



Training programme for home care volunteers

Based on Volumes 1 and 2 of the Community-based home care toolkit

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Volume 3 of *Community-based home care* toolkit

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About this training programme

This training programme, based on Volumes 1 and 2 of the Community-based home care toolkit has been developed to familiarize volunteers wishing to work with older people, people living with disabilities and people living with chronic disease on the main principles connected with community-based home care. It is designed to provide volunteers with practical skills and tools, as well as the background knowledge they need to apply those skills and tools in an effective and efficient manner.

It should be noted that, while the training has been designed specifically for home care volunteers, much of it may be useful for other groups of volunteers offering different kinds of services. It may be appropriate in some instances to include additional modules in the training programme, such as first aid, disaster management or restoring family links.

Note that additional training will be needed for volunteers who may be visiting people with specific diseases, such as dementia or depression.

While the target groups for community-based home care include people living with disabilities and people living with chronic disease, it is likely that by far the majority of clients will be older people, who may also fall into one or both of the other target groups. It is for this reason that much of the training focuses on older people, and includes some specific information on the ageing process and its implications for clients and society as a whole. The general principles taught in the training should, however, be applied to all clients in the target groups.

The programme has been divided into ten sessions plus an introductory session. It is recommended that the sessions are presented over a period of three to four days. The timing suggested for each session is included, totalling 17–21 hours.

Each session contains information on what needs to be presented to participants, and gives suggestions for activities designed to test whether the information has been understood and reinforce the learning. The session also contains background reading and references that should be used to support the presentations. PowerPoint slides with notes for trainers accompany most sessions. These may be adapted to suit the particular circumstances of the training, such as giving country-specific information.

The programme is organized as follows:

Red = organizational issues

Pink = background information

Brown = individual competencies

Module 1: Introduction to the Red Cross Red Crescent Movement

90-120 minutes

Module 2: Tasks and roles of volunteers

90-120 minutes

Module 3: The ageing process

210-240 minutes

Module 4: Promoting active ageing and lifelong learning

60 minutes

Module 5: The family system and relationships

120 minutes

Module 6: Interpersonal skills

180-240 minutes

Module 7: Coping with special challenges

90-120 minutes

Module 8: Mapping individual needs and organizing support

60 minutes

Module 9: Reporting and documentation

30-60 minutes

Module 10: Self-assessment, evaluation and closure

30-60 minutes

Information for the trainer

Prerequisites for trainers

Ideally, the trainer should be an experienced facilitator and have knowledge of adult learning. The training programme has, however, been developed so that a person with experience in community-based home care, or working in a profession such as nurse, social worker, psychologist or sociologist, can use the materials immediately.

Training adult learners

The training programme has been designed using adult education principles and methods. It must be remembered that adult learners come to training with a variety and range of experience of different kinds that the trainer should acknowledge. They are mature people and have expectations and needs that differ from younger learners. For example:

- Adults prefer a learning environment where they feel valued and respected for their experiences and skills.
- Adults prefer learning to be active rather than passively sitting and listening.
- Adults have established opinions, attitudes and beliefs, which will influence their learning.
- Adults are motivated learners, so the materials presented must be relevant to them and they must be fully engaged.
- The learning styles of adults differ. They learn at different rates, according to intellectual ability, educational level, personality and cognitive learning style.
- Adults like to take responsibility for their own learning, i.e. learn in an inclusive, democratic, participatory and collaborative environment.
- Adults will learn and remember content when it is reinforced by repetition, particularly if the context is varied.
- Adults appreciate having an opportunity to apply what they have learned as soon as possible.

There is a need, therefore, to use a variety of interactive methods, such as brainstorming, small group discussion, presentation of findings, quizzes, games, role play, partner discussion, etc. Taking part in activities and having discussions help participants to learn. An important part of the trainer's role is to encourage participation and interaction, keep participants interested and listen to them with respect and attention.

Icebreaker

Participants are likely to come from a variety of different backgrounds and lifestyles. They need to be comfortable with each other, so that they will enthusiastically take part in activities and discussions in a safe non-threatening environment. To do this, an icebreaker session is ideal. An icebreaker activity is suggested in the introductory session, but the trainer may have other tried and tested methods of breaking the ice and helping participants to get to know each other. Games, for example, can be a fun and useful way.

Ground rules

Ground rules that must be followed by all participants should be set at the beginning of training. In a democratic and inclusive environment, participants should be asked to set their own ground rules. This could be done by preparing and posting on a flipchart a set of simple rules, such as:

- Be punctual for each session
- Respect other people's opinions
- Do not interrupt other people when they are talking
- One conversation at a time, except in groupwork
- Do not monopolize any conversation
- Stay on topic
- Turn off mobile phones
- Participate fully
- etc.

Participants should then be asked if they agree with these rules, and if they wish to add any more. The trainer should keep the ground rules pinned up in the training room, and refer to them as necessary. They can always be revisited if they do not seem to be working or do not cover enough.

Managing time

Times are suggested for each presentation and activity, but these are approximate. More or less time may be needed to meet the learning needs of participants and the learning objectives of the session. Keeping track of audience reaction and factors like body language will help the trainer to judge this. If more time is needed, the trainer should review the next presentation to see if it is possible to get the timings back on track. Breaks and mealtimes should not be jeopardized, as these are necessary to refresh participants both physically and spiritually.

Types of activity

The suggestions below can help the trainer conduct sessions more effectively.

Whole group discussion:

- Thank speakers.
- Try to avoid stopping people when they are speaking, and if you must stop someone who is talking too long, apologize.
- Encourage as many people to speak as possible.
- Listen with attention and respect. Speaking up in a group takes courage.
- Build the participants' confidence by respecting their opinions and prior experience.

