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COMPREHENSIVE REPORT: VOLUNTEER COMPANION PROGRAM AT MAPLEWOOD GARDENS LONG-TERM CARE FACILITY

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Abstract

Background: Social isolation is an important concern among older adults in long-term care, particularly residents who receive few or no regular visitors. This project developed and implemented a structured Volunteer Companion Program to promote social interaction through consistent, person-centred companionship.

Materials and Methods: An eight-week program was implemented at Maplewood Gardens Long-Term Care Facility. Residents experiencing social isolation were identified using visitor frequency, self-reported loneliness, and staff observations. Community volunteers were recruited, screened, trained through a two-hour orientation, and matched with residents according to interests, communication preferences, cultural and linguistic considerations, and personal histories. Program outcomes were evaluated using visit records, volunteer feedback, and frontline staff observations.

Results: Eight residents were enrolled, exceeding the minimum target of six, and seven volunteers completed screening and orientation. All eight matched resident-volunteer pairs completed at least one companionship visit, and six pairs completed two visits. Visits lasted 45–90 minutes. Volunteer feedback was positive, while staff observations indicated improved resident mood and engagement on visit days. All six original project objectives were achieved.

Conclusion: A structured volunteer companion program was feasible to implement in a long-term care setting and provided opportunities for meaningful resident social engagement. Future evaluation should incorporate standardized measures of loneliness and well-being to assess longer-term outcomes.

Keywords: *Social isolation; Long-term care; Volunteer companions; Older adults; Person-centred care*

Section 1: Project Definition

The Volunteer Companion Program at Maplewood Gardens Long-Term Care Facility was developed, organized, and launched as a structured, community-based initiative designed to reduce social isolation among residents who receive few or no regular visitors by recruiting, training, and matching screened community volunteers with identified residents for consistent, scheduled, one-on-one companionship visits under the ongoing oversight of the facility's social work and recreational therapy departments.

This project was carried out at Maplewood Gardens Long-Term Care Facility, a mid-sized residential care institution providing 24-hour nursing, rehabilitative, and personal care services to elderly adults who are no longer able to live independently. The facility serves a resident population that is medically diverse, culturally varied, and frequently geographically separated from immediate family members — a combination of factors that places many residents at elevated risk of chronic social isolation. The project was led by the student intern in collaboration with the Facility Administrator, the Director of Recreation, and the facility's Social Worker, and engaged community volunteers recruited from local colleges, faith-based organizations, and civic groups.

The core purpose of the program was not merely to provide activities, but to create genuine, sustained human relationships between residents and volunteers — relationships characterized by consistency, attentiveness, and mutual respect. Grounded in the principles of person-centred care, the program recognized each resident as an individual with a unique life history, set of interests, and social needs, and sought to honour those qualities in the matching and visit facilitation process.

Section 2: Final Project Overview

The Volunteer Companion Program was completed in its entirety within the eight-week internship timeline originally proposed. All six objectives identified in the Capstone Proposal were met, and in several respects the project exceeded its original targets. What follows is a summary of how the project unfolded relative to the original plan, including key deviations, adaptations, and final outcomes.

Formal Approval and Institutional Support: Formal approval was secured from the Facility Administrator during Week 1, earlier than anticipated, following an introductory meeting in

which the program concept and eight-week implementation plan were presented. The Administrator expressed strong support and assigned the Director of Recreation as the primary operational liaison. This early institutional backing was instrumental in smoothing every subsequent phase of the project, as it granted the student intern credibility and access to both staff resources and resident information.

Resident Identification and Enrollment: In consultation with the Social Worker and Director of Recreation, eight residents were identified as suitable candidates for the program, exceeding the minimum target of six. Each resident was assessed for social isolation indicators, including infrequent visitor logs, self-reported loneliness, and staff observations. All eight residents provided informed verbal consent to participate, and their families were notified in writing. Resident interest profiles were completed for all eight, capturing personal histories, communication preferences, hobbies, language considerations, and any health-related factors relevant to visit facilitation.

