

Volunteer peer support and befriending for carers of people living with dementia: An exploration of volunteers' experiences

Abstract

With ageing populations and greater reliance on the voluntary sector, the number of volunteer led peer support and befriending services for carers of people with dementia in England is set to increase. However, little is known about the experiences of the volunteers who deliver these interventions, many of whom are former carers. Using in-depth semi-structured interviews with ten volunteer peer supporters and befrienders, this exploratory study investigated volunteers' experiences of delivering the support, the types of relationships they form with carers and their perceptions of its impact upon them and on carers. Data were analysed using Framework Analysis. Findings showed that volunteers benefitted from their role due to the 'two-way' flow of support. Experiential similarity and having common interests with carers were considered important to the development of mutually beneficial relationships. Volunteers perceived that carers gained emotional and social support, which in turn improved the carers' coping ability. Being able to see positive changes to carers' lives was important for volunteers to gain enjoyment and satisfaction from their role. However, volunteers also identified challenges with their role, such as dealing with carers' emotions. Future research should investigate ways of reducing potential burden on volunteers and explore the impact of volunteering specifically on former carers of people with dementia.

Key words: carers, caregivers, dementia, volunteers, befriending, peer support, qualitative

What is known about this topic

- Volunteers are increasingly being recruited by statutory and voluntary sector services to provide befriending and peer support to carers.
- Formal volunteering has been associated with positive outcomes, such as improved mood and physical health, in various populations.
- Little is known about the experiences of volunteers providing befriending or peer support for carers of people with dementia.

What this paper adds

- Volunteer peer supporters and befrienders benefit from their role due to the 'two-way' flow of support between themselves and carers.
- Experiential similarity and having common interests with carers help develop mutually beneficial and supportive relationships.
- Providing the support can be emotionally demanding and the impact this has on volunteers who are former carers is worthy of further investigation.

Introduction

Carers (also known as family or informal caregivers) of people with dementia are reportedly under more mental and physical strain than those caring for people with other health conditions (Moise et al. 2004). Research from many middle and high income countries has shown that the consequences of caring specifically for people with dementia include greater risk of depression and anxiety (Leggett et al. 2011; Mahoney et al. 2005; Pinquart & Sörensen, 2003), negative impact on physical health (Pinquart & Sörensen, 2007) and social isolation (Beeson, 2003; Kaisler & Panegyres, 2007). In response to this, many countries have developed policies which directly or indirectly target family carers of people with dementia. For example, the United Kingdom (UK) government has developed national strategies to find ways of supporting family carers, in particular through the development and implementation of social support services, as documented in the English National Dementia Strategy (Department of Health [DH], 2009).

In the UK, there are various types of government funded psychological and social support interventions aimed at supporting carers in the community, including Admiral Nursing, psychoeducational support, counselling, support groups and respite care (Bunn et al. 2015; Cooke et al. 2001; Livingston et al. 2014; Scott et al. 2016; Sörensen et al. 2006).

Increasingly, volunteers, especially those with former caring experience, are being recruited by English voluntary and statutory health and social care organisations to provide some of these services (DH, 2009). This article reports on the experiences of volunteers delivering either peer support or befriending to carers of people with dementia.

Background

Volunteering has generally been associated with improved health outcomes for volunteers, for example: reduced depression (Kahana et al. 2013; Lum & Lightfoot, 2005; Musick & Wilson, 2003); improved physical health (Borgonvoni, 2008; Burr et al. 2013; Casiday et al. 2008; Peardon et al. 2010; Tang, 2009); improved quality of life (Cattan et al. 2011) and reduced mortality risk (Harris & Thoresen, 2005). Many volunteers report wanting to make friends by increasing their social circle through volunteer work (Prouteau & Wolff, 2008). However, volunteers also describe a number of draw backs. For example, some report gaining less satisfaction from their role than paid employees (Ferrari et al. 2007) and others

have described how their volunteering experience could be better organised (Low et al. 2007). Further, it has been shown that volunteers are more likely to leave their role if they experience challenges, such as 'emotional overload' or role ambiguity (Ross et al. 1999).

Volunteers are engaged in various roles in the community, this paper focusses on befriending and peer support. Both are formal processes usually provided by voluntary or other third sector organisations to bring two people together who may otherwise not have met. Dean and Goodlad (1998) defined befriending as:

"A relationship between two or more individuals which is initiated, supported and monitored by an agency that has defined one or more parties as likely to benefit. Ideally the relationship is non-judgemental, mutual, purposeful, and there is a commitment over time" (p. 5).