Small groupwork:

- While groups are having discussions, walk around, observe and listen. If a group seems to be straying off topic, remind them what they should be discussing.
- Try to ensure that no small group is dominated by one person. If it seems to be so, intervene politely and ask for opinions from other members of the group.
- Remind groups when there are just five minutes left before the discussion should end.
- When asking a representative from a group to present findings, ask that a different person each time is chosen.
- During plenary discussions of groupwork findings, invite questions and comments from the other participants to help to clarify any points. Correct any misinformation.

Giving a presentation:

- Try not to read from a script. Practise giving the presentation in advance and make sure you know the most important points to get across.
- When using PowerPoint slides, ensure that you are fully aware of their contents. Do not go through slides too quickly.
- Keep the presentation within the recommended time.
- Pace your speaking, not too fast and not too slow.
- Keep an eye on participants as you give the information to see if they look confused or worried. Ask questions to find out what has caused any confusion. Clarify any points, using different words if possible.
- After an important point, pause for a moment to let the participants think about it.
- Ask questions to ensure that participants have understood the important points.

Asking questions:

- Pause after asking a question to give participants time to think of their answers. Look around the group as you wait for someone to answer.
- If no one responds, ask the same question using different words and pause again, waiting for them to answer.
- When someone volunteers a response, do not be too quick to go on to the next question. Instead, ask if someone else has something to add to the first response. Correct any misinformation.
- Listen to the responses for important points and acknowledge and thank each speaker.

Recap:

- At the end of each training day, it is advisable to put aside time to review the day's activities. Ask questions to check that learning objectives have been achieved. If there is still some confusion, try to clarify, or make a note to revisit a topic the next day.
- At the beginning of a new training day, briefly recap the previous day's activities, or ask a volunteer participant to do so. This helps to reinforce the learning and checks that topics have been understood.

Note that, while the training programme is fairly comprehensive, the trainer is the person who knows the group and its needs best. It may be appropriate in some instances to add more interactive exercises, such as role plays.

Sample training agenda

Day 1	
09:00—09:30	Introduction, presentation of agenda, training objectives and expectations of participants
09:30—11:00	Module 1: Introduction to the Red Cross Red Crescent Movement and the community-based home care programme
11:00—11:30	Break
11:30—13:00	Module 2: Tasks and roles of volunteers
13:00—14:00	Lunch
14:00—15:30	Module 3: The ageing process
15:30—16:00	Break
16:00—18:00	Module 3: The ageing process (cont.)

Day 2	
09:00—10:30	Recap of Day 1 Module 4: Promoting active ageing and lifelong learning
10:30—11:00	Break
11:00—13:00	Module 5: The family system and relationships
13:00—14:00	Lunch
14:00—16:00	Module 6: Interpersonal skills
16:00—16:30	Break
16:30—18:00	Module 6: Interpersonal skills (cont.)

Day 3	
09:00—11:00	Recap of Day 2 Module 7: Coping with special challenges
11:00—11:30	Break
11:30—12:30	Module 8: Mapping needs and organizing support
12:30—13:30	Lunch
13:30—14:30	Module 9: Reporting and documentation
14:30—15:30	Module 10: Self-assessment and evaluation

Introductory session

Slides 1–3



TIME

30 minutes



MAIN LEARNING POINTS

- Names and some information about trainer(s) and participants
 - Agenda and main objectives of the training sessions
 - Rules of conduct
 - Introduction to the Minimum Standards manual
 - Administration
-



**BACKGROUND INFORMATION
AND REFERENCES**

Volume 1: Organization and provision of community-based home care

1. Welcome and introductions

2. Presentation of the agenda and main objectives of the training

Slides 4–6.

3. Administrative announcements

For example, timing of breaks, daily allowances, etc.

4. Presentation of the Minimum Standards manual and its objectives

5. Ground rules

Ask participants to agree a set of ground rules for the training sessions. If some have been prepared in advance, ask them to comment and add other rules. Try to come to a consensus about which rules are the most important, e.g., punctuality, respect for others. Leave the rules in evidence on a flipchart or screen during the training sessions. If participants stray from the rules, try to make an opportunity to revisit them to see if they are still valid. If necessary, agree amendments.

Activity

Icebreaker

Slide 7

A typical icebreaker activity would be to ask participants to turn to their neighbour and tell each other what their expectations for the training course are, and why they are interested in working in community-based care. At the end of five minutes, the trainer can then ask each person to introduce their partner to the group and tell one interesting thing that they have learned about him or her.

A game could also be used as an icebreaker. For example, the trainer can begin by throwing a small soft ball to participants in turn, asking them to call out their names and where they come from as they catch the ball. Alternatively, participants can throw the ball to each other.

Module 1: Introduction to the Red Cross Red Crescent Movement

Slide 8

TIME

90—120 minutes

MAIN LEARNING POINTS

- The Red Cross Red Crescent Movement and the seven Fundamental Principles
- What the Red Cross Red Crescent does and its role as auxiliary to government
- How volunteers are employed for many different activities
- Areas in which their own National Society works
- Activities undertaken with and for older people in community-based home care services

LEARNING OBJECTIVES

At the end of this module, participants should be able to:

- describe how the Red Cross Red Crescent Movement is organized, and explain the relevance of the seven Fundamental Principles and the emblem
- indicate the value and importance of volunteers and volunteering in Red Cross Red Crescent activities
- show familiarity with the Red Cross Red Crescent commitment towards older people and describe the specific activities of their own National Society in this respect

BACKGROUND INFORMATION AND REFERENCES

- Vienna commitments. See: [fednet.ifrc.org/en/ourifrc/statutory-meetings/regional-meetings-and-conferences/europe/vienna-2010/](https://www.ifrc.org/en/ourifrc/statutory-meetings/regional-meetings-and-conferences/europe/vienna-2010/)
- Strategy 2020. See: www.ifrc.org/who-we-are/vision-and-mission/strategy-2020/
- IFRC volunteering policy. See: www.ifrc.org/en/what-we-do/volunteers/volunteering-policy/
- Facilitator Guide for Community-based health and first aid in action, Volume 1. Topic 1, page 19. See: www.ifrc.org/Global/Publications/Health/145600_Facilitator%20guide%20CBHFA%20in%20action%20volume%201-LR.pdf

1. The Red Cross Red Crescent Movement and the seven Fundamental Principles

40 minutes

The emblems and their uses.

