see Figure 1, page 14)

1.1.1 Recruitment and assessment

Clients: Of nine clients recruited, six were matched to a caddy to work towards their wellbeing goals. In one program, clients who participated in the Caddy trial were from the existing program client base. In the other program, two clients were recent referrals for social support, and one client was referred from another agency and then supported through the My Aged Care process to access the program. Assessment of client suitability was made by the program coordinators using their knowledge of the client and their professional judgment around the extent of memory loss, client insight into their condition and motivation to socially re-engage. Although staff should not be expected to make a clinical assessment of memory loss and function, given the deteriorating nature of memory loss and the finding that the interviewed clients could not recall their social re-engagement goals, then some further consideration could be given to describe in a functional way those clients most suited to this approach.

**Recommendation 1**

Further work is recommended to identify what functional assessment can be conducted to determine client suitability and as a baseline against which to determine client re-engagement.

The use of further functional assessment criteria could be used to promote appropriate referrals of clients from other services. This could also be a more generalisable assessment process used by others wanting to implement their own caddy initiative.

Caddies: Fourteen caddies were recruited, although only eight were matched (two took over from previous caddies). Six caddies were not matched because client recruitment was more challenging than had been anticipated which caused a time delay, during which these caddies obtained volunteer work elsewhere. For this reason, and to add to the capacity of the existing community engagement programs where caddies and program staff have some prior familiarity with each other, then it was felt that caddy recruitment was best when it came through the existing program.

**Recommendation 2**

In keeping with intent that the Caddy Project add to the existing capacity of community engagement programs, it is recommended that volunteer caddies be recruited and trained from the existing program. Specific training for volunteer caddies focussed on empowerment and enabling strategies for wellness and reablement is an essential component of the Caddy model.
1.1.2 Training for caddies

The program staff developed caddy job descriptions. Initial training on memory loss awareness and support using an empowering approach was negotiated with Dementia Australia. Additional training was negotiated and developed with the Better Practice Project in enabling strategies for wellness and reablement to further support caddies’ skills development in this area.

1.1.3 Wellbeing Planning

In the absence of existing tools, program staff developed a client wellbeing plan that included a character strengths profile, goal setting and action templates. Staff found these were useful for structuring discussion and planning with the client. The addition of a more detailed implementation section was suggested to focus a time dimension onto the client-caddy engagement.

**Recommendation 3**

*It is recommended that an implementation section be added to the existing goal setting and actions template to structure client-caddy interaction over a time frame, with determined review and refinement stages.*

1.1.4 Monitoring and review

In both programs, caddies kept a journal in which they described the activity with the client. These journal entries were used in one program as a means for the coordinator to conduct a review and supervision session with the caddy. Clients were not involved in making journal entries and there were different views from staff about whether this would be appropriate, because of formality and burden on the client. Given the uncertainty expressed by some interviewed clients about their re-engagement goals it would be worth trialling client involvement in the journaling process.

**Recommendation 4**

*It is recommended that the use of a journal be considered that relies on input from the caddy, client and carer. This would reinforce the goal directed nature of the activity with the caddy and to maintain client ownership of the goal.*

While attempts were made to focus client goals on wellness and reablement as defined in the Commonwealth Home Support Manual (Commonwealth of Australia Department of Health 2018), this was found to be challenging for clients particularly in relation to reablement. Goals as stated in the client wellbeing plans were not always clearly focussed. Greater specificity and detail on how community re-engagement goals could be achieved may assist in monitoring the progress towards goal achievement. This also has the potential to clarify the suitability of this approach for the client.
**RECOMMENDATION 5**

*It is recommended that use of the S.M.A.R.T. goal setting model be considered, within the capacity of the client, to ensure measurable, time bound outcomes that have a clearer focus on community re-engagement.*

1.2 What do we know about whether the project does work and for whom?

Of the six client-caddy matches, contact ranged from two hours per week to two hours per fortnight over two to 20 sessions. Data from the program coordinators at the end of the project indicate that 55% of client goals were met, with a further 27% of goals partially met.

The interviewed clients reported positive experience in the project. This was mainly around the social nature of their relationship with the caddy, more so than an awareness that this was focussed on a re-engagement goal. The cognitive decline experienced by some clients since recruitment was described, which diminished the person’s ability to remember and hence work towards the attainment of their goal. The main outcome for clients appears to have been a reduction in loneliness and a general regain of interest and confidence to some extent. All client, carers, caddies and staff were of the view that for benefit to be maintained the client relationship with the caddy needed to be ongoing.

For carers one benefit appeared to be greater interaction with them from the client, although the main benefit mentioned was of a respite nature, in that the client was no longer so dependent on them.

For caddies the benefit was in learning new awareness and skills in working with people living with memory loss. All caddies felt confident in their role and felt supported by the program staff.

For the two existing community engagement programs the benefit of the Caddy Project was that it added capacity within their volunteer pool to include working with people living with memory loss and in using a strengths-based wellness approach.

Given that all interviewed participants indicated the need for ongoing client support to maintain social engagement, then future work could consider how this might occur with a transition from caddy support to support from within relevant community groups.

**RECOMMENDATION 6**

*If reduced dependence on a caddy over time is to be the intent of a Caddy model, when the goal is community re-engagement then strategies will be required to build capacity in community groups in supporting people living with memory loss so that this transition from caddy support can occur.*
1.3 Should the project be continued, and if so what would be needed?

The major project learnings have been the following:

- Challenges in recruiting clients living with memory loss who are willing and able to work towards community re-engagement goals.
- The focus of goals being more appropriate for community re-engagement (wellness) rather than reablement with time-limited caddy support.
- For the client group recruited to this project the likelihood is that the client - caddy interaction will be over the longer rather than shorter term.

Overall the Caddy Project was successfully implemented, albeit with some challenges around client recruitment. A suite of project resources was developed, and both community engagement programs intend to continue to use volunteers as caddies and to use the resources developed by the project. Hence the Caddy Project has been successfully embedded in these programs.

Some attention to the recommendations would assist the transfer of the caddy concept to other community engagement programs as this would provide further assessment clarity, additional goal setting and implementation structure and expansion of the scope to include work with members of community groups.
2  Context

2.1 Local Situation

Dementia Australia estimate that there are 1177 people living with dementia in the Southern Fleurieu Kangaroo Island Region. The Caddy Project was conceptualised following community consultation in the region around dementia friendly communities. People living with memory loss and carers identified that the person tended to withdraw from social and community activities. A desire was expressed that local communities be more inclusive and supportive of the needs of people living with memory loss so that they can continue to participate in community life.

2.2 Policy

The process of facilitating community engagement for people living with memory loss fits with the new aged care legislative framework and aligns with the approach set out in the updated Commonwealth Home Support Manual (Commonwealth of Australia Department of Health 2018). Key to this approach are the concepts of wellness and reablement. Under the Home Support Program wellness is described as (p21):

“...a wellness approach means the client can expect service providers to offer to do more ‘with them’ rather than just ‘for them’. While a client might be experiencing some challenges in their overall functioning, a wellness approach starts from the point of view that the client continues to have goals to achieve and can continue to feel that they can make an active and meaningful contribution to society.”

A wellness approach means listening to what the client wants to do, looking at what they can do (their abilities) and focusing on regaining or retaining their level of function and minimising the impact of any functional loss so that they can continue to manage their day to day life. It supports clients to be independent in their homes and to continue to actively participate in their communities”

While a wellness approach is the underpinning for all clients, reablement is described as a short-term time-limited intervention for those people who are experiencing some functional decline because of changed circumstances and who have potential for this function to be regained. Reablement is described as (p22):

“...a process of identifying their [client’s] own strengths and capabilities in the context of setting their own functional goals or targets. Clients are encouraged to focus on what they can do (safely) and what they value, instead of focusing on things that they cannot do anymore. Supports could include training in a new skill or actively working to regain or maintain an existing skill, modification to a person’s home environment or having access to equipment or assistive technology.”

In addition to this policy, the Caddy Project was informed by Seligman’s PERMA theory (Seligman 2012). The theory describes Positive Emotion, Engagement,
Relationships, Meaning and Achievement as the five elements that make up the good life. Hence the project has sought to work with clients to identify their inherent strengths and, through use of these strengths, the activities that are meaningful to them that bring a sense of achievement so that client experiences positive emotion, engagement and social relationships.