On the other hand peer support was defined by Sherman et al. (2004), who described a peer supporter as:

"...someone who has faced the same significant challenges as the support recipient, (and) serves as a mentor to that individual" (p. 140).

The key difference between the two is that befrienders may not necessarily have similar past experiences as the person being befriended. For example, in relation to the current research, that may mean befrienders are not former carers of a person with dementia.

Research focussing on peer support shows volunteers find their role as satisfying by 'giving something back' to current carers, that they gain emotionally from the 'two-way' nature of support and gain valuable new skills (Greenwood et al. 2013). Additionally, Charlesworth et al. (2016) showed volunteers who remained peer supporters the longest reported the most improvements in self-rated health. However, a recent systematic review found limited evidence for the impact on volunteers or about their experiences of delivering peer support or befriending to carers of people with dementia (Smith & Greenwood, 2014a).

The mechanisms by which volunteer peer support and befriending for carers of people with dementia works have been explored previously. For example, research suggests the importance of volunteers having had similar experiences as the carers, also known as experiential similarity, (Pillemer & Sutor, 2002; Sabir et al. 2003) in facilitating positive benefits for carers (Greenwood & Habibi, 2014; Keyes et al. 2016). Positive benefits have

also been reported for peer volunteers of older people, such as reduced social isolation through forming friendships with the support recipient and a sense of satisfaction from helping others (McHugh et al. 2016). However, how and if the same benefits are gained by volunteers supporting carers of people with dementia is unknown (Smith & Greenwood, 2014a).

Along with experiential similarity, 'matching' volunteers and carers based on similar interests, gender and needs of the carers has been described by service managers as essential for the formation of trusting relationships (Smith & Greenwood, 2014b). However, it remains unclear how the volunteers feel about matching and which matched characteristics are likely to result in the development of bonds.

This paper reports on research which explored the experiences and perceptions of volunteers providing either befriending or peer support to carers of people with dementia. It formed part of a wider research study which also investigated the experiences of carers of people with dementia accessing befriending or peer support using a mixed methods approach (Smith et al. *under review*).

The research questions were:

1. What are volunteers' experiences of befriending and peer supporting carers?
2. What are volunteers' perceptions of the types of relationships they form with carers?
3. What are volunteers' perceptions of the benefits befriending and peer support offers carers?

Methods

A qualitative cross-sectional design (Mertens, 2005) was employed using one-to-one in-depth semi-structured interviews.

Participant recruitment

A purposive sample of volunteer peer supporters and befrienders of carers of people with dementia was sought. Participants were recruited who had over six months experience of peer supporting or befriending as this was considered to give them sufficient experience to

draw on for their responses. Participants were excluded if they could not speak English or were less than 18 years old. Prior research investigating carer support (Greenwood et al. 2013) suggested that between eight and 12 participants would be sufficient to allow for data saturation (Guest et al. 2006).

The participants were recruited through five services (one peer support and four befriending) across central and southern England. All five participating services offered their volunteers statutory training, such as safeguarding and protecting vulnerable adults. Supervision of volunteers varied between services, with three offering formal monthly meetings with the service manager and two offering informal discussions as and when the volunteers requested it.

Initially, the researchers contacted relevant provider organisations to explain the study and ascertain if they would be willing to help with recruiting volunteers. Participating service managers identified volunteers who fitted the inclusion criteria. These volunteers were then sent an information letter, a willingness to participate reply sheet and a stamped addressed envelope. If they wished to take part, they were contacted to arrange an appropriate time to either visit them at home or conduct a telephone interview. It was stressed that volunteers were under no obligation to take part, their responses were confidential and they were made aware they could withdraw from the study at any time without giving a reason. Written consent was gained from volunteers before taking part.

Data collection

Qualitative data were collected using in-depth semi-structured interviews by RS, a researcher experienced with interviewing carers. The approach was exploratory and semi-structured interviews allowed rich and in-depth data collection in an area about which little is known (Morse & Field, 1995). A topic guide was used in order that important *a priori* areas derived from previous research findings (Greenwood et al. 2013; Greenwood & Habibi, 2014; Smith & Greenwood, 2014a; Smith & Greenwood, 2014b) were covered (Bowling, 2002). The topic guide focused on volunteers' experiences of being volunteers, the potential impact it had on them, experiential similarity, matching and how they perceived befriending or peer support impacted on carers.