Presentation by trainer

Activity

Volunteering

20 minutes, Slides 9—10

Ask participants to brainstorm some words and phrases that they associate with being a volunteer. Once a number of words and phrases have been suggested, open a general discussion about what has been suggested. Prompt participants to any words or phrases that are absent, e.g.

- Altruism
- Contribution to society/giving something back
- Motivational
- Helping out
- Solidarity
- Quality of life
- Self-worth
- Respect for self and others
- Responsibility
- Satisfaction
- Self-esteem
- Feel good factor
- Reciprocity
- Meeting new people outside your own social circle
- Empathy
- Influence of family/friends
- Moral reasons
- Obligation/duty
- Opportunity/easy convenient way to do good
- Belonging
- Pride in being acknowledged

Note to trainer: In a brainstorming activity, the trainer should ask for contributions, and write them on a flipchart without at that time making any comment. During the discussion that follows, some items may be eliminated and others added.

2. Following this activity, if time and resources allow, one or two existing experienced volunteers currently working with older people could be asked to say a few words about why they volunteer and what they get out of it. Encourage participants to ask questions at the end of the brief presentation.

3. *Activities of the National Society*

15 minutes

Presentation by trainer

Start by asking participants if they are aware of the areas in which the National Society works. Ask them to share any knowledge of those areas. Follow this brief session by presenting the general activities of the National Society, showing how volunteers are utilized.

4. *The target groups*

15 minutes

Presentation by trainer

Go on to those activities undertaken by the National Society specifically for and with older people, people living with disabilities and people living with chronic disease. Note that many older people may come into one or both of the other target groups.

Activity

Community-based home care

10–15 minutes, Slide 11

Ask participants to turn to their neighbour and find out from each other if they have any personal knowledge of community-based home care of people in the target groups. At the end of five minutes, ask them in turn to tell other participants any interesting experience that they have heard about from their partner.

Note to trainer: This activity is designed to find out if there are participants who are involved in some way, perhaps via a family member, in community-based care. There may be participants who already know something about how the programme is organized or have experience of it within their own family. It can be very helpful for the trainer to be aware of prior knowledge and experience which should be respected. Throughout the sessions asking those people with such knowledge to share their feelings and opinions can help to promote self-esteem and confidence.

Module 2: Tasks and roles of volunteers

Slide 12

TIME

90–120 minutes

MAIN LEARNING POINTS

- Rights and responsibilities of volunteers
- Main tasks and activities of volunteers when working in community-based home care

LEARNING OBJECTIVES

At the end of this module, participants should be able to:

- give an account of the main roles, responsibilities and limitations of volunteers
- describe their main tasks and activities when working in community-based care

BACKGROUND INFORMATION AND REFERENCES

Volume 1: Organization and provision of community-based home care, Section 7

1. *Volunteering in community-based home care*

60 minutes + 15 minutes discussion, Slides 13–20.

Presentation by trainer.

2. At the end of the presentation, the trainer should ask the group as a whole a series of questions designed to check their understanding of the presentation. For example:

- Can anyone give me the four main commitments to older people taken by Red Cross Red Crescent National Societies in the Vienna Commitments? (Slide 16)
- What are the basic rights of volunteers when working with clients (Slide 17)
- What are some of the responsibilities when working with clients? (Slides 18–19)
- What limitations does our National Society place on volunteering with clients? (Slide 20)

Note for trainer: During these questions, it is quite normal practice to have the appropriate PowerPoint slide or flipchart showing. Asking questions which go over earlier ground will reinforce the learning, even if participants are reading and responding directly from the presentation.

3. Main tasks and activities of volunteers when working for and with people in community-based home care

30 minutes, Slides 21—30.

Presentation by trainer.

Activity

The ideal volunteer

20—25 minutes, Slide 31

Divide the participants into small groups of three or four, and give them each just one of the areas in which volunteers might work with people in community-based home care

- psychosocial support
- social activities
- supporting social participation and integration in the community
- preventing accidents in the home
- identifying further needs
- respite opportunity for caregivers

Ask them to discuss in their small group what they think their role as volunteer is in these areas and what the tasks might be. After 15 minutes, ask them to come back to the plenary session, and for one person from each group to present their findings briefly.

This activity checks their understanding of the presentation. After each group has presented their findings, the trainer should comment on any tasks that have been missed, or anything that seems to have been misunderstood.

Note for trainer: In future activities of this kind, it is possible to ask the whole group to ask questions or to comment on what the small group has come up with, but early on in the training, there may be some concerns about seeming to criticize each other or looking as if they “know it all”. Gradually, as more and more interaction takes place, they will learn to trust each other and to respect each other’s views, opinions and experience.

Module 3: The ageing process

Slides 32-33

TIME

210–240 minutes (depending on size of group)

MAIN LEARNING POINTS

- Demographic trends and the ageing population
- The ageing process
- Different dimensions of ageing
- Possible emotional responses of the older person
- Possible reactions of the older person during the ageing process
- Bereavement and grief
- Death and dying
- Ageism

LEARNING OBJECTIVES

At the end of this session, participants should be able to:

- list some of the implications for society of an ageing population
- describe the ageing process and its different dimensions
- describe possible reactions towards ageing and emotional responses
- explain how to support older people who are grieving
- describe possible emotions and reactions of those who are facing death
- put into words their own perspective towards older people

BACKGROUND INFORMATION AND REFERENCES

- Volume 2: Basic skills and knowledge in community-based home care, Section 2
- Binstock RH, George LK (eds), Handbook of Ageing and the Social Sciences, 2010, Seventh Edition, Academic Press.
- IFRC (2013) Years that count – report on active ageing and intergenerational solidarity. See: www.ifrc.org/PageFiles/133266/IFRC_17122012-EZO-Ageing_0702.pdf

1. The ageing trend

50 minutes + 15 minutes discussion, Slides 34–38.