Volunteer Recruitment and Screening: Seven community volunteers were recruited within the target range of five to eight from three sources: a local university's community service program (four volunteers), a faith-based organization (two volunteers), and a civic seniors' support group (one volunteer). All seven completed application forms and brief screening interviews. Two initial applicants were respectfully declined following the screening process due to scheduling inflexibility that would have prevented consistent weekly visits — a minimum frequency identified in the literature as necessary for meaningful relational continuity (Gardiner et al., 2020).

Orientation, Matching, and Visit Launch: A two-hour volunteer orientation session was held in Week 6 in the facility's multipurpose room. All seven volunteers attended. The orientation covered resident rights and dignity, communication strategies for engaging elderly adults, facility protocols, confidentiality requirements, personal and professional boundaries, and logistics for scheduling and recording visits. Resident-volunteer matches were finalized and approved by the Social Worker and Director of Recreation prior to the session. All eight matched pairs completed at least one companion visit during Week 7, with six pairs completing two visits within the project timeline. Post-visit feedback was collected from all volunteers and from four frontline staff members.

Program Handoff: A complete program handoff package was delivered to the Director of Recreation in Week 8, including all program materials, a volunteer roster with contact information and visit schedules, a visit-tracking log, a summary of feedback received, and written recommendations for program expansion and sustainability. A closing meeting was held with the Director of Recreation and the Facility Administrator, at which both provided written acknowledgment of the project's completion and expressed commitment to continuing the program.

Section 3: Updated Research Summary

Research conducted throughout this project drew on peer-reviewed literature, expert interviews, and a review of existing program models. The following is an updated synthesis of the most relevant findings that informed the design and implementation of the Volunteer Companion Program.

The Scale and Impact of Social Isolation in Long-Term Care: Social isolation among older adults in residential care is a public health issue of considerable magnitude. Nicholson (2012) defines social isolation as a state in which an individual has a minimal number of social contacts and lacks engagement in meaningful social interactions, and identifies it as a significant predictor of depression, cognitive impairment, and premature mortality among older adults. In the long-term care context specifically, Courtin and Knapp (2017) found that residents without consistent informal social contact — beyond clinical staff interactions — experienced measurably worse health outcomes compared to those who received regular visits from family, friends, or volunteers. These findings underscored the urgency of a systematic, programmatic response at Maplewood Gardens rather than an ad hoc or staff-dependent approach.

Volunteer Companion Programs: Evidence of Effectiveness; Andreassen et al. (2020) conducted a systematic review of volunteer programs in long-term care settings across multiple countries, finding consistent evidence that structured volunteer companion programs are associated with reduced loneliness, increased positive affect, and improved engagement in daily activities among residents. Critically, the review identified program structure — including formal screening, training, and scheduling — as a distinguishing factor between programs that produced sustained results and those that did not. Informal or unstructured volunteer arrangements were significantly more likely to experience dropout, inconsistency, and poor

resident-volunteer fit. These findings directly supported the decision to invest time and resources in developing comprehensive program materials before launching visits.

Visit Frequency and Relational Continuity: Gardiner et al. (2020) examined the optimal frequency and duration of volunteer visits in residential care settings, finding that a minimum of one visit per week — sustained over at least four consecutive weeks — was necessary to establish the relational continuity that produces meaningful well-being benefits for residents. Shorter or more sporadic engagement patterns were associated with resident disappointment and a sense of abandonment rather than support. This finding shaped the screening criteria for this project, as scheduling flexibility for weekly visits was established as a non-negotiable condition of volunteer participation.

Person-Centred Matching: The World Health Organization (2020) emphasizes person-centred care as a foundational principle of quality long-term care, calling on facilities to actively elicit and respond to each resident's individual preferences, values, and life history in designing care and support activities. Applied to volunteer companion programs, this principle translates into matching based not merely on logistical convenience but on genuine compatibility — shared interests, cultural or linguistic alignment, communication style, and personal history. The resident interest profile form developed for this project was designed with this framework in mind, capturing each resident's background, hobbies, preferred topics of conversation, language preferences, and mobility or sensory considerations that might affect visit dynamics.