Data analysis

Qualitative data gathered from the interviews were transcribed, anonymised and analysed for themes (Auerbach & Silverstein, 2003) using Framework Analysis (Richie & Spencer, 1994). Framework analysis is a rigorous method for analysing qualitative data in health services research (Furber, 2010). It has also been used to analyse data from in-depth interviews from a wide range of participant groups (Richie & Spencer, 1994). Initially, all transcripts were read by one researcher (RS) to allow familiarisation with the data and make general notes about the main ideas from each. A second researcher (NG) read a sample of transcripts and made notes in the margins. From this the initial framework was developed which was applied back to the transcripts to check how well it fitted the raw data. This led to a further refinement of the framework in which themes and subthemes were merged together and agreement was reached by both researchers regarding the emerging themes and subthemes.

Ethical approval

A favourable ethical review was gained from the Faculty of Health, Social Care and Education Research Ethics Committee, Kingston University.

Findings

Ten volunteers were interviewed (seven befrienders and three peer supporters). Volunteers' age ranged from 29-80 years (average 58.8) and the majority (seven) were female. Nine described themselves as White British and one Black African. Half were former carers (two peer supporters and three befrienders). Interviews lasted between 20 and 40 minutes and were conducted either face-to-face at the volunteers' home or over the telephone. Full demographic details of the volunteers are presented in Table 1.

[Table 1 about here](#)

Three overarching themes were identified: developing a bond; someone there for the carers to talk to; and helping themselves through helping others (Table 2). Quotes from participants with pseudonyms are provided to illustrate the identified themes.

[Table 2 about here](#)

Developing a bond

Building relationships was regarded as paramount by volunteers. Developing a successful relationship was reported to be dependent on the strength of the initial bonds formed between carers and volunteers (e.g. those with more in common to start with had an initial bond which developed into mutually supportive relationships). These bonds were facilitated through experiential similarity, the volunteers' characteristics and volunteers sharing common interests with carers.

Experiential similarity

Of the ten volunteers, half had cared for a relative with dementia themselves. These volunteers described their prior caring experience as important in forming a connection with the carers. It was seen as creating an instant common bond, which volunteers suggested helped to build trust and enable the development of longer lasting relationships:

Jack (befriender): "We had the same problems of looking after people who need help and rely on you a lot, who you have to spend 24 hours a day sometimes with. We had that bond really....it's just trust, you trust somebody. We have the same bond"

Passing on information and advice was reported to be an important part of befriending and peer support for those volunteers with prior caring experience. It enabled them to pass on knowledge of how to deal with challenging situations and to offer advice about other services available:

Abby (befriender): "Having been a carer I felt I was much more...able to have empathy for them or maybe some kind of sympathy. When they [the carer] says what they [the person with dementia] are doing I can understand and really mean it, and then offer advice because I know how hard it is..."

Those volunteers without prior caring experience were also able to see how it could be beneficial for the carer by being able to share with someone who has gone through similar experiences, and to provide advice and information:

Elizabeth (befriender): "Actually, I've never thought that maybe you'd be even better if you'd had that personal experience yourself. Yes, maybe that person, it would be even"

better for them if the befriender was somebody who'd actually been through it themselves. I'd never thought about it, but yes, that might well be true"

Volunteer characteristics

Whilst experiential similarity was considered a major factor in developing bonds with carers, there were other personal characteristics regarded as important for volunteers. For successful and supportive relationships to develop, participants highlighted several different personal characteristics they thought were needed, including patience, empathy, a sympathetic nature, reliability and a warm and caring personality. However, the importance of listening skills was highlighted as fundamental in successfully helping carers. For example, in order to assist carers effectively and allow them the opportunity to share their emotions:

Mark (befriender): "...being able to listen carefully to what they are saying, it's no use just me talking about my life all the time, it's a time for him to share and get all his stuff off his chest he might be bottling up"

Common interests

Volunteers felt that developing deeper and longer lasting relationships with carers depended on having interests in common. This was also important to facilitate sharing personal information. However, one volunteer commented it was not possible to bond with some carers even when they have common interests:

Abby (befriender): "...but then again there are some people you will never make a connection with aren't there? There was this one lady she was very difficult and (manager name) said "if you can't get through to her then no one will" and then she (the carer) just said I made her feel worse"

Service managers were said to match carers and volunteers according to geographical proximity to the carer, personal interests, hobbies, age and gender. Volunteers suggested this matching process was important for developing bonds:

Chloe (befriender): "...most of the people I see are either a couple of years younger than me or a couple of years older than me...so there's a same generation and I think that's important. There's no good you speaking to an 80 year old if you are 20...or 25...you've not got a great deal in common have you?"