Note that the majority of the clients in community-based care will be older people, hence the concentration on the ageing process and some of the issues that occur because of the ageing trend.

Presentation by trainer. In addition, give some facts and figures about the situation in your own country.

2. Following the presentation, ask participants to call out areas where the trend is likely to have an impact on society. What are the implications of an ageing population? Answers might include:

- Increase in support systems of all kinds
- Increase in social welfare requirements
- More people becoming vulnerable and dependent
- More noncommunicable diseases
- Disability increase
- Loneliness and isolation of many older people
- Marginalization
- Violence and abuse towards older people

Prompt participants if necessary by asking questions such as: Do you think that older people might get socially isolated? What kind of support systems might be necessary?

3. The ageing process

35 minutes, Slides 39–47.

Presentation by trainer.

4. Grief, bereavement and loss

20 minutes, Slides 47–51.

Presentation by trainer.

Activity

Supporting an older person who is grieving

15 minutes, Slides 52–53

Ask participants to turn to a partner and discuss briefly how the four points of advice might help the older person who is grieving. At the end of the discussion, ask them to call out points and then to discuss in the full group what volunteers can do to give support.

5. Facing death

20 minutes, Slides 54–59.

Presentation by trainer.

6. Ageism

10 minutes, Slides 60–61.

Presentation by trainer.

Activity

Young and old

10 minutes, Slide 62

In a plenary session, ask participants to brainstorm very briefly words and phrases that come to mind when they think of the words “young” and “old”. Write their responses on a flipchart. At the end of the brainstorm, ask participants to “pair up” any words that are opposites, for example, “Young – lively, Old – static”, “Young – strong, Old – weak”.

Note for trainer: This a very straightforward activity, that aims to make clear to all volunteers that people in our society often tend to attribute more negative than positive characteristics to old people. There will be some positive aspects, such as increased wisdom, but there may be more negative aspects.

Scenarios

30–35 minutes, Slides 63–64

Ask participants to get back into small groups of three or four, as far as possible moving around to change the membership of each group. Prepare a different scenario for each group, e.g.:

- Going shopping
- Going to the park
- Going to the bank
- Helping to prepare a meal
- Looking at old photographs

For each scenario, give the group a series of questions. For example, in “going shopping”, ask who decides that it is time to go out, who decides what to buy, how does a volunteer keep track of the old person’s opinion, how would the money issue be dealt with?

Ask participants to discuss how a volunteer might be faced with the “benevolent prejudice temptation”. Within their group they should develop some general strategies to deal with it.

At the end of 15 minutes, ask each group to present their findings one by one.

Note for trainer: In this activity, there is no right or wrong answer. The intention is to promote a greater awareness of “benevolent prejudice”. If there are examples of this in the groups’ presentations, point this out and offer some tips to deal with it.

Module 4: Active ageing and lifelong learning

Slides 65—66

TIME

60—80 minutes

MAIN LEARNING POINTS

- Concept of healthy and active ageing
- Social determinants of health
- Concept of lifelong learning

LEARNING OBJECTIVES

At the end of this session, participants should be able to:

- describe the concept of healthy and active ageing, and relate the key social determinants of health
- explain the concept of lifelong learning

BACKGROUND INFORMATION AND REFERENCES

- Volume 2: Basic skills and knowledge in community-based home care, Section 2
- IFRC (2013) Years that count - report on active ageing and intergenerational solidarity (p. 20). See: www.ifrc.org/PageFiles/133266/IFRC_17122012-EZO-Ageing_0702.pdf
- Healthy ageing (WHO). See: www.euro.who.int/en/health-topics/Life-stages/healthy-ageing
- WHO Active ageing – a policy framework. Chapter 2, Active Ageing; The Concept and Rationale (p.12), and Chapter 3, The Determinants of Active Ageing (p/19). See: whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf
- WHO Europe. Social Determinants of Health: The Solid Facts. See: www.euro.who.int/en/publications/abstracts/social-determinants-of-health.-the-solid-facts
- Learning for active ageing and intergenerational learning. See: bookshop.europa.eu/en/learning-for-active-ageing-and-intergenerational-learning-pbNC0213074/
- SLIC (Sustainable learning in the community) project. See: www.slic-project.eu

1. Active ageing

30 minutes, Slides 67–70.

Presentation by trainer

Active ageing, using the WHO dimensions: social participation, economic participation, cultural, spiritual and civic affairs.

2. Lifelong learning

25 minutes, Slides 71–73.

Presentation by trainer

Activity

Ensuring active ageing

30 minutes, Slide 74

Ask participants to form small groups of three to four persons to discuss how they might give assistance to an older person to ensure active ageing in the WHO dimensions. Prompt them to consider practical measures that they might take in daily life activities, but also look at a psychosocial approach, such as ensuring the ability of the older person to make choices and to keep connected. They should consider in addition older people who are physically disabled, for example in a wheelchair or bedridden.

Note to trainer: You might consider giving a different dimension to each group to promote deeper reflection of active ageing.

At the end of 10–15 minutes, ask a representative from each group to present their findings. Once all groups have presented, lead a general discussion about the heterogeneity of older people, and how, although there are general principles to follow, the volunteer must be able to adapt action to suit the individual older person.

Module 5: The family system and relationships

Slide 75

TIME

120 minutes

MAIN LEARNING POINTS

- The family as a system
- The volunteer and his/her relationship with the family
- Do's and Don'ts in the interaction with family members

LEARNING OBJECTIVES

At the end of this session, participants should be able to:

- describe the complexity of the family as a system and family relationships
- state how to interact appropriately with the family/ caregivers in informal care situations

BACKGROUND INFORMATION AND REFERENCES

- Volume 2 : Basic skills and knowledge in community-based home care, Section 6
- en.wikibooks.org/wiki/Introduction_to_Sociology/Family
- Wright, Lorraine M, Leahey, Maureen, (2005) Nurses and Families, 4th edition. F A Davis Company.