2.3 Southern Fleurieu & Kangaroo Island Positive Ageing Taskforce

The Southern Fleurieu and Kangaroo Island Positive Ageing Taskforce (PAFT) is an open, inclusive and flexible forum of people who have an interest in ensuring positive outcomes for ageing people in the Southern Fleurieu and Kangaroo Island communities. The Taskforce network includes over 90 members from a diverse range of agencies including aged care service providers, training organisations, government representatives, universities, peak bodies, regional partners and community representatives. The Positive Ageing Taskforce is one of 12 Collaborative Projects across South Australia funded by the Australian Government Department of Health to provide sector support and development for the aged care sector to implement the Commonwealth Home Support Programme and other aged care reforms. The Taskforce is the key regional structure with responsibility for identifying local service delivery and planning issues, the impact of policy decisions on current and future service delivery and consultation on aged services policy and planning matters.

Since 2014, a key local priority of the Taskforce has been to facilitate and support regional Dementia Friendly Community initiatives. The Dementia Action Group (a sub-group of the Positive Ageing Taskforce) conceptualised the Caddy model of support over 2015-2017 following community consultation about opportunities and challenges for people living with memory loss in the community.

The Positive Ageing Taskforce was successful in its application to the Office for Ageing Well, SA Health under the Age Friendly SA Grant Scheme to trial and evaluate the Caddy Project in 2018.

2.4 Participating community engagement programs

The Caddy Project was trialed through the existing community engagement programs of the City of Victor Harbor (Caring Neighbourhood Program) and the Alexandrina Council (Community Connect).

2.4.1 Caring Neighbourhood Program

Caring Neighbourhood Program is a social support program funded by the City of Victor Harbor, Alexandrina Council and the Australian Government Department of
Health Commonwealth Home Support Programme. Funding is provided for activities under the categories of Social Support Group and Social Support Individual.

Caring Neighbourhood Program (CNP) links volunteers with people who are socially isolated or who find it difficult to make social connections in the community. The program recognises that remaining socially connected enhances the emotional and physical wellbeing of people and reduces loneliness which can have detrimental effects on health.

CNP utilises various community spaces and lunch venues to bring people together to create connections. The program facilitates eight monthly groups, three weekly groups and one group that runs twice per week. CNP also engages people on an individual basis through matching people to volunteers who will spend time with them regularly sharing a meaningful activity.

### 2.4.2 Community Connect

Community Connect links people to their community providing opportunities to participate and contribute. Programs and services enhance independence and wellbeing, ensuring a local response within the Alexandrina Council. Services may include assistance at home depending on the level of need and program resources. Services include transport, wellbeing activities and home help.

Priority is given to those who are at risk of social isolation or experience barriers to participation. Younger adults who experience a disability may be eligible for subsidised services which are also available to unpaid carers.

Community Connect also promotes fun, learning, intergenerational activities and civic participation. This is all achieved by a team effort that includes staff, volunteers and participants working together to achieve the aims of Community Connect. The program is supported by The Australian Government via the Commonwealth Home Support Programme, State Government funding, and Alexandrina Council.

### 2.5 Rationale for the development of the Caddy Project

The rationale of the Caddy Project is to empower people living with memory loss and/or early stage dementia to feel valued, maintain independence and stay connected to their community. The project trial has sought to shape and test a model that would provide empowering resources to people experiencing memory loss to maintain meaningful engagement with their chosen social and community activities thereby reducing the risk of social isolation.

The design of the Caddy Project was to use a wellness and reablement approach by assisting people to identify inherent strengths and maximise their independence and autonomy. This was to be done by targeting support towards the person’s specific goal or desired outcome. It involved people experiencing
memory loss being matched with a volunteer with similar interests (where possible) who had undertaken specific training around memory loss support and enabling strategies. The volunteer ‘caddy’ role was to offer resources to the client to assist them to maintain engagement with social and community activities which are meaningful and of the client’s own choice. A key element of this initiative was that it was ‘person-centred’ and with the client empowered to use their inherent strengths and be in control of the choices and decisions made.

The principle of the caddy concept was based on a golfing analogy. Just as a pro-golfer is the expert in a game of golf, so too the person living with memory loss is the expert of their own life who has chosen activities to engage in which are meaningful to them and that utilise their strengths and capacities. A caddy supports the golfer by carrying equipment and providing other assistance during the game to maximise positive outcomes for the golfer. At times a person living with memory loss may need support with selecting the appropriate resources or other assistance to be able to maintain engagement with their chosen social and community activities – a volunteer trained in the role of a ‘caddy’ can provide these enabling resources.

The Caddy Project model was designed to use the existing infrastructure of two local community engagement programs; the Caring Neighbourhood Program based in the City of Victor Harbor, and the Community Connect program in Alexandrina Council. Clients and volunteers participating in the Caddy Project were to be registered with either of these programs. It was anticipated that the Caddy Project would be a valued-added adjunct, embedded in the existing programs, rather than a stand-alone program requiring external funding and resourcing.

As far as the project staff are aware, the Caddy intervention has not been trialled elsewhere. Hence, the feasibility and outcomes had not been ascertained of using volunteers as trained ‘enablers’ for people living with memory loss to re-engage in meaningful social and community activities. Although the evidence about best practice is inconclusive, there is published information about the use of volunteers to help those who are socially isolated through social support and engagement, and where client satisfaction is reported as high (Australian Health Care Associates 2017). Broadly known as ‘buddy’ or ‘befriending’, these schemes range in the services provided from simple social support to the facilitation of community engagement, increasing access to information and services, advocacy and client
upskilling (Age Concern New Zealand 2015, Age UK 2011, The Befriending Scheme 2016). Three key enablers are reported as the following (Australian Health Care Associates 2017, Chai 2004):

- Referral of appropriate clients is generally most successful through existing service contacts, rather than self or family referral.
- Recruitment and retention of appropriate volunteers, where this has been found to be difficult.
- Clear friendship boundaries between the client and volunteer so that the volunteer is not overburdened.

The Australian program most similar to the Caddy Project is the Tasmanian Dementia Buddy Program run by Dementia Australia that seeks to buddy a person with younger onset dementia with a volunteer to reduce isolation and provide meaningful activity (Dementia Australia). However, there is no evaluation report of this program.

This evaluation of the Caddy Project does not seek to prove that the Caddy initiative caused a change in community engagement and wellness of the participants, but rather it is an evaluation for quality improvement. The evaluation sought to answer three questions:

1. How does the project work?
2. What do we know about whether the project does work, and for whom?
3. Should the project be continued, and if so what would be needed?
3 Project Intent and Objectives

3.1 Project intent

The project intent was to facilitate a person living with early stage memory loss to identify their inherent strengths as a basis for developing wellbeing goals to support meaningful social and community participation. A client meaningful profile and wellbeing plan was to be developed and used by the client and caddy to guide interaction and progress towards established goals. It was anticipated that the caddy would continue to work with the client until they have sufficiently re-engaged in their desired activity.

3.2 Project Objectives

The project had the following three objectives:

- Shape and test a prototype volunteer model, based on the principles of the golfing caddy that aims to support ongoing participation in meaningful social and community activities and contribute to resilience and wellbeing of older people with memory loss living in the Victor Harbor and Alexandrina council regions.
- Partner with relevant organisations to provide volunteer training and support.
- Evaluate project benefits.
4 Evaluation Method

The evaluation used a participative co-design approach. Project strengths and ideal project changes were explored (appreciative inquiry) as the project progressed. Evaluation decisions about what specific information was needed were made collaboratively between the project staff and the evaluators.

The evaluation framework (Table 1) was a working template. Use was made of available project documents and tools. The evaluation was therefore developmental, and this enabled progressive project learning and refinement.

**Table 1: Evaluation Framework**

<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Information source</th>
<th>Evaluation product</th>
<th>When</th>
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| 1. How does the project work? | • Project documents  
• Meeting notes  
• Project staff interviews.  
Coordinators of Victor Harbor and Alexandrina Council community engagement programs (2).  
Volunteer coordinator within each of these programs (2).  
PATF project officer (1). | Document that describes the project elements and how they fit together, such as:  
• Caddy recruitment, training & supervision.  
• Client recruitment and Caddy matching.  
• Project staff roles.  
• Project tools and templates.  
A program logic model will be used to frame the project elements. | Mid project |
| 2. What do we know about whether the project does work, and for whom? | Stakeholder interviews  
• Client/ carers  
• Caddies  
• Project staff (4) | Evaluation report that describes the stakeholder experiences in the project and their knowledge of outcomes. | End project |
| 3. Should the project be continued, and if so what would be needed? | Above with emphasis on deliberations at the end of project partner debrief meeting. | Evaluation report that describes the following:  
• Resources and templates produced.  
• Ongoing resources needed.  
• Resource/ benefit outcome for host organisations. | End project |
5 Findings

5.1 How did the project work?

In order to answer the question ‘how did the project work?’ a program logic model was developed (Figure 1, page 14). The data from which the model was developed was collected from the project document review, interviews with five project staff and the record of project meetings. The initial program logic drawn at the mid project stage was refined at the project completion to reflect the project changes as it was implemented.