Someone for carers to talk to

Volunteers explained how giving carers the opportunity to talk and share emotions or challenges that they might be unable to share with anyone else, was an important part of the support they offer. Volunteers described how they believed carers felt listened to, gained emotional support, were less socially isolated and improved their coping ability.

Carers feel listened to

Volunteers discussed how it was important to give carers the opportunity to talk and to share emotions or challenges that they might not be able to share with anyone else. They described how the carers they supported often had few other people to talk to regarding the challenges and difficulties with caring. In particular, volunteers said that carers often find it difficult talking to family and friends, not wanting to burden or worry them with their problems. They considered that talking to a befriender or peer supporter offered carers a chance to have their feelings heard. They also suggested that some family members and friends may not understand the difficulties the carers are experiencing:

Alice (befriender): "The chap I'm befriending I talked about just now, his family don't understand...it's not like they don't have the time...I guess it's hard to talk about it within families for some people. So he can talk to me about things that he can't otherwise."

Being able to talk openly and to confide in volunteers about difficult topics was something volunteers said carers did frequently and this was a way of helping them to reduce emotional stress:

Elizabeth (befriender): "Quite a few things had happened where her husband at one point started getting a bit violent and that was a bit scary for her. Then one time she'd fallen down stairs. I found that after talking to her for about 10 minutes she would really perk up."

Emotional support

Volunteers explained that providing emotional support to carers was something they did regularly and that they gave carers the opportunity to express their emotions by just being there and listening. They suggested that this was an important part of their role and that it was beneficial for carers to release or offload their emotional stress:

Chloe (befriender): *"...you know, it's like if you're having a bad day it sometimes helps to tell somebody, especially somebody that you're not close to"*

However, one volunteer described how the emotional benefits of the support may not last and that regular support for carers was needed due to the difficulties of caring for a person with dementia:

Elizabeth (befriender): *"If I put myself in her position, it would cheer me up for the day, probably, but it's such a huge thing, isn't it, having to look after somebody, a partner, who's got dementia?"*

Social isolation

Volunteers described how the carers they supported were often socially isolated or lonely and that peer support or befriending could reduce this. They suggested reasons for social isolation included losing touch with family and friends and not being able to leave the house because of their caring responsibilities. Volunteers talked about a number of positives for carers as a result of being more socially included. Reduced loneliness, improved emotional well-being and increased physical activity were the most common potential benefits reported. As a result, volunteers talked about how helping carers to feel less alone with their difficulties was a priority:

Jack (befriender): *"Well I think maybe some are a bit lonely, they just want someone to share their experiences with...obviously everyone has got their own circumstances and no two people are the same but yes, I think loneliness, just to share their experiences and just someone to talk to".*

Some volunteers indicated that they made friends with the carers and that this was another way of helping carers to feel less socially isolated.

Alice (befriender): *"It's chance for them to make new friends, they don't get chance to get out or speak to people".*

Coping ability

Receiving befriending or peer support was also thought to help carers cope better with difficult situations. In particular, they considered that it helped carers to feel they were not

alone with their problems and to be aware that other people have experienced similar challenges and successfully got through them:

Chloe (befriender): *“You know they think well we’re not the only ones that behave like this, I think that helps”.*

Some volunteers suggested that the person with dementia benefited indirectly from the carer receiving support. This was described in different ways, but overall they viewed it as helping the carer to continue caring which resulted in the person with dementia staying at home longer before needing more intensive support in a care home setting:

Ngozi (peer supporter): *“Yes it really does because the carer doesn’t feel isolated anymore so as I said they can keep going. All this I think helps them to cope...I guess so the person with dementia can stay longer (at home) before needing to go to residential care”.*

Along with their perceived benefits of befriending and peer support to carers, volunteers also talked about positives and drawbacks their role has on them.

Helping themselves through helping others

Volunteers discussed the mutual benefits of volunteering as a befriender or peer supporter through a ‘two-way’ flow of support and the importance of them seeing they are making a positive difference to carers’ lives. However, they also described how the volunteering can sometimes be a burden.