1. The concept of the family as a system

25 minutes, Slides 76–82.

Presentation by trainer

Activity

Visualization

5 minutes, Slide 83

Note to trainer: The following activity should help participants to think of the family as a system, interconnected, but also consisting of separate individuals. It might help to bring in a mobile, the kind that you often find above a baby's cot, consisting of four or five elements. Hang it in the training room where everyone can see it.

Ask participants now to imagine this mobile as a family unit, or to visualize a mobile if you do not provide an example. Note that the four or five pieces are moving a little in the air. Generally they do not touch, but sometimes they are closer to another piece, and sometimes further away. If a stronger breeze catches the mobile, the movement of every piece is influenced, and all might increase their pace of movement. With the breeze subsiding, balance is restored, but a change in direction may have taken place. Sometimes one piece might seem isolated from the others, but without that piece the balance would be upset.

In the same way, a change in one family member affects all family members, and all are influenced by, and have influence on, the whole unit. Any upset, and the balance is affected. Volunteers visiting the family should focus on the interaction between family members rather than on individuals within the family.

The family

20–30 minutes, Slide 84

Lead a general discussion about the diversity of the family in both form and function. Ask participants how they think a family can be defined. How many different variations can they think of?

Go on to ask what different kinds of situation families are found in, and how that might affect relationships

Note to trainer: The intention of this activity is to bring out the complexity and diversity of family relationships and the situations in which they find themselves. You can ask different participants what they consider their own family to consist of: it is likely that there will be considerable variation in responses. Bear in mind that in this part you may have a long discussion about, for example, whether same-sex parents or a couple without children can be defined as a family. The discussions will depend on participants' knowledge of definition of the family and on their viewpoints.

- Nuclear family (parents and children)
- Extended family
- One parent family
- Same-sex parents
- Cohabiting persons
- Childless couples
- Couple with foster-children

Some typical situations which might affect family relationships might be:

- Being in an urban or rural environment
- One family member working away from home for extended periods
- Older person(s), disabled member or person with chronic disease living with family
- Grown-up children living with family

Note also that “family” does not necessarily mean people who are blood-related. There are often situations where the main caregiver is not a family member. For the purposes of this training, however, those people are considered to be in the same situation as family members.

2. Volunteer interaction with the family, do's and don'ts

10 minutes, Slides 85–87.

Presentation by trainer

Activity

Volunteer behaviour

35–40 minutes, Slide 88

Ask participants to form groups of four to six people. Give each group a particular family situation, e.g.,

- The volunteer visits a beneficiary whose husband died a few days before
- The volunteer visits a woman in a wheelchair who is crying because her son refuses to take her out
- The volunteer sees violence from a son demanding money from his old father
- A family member accuses the volunteer of telling family secrets to the neighbours
- The main caregiver is jealous of anyone visiting from outside

Ask them to discuss what the volunteer should do in these circumstances. At the end of 10 or 15 minutes, ask a representative from each group to present the situation and what they decided the volunteer should do. After each presentation, invite questions and comments from the other participants. Ask whether they think the action proposed is appropriate in the situation.

Note to trainer: If any group proposes action which is not appropriate and which goes unchallenged by the other participants, you will need to revisit the do's and don'ts information.

Module 6: Interpersonal skills

Slide 89

TIME

180—240 minutes

MAIN LEARNING POINTS

- Good communication and communication skills
- Particular issues in communication with clients
- Understanding conflict and handling conflict situations

LEARNING OBJECTIVES

At the end of this session, participants should be able to:

- state some points about the importance of communication
- describe what good communication is
- apply the concept of active listening
- describe how to avoid conflict if possible
- explain how to react appropriately in a conflict situation

BACKGROUND INFORMATION AND REFERENCES

Volume 2: Basic skills and knowledge in community-based home care, Sections 7 and 8

1. *The importance of communication*

50 minutes, Slides 90–105.

Presentation by trainer.

Go on to present points about good communication and the key attitudes that underpin it. Finish with some brief remarks about the skill of listening and active listening in particular.

Activity

I'm not listening/I am listening

40–50 minutes, Slide 106–107

Ask participants to work in pairs. Ask them first of all to think about the skill of active listening, and then to agree a number of methods of not listening, e.g. not making eye contact with the speaker, fiddling with a mobile phone, interrupting with one's own experience. Once they have some points, Person A in each pair should tell Person B about something that made them angry or sad in the last week. It can be any subject. Person B has to try to show that he/she is not listening by using one or more of the methods they have agreed. At the end of the time, the trainer should ask Person A in each pair:

- How did you notice that Person B was not actively listening?
- How did you feel about that?
- What bothered you the most?

After this, Person B in each pair should be the one talking about something that has made them happy or given them some amusement in the last week. Person A should try to use active listening skills. At the end of the activity, ask Person B:

- What did you notice that showed Person A was listening actively?
- How did it make you feel?
- What pleased you the most?

From their responses to both halves of the activity, ask them to extrapolate some points about active listening that might be particularly helpful when they are communicating with clients. Remind them that the client might be living alone, isolated and inactive. Volunteers need to be aware of their own perceptions and prejudices, perhaps formed by a previous experience. Reinforce the fact that their clients are not all the same, and that any general points they decide may have to be adapted to suit the person they are visiting.

Activity

Good listeners

10 minutes, Slide 108

Ask each participant to write down the name of three people they consider to be good listeners. Once they all have three names (which can be difficult), ask them if anyone has written down a name of someone they do not personally like very much. It will be unusual if anyone has done so. Then ask them if the people they have on their list are liked, respected or even loved by them. In general here, many will respond that they are. From that, go on to lead a brief discussion about equating good listening with being liked, loved or respected, and make the point that a volunteer needs to be liked or respected by clients. Therefore good listening skills are essential.