5.1.1 Basis of the project

The project assumed that a well-matched volunteer can be trained to work with a person who is living with early stage memory loss to support them to engage (or re-engage) in a social or community activity of their choice that is meaningful to them.

The immediate purpose was to partner with the client with early stage memory loss who has started to withdraw because they are at the point of losing their confidence in social situations. Working from a wellness plan, the caddy offers enabling resources for the client to participate in activities that will achieve their social or community engagement goal and in doing so regain their confidence.

A broader aspirational purpose was to raise awareness about how businesses, community groups and individual community members can interact with people living with memory loss from a perspective of the person’s strengths. Although not a part of the evaluation, this broader purpose was to help create greater acceptance and inclusion of people living with memory loss in the community.

The project required that the following components could be achieved:

- Suitable clients and volunteers recruited and matched.
- A client profile assessment undertaken that identifies their inherent strengths.
- A wellbeing plan developed, based on the client’s identified strengths, which included the client’s meaningful social engagement goal.
- Volunteers trained to work as a ‘caddy’ using an enabling approach.
- Regular scheduled client-caddy interactions that were monitored for goal achievement.
**Figure 1: Caddy Program Logic**

1. **Risk for PLWML**
   - Progressive withdrawal & social isolation
   - Lack of community inclusion & support
   - Loss of confidence & decline in wellbeing

2. **Purpose**
   - Age Friendly SA Grant Scheme: People Connected to Places – promoting older people’s access to places & spaces, & supporting stronger connection to community activities.
   - Caddy Initiative: Resource PLWML to maintain meaningful engagement & community support of PLWML.

3. **Local Context**
   - Southern Fleurieu & KI Positive Ageing Task Force & Community Engagement Programs Victor Harbor & Alexandrina Councils
   - High aged regional demographic
   - Dementia Friendly Communities priority

4. **PATT Project Officer**
   - Southern Volunteers

5. **Caddy Recruitment**
   - Criteria
   - How recruited
   - Role

6. **Initial Training**
   - Asking Better Questions (2@4hr)
   - Induction (1 hour)
   - Memory loss support (3 hour – Dementia Australia)

7. **Develop Wellbeing Plan (client profile)**
   - Identification of strengths (VIA)
   - Plan meaningful activity to activate strengths (PERMA)

8. **Matching**
   - Similarity of Interests
   - Review & renegotiate

9. **Implement Wellbeing Plan (activity)**

10. **Supervision & Monitoring**
    - Via Program Coordinator or Staff
    - Supervisor & client & caddy meet post visits
    - Client & caddy journal
    - Caddy supervision meetings

11. **Outputs**
    - Tools
    - Record of process

Assumption: trained volunteer as “caddy” can support PLWML to select resources that maintain engagement in chosen activity

Underpinning: wellness (positive psychology PERMA) through activation of character strengths (appreciative inquiry VIA)
5.1.2 Client and caddy recruitment

It was recognised early in the project that recruitment of suitable clients and caddies was essential for the project success.

**Client**

Given that people living with memory loss will experience progressive functional decline, then recruitment of the client at an opportune time within the person’s progression was an important consideration. For this reason, the ideal characteristics of a client for the Caddy Project was discussed and illustrated in figure 2. Three criteria were established as engagement, insight and motivation.

*Criteria 1 – Engagement*

The client is not engaged in social or community activity or is at risk of becoming disengaged.

*Criteria 2 – Insight*

The client has some insight, that is a recognition of early stage memory loss.

*Criteria 3 – Motivation*

The client has the desire and motivation to identify a meaningful social or community activity and is willing to try to engage in this if assistance is provided.

**Figure 2: Ideal client for the Caddy Project**

- Engaged
- Insight
- Motivated

- Not engaged
- Insight
- Desire & motivated (or potential)

- Not engaged
- Poor insight
- No motivation (or low potential)

* Recognises ESML
* Wants to work with caddy
* Identify meaningful activity
People not considered suitable were those with early stage memory loss who were already well engaged, those who have poor insight and no motivation to socially engage, and those people with advanced memory loss.

The Caddy Project staff did not have access to, nor did they see it as their role to make a clinical assessment of the client’s level of memory loss. The assessment of client suitability, including the level of memory loss, was a professional judgement made by the coordinators of both community engagement programs. This was based on their knowledge of the client, often through discussion with them about their daily routines and family life, as well as from information provided by the client, their carers and services that referred clients to the Project. The use of ‘professional judgement’ is not easily transferrable to other programs as the experience, training and professional backgrounds of program staff are not consistent and therefore it would be worth exploring if a more structured form of assessment was feasible.

Since both community engagement programs receive funding via the Commonwealth Home Support Programme, clients require a referral via My Aged Care which includes a functional assessment conducted by the Regional Assessment Service, with development of a client care plan. To specifically identify and recruit clients into the Caddy Project, staff provided details about the Caddy Project to the Regional Assessment Service. Promotion of the project also occurred via talking with community groups, and displaying project fliers in local pharmacies and key community outlets.

Most people living with memory loss that were recruited came from the existing client base of both the Community Connect program and Caring Neighbourhood Program, and one referral from another local service. These existing and agency referred clients were found to be more suited than self-referred clients, because there was already an assessment of memory loss and potential for social engagement. However, apart from this one other agency, there were no referrals from other relevant organisations, despite the dissemination of information about the Caddy Project. It was expected that more clients would have been referred via the Regional Assessment Service and so strategies to achieve this could be considered.

Recruiting suitable clients was found to be more difficult than expected. Staff indicated that the lesson from the project was that the ideal client was a person in the early stages of memory loss, who had insight and who wanted assistance to remain socially engaged; however people at that early stage often find ways to cope and may not be not ready to acknowledge the need for external support.

**Caddy**

Caddies were recruited from the existing pool of volunteers from both the Community Connect and Caring Neighbourhood Programs, as well as through information provided to Council volunteer coordinators, Southern Volunteering and other community groups. The criteria for selecting caddies were the following:
- A desire to work with people on a 1:1 basis.
- Willingness to learn about working with people living with memory loss
- Ability to work autonomously and within a team.
- Being committed and authentic in working with and beside people rather than doing for people.
- Display empathy and open-mindedness.
- Understands working within professional boundaries.
- Having realistic expectations based on the client’s condition.
- Being organised and flexible.
- Current drivers licence.

The caddy role was described broadly as a resource person to the client being guided by the wellbeing plan. Caddy job descriptions were written by both the Community Connect and Caring Neighbourhood Program (appendix 8.4). Since the role involved caddies and clients working closely together, all project staff indicated that caddies should have a good understanding of professional boundaries and the scope of their role. It was stated that the scope was defined by the agreed activity in the client’s wellbeing plan, which included where activities would happen (location), the day and the time involved. One program stated that to be a caddy, it was an advantage if the volunteer had previous training in aged care, as they tended to understand their role as professional and not simply as a friend.

In some instances, there was a considerable time gap between recruiting a volunteer as a caddy and having a client to match with them, which meant that the volunteer then obtained volunteering work elsewhere. In one of the programs, all but one of the volunteers who became a caddy came from their existing pool and it was suggested that where possible this was the best way to recruit a caddy for the following reasons:
- The program gets to know the volunteer over time and can therefore better assess their suitability to act in the caddy role.
- The volunteer gets to work in the program and to learn the values and approaches used in the program.
- Avoids the recruitment to client-matching time gap.

Details of the number of clients and caddies are summarised in table 2 below.

**Table 2. Client & caddy recruitment**

<table>
<thead>
<tr>
<th></th>
<th>Total recruited</th>
<th>Number matched</th>
<th>Number still engaged (at end November 2018)</th>
<th>Number continuing beyond project trial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients</td>
<td>9</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Caddies</td>
<td>14</td>
<td>8</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
5.1.3 Caddy training

In addition to the usual induction of volunteers and general training, such as around boundaries and self-care, three types of training were organised as a part of the Caddy Project.

Two four-hour workshops on ‘Asking Better Questions’ were conducted by Lindsay Tighe. The workshops occurred very early in the project prior to the recruitment of caddies. The participants included program staff and the project coordinator with an emphasis on how to better work with clients in an empowering way by ‘asking better questions’. Program staff indicated that they found this training helped them to ask better questions when they conducted profiling and assessment exercises with clients as a part of the development of a client’s wellbeing plan.

A seminar on ‘Memory Loss Support’ was conducted by Dementia Australia. This training also occurred early in the project and included caddies recruited up to that time as well as other volunteers in the Community Connect and Caring Neighbourhood Programs. The training was to cover an understanding of memory loss and early stages of dementia, effective communication and strategies for interacting with people living with memory loss in an empowering way focusing on strengths.