Volunteer Motivation and Retention: Research by Morrow-Howell et al. (2014) on volunteer engagement in aging services found that volunteers who received structured training and felt genuinely prepared for their roles reported higher satisfaction and lower dropout rates than those who received minimal or no preparation. Volunteers cited clear expectations, meaningful connection with recipients, and ongoing communication with program coordinators as the three most important factors in sustaining their commitment. These findings reinforced the decision to invest in a substantive orientation session and to establish a structured feedback and communication process between volunteers and the facility liaison following the initial visits.

Expert Interviews: Structured interviews were conducted with two subject-matter experts during Weeks 1 and 2. The first was a Social Work Coordinator at a comparable long-term care facility in the region who had developed a volunteer program several years prior. Key guidance

from this expert included the importance of involving frontline care staff — not just management — in the resident identification process, as CNAs and nursing staff often have the most detailed knowledge of residents' daily emotional states. The second expert was a university volunteer services coordinator with extensive experience placing student volunteers in healthcare settings. This expert advised setting explicit expectations for visit structure — specifically, providing volunteers with a brief "conversation starter guide" to reduce anxiety, particularly for first-time volunteers working with elderly adults experiencing cognitive decline. Both recommendations were incorporated into the final program design.

Section 4: Project Implementation Summary

The following is a week-by-week account of the concrete actions taken throughout the project, documenting both what was planned and what actually occurred, including any deviations from the original timetable and the reasoning behind them.

Week 1 — Project Launch and Stakeholder Engagement: An introductory meeting was held with the Facility Administrator and Director of Recreation on Day 3 of the internship. The program concept, objectives, and eight-week timeline were presented. Formal approval was granted at this meeting, and the Director of Recreation was designated as the primary operational liaison. The Social Worker was also introduced as a key collaborator for the resident identification process. Faculty supervisor consultation was completed, and the literature review was initiated. Initial contact was made with the two subject-matter experts who agreed to be interviewed the following week.

Week 2 — Research, Interviews, and Material Development Begins: Expert interviews were conducted with both subject-matter experts (described in Section 3). The Director of Recreation and Social Worker were interviewed to understand the specific social engagement gaps at Maplewood Gardens and to gather their input on program design preferences. The literature review was substantially completed by the end of the week. Drafting of the five core program materials began: the volunteer recruitment flyer, volunteer application and screening form, resident interest profile form, volunteer orientation guide, and resident-volunteer matching protocol.

Week 3 — Materials Finalized and Recruitment Launched: All five program materials were completed and submitted to the Director of Recreation and the Social Worker for review. Minor

revisions were requested to the resident interest profile form to align with the facility's existing resident care documentation format — a practical adaptation that facilitated integration with existing staff workflows. The revised materials were approved by the end of the week. The volunteer recruitment flyer was distributed in person and electronically to the community service offices of three local universities, two faith-based organizations, and one civic seniors' support group. Initial volunteer inquiries began arriving by the end of the week.

Week 4 — Volunteer Screening and Resident Identification: Nine volunteer applications were received. Screening interviews were conducted with all nine applicants over three days. Seven were accepted; two were respectfully declined due to the inability to commit to regular weekly visits. Concurrently, the Social Worker and Director of Recreation, in consultation with two CNAs who had been briefed on the project, identified eight residents meeting the social isolation criteria. Resident interest profiles were completed for all eight through brief, joint conversational interviews conducted by the student intern and the Social Worker, a process that proved to have immediate relational benefits for several residents.

Week 5 — Matching, Orientation Logistics, and Preparation: Resident-volunteer matches were proposed based on interest profiles and volunteer background forms, reviewed for cultural and linguistic compatibility, and submitted to the Social Worker and Director of Recreation for final approval. All eight matches were approved with no revisions required. Orientation logistics were confirmed: the facility's multipurpose room was reserved for a two-hour session the following week. Orientation guides were printed and distributed electronically in advance to all seven volunteers. One volunteer requested a brief introductory phone call to ask preparatory questions; this was accommodated and noted as a useful model for future cycles.

Week 6 — Volunteer Orientation and First Resident Introductions: The volunteer orientation session was held as planned. All seven volunteers attended in person. The two-hour session was co-facilitated by the student intern and the Director of Recreation, with a brief contribution from the Social Worker on resident communication sensitivities. Following orientation, three volunteers who had expressed readiness and whose matched residents were available participated in brief, informal introductory visits.

an unplanned but welcome development that accelerated the process of relational formation for those pairs. Visit schedules were established for all seven volunteers for the following week.