2. Communication with visually or hearing impaired and barriers to communication

10 minutes, Slides 109–113.

Presentation by trainer

Activity

Giving support in special circumstances

30–35 minutes, Slides 114–115

Ask participants to work in groups of three or four persons. Bearing in mind the idea of active ageing and lifelong learning, they should discuss how a volunteer might support a client in the following situations:

- Memory deficit
- Impaired hearing
- Visual impairment
- Loss of self-worth and sense of belonging

They should also discuss what not to do, and develop a list within the group of “Do’s” and “Don’ts”. At the end of 20 minutes, ask a representative from the first group to present some of the findings of their group. Put these briefly on a flipchart. Ask the second group if they have anything different, and if so add any points. And so on, until all groups have had an opportunity to add their findings. Invite questions and comments from all participants, and prompt if necessary to ensure that important points are covered. For example, with memory deficit, volunteers should make sure that only small amounts of information are offered to the client at a time. With hearing loss, they should use short sentences and be facing the client directly. For someone who is perhaps depressed, having lost his/her sense of self-worth, the volunteer should promote meaningful activities to motivate and stimulate the client mentally. On the “Do not” list, a volunteer should never impose or insist on a particular activity without the agreement of the client. A visually impaired client should never be left alone, even in their own home, without telling him/her where he/she is and where the volunteer is going.

Note for trainer: The activity should lead to the recognition that volunteers should be open to adapt their own behaviour and to search for opportunities to promote a supportive environment according to the client’s capabilities and limitations. Any activity should be carried out with the collaboration of the client, as well as with help from other sources of information if the client agrees. While they have now developed a general list of “Do’s” and “Don’ts”, volunteers should bear in mind that each person is different and that any general list has to be adapted.

3. First contact

10 minutes, Slides 116–117.

Presentation by trainer.

4. Conflict

20–30 minutes, Slides 118–122.

Presentation by trainer.

Give definitions and explain how conflicts can arise in general and within family systems. Go on to present how volunteers should act in the context of their role in the family.

Activity

Conflict situations

60–70 minutes, Slides 123–124

Divide participants into groups of four or five people. Give a particular conflict scenario to each group, for example:

- Conflict between volunteer and the client
- Volunteer accused of stealing by family member
- Family members want to force the client to do something he/she does not wish to
- Conflict between volunteer and visiting nurse

Give each group 20 minutes to plan and prepare a brief sketch for a role play. They should choose from among their membership actors who will present the conflict situation in a lively way, and try to resolve the conflict, using the methods and techniques described in the presentation. The person or persons playing the aggressor should try to keep the conflict going.

Once all groups have acted out their conflict situation, lead a plenary discussion on the various approaches, what seemed to work and what did not. Reinforce the learning by going back to the presentation on what can be done to control a conflict situation, and asking participants in their groups to prepare on flipchart paper a list of Dos and Don'ts, for example:

Do	Do not
Control your temper	Shout or become aggressive
Listen and seek a solution	Send negative messages
Respect the opinion of the client	Make fun of the client
Respect the Red Cross Red Crescent principles	

At the end of the activity, ask participants to pin up their flipcharts around the room. These can remain as a reminder during the training sessions.

Module 7: Coping with special challenges

Slide 125

TIME

90–120 minutes

MAIN LEARNING POINTS

1. Violence and abuse
 - Definition of violence
 - Forms of abuse
 - Typical risk factors
 - Recognition of abuse and possible barriers
 - Action to take
2. Emergency situations

LEARNING OBJECTIVES

At the end of this session, participants should be able to:

- describe different forms of violence and abuse and the risk factors associated with them
- state how to recognize signs of abuse and possible barriers in recognizing violence
- enumerate their own responsibilities and limitations when faced with violence and abuse, and describe how to act appropriately
- describe what to do in an emergency situation at the client's home

BACKGROUND INFORMATION AND REFERENCES

- Volume 2: Basic skills and knowledge in community-based home care, Section 10
- Breaking the taboo – awareness-raising brochure and trainer manual. See: www.btt-project.eu
- WHO. European Report on preventing elder maltreatment. See: http://www.euro.who.int/__data/assets/pdf_file/0010/144676/e95110.pdf
- Strategy on Violence Prevention, Mitigation and Response 2011–2020. See: https://fednet.ifrc.org/PageFiles/85418/SoV_English/IFRC%20SoV%20REPORT%202011%20EN.pdf

1. Violence

40 minutes, Slides 126–134.

Presentation by trainer.

Give the definitions of violence and add country-specific facts and figures and existing laws related to violence and abuse. Go on to describe different forms of abuse: physical, psychological or emotional, sexual, financial, neglect and abandonment.

2. Following the presentation, ask participants to call out any factors which might contribute to violence against older people, people with disabilities or people living with chronic disease within families. If necessary, ask questions to prompt certain risk factors, such as: “What about age or infirmity?”, “What about the family situation?”, “What about money (socio-economic status)?” Ensure that the typical risk factors are covered and explained (Volume 2, Section 10.2)

- Family history
- Mutual dependency
- Physical and/or psychological burden placed on caregivers
- Social isolation

Activity

Signs of violence

20 minutes, Slide 135

Ask participants to form small groups of three or four people. Ask them to discuss possible signs of violence against clients. They should be looking at all forms of abuse: physical, psychological or emotional, sexual, financial, neglect and abandonment. At the end of 20 minutes, ask a representative from each of the groups to present their findings in a plenary session. Once all have presented, lead a discussion about some of the points made and summarize on a flipchart/board. Ensure that all the signs that might indicate abuse that are listed in Volume 2, Section 10.3 are covered.

3. *Signs of violence and action to take*

20 minutes, Slides 136–143.