A third component of training was negotiated mid-project to draw on the early experience of the caddies and to provide additional input on how to use enabling strategies that would facilitate the wellness and reablement of clients. A tailor-made workshop was organised by the Better Practice Project hosted by Aged and Community Services Australia, called ‘Enabling Strategies for Wellness and Reablement’. A follow up workshop was conducted 11 weeks after the initial training so that caddies could reflect on how they had used a strengths-based approach to support their clients’ wellness and reablement.

5.1.4 Development and implementation of a client wellbeing plan with a matched caddy

The client wellbeing plan was developed by the Community Connect or Caring Neighbourhood Program Coordinator with the client and with their carer when there was one.

Wellbeing plan

A search was conducted to identify existing templates and measures that could be used to assess and work progressively on clients’ goals using a wellbeing plan, however resources could not be located that were suitable for clients with early stage memory loss in a non-clinical setting to identify character strengths as a basis for developing wellbeing goals. Hence the coordinators of each of the programs developed their own wellbeing plan template that incorporated the VIA Institute character strengths word cloud diagram (VIA Institute on Character).
The plan included the following:

- Client character strengths profile (appendix 8.2)
- Goal setting & actions template (appendix 8.3)

These templates were completed by the program coordinators during a meeting with the client. Interviews with these staff indicate that using the character strengths diagram was helpful to “open up the conversation” with the client. The goal setting and action template was used to then move the discussion from strengths into the setting of an engagement goal and related meaningful activities. A list of the goals set is provided in appendix 8.4. One staff member raised the possibility of adding to the goals and action template to also use an implementation plan, as is mentioned in the Commonwealth Home Support Manual.

No timeframes were included in the wellbeing plan. Project staff indicated that the duration of the client - caddy interaction was dependent on the client goals and the planned activity. They also stated that the client’s progress in developing their goal of meaningful engagement was determined through regular review by the Community Connect and Caring Neighbourhood Program Coordinators and examples were provided where goals had been reviewed and changed towards ongoing community engagement support.

**Matching**

The ideal match described by the project staff was that the client and caddy would both have similar interests and that through pursuing that interest together, the client would be empowered to socially re-engage.

Matching was undertaken by the Community Connect and Caring Neighbourhood Program staff, using mainly similarity of interest where possible, as well as the gender and personality of both the client and caddy. Matching on similarity of interest was not often possible because of the small size pool of volunteers recruited as caddies.

Matching relied on the program coordinator’s existing knowledge of the client and the caddy. Most clients and caddies did not have an active role in the initial matching, although the first meeting involved the program coordinator introducing the client and caddy to each other and review of the goal setting and actions template. Clients and carers were asked to contact program staff if after the first few meetings they did not feel that the match was working out.

**5.1.5 Monitoring**

Monitoring of the client-caddy interactions was undertaken by the Community Connect and Caring Neighbourhood Program volunteer coordinators. In both programs, coordinators conducted the first meeting with the client, carer and caddy to make introductions, to set in motion the plan for the client and caddy activities and to indicate how communication could occur back to the coordinator.
Activity journal and record
The use of written records occurred differently across both programs.

The Community Connect program is physically based in a community centre, and it is from the Centre that the caddies obtain a council pool car to meet with the client. Hence the caddy left from, and returned to, the Centre. On returning to the Centre the caddy completed a journal entry on what activity they did with the client and what was planned for the next visit. The volunteer coordinator then met with the caddy to debrief¹ and to re-emphasise the goal focussed nature of the activity. For this program, the use of caddy journals and the associated debriefing were an essential component so that the staff supervisor could keep the caddy focused on the client’s goals. The use of a journal was also introduced into the Caring Neighbourhood Program, and although these were not reviewed by the program staff, the journal was a way for the caddy to reflect on their activity with the client after each visit based around the following three areas:

- How the activity had gone.
- How this was contributing to the goal.
- Arrangements for the next visit.

The Caring Neighbourhood Program also used a volunteer activity and reimbursement form that was reviewed by program staff. The form was used by the volunteer to log each visit and this included a column for comment on the activity and to record any issues.

In both programs, clients did not keep their own journal nor were they involved in writing a journal entry with the caddy. While this was not built into or envisaged as part of the project, there was some difference in opinion about the value of having future client involvement in making journal entries. On the one hand asking clients to keep a record was seen to impose a level of formality on their relationship with the caddy, but on the other hand, this could become a part of the client seeing their own progress towards community re-engagement, as a project member described:

“We did not have this as a part of the project, but I can see that this might be possible for someone who has awareness of their memory loss. If they were to record immediately [at the end of the outing] what they had done. This might be of assistance with the next outing, and also could provide information to the carer about what they had done.”

Informal monitoring
Across both programs staff also made regular contact with the client to see how the activities were progressing from the client’s perspective, although there were no scheduled times to do this in a formal way.

¹ Debriefing might be guided by the three questions; how did it go today, where are we going, were there any issues?
With the Community Connect program, feedback mainly relied on the debrief sessions with the caddy, but as some clients and carers also came to the Centre for other activities the staff were able to check with them how the activity with their caddy was progressing.

The Caring Neighbourhood Program is not centre-based and so supervision of the caddy and monitoring of their interactions with the client was not structured for a regular time, but rather occurred as the program staff met caddies and clients at community venues and events. The staff also made regular contact with the clients to see how the activities were progressing. The Caring Neighbourhood Program did not introduce the use of a caddy journal until later in the project and these were kept by the caddies rather than being shared with the program staff.

The Caddy Project did not use a measurement of client wellbeing or reablement as none were found that were suitable for use in this setting with this client group.

5.1.6 Resources Used

The intent of the project was to trial a model that could potentially be sustainable, if successful, therefore implementation of the project relied on the existing resources of the two local government community engagement programs and in-kind partnerships. The Age Friendly SA grant from Office for Ageing Well, SA Health was used to cover initial staff training and evaluation costs.

The following in-kind resources were provided from within existing services, which covered staff time, volunteer training, use of venues and cost of client-caddy activities:

**Positive Ageing Taskforce**
- Grant application, management and reporting
- Project coordination and engagement of key project partners (including Lindsay Tighe - Better Questions, Dementia Australia, Better Practice Project, Evaluators, and community engagement programs)
- Compilation of several media articles to promote the project
- Sourcing extra resources.

**Community Connect and Caring Neighbourhood Programs**
- Staff time – specifically of the program coordinator and volunteer coordinator
- Volunteer recruitment, management and retention
- Training
- Transport - e.g., some volunteers are not able to use their own car and so need to book a pool car
- Volunteer reimbursement of out-of-pocket expenses.
5.2 What do we know about whether the project did work, and for whom?

At the start of the project the following desired outcomes were described by the project staff.

For the **client**, that they improve their engagement and hence feel more empowered because the focus is on their strengths rather than deficits. One of project staff stated that

"...as the diagnosis of dementia can be a bit dark with the decline of a terminal illness, then there can be a brighter life if the focus is on some meaningful moments".

For the **carer**, that they can see a new way of interacting and hence a different experience of dementia, based on the client’s strengths and through sharing meaningful moments with them.

For the **caddy**, that they experience a rewarding volunteer role in which they bring to it their own strengths. In addition, that the caddy gains an increased awareness of working with people living with memory loss from a strengths-based approach using enabling strategies.

For the **community**, that they experience interacting with people living with memory loss in positive ways that highlight the person’s strengths. It was speculated by project staff that this experience could contribute to a change in community attitudes and a destigmatising of dementia. The Caddy Project was but one strategy to help achieve this outcome and so this was not within the scope of the evaluation, as other dementia friendly community strategies have also been implemented in the Southern Fleurieu region.

Data from the two program coordinators describes the summary details of client-caddy contact and status in table 3.

**Table 3. Summary client-caddy contact outcomes**

<table>
<thead>
<tr>
<th>Contact frequency (range)</th>
<th>2 hours/week to 2 hours/fortnight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of sessions (range)</td>
<td>2-20</td>
</tr>
<tr>
<td>Carer involvement</td>
<td>5 out of 6 matches</td>
</tr>
<tr>
<td>% of goals attained</td>
<td>55% (plus another 27% partially met)</td>
</tr>
<tr>
<td>Client-caddy status</td>
<td>4 continuing out of 6 matches</td>
</tr>
</tbody>
</table>
To determine the experience and outcomes of the Project, participant interviews were conducted in November 2018 and involved 3 clients, 3 carers and 5 caddies in the following combinations:

- 2 x client, carer and caddy
- 1x client and caddy
- 1x carer and caddy
- 1x caddy

Interviews were also conducted with the four program staff from the both the Community Connect and Caring Neighbourhood Programs. These staff interviews were to gain their perspective of the value-adding that the project brought to their existing programs and the sustainability of the Caddy Project.