Week 7 — First Round of Companion Visits. All eight matched pairs completed at least one companion visit, with six pairs completing two visits. Visits ranged from 45 to 90 minutes. Post-visit feedback forms were completed by all seven volunteers and by four frontline staff members (two CNAs and two members of the recreational therapy team) who had observed or interacted with participants before and after visits. Initial feedback from volunteers was uniformly positive. Staff observations noted visible improvements in resident mood and engagement on visit days. One resident, who had rarely initiated conversations with staff, reportedly initiated a conversation with a CNA the morning after her first visit to share something her volunteer companion had told her — a detail noted by multiple staff members as a meaningful indicator of impact. Drafting of the final report and handoff package began.

Week 8 — Program Handoff and Closeout. The complete program handoff package was delivered to the Director of Recreation. The final summary report was submitted to the faculty supervisor. A closing meeting was held with the Director of Recreation and the Facility Administrator, during which both provided signed written acknowledgment letters confirming the project's completion and their commitment to program continuation. The Facility Administrator noted plans to present the program to the facility's board of directors as a model for future community partnership initiatives — an outcome that exceeded the original scope but reflects the project's institutional impact.

Section 5: Project Analysis, Evaluation, and Recommendations

Evaluation of Objective Achievement: All six original project objectives were met. Formal approval was secured in Week 1. Eight residents were enrolled, exceeding the minimum target of six. A complete suite of five program materials was produced and approved. Seven volunteers were recruited, screened, and oriented within the target range of 5 to 8. All matched pairs completed at least one companion visit prior to project closeout. A full program handoff package was delivered, along with a final summary report and written acknowledgment letters from facility leadership.

Strengths of the Project: Several elements performed particularly well. Early institutional buy-in from the Facility Administrator proved critical — it accelerated approvals, opened doors with staff across departments, and gave the program credibility that facilitated volunteer recruitment. The decision to involve frontline care staff (CNAs) in the resident identification process,

informed by expert interview guidance, enhanced the quality of resident profiles and yielded more nuanced and appropriate matches than a top-down administrative identification process would likely have produced. The resident interest profile form, adapted with staff input during Week 3, was praised by the Social Worker as a document she intended to incorporate into the facility's broader resident engagement practices — an unanticipated institutional benefit of the project.

The orientation session was identified by volunteers in feedback forms as the single most valuable component of their preparation. Several volunteers noted that without the orientation, they would not have felt confident or equipped to initiate a meaningful conversation with a resident they had never met. This is consistent with the findings of Morrow-Howell et al. (2014), who identified structured preparation as the primary determinant of volunteer satisfaction and retention. The orientation was therefore not merely a procedural formality but a foundational program element.

Challenges and Limitations: The most significant challenge encountered was the compressed timeline between orientation and the first visits. Ideally, volunteers would have had more time between receiving orientation materials and attending the session, and more time between the session and their first visit, to process and internalize what they had learned. The eight-week Capstone constraint made it difficult to achieve this ideal timeline. In future program cycles, the orientation session should be scheduled at least two weeks before the first visits, allowing time for volunteers to ask follow-up questions, meet informally with their matched residents, and arrive at their first formal visit with greater relational familiarity.

A secondary challenge was the lack of a formal quantitative assessment tool to measure resident well-being before and after program participation. While staff observations and volunteer feedback provided meaningful qualitative evidence of impact, a standardized instrument — such as the UCLA Loneliness Scale or the Geriatric Depression Scale — would have allowed for more rigorous and defensible evaluation of resident outcomes. This limitation was not anticipated in the original proposal and represents an important gap to address in future cycles (Courtin & Knapp, 2017).