Presentation by trainer.

The consequences of violence or abuse on mental and physical health, risk factors and recognition of abuse. Cover action that the volunteer should take if violence or abuse is suspected.

4. *Emergency situations in home visiting*

30 minutes

Checklist for emergency: contact phone numbers for support. How to report on what has happened. Potential situations and how to deal with them, (e.g., no access to the client, client has fallen down, client suddenly feels pain or has breathing difficulties).

5. At the end of the presentation, ask for a participant to volunteer to recap briefly what must be done in the case of suspected violence or abuse, what the limitations are, and what to do in an unforeseen situation occurring outside their normal competence, such as discussed above. Reinforce the fact that the volunteer coordinator must be informed

Module 8: Mapping individual needs and organizing support

Slide 144

TIME	60 minutes
MAIN LEARNING POINTS	<ul style="list-style-type: none">• Role of volunteers in needs assessment and analysis• Information-sharing and organization of support
LEARNING OBJECTIVES	<p>At the end of this session, participants should be able to:</p> <ul style="list-style-type: none">• state how to observe the needs of clients on a regular basis and communicate these to the volunteer coordinator• describe how to find out about available resources and services
BACKGROUND INFORMATION AND REFERENCES	<ul style="list-style-type: none">• Volume 2: Basic skills and knowledge in community-based home care, Section 9• HelpAge International (2012) Ensuring inclusion of older people in initial emergency needs assessments. See: www.helpage.org/silo/files/ensuring-inclusion-of-older-people-in-initial-emergency-needs-assessments.pdf• National Society materials on needs assessment

1. *Analysing needs*

30 minutes, Slides 145–150.

Presentation by trainer.

Cover analysis of the needs of the client and the options available to meet them. This presentation should include what the National Society and partner organizations can offer and what the limitations and regulations are.

Activity

Needs assessment

25–30 minutes, Slide 151

Ask participants to work in pairs to discuss needs assessment and analysis in the following areas:

- Health needs
- Social needs
- Housing
- Other needs

Note to trainer: They should think about how the client should be included in any decision-making, and be sure that they do not offer what cannot be delivered. They should also be careful not to interfere with other services already being provided. Stress the importance of distinguishing between the interests of the client and the volunteer's own interests. It is important that the client should retain autonomy.

At the end of 15 minutes, ask each pair to present one of the ideas that they came up with. If possible, they should not duplicate what has already been suggested by another pair. List these ideas on a flipchart, and then lead a discussion about how to assess, ensuring that the points in Volume 2, Chapter 9 are covered. End up with a checklist that could be used as a job aid for volunteers when assessing needs.

Module 9: Reporting and documentation

Slide 152

TIME	30–60 minutes
MAIN LEARNING POINTS	<ul style="list-style-type: none">• Reporting lines• Documentation and reporting templates• Regulations
LEARNING OBJECTIVES	<p>At the end of this session, participants should be able to:</p> <ul style="list-style-type: none">• describe the reporting requirements, including to whom they should report and which documentation or templates they should use• state any regulations, such as obligatory attendance at regular team meetings
BACKGROUND INFORMATION AND REFERENCES	<ul style="list-style-type: none">• Volume 1: Organization and provision of community-based home care, Section 9• National Society regulations

1. Documentation

90 minutes

Presentation by trainer on the documentation required by the National Society branch. The trainer should hand out any forms or templates that volunteers are expected to fill in, and explain how regularly this must be done, and to whom the report is directed. For example, they may be expected to fill in a form after every home visit to a client. It would be helpful if filled-in examples of the forms or templates could be supplied (fictional), so that volunteers have a good idea how much is expected, and what kind of information.

The trainer should also supply information on the expectations of the branch team in terms of volunteers attending regular meetings, or any other branch regulations that have an impact on the work of the volunteers.

Information should also be given about how volunteers can provide feedback to the branch, and emphasis should be put on how important that feedback is to ensure that branches are meeting volunteers' needs and providing adequate support. Additional training may be appropriate if feedback from volunteers shows it necessary.

Module 10: Self-assessment, evaluation and closure

Slide 153

TIME	30–60 minutes
MAIN LEARNING POINTS	<ul style="list-style-type: none">• Reinforcement of learning
LEARNING OBJECTIVES	<p>At the end of this session, participants should be able to:</p> <ul style="list-style-type: none">• assess their own knowledge and learning• be confident of their ability to carry out their duties during home-based visits of older people
BACKGROUND INFORMATION AND REFERENCES	<ul style="list-style-type: none">• Volume 1: Organization and provision of community-based home care• Volume 2: Basic skills and knowledge in community-based home care

Note to trainer: This session is designed to reinforce the learning throughout the training and check that participants have achieved the learning objectives. Participants will be asked to take part in a quiz, undertake a self-assessment activity and complete a training evaluation form.

Activity

True/False quiz

5–10 minutes, Slide 154

Hand out the true/false quiz, and ask participants to take 15 minutes to fill it in. They should briefly explain their answers. At the end of the time, ask each question in turn, and ask for hands up for True and hands up for False. Ask a person with the correct answer to give their explanation. Add to their answer if necessary.

Activity

Self-assessment

5–10 minutes, Slide 155

Hand out the self-assessment form. Ask participants to complete this. Tell them that their answers will not be collected, but that the activity is designed to help them to understand their own level of comprehension. Advise them that if they have queries about any aspect of the training, this is the time to ask. Tell them that there is no such thing as a silly question, and that their query might be the same one that everyone has, but is afraid to ask for fear of seeming stupid. If questions are asked, check to see if another of the participants can answer before you give the answer yourself. If there seems to be general incomprehension, then you will need to revisit the particular topic.

Activity

Training evaluation

10–15 minutes, Slide 156

Tell participants that they now have an opportunity to give a critique of the training and each of the sessions. Feedback will be used to improve the training experience, so it is very important that they are honest. The evaluation forms will be collected, but they can remain anonymous if they prefer. Hand out the evaluation forms and allow time for them to be filled in.