All interview participants spoke positively about their experiences with the Caddy Project and their feedback supports a wellness approach of working with the client as outlined in the Commonwealth Home Support Programme Manual (2018).

While aspects of a reablement approach were evident, goals did not have timelines that might be expected using this approach. All participants, apart from one caddy, believed involvement needs to be ongoing, rather than time-limited, for benefits to be maintained. It became evident during the interview process that attainment of goals set when the wellbeing plan was developed was not the only, or even the most valuable, measure of whether the project worked for individuals involved. This was because the actual goals set and the degree of memory loss experienced by the person living with memory loss were factors here.

5.2.1 Person Living with Memory Loss

The ability to obtain feedback from the person living with memory loss was impacted by the degree of memory loss each person experienced at the time of the interview. It was reported by caddies and carers that some participants had experienced significant cognitive decline during the time in which they had been involved in the project. Physical and emotional co-morbidities such as anxiety and depression were also cited during interviews and it is noted that consideration of the impact of these is beyond the scope of this evaluation.

**Were goals achieved?**

At interview, the person living with memory loss was reminded of her/his goals and asked if they had been achieved. One person was unable to answer the question (apparently due to confusion and word finding difficulty), one participant said ‘not enough’ and said she hoped to do more and the other said ‘no’. Despite this, during their interviews all three identified benefits of the Caddy Project and expressed a desire to continue in the program. For example, one woman said that she had not achieved her goal regarding social contact but added ‘I am a little more brave when I talk to people in the [retirement] village’. She added, however, that she does not join in activities at the retirement village where she lives as she feels ‘stupid’.
Only one of the people living with memory loss recalled the process of goal setting and she said ‘she had helped to decide’ her aims and goals.

**Relationship with the Caddy**

While two of the participants asked to be reminded who their caddy was, all recognised their caddy visually and spoke positively about activities and outings shared with them. They felt involved in deciding what to do as they were asked each day. All enjoyed getting out, going out for coffee and drives – the interaction was a positive focus for all three...we’ve been having a lot of fun’. One lady had begun to shop for art supplies which was in line with her goal of finding an art medium to suit her abilities.

All spoke positively of their involvement with the project and felt they had a good connection with their caddy saying ‘we clicked immediately’ and ‘I feel comfortable with her and that’s pretty unusual for me.’

One person said of her relationship with her caddy ‘It’s just normal’.

**What has changed?**

The main change identified by the person living with memory loss, as a result of the time spent with the caddy, was company. This perceived change is significant given that reduction of loneliness was either stated or implied in the written goal statements.

One person also mentioned going on more outings with the broader service since being involved with the caddy project and another said she felt ‘a little more brave.’

**Ideas for change**

None of the people living with memory loss identified anything they would change about their involvement with the caddy. That said, when asked if there was anything they would like to be different, two of the women spoke about how much they miss their friends who live in Adelaide and the suburbs. This again highlights the issue of loneliness that was evident in all three interviewees’ goals. Relocation to this region is also a factor which may also impact on goal attainment as opportunities to engage with and involve familiar contacts is diminished.

**The future**

When asked how long they thought the caddy would continue to visit responses were varied:

‘I don’t think she will stop’

‘I am conscious that it is a job for her and may come to an end...I’d like it to keep going’

‘I don’t know really’

All three felt that they would not be able to continue with the activity if caddy visits ceased and would like visits to continue. Poignantly, when asked what she would like to happen next, one woman replied, ‘be normal’.
5.2.2 Carers

Carers responded to a brief set of questions to ascertain their view of the caddy project including benefits to the person living with memory loss and themselves. While their perceptions of the actual project were positive (‘it’s a great idea’) it is noteworthy that two of the carers also took the opportunity to talk about their concerns regarding the cognitive and functional decline they were witnessing in the person living with memory loss, with one stating

“...it’s hard to find positives in this disease.”

Were goals achieved?

One carer said her husband had achieved one of his goals and decided not to proceed with his second goal. This carer felt that her husband had never been keen to socialize outside of his group and was unlikely to link to a community group – thus she was not surprised that he had relinquished this second goal.

The husband of one of the people living with memory loss felt that caddy visits had helped to reduce his wife’s loneliness and thus one aspect of her goal had been achieved. He had not perceived changes in motivation or social activities outside of the caddy visits.

The third carer was a daughter of the person living with memory loss and she stated that she was unsure if goals were achieved as her mother could not remember what she had done with the caddy when she got home. The carer said her mother’s memory and other aspects of cognitive function had declined significantly over past months. She did however say her mother appeared happy after outings with the caddy

“... at least she has some enjoyment.”

Benefits for the person living with memory loss

All family carers interviewed felt that the person living with memory loss benefitted. Spouses spoke about the person having companionship with someone of the same gender. Not feeling anxious while spending time away from the carer was also a positive outcome.

One participant had been given the opportunity to write down his life story, something his wife felt would be beneficial to share with others in his family. She also said her husband showed more interest and was more interactive with her. She was unsure however if this was due to the Caddy Project or treatment for depression which her husband had commenced at around the same time as caddy visits commenced.

All family carers thought that ongoing involvement with the caddy was needed to maintain any positive outcomes

“...she needs someone to motivate her, needs direction.”

Benefits for the carer

One carer felt that their spouse was more interactive and positive because of the project, while the other two benefitted from time away from their caring role. One appreciated the
opportunity to do things that were otherwise not possible, knowing the person living with memory loss is safe. Thus, to an extent respite was a by-product of the project in this instance.

One carer felt that the person living with memory loss was less reliant on them which ‘made life easier for both of us’ and another appreciated having a positive outside influence.

5.2.3 Caddies

Caddies varied significantly in their previous experience and understanding of working with people living with memory loss. That said they all found this role rewarding and felt they were able to utilize their strengths, in particular their communication and social skills. Two of the five caddies interviewed had not worked with the person living with memory loss since the inception of visits – they had replaced caddies who had opted out of the project.

Were goals achieved?

All but one caddy was familiar with the goals of the person they were visiting. The caddy who was not familiar with the goal setting document had not been working with the client for long, having taken over from the initial caddy when they left the project.

Caddy perceptions regarding goal achievement were similar to the person living with memory loss and their carers. Decline in memory was seen as an impediment in regard to goal achievement by three of the caddies with one saying ‘she is struggling with her memory more and more’ and another describing how upset the client became when she couldn’t remember the story she was telling.

One caddy said that initially the focus of visits had been to develop rapport and that the client now has more interest in working towards the goals developed with the wellbeing plan.

Visits and activities

Caddies appeared to be willing to ‘work with’ the clients, though some indicated that while they always asked the client, the caddy was often the initiator of ideas and options on any given day.

“She generally doesn’t choose…one day she requested shopping.”

One caddy said that as the person living with memory loss found too many choices overwhelming, she (the caddy) offers suggestions. Sometimes the client would then make a choice but not always, often saying ‘whatever you want’.

When a client had an idea about an outing, such as going to the shops, out for coffee or to the library, caddies were keen to facilitate this.

While most of the clients were happy to engage with the caddies, one caddy indicated that the person was not always keen to go out, but her carer ensured that she did. The caddy
felt that the client enjoyed herself once they were out despite the decision to go being made by the carer.

**Benefits for the person living with memory loss**
Caddies identified some positive changes in the people living with memory loss including increased confidence, more initiation of conversation in a social setting, connection with an interest in the caddy, and brighter mood. Companionship was again also seen as an important outcome.

> ‘For her to have someone come...it’s huge’

A break from the carer and vice versa was also seen as a positive outcome of the project.

**The future**
One client had ceased activities with the caddy as she (the client) was having surgery. Two caddies felt that visits would be ongoing, in one instance via a different program offered by the service. The other caddies we not sure how long visits would continue with one stating this had not been discussed.

The caddies who were still engaged with the project all felt that the person they visited would require ongoing visits for changes to be maintained - the people living with memory loss were seen as needing input from the caddy to motivate them to maintain activities and work towards their goals. One caddy suggested that different people might visit the person living with memory loss to avoid dependency.

**Matching the caddy with the person living with memory loss**
Caddies were generally unaware of the matching process apart from one who said she was chosen because of her understanding of dementia. Two caddies said they filled in when another caddy ‘dropped out’ of the project.

Most caddies were able to think of interests shared with the client, although one caddy indicated that they did not have much in common and were *different types of people*, adding that despite this they *get on fine*.

**Benefits for the caddies**
Caddies have enjoyed meeting new people and the one-on-one interaction with the person living with memory loss. Some spoke of making a difference in someone’s life with one saying the client *got her spark back* and showed more positivity.