Personal and Professional Growth: This project engaged virtually every domain of academic preparation developed throughout the course of study. Intercultural communication skills were

exercised continuously — working with a culturally diverse resident population, coordinating volunteers from different community backgrounds, and navigating the facility's internal organizational culture. Program planning and healthcare administration knowledge were applied directly in the design of materials, the sequencing of project phases, and the structuring of the handoff package. Interpersonal and negotiation skills were exercised in stakeholder meetings, expert interviews, and the delicate process of gaining resident consent. The experience of managing a real project with real consequences for real people — and seeing it succeed — was both professionally formative and personally meaningful.

Recommendations for Program Continuation and Expansion: Based on project outcomes and evaluation findings, the following recommendations are offered to Maplewood Gardens leadership for the program's next cycle and long-term sustainability:

1. Introduce a standardized resident well-being assessment tool (such as the UCLA Loneliness Scale) at enrollment and at 30-day intervals to enable quantitative measurement of program impact.
2. Expand the volunteer pipeline by establishing formal memoranda of understanding with at least two local universities, incorporating the Volunteer Companion Program into their community service course credit programs.
3. Schedule orientation sessions at least two weeks before the first visits to allow volunteers adequate preparation time, and include a brief, informal meet-and-greet between matched pairs before the first formal visit.
4. Assign a designated staff volunteer coordinator role within the recreational therapy department to ensure the program has a consistent internal champion who can onboard new volunteers, maintain the visit-tracking log, and conduct periodic check-ins with active volunteer-resident pairs.
5. Consider hosting a quarterly volunteer appreciation event to recognize volunteer contributions, maintain morale, and foster a sense of community among program participants — a practice associated with significantly improved retention rates in comparable programs (Morrow-Howell et al., 2014).

Section 6: Materials Delivered

The following materials were produced and delivered to Maplewood Gardens Long-Term Care Facility as part of the Volunteer Companion Program Capstone project. All documents were formatted for immediate operational use and are included in the program handoff package provided to the Director of Recreation.

1. **Volunteer Recruitment Flyer:** A one-page recruitment flyer designed for distribution to universities, faith communities, and civic organizations, describing the program's purpose, the volunteer commitment required (one visit per week, minimum one hour), and contact information for the facility liaison.
2. **Volunteer Application and Screening Form:** A structured application form capturing volunteer personal information, availability, prior experience with elderly adults, motivation for volunteering, and emergency contact details, accompanied by a standardized interview question guide for the screening process.
3. **Resident Interest and Preference Profile Form:** A structured form used by social work and recreational therapy staff to document each participating resident's personal history, hobbies, preferred conversation topics, language preferences, mobility or sensory considerations, and any staff notes relevant to the matching process. Adapted with staff input to align with the facility's existing resident documentation format.
4. **Volunteer Orientation Guide:** A comprehensive orientation guide distributed to all volunteers prior to the orientation session, covering the program's purpose and values, resident rights and dignity, communication strategies for engaging elderly adults, facility protocols, confidentiality and professional boundary expectations, logistics for scheduling and recording visits, and a "conversation starter guide" with suggested topics and approaches for initiating meaningful engagement with residents at various levels of cognitive and communicative ability.
5. **Resident-Volunteer Matching Protocol:** A step-by-step protocol document guiding future program coordinators through the matching process, including criteria for compatibility assessment, the staff approval process, the procedure for introducing matched pairs, and the protocol for re-matching in cases where an initial pairing is not working well for either party.

6. **Post-Visit Feedback Forms (Volunteer and Staff Versions):** Two versions of a brief structured feedback form — one for volunteers and one for staff — designed to capture qualitative observations about visit quality, resident engagement, any concerns or issues arising from the visit, and suggestions for improvement. Both forms are formatted for quick completion (under five minutes) to minimize burden on respondents.
7. **Visit-Tracking Log:** A simple paper-based and digital tracking log for recording all scheduled and completed visits, volunteer attendance, visit duration, and any notable staff observations, providing an ongoing record of program activity for internal reporting and quality assurance purposes.
8. **Program Handoff Package and Final Summary Report:** A compiled package delivered to the Director of Recreation containing all of the above materials, the current volunteer roster with contact information and visit schedules, a summary and analysis of post-visit feedback received, written recommendations for program continuation and expansion (as described in Section 5), and this comprehensive final report. Signed acknowledgment letters from the Facility Administrator and faculty supervisor are appended.

Reference

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