Mutual benefits

Whilst volunteers discussed a range of benefits they feel carers gain from the support, they also explained how it can positively impact upon their own lives. Most notably they described how it can improve their mood by being able to share their past and present difficulties with the carer, highlighting the ‘two-way’ nature of support:

Jack (befriender): *“He would explain his memories and his sad moments and likewise I’d do the same. We can feel a sympathy, we both empathise with each other obviously, we both share those experiences. It’s obviously nice to have...”*

Further highlighting the 'two-way' nature of support, some volunteers talked about how they developed friendships with the carers and that this has had a positive impact on their lives through reducing their own social isolation and loneliness. A volunteer described how being able to be a peer supporter helped her to become more socially integrated after years of caring for her husband with dementia:

Ruby (peer supporter): *"Well after my husband died...well that was a number of years ago now, I felt like I had no life of my own anymore. Everything I did revolved around him, obviously it was a dreadful time, but in the end I needed to get back out there and find a life of my own again. This really helped me...it helped a lot to get me back on my feet".*

Many of the volunteers talked about enjoying the company of the carers, but male volunteers more often talked about spending time away from the home of the carer, engaging in activities they both enjoy and help them both to relax, such as sports or going to a restaurant:

Harry (peer supporter): *"He likes to have a couple of pints...his way of de-stressing I would think, so there's a variety of pubs we like that do food and nice beer. And that's what we both like I guess... So we go out and we talk mostly about everyday things that interest us both, like football, family, what we both used to do before we retired".*

Making a difference

Making a positive difference to someone else's life was a key theme discussed by volunteers. It helped them to feel as though they were doing something worthwhile and rewarding from which they themselves gained many positives. Volunteers not only described how they enjoyed feeling appreciated by the carers and this helped them to feel good about themselves, but they also gained a sense of satisfaction from their role which they valued highly:

Alice (befriender): *"I do get a lot of pleasure and a nice feeling from helping someone else, especially carers who often have such a hard time of it. I kind of see myself as a carer for the carers".*

Volunteers also described how rewarding it was to be making a positive difference to a carer's life and that this is a crucial aspect to them volunteering and continuing to volunteer:

Chloe (befriender): *"I think you know it's also the fact that you're helping somebody, that's why you do it, you want to help other people..."*

Burden on volunteers

Whilst volunteers were mostly positive about their experiences of supporting carers, some talked about how it could, at times, be challenging. This not only related to the responsibility of seeing the carer at the same time every week, but also to being able to deal with other people's problems as well as their own. One volunteer described how he found it challenging when carers become emotional:

Jack (befriender): *"Well when people cry in front of you, you just need to be a patient listener and just to hear other people's problems, but it can be quite stressful".*

However, another volunteer suggested that whilst the conversations he and the carers had were fairly superficial, he might find it affects his emotions if the topics discussed were of a more emotive nature:

Harry: *"...the conversations don't get too deep, so I don't find it depressing myself".*

One way in which volunteers were able to keep distance between themselves and the carers in order to reduce the potential burden on themselves was by maintaining adequate boundaries. Some volunteers described how sticking to boundaries helped them not to get too involved which enabled them to take care of their own feelings:

Emily: *"I think one of the negatives is- I don't think it's a negative, but I think whilst one becomes very attached and engaged in someone's life, one has to remember where the boundaries are about how involved you are".*

Volunteers also described how supervision sessions by service managers gave them the opportunity to discuss problems or challenges with the service managers and pass on issues carers were having which they felt unable to resolve:

Ngozi (peer supporter): *“Yes it’s very useful because I’m able to communicate back to my manager where I may be having issues and if it’s not going on well...”*

Discussion

This exploratory study furthers understanding of the experiences of volunteer peer supporters and befrienders and the help they can provide carers of people with dementia. Our findings suggest that volunteers believed they gained a variety of benefits which were developed by a ‘two-way’ flow of support based on the shared experiences of caring. This supports previous research which highlights the importance of carers and volunteers developing relationships based on reciprocity and experiential similarity (Greenwood et al. 2013; Greenwood & Habibi, 2014; Keyes et al. 2016; Pillemer & Sutor, 2002). However, this study goes further by emphasising the importance of experiential similarity and common interests in enabling the growth of mutually supportive relationships. It is also argued that the development of these bonds is important for carers to feel they can share sensitive information with the volunteers, and that volunteers can engage in mutually beneficial relationships with the carers.