One caddy spoke of going to different places and seeing different things, adding that she learned new perspectives on art from the client.

‘A sense of purpose and feeling appreciated’ was another benefit with one caddy describing the experience as *win : win* – a positive experience for all involved, the client, the caddy and the carer.

More understanding of people living with memory loss was gained, particularly by those who had *not a lot of experience with dementia.* Caddies also learnt new approaches and
ways of communicating... 'sometimes just being with someone is enough'. These learnings were gained via time spent with the client, training workshops and discussions with the project coordinators.

**The caddy role**
All caddies felt they were equipped for the caddy role and related this to their past working roles which included sales, aged care support worker and teacher.

All caddies indicated they were well supported by program coordinators who provided direction and the opportunity to debrief and ask any questions following visits.

One caddy also acknowledged the support she received from the carer of the person living with memory loss and stated that this was needed to make the caddy visits work.

At the time of the interviews three of the five caddies had attended training and two of these felt the Better Practice Project training was very good and offered ‘helpful tips’.

During the project caddies were asked to complete a journal entry after each visit. Two of the caddies sought feedback from the client before writing the journal entry. One caddy asked the person if she had enjoyed their outing and what she had liked each time, while the other said she sometimes got input. This caddy said the aims and goals were always ‘in the back of my mind’ when writing the journal entries. While the three other caddies had not involved the client in reflection to inform the journal entry, this was thought to be useful practice for future work.

**Suggestions for change**
Caddies made the following suggestions for change:

- More training about dementia – signs, effects, communication ‘with the aim of getting the best possible chance of a good outcome’ for the person living with memory loss.
- Consistency for the person living with memory loss (related to situations where the caddy changed during the project).
- Introduction to the client before commencing caddy activities (this comment was from a volunteer who was a person’s second caddy and did not have an introductory meeting)
- Clearer goals.
- More activities available for men in the broader service area.

5.2.4 Service stakeholders

Interviews with program staff indicated that the impact on the two community engagement programs could be described in relation to the approach, the involvement of carers, the expectation of time limits and what did and did not work.

**Approach**
The Caddy Project added capacity in both programs in working with people living with memory loss from a strengths-based rather than a deficit approach. Staff stated that the
highlight of the Caddy Project has been seeing these clients engage in meaningful activity and the upskilling of volunteers to work with them.

Staff in both programs indicated that the caddies were able to work using an empowerment approach, particularly when there was a good caddy-client match on common interests. In describing how the caddy approach was different to the other social support offered by the program, a staff member identified the focus on client choice and the goal:

“... By giving the client the choice, by structuring their engagement ... based on the client's goal ... then to ask them, how do you want to go about that? Always giving choice to the client.”

In determining the capacity of caddies to use an empowerment approach, another staff member commented on how she observed the volunteer’s language and approach in the meeting with the client:

“You get to know if they (volunteer) are going to stick to the brief .... From the language that they use ... At the first meeting that the conversation was definitely two part ... that the activity was very much led by the client and that the volunteer was being flexible but understands their role and boundaries.”

**Carer involvement**

Carer involvement was reported by program staff as being mixed. In some cases, the carer (often the spouse) was involved in helping to set the goals for the client and was helpful in reinforcing this toward client empowerment. There were cases, however, where the carer found it difficult to ‘step back’, but rather maintained a high level of control, such as speaking for the client and dictating to the caddy how an outing should proceed and who should hold the client’s money. This occurred even though the initial meeting between the client, caddy and the carer and the project staff involved a discussion about the goal setting and empowerment approach.

**Time limits**

Incorporating a reablement approach into the Caddy Project was exemplified by one staff member in the following statement:

“The end result of our project, ideally the best outcome, was that the person engages with the community without us ... that we set up enough processes that the community step in and go ‘well I’ll be the one who brings this person along’.”

Although staff reinforced the time-limited nature of the client-caddy relationship, the negotiation of the time when the client would no longer need caddy support remained a challenge across both programs and was described as causing some anxiety for caddies. While it was originally envisaged that goal attainment would mean the client would no longer need the support of the caddy, the progressive deterioration of the client’s condition and their social circumstances (e.g. lack of transport) meant there was an ongoing need for some support. This meant that in some cases the client-caddy relationship continued but was reconfigured as ongoing community engagement support rather than goal attainment problem solving.
The willingness and capacity of others in the community to step up and be the one to bring the client along without ongoing caddy assistance remained untested. The recruitment and training of caddies was focussed on working with the client and not on building community capacity. Hence, further strategies would need to be explored about how to build capacity in the community to take over support from a caddy, once the processes for engagement had been set up.

**What worked well and what did not work well?**

The continued focus on the goals was seen to work well as this enabled the caddies to keep on track, particularly when this was reinforced through regular monitoring, such as in the post activity debrief with the caddies. A staff member explained this in the following way:

"The caddy encouraged the client to focus on the goal and not just having fun ... sometimes volunteers get way laid with trying to have people happy and enjoying themselves, even though that is a part of it ... it worked well that the caddies understood that when you are trying to empower someone you have to let them take the lead."

Conversely, staff thought that the project did not work well when it was difficult to engage with the client, either because their memory loss was too advanced or because of an existing condition such as depression. It was then difficult for the caddy to assist the client to achieve the goal.

Staff thought that the caddies generally worked well, although in one instance when there was not a close match then the caddy expressed concern about what could be done to engage the client who was also depressed.

**5.3 Should the project be continued, and if so what would be needed?**

While the Caddy Project drew on the resources of both community engagement programs in staff time, the positive benefit was seen in raising the awareness and skills of program staff and volunteers in working with people living with memory loss, that involved documenting the persons strengths, rather than deficits, and including these in setting community re-engagement goals. Given the overall benefit, however there were identified challenges.

**5.3.1 Challenges**

The timing of caddy and client recruitment was such that there was not always a client to allocate to a caddy and vice versa. This meant that some caddies were lost because they found volunteer work elsewhere.
Recruiting clients with memory loss who want assistance to become more socially engaged was found to be more difficult than anticipated and it was felt that more work was required on this. It was suggested that more work could be done to promote referrals of clients into the Caddy Project from other services, such as from My Aged Care.

With the current clients used in this Caddy Project, their capacity to maintain social engagement without caddy support was seen to be a challenge. Further work was suggested to see how this could be changed, either in the type of clients recruited or in the way that the caddy-client relationship was set up. A learning from this Caddy Project is that in order to achieve some client independence then work is also required to facilitate community understanding and skills in supporting people with memory loss. That is, a caddy might be helpful to assist a person join an art group, but work is also required with the members of the art group if that person is to ever attend the art group without caddy support. The project trial has not determined how the client could move on without the assistance of the caddy.

### 5.3.2 Adding to existing programs

Both Community Connect and Caring Neighbourhood Program staff considered that the Caddy Project was not that different to, and could be incorporated into, their existing program as most of the resources and processes needed were in place. One staff member stated that if clients were referred and suitable they could be matched to an existing volunteer as a caddy.

"If a person with early stage memory loss comes through the existing referrals, such as My Aged Care, it is just a different way of looking at our social support. It means we put in a little more work at the beginning to do the assessment, then it would just be the extra resources to set engagement goals. Once we did that and as an ongoing thing then it would be no more resources than we would use in our usual social supports."

The additional resource needed therefore was the staff time to undertake the assessment and goal setting. Both programs indicated that they intended to use the templates and processes developed through the Caddy Project.
6 Conclusion

The evaluation has found that the Caddy Project was implemented as planned, with goals being set, participants expressing satisfaction and program staff indicating an intention to continue to use volunteers as supports for people living with memory loss.

Caddies were recruited and trained; and while clients were recruited, this was more difficult than anticipated. Client referrals did not come via the My Aged Care Regional Assessment Service or other agencies despite promotion of the Project. This may have been the result of the short operational timeframe of the pilot of less than 12 months.

Of the two Project arms, one being the caddy arm and the other being the client arm, the main challenge in both setting and achieving community re-engagement goals appears related to the client arm. This is, perhaps, not surprising, as it is the client who has progressive deteriorating memory-loss. The determination of suitable clients was a professional judgement made by two program coordinators, using the criteria that memory loss be present, but not too much to make goal setting unattainable. Recognising the progressive deterioration of the clients’ condition and taking the experience of the current clients and caddies into account, the Caddy Project has illustrated how difficult it is to make such a balanced judgement. Without a process to functionally assess the client’s level of memory loss it may well be problematic to encourage other services to refer clients to a Caddy Project if there is some lack of clarity about who is suitable and who is not. If the intent is to assist a person living with memory loss to achieve a community re-engagement goal with time-limited caddy support, the challenge remains about how to determine for which clients this is possible. If there is no time-limit to the caddy support, then the assessment of client suitability is not as critical, because this then becomes an ongoing process of review.