Note to trainer: Closure

At the end of the session, it is always helpful to have some kind of closing ceremony. This is where certificates of participation might be handed out, perhaps by a senior member of staff of the National Society. Volunteers need to feel appreciated, and it is important to thank, praise and encourage them at every appropriate opportunity.

Handout

Quiz

1. The Red Cross Red Crescent Movement has five Fundamental Principles. T/F
2. When working for the National Society, you should always carry or wear the emblem of the Red Cross Red Crescent. T/F
3. Every programme that the National Society has in place in the community includes volunteers in its work. T/F
4. Home-based visits to older people, people with disabilities and people living with chronic disease are included in the programmes of your National Society. T/F
5. Volunteers are sometimes responsible for supplying social activities for clients in their homes. T/F
6. There are limitations on what the volunteer is allowed to do for the client at home. T/F
7. The ageing trend is not having a great impact on society. T/F
8. Ageing takes place in a number of different dimensions. T/F
9. All older people are the same, with the same issues and problems. T/F
10. The volunteer should promote a supportive environment. T/F
11. Volunteers should guard against benevolent prejudice. T/F
12. Volunteers should encourage activities that promote active ageing and lifelong learning. T/F
13. A family unit can be seen as a system. T/F
14. A family can be defined as a group that includes parents, grandparents and children. T/F
15. The volunteer should ignore other family members and just look after the client. T/F
16. Active listening is an essential skill that can be learned. T/F
17. A volunteer should take action to avoid conflict situations, or if found in one, should know how to behave to try to resolve the conflict. T/F
18. Older people, people with disabilities and those living with chronic disease are always respected by their families/caregivers. T/F
19. If violence or abuse are suspected, the volunteer should take action. T/F
20. Assessment of the needs of the client is carried out by the volunteer supervisor. T/F

For the Trainer

Quiz answers

1. **False.** There are seven Fundamental Principles, humanity, impartiality, neutrality, independence, voluntary service, unity and universality.
2. **True.** The emblem is a respected sign that you are working for the Red Cross Red Crescent.
3. **True.** Volunteers are at the heart of the Red Cross Red Crescent work.
4. **True.** This training is given to ensure that you provide the best service to the clients.
5. **True.** This is one of the areas in which a volunteer may provide a service, but it will depend on needs assessment.
6. **True.** Your National Society will have some restrictions.
7. **False.** The ageing trend impacts on society in many different ways, including an increase in non-communicable diseases and the need for enhanced services for community-based care clients.
8. **True.** The dimensions include biological, health, social and psychological, having an impact on family life, community involvement and professional life.
9. **False.** Older people are a highly heterogeneous group.
10. **True.** A supportive environment is essential if the client is to trust and respect the volunteer.
11. **True.** A volunteer should always consult the wishes of the client, and not assume that he/she knows what is best for the client.
12. **True.** Active ageing allows older people to continue to participate in social, economic, cultural, spiritual and civic affairs, and make an active contribution to their family, peers, community and nation. Lifelong learning is an important aspect of achieving this.
13. **True.** The current theory is to see the family as a complex system.
14. **False.** Families can be made up in many different ways. They do not necessarily have to include parents and children, for example.
15. **False.** The volunteer must always interact with family members.
16. **True.** Active listening can be practised and learned. It shows the client that you are respecting what he/she says and are trying to understand the meaning behind the words.
17. **True.** Conflict situations should be avoided if possible, but if they happen, the volunteer should try to defuse the situation.
18. **False.** There are many instances of violence and abuse towards older people, disabled people and people living with chronic disease.
19. **True.** If violence or abuse are suspected, the volunteer should act. The volunteer supervisor should be informed, or if the situation is serious, the police should be called.
20. **False.** The volunteer assesses the needs of the client over a number of visits.

Handout

Self-assessment

Please ring your answers, and explain if appropriate.

Do you feel that you know enough about the Red Cross Red Crescent Movement to explain about its areas of work, how it operates, the principles by which it is ruled and the use of the emblems?

Yes No Not sure

Can you describe how the community-based home care services operate?

Yes No Not sure

Do you know what your main rights and responsibilities are when working for and with community-based care clients?

Yes No Not sure

Do you know what kind of activity you will be expected to undertake when working with a client in his/her home?

Yes No Not sure

Can you describe the different dimensions of the ageing process?

Yes No Not sure

Can you list some of the implications for society of an ageing population?

Yes No Not sure

Can you describe the kinds of emotions and reactions older people may have towards ageing?

Yes No Not sure

Do you know how to support an older person who is grieving?

Yes No Not sure

Do you know how to support an older person who is facing death?

Yes No Not sure

Can you give some of the principles underlying healthy and active ageing?

Yes No Not sure

Can you list some of the benefits of lifelong learning?

Yes No Not sure

Can you describe how the family can be seen as a system?

Yes No Not sure

Can you state how to interact appropriately with family/caregivers in informal care situations?

Yes No Not sure

Can you list some of the techniques of active listening?

Yes No Not sure

Can you explain how to react in a conflict situation?

Yes No Not sure

Can you describe different forms of violence and abuse towards older people, people with disabilities and people living with chronic disease and the risk factors associated with them?

Yes No Not sure

Can you explain your own responsibility when faced with possible violence or abuse towards a client?

Yes No Not sure

Can you state how to observe and assess the needs of a client in community-based home care?

Yes No Not sure

Can you describe how to find out about available resources and services for clients?

Yes No Not sure

Can you explain what the reporting requirements are, and to whom you should report?

Yes No Not sure

Can you state any regulations that you must observe, such as attendance at regular team meetings?

Yes No Not sure

Do you feel sufficiently trained and prepared to serve clients in community-based home care?

Yes No Not sure

Thank you for your feedback!

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace among all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.