Given the importance of experiential similarity and shared interests, peer support offers both carers and volunteers a greater chance of reciprocating emotional and social support, whilst befriending potentially offers social contact which may not necessarily result in the same depth of sharing. Thus, without experiential similarity, befriending relationships may be less likely to form. This has been reported previously with, for example in support for young mothers with depression (Cox et al. 1991) where volunteers with experiential similarity were more likely to form relationships with the person being supported.

Volunteers in our study talked about how they felt carers benefitted from the support by having emotional and social support, as well as increased coping ability. These findings are important, as satisfaction of volunteers has been closely linked to them seeing positive results of their volunteering (Low et al. 2007; Matsuba et al. 2007). Consequently, if volunteers do not observe any positive differences they are making to carers’ lives, their sense of satisfaction and enjoyment may be diminished.

Whilst the current research and other studies before it (Burr et al. 2013; Cattan et al. 2011; Charlesworth et al. 2016; Harris & Thoresen, 2005; Kahana et al. 2013) have shown there to be a number of consistently reported mental and physical health benefits to volunteering generally, the lack of understanding of the negative impacts on volunteers is worthy of further research. A study by Greenwood et al. (2013) investigating peer support, reported similar findings to those described here, with volunteers discussing challenges such as reliving difficult experiences, fear of rejection by carers and becoming emotionally drained. Given the challenges placed on former carers supporting current carers, future research is warranted to understand if these are barriers to the recruitment and retention of volunteers and if there are any long-term adverse impacts on volunteers. Exploring the importance of training and supervision for volunteers and its impact on the volunteers' experiences and outcomes for carers is also worthy of investigation.

Future research should also specifically seek to explore the impact of befriending and peer support on volunteers with prior caring experience. Whilst here it was demonstrated that experiential similarity was perceived as a key component to the development of mutually beneficial relationships between carers and volunteers, former carers may become distressed at reliving difficult memories with carers. Furthering our understanding specifically of the experiences of former carers may help service managers develop strategies to deal with the negative experiences volunteers may face. In addition, future research should investigate the voluntary nature of the support and whether similar or differing findings would be observed with paid peer supporters and befrienders.

Limitations

There are several potential limitations to this exploratory study. Firstly, volunteers may have overemphasised both the benefits for themselves and the carers as a way of justifying their time and emotional investment in the role. Also, they may have been concerned that discussing too many negatives to their role could have reflected badly on their provider organisation and the possibility of the peer support or befriending service being withdrawn. However, it is unlikely this explains all the perceived benefits reported by volunteers. Furthermore, many were open about the drawbacks associated with their role. A further limitation is that this was a small qualitative study consisting of largely White British participants. Had more befrienders and peer supporters from a more diverse sample been

interviewed a more in-depth comparison of the perceived benefits and detractors for sub-groups of carers may have been made. Further, the recruitment of more peer supporters from more than one service provider would have allowed valid comparison between the two types of support. Nonetheless, the data collected were rich and it is felt that the main themes of peer support and befriending from the volunteers' perspectives were captured.

Conclusion

Befriending and peer support offer volunteers the opportunity to engage in mutually supportive relationships with carers of people with dementia. These relationships are often facilitated by the shared experience of caring and having similar interests, and may lead the development of friendships between volunteers and carers. Being able to see positive changes to carers' lives was important for volunteers to gain enjoyment and satisfaction from their role. However, volunteers also identified challenges, such as dealing with carers' emotions. Future research should investigate ways of reducing burden on volunteers and explore the impact of volunteering specifically on former carers of people with dementia.

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Conflict of interest

The authors declare they have no conflicts of interest with respect to the research, authorship and publication of this article.

Table 1. Participant demographic details

		Volunteers (n = 10)
Mean age in years (range)		58.8 (29-80)
Gender		
	Male	3
	Female	7
Marital status		
	Married	2
	Single	3
	Widow	3
	Divorced	2
Ethnicity		
	White	9
	Black African	1
Nationality		
	British	9
	Nigerian	1
Former carer of a person with dementia		
	Yes	5
	No	5
	Currently caring	0
Length of time volunteering		
	< 1 year	4
	1-3 years	4
	4+ years	2
Volunteer type		
	Befrienders	7
	Peer supporters	3

Table 2. Themes and subthemes

Themes	Subthemes
Developing a bond	