RECOMMENDATION 1

Further work is recommended to identify what functional assessment can be conducted to determine client suitability and as a baseline against which to determine client re-engagement.

The use of further functional assessment criteria could be used to promote appropriate referrals of clients from other services. This could also be a more generalisable assessment process used by others wanting to implement their own caddy initiative.

The recruitment of caddies appeared best when this was done from the existing data base of each community engagement program. This ensured that caddies were well known to program staff and provided an opportunity for existing suitable volunteers to undertake a higher-level role beyond social support. The use of existing volunteers also avoids the time gap between being trained and being matched with a client, that in the project trial saw a few volunteers drop out before a client was matched to them.
The training of caddies was a successful component of the Project, particularly when this was focussed on an empowerment approach using enabling strategies when working with people living with memory loss. Training added capacity to both community engagement programs in dementia support, which they had not had before.

**RECOMMENDATION 2**

_In keeping with intent that the Caddy Project add to the existing capacity of community engagement programs, it is recommended that volunteer caddies be recruited and trained from the existing program. Specific training for volunteer caddies focussed on empowerment and enabling strategies for wellness and reablement is an essential component of the Caddy model._

With no existing suitable tools, the community engagement program staff developed templates for a client wellbeing plan. Program staff found these templates useful to structure discussion with the client about their strengths and goals which then became the focus of the client-caddy interaction. While the nature of these goals varied, with some being more specific than others, there were no timelines attached to these goals and so it remained uncertain what could be achieved without sustained caddy involvement. The findings from the client interviews add weight to this uncertainty, given that some clients could not recall their goal and that clients, carers, caddies and program staff expressed the need for ongoing client support. The addition of an implementation plan to the goal setting and action template, as suggested by one program staff, could be one way to address this by providing progressive stages to the client-caddy interaction.

**RECOMMENDATION 3**

_It is recommended that an implementation section be added to the existing goal setting and actions template in order to structure client-caddy interaction over a time frame, with determined review and refinement stages._

The caddy journal was found to be useful in one program to maintain focus on the established goals, and as a mechanism for monitoring and supervision. The use of a journal was also taken up by the second program. Although not written in conjunction with the client, some staff thought that this would be a useful addition, so long as the process did not become too formal and a burden for the client. Hence this is recommended.

**RECOMMENDATION 4**

_It is recommended that the use of a journal be considered that relies on input from the caddy, client and carer. This would reinforce the goal directed nature of the activity with the caddy and to maintain client ownership of the goal._

Lack of specificity of some goals in regard to community re-engagement impacted on the ability to assess outcomes as per the aims of the project (see list of goals in appendix 8.4). For example, a general goal around renewing an interest may be expanded to describe how this would be evidenced by a certain time. This needs to be in the context of the extent of
the lived experience of the person living with memory loss and the potential progressive nature of their decline in memory and related effects.

Using the S.M.A.R.T (specific, measurable, agreed upon, realistic & time bound) goal setting model may enable a greater focus on re-engagement with the community. Further this model would provide a focus on the abilities of the client and help to clarify which of wellness or reablement, as defined in the Commonwealth Home Support Manual (Commonwealth of Australia Department of Health 2018) is a realistic aim and thus become a factor in assessment of suitability of the client for the program.

**Recommendation 5**

*It is recommended that use of the S.M.A.R.T. goal setting model be considered, within the capacity of the client, to ensure measurable, time bound outcomes that have a clearer focus on community re-engagement.*

It is clear from the trial that the Caddy Project has met client goals related to reducing social isolation (wellbeing effect). It is less clear, however, if goals have been attained that could be described as reabling, with an end timeframe and a reduced dependency for caddy support. Not only is the extent of reablement, and hence goal attainment, uncertain for a person living with deteriorating memory; the Project was not resourced for, and nor did it have the time to, develop the capacity of community members to be a support in the clients’ chosen activities without a caddy.

**Recommendation 6**

*If reduced dependence on a caddy over time is to be the intent of a Caddy model, when the goal is community re-engagement then strategies will be required to build capacity within community groups in supporting people living with memory loss so that this transition from caddy support can occur.*

Overall the Caddy Project has added additional capacity to community support of people living with memory loss in the two programs involved. This has been achieved without additional ongoing resources being needed in these programs, as existing staff and resources were able to be used. The Project also leveraged off existing relationships with other organisations, such as for provision of training for caddies as an in-kind contribution.

The major project learnings have been the following:

- Challenges in recruiting clients living with memory loss who are willing and able to work towards community re-engagement goals.
- The focus of goals being more appropriate on community re-engagement (wellness) than reablement with time limited caddy support.
- For the client group recruited to this project the likelihood is that the client - caddy engagement will be over the longer rather than shorter term.

In summary, the Caddy Project was successfully implemented, albeit with some challenges in client recruitment. A suite of project resources was developed, and both community
engagement programs intend to continue to use volunteers as caddies and utilise the client wellbeing planning tools. Hence, the Caddy Project has been successfully embedded in these programs.

Some attention to the recommendations would assist the transfer of the caddy concept to other community engagement programs as this would provide further assessment clarity, additional goal setting and implementation structure and expansion of the scope to include work with members of community groups.

It would be interesting to explore the adaptability of the Caddy model to different client groups.
7 References

Age Concern New Zealand (2015) Do you have the time for older people? https://www.ageconcern.org.nz/


8 Appendices

8.1 Evaluation Tools

Client and caddy interview schedule

Preparation for the interviews:

- Background information to be provided re clients/goals/actions including copy of Goal Setting document. This could act as a reference point during the interviews.
- Any other info re clients/Caddies that may be relevant? Journals?

Interview questions considerations:

- What is reasonable to ask clients?
  - Use goal setting tool to check if goals achieved
  - Any other benefits, overall sense of wellbeing.
  - Ask what they did with the Caddy – start with this to get a sense of their understanding of the project.
  - Also need to get feedback re their sense of connection with the Caddy and the relationship...doing with rather than doing for.
  - Check if they think their goals can still be met when interactions with the Caddy cease.

- Some similar question for the Caddy:
  - What they did together
  - What goals were achieved
  - Other benefits for the client from observations of Caddy
  - How they felt about ‘matching’ with client
  - How long do they think they will be working with this client?
  - Benefits to the Caddy from Project involvement
  - If previous work as a volunteer with Community Connect or Caring Neighbourhood Program any differences in Caddy role and if yes what were these.
  - Any suggestion for change?
Service stakeholder interviews (end project)

How did the project work in the following:

**Caddy**
- Recruitment (how many, where from, tips for future recruitment) and retention.
- What training was provided?
- What were the supervision arrangements?
- Were caddies able to fulfil the role as expected (work from a reablement approach)?
- Did caddies have the skills to reflect on their activity with the client and feed this back to the coordinator?
- In hindsight what characteristics and skills do you think are needed to be a caddy?

**Client**
- Recruitment (how many, where from)?
- Did the profiling and activity planning work as expected – what was your experience of determining the client’s character strengths as a lead into setting goals – how was this profiling & activity planning different from your usual practices?
- Did you need other information to develop the activity plan, and if so what?
- In hindsight what clients are most likely to benefit from a caddy?

**Carers**
- Were carers involved and, if so, in what way?

**Processes**
- How did you match the clients & caddies and were they both aware of/or involved in this matching?
- Would you do the matching differently in the future and if so how?
- Templates – what tools did you use for assessment (profiling) and activity planning (including a wellbeing plan)?
- Did you keep program records such as:
  - number of clients & caddies.
  - type of activities and frequency – how long clients & caddies worked together.
  - journals (did both caddies and clients record in a journal).
- Monitoring and coordination – were you able to monitor the client and caddy activities, goal achievement and timeframes - and if so how did you do this?
• For those client-caddy interactions that worked well, what was it that you think contributed to this – and vice versa?

**Impact and Sustainability**

• What has been the impact (resources/benefit etc) of the caddy program on your organisation?
• How is it different to other social support that you provide?
• What were the challenges and what worked well (clients/ caddies/ resources/ etc)?
• Can the caddy program be added to existing programs – and be sustained, such as in the following:
  o Resources and templates produced – will you continue to use these.
  o Future training for new volunteers.
  o Ongoing resources needed.
• Has there been one highlight of the caddy program for you?
• What would you do differently to make improvements?
8.2 Client wellbeing profile templates

8.2.1 Caring Neighbourhood Program Profile and Engagement Plan

Name:

Of the strengths (on back of page), which ones characterise you.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What do these strengths mean to you?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Who are the significant people in your life?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What motivates you these days? What brings you joy?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

<table>
<thead>
<tr>
<th>YOU</th>
<th>Geographically</th>
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<tbody>
<tr>
<td></td>
<td>Close</td>
</tr>
<tr>
<td>Emotionally</td>
<td>Close</td>
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<tr>
<td></td>
<td>Distant</td>
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How do you feel about your life (present)? What would you like to achieve or make different?

Aim:

Action/Participation:

<table>
<thead>
<tr>
<th>Participation type:</th>
<th>Frequency</th>
<th>Start date:</th>
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Client signed: ___________________________ Date: ___________________________
8.2.2 Community Connect Client Profile

Name: ........................................................................................................
Date: .................................................................................................
Address: ............................................................................................
Phone no: .........................................................................................
Mobile: .............................................................................................

Please circle what you see as your main strengths?

..............................................................................................................................................................
..............................................................................................................................................................

What do you really enjoy doing?

..............................................................................................................................................................
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..............................................................................................................................................................

How do you feel everything going for you right now?

..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................

Do you experience any challenges? If yes what are they?

..............................................................................................................................................................
..............................................................................................................................................................
PLEASE CIRCLE YOUR STRENGTHS

Creativity  Perspective  Judgment  Curiosity
Honesty  Bravery  Fairness  Humor  Zest
PERSEVERANCE  Teamwork  Love  Kindness  Leadership
Social Intelligence  Love of Learning
Forgiveness  HOPE  PRUDENCE  Humility  Gratitude
Appreciation of Beauty & Excellence  Spirituality  SELF-REGULATION
© www.VIACHARACTER.ORG
Who is your emergency contact?

Please let us know if you would like any more information or add any comments

Any risks identified?

Full Pension       Part Pension

The Alexandrina Councils Community Connect program is supported by the Australian Government Department of Health and The State Government of South Australia.
8.3 Goal setting and actions template (used in both programs)

Clients Name: 

<table>
<thead>
<tr>
<th>DATE</th>
<th>AIM</th>
<th>CURRENT SITUATION</th>
<th>GOAL</th>
<th>ACTIONS REQUIRED</th>
<th>RESPONSIBILITY</th>
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Form usually in landscape mode for use
8.4 List of client goals

1. Regular conversations to tell stories.
2. Volunteering.
3. Regular skype with daughter in Adelaide.
4. Connect record player and put on records.
5. See gardens.
6. Renew love of music
7. Social contact
8. Increase brain stimulation.
9. Go for drives and coffee
10. See what is going on in the area
11. Aim to start attending larger lunch group
12. Continue to attend hydrotherapy to assist continued strength and movement of hip
13. Connect with people for coffee.
14. Link with special deliveries project to tell his story.
15. Possible future link to Community Radio – Goolwaskill Alexandrina Connect.
16. Get out of the house and look for an art group to join.
17. Find an art medium that might suit abilities.
8.5 Caddy Job Descriptions

Position ID 112279

Name Volunteer ‘Caddy Project’ - Alexandrina Community Connect

Short Description Volunteers with a high level of empathy are being recruited for the launch of a new program called the ‘Caddy Project’. This exciting project aims to assist individuals identified as experiencing memory loss or a diagnosis of early stage dementia who are at risk of becoming socially isolated. Volunteers will be matched based on shared interests to act as a provider of resources being guided by the person experiencing memory loss. Training in memory loss support provided.

Description Caring Neighbourhood Program and Alexandrina Councils Community Connect are launching a new and exciting social support program called the ‘Caddy Project’ to assist individuals identified as experiencing memory loss or a diagnosis of early stage dementia and are at risk of becoming socially isolated. Volunteers will be matched based on shared interests and will act as the provider of resources being guided by the person experiencing memory loss. Suitable volunteers are now being recruited and will need to be open-minded, empathetic and have the ability to develop a positive rapport with the project participants. Volunteers will work closely to an agreed wellbeing plan. Potential volunteers must be willing to undergo an initial interview with the coordinator and attend specific training in memory loss support in March 2018 and ongoing training sessions as required.

The program is will be piloted for 12 months, therefore a willingness to be involved in the research component of the project by attending meetings and providing feedback to the project team is essential.

Requirements National Police Certificate. Driver’s License. Ability to work autonomously and liaise closely with team. Adhere strictly to client wellbeing plan. Willing to undergo initial and ongoing training. Display empathy and be open – minded. Must be reliable and professional adhering to service procedures and expectations

Address Corner of Cutting Rd & Cadell St, Goolwa, South Australia, Australia, 5214.

Duration Short Term

Time Required Days will be negotiable. Approximately 2 hours per week or fortnight depending on project participants needs.

Note Helen Deguet is Victor Harbor contact - Samone Riding will be Alexandrina contact

Accessible No Age Range 25 to 70

Training Half day workshop in March 2018 Ongoing training as required.

Transport Own transport will be necessary

Volunteers needed 1 Urgent No

Agency Details

Agency ID 12095

Agency Name Alexandrina Community Connect

Address Corner of Cutting Rd & Cadell St, Goolwa, South Australia, Australia, 5214

Email alex@alexandrina.sa.gov.au

Contact Details

Full Name Ms Samone Riding

Email ID Samone.Riding@alexandrina.sa.gov.au

Contact Address Corner of Cutting Rd & Cadell St, Goolwa, South Australia, Australia, 5214

Work Phone 8555 7000
VOLUNTEER ROLE DESCRIPTION

Caring Neighbourhood Program (CNP) staff and volunteers support socially isolated people in the community. The program provides social opportunities that are based on companionship and friendship to enable people who are socially isolated through ageing or degenerative conditions to make meaningful connections within their local community.

**Job Role:**

**Volunteer with Caddy Project**

This project aims to assist individuals to remain connected to their community when identified as experiencing memory loss or a diagnosis of early stage dementia and may be at risk of becoming socially isolated. Volunteers will be matched based on shared interests to act as a provider of resources being guided by the person experiencing memory loss. Training in memory loss support will be provided. Volunteers are required to participate in a reporting process and provide ongoing feedback to support the evaluation of the project.

**Location(s):** Individuals homes; Venues in the community as arranged

**Project timeline:** March – Dec 2018

Key tasks (may include):

- With CNP staff assistance, set clear boundaries and aims of visit together with the individual in terms of available time and types of activities.
- Organise a time for a visit to the individuals home or a mutually agreed location
- Phone person to confirm time to visit.
- Support the individual with an activity in the community, that has been authorised by CNP staff.
- Spend meaningful time together to meet the goals of the visit
- Reporting your time, progress and any issues to CNP staff
- Inform staff immediately if they don’t respond to the door on for a pre-arranged visit.
- Attending regular meetings to contribute ideas and feedback about the project

**Benefits to the volunteer:**

- Meeting new people
- Networking with other volunteers and your community
- Learn new skills and knowledge
- Contribute to the well-being of older persons in the community

**Essential requirements:**

- To be interested in people who are experiencing memory loss or have a diagnosis of early stage dementia and be empathetic of clients issues and needs.
- All CNP volunteers require a current Police Screening. This can be arranged through the CNP coordinator after an interview, and will be updated when required.
- Attend CNP and City of Victor Harbor Induction training.
- Attend Dementia Awareness training
- Attend mandatory Manual Handling Training every 2 years
- Ability to work autonomously and liaise closely with project team.
- Adhere strictly to client wellbeing plan.
- Willing to undergo initial and ongoing training.
- Must be reliable and professional adhering to service procedures and expectations.

If required to drive to transport people.
- Attend Mandatory Driver Awareness training every 2 years.
- Hold a relevant South Australian drivers license for the required vehicle
- Provide a Medical Clearance to drive, signed by a medical practitioner
- Sign a “use of private vehicle” declaration every year.

**Desirable Characteristics:**
- To ensure that client information remains confidential
- To respect differences in cultures, abilities and backgrounds
- Have an open communication style
- To be patient and a good listener.
- To have empathy and be open-minded.

**Work Health and Safety**
- Participate in an orientation process.
- Be aware that Council has Work Health and Safety policy and procedures.
- Ensure personal adherence to the Work Health and Safety Act.
- Take reasonable care to protect his/her own health and safety at work.
- Contact supervisor if they are unwell to minimise spread of any infections from volunteer to others.
- Ensure that they do not endanger any other person through any act or omission at work.
- Obey all instructions to protect their own personal health and safety and the health and safety of others.
- Ensure that if they are transporting passengers in a vehicle, they must have no alcohol or illegal drugs in their system.
- Be aware of Council’s accident reporting procedure and report all accidents or incidents to CNP staff.
- Be aware that Council has a Code of Conduct Policy and that the volunteer has a responsibility to ensure that their behaviour is appropriate at all times.

Volunteer signature: Date:

Coordinator signature: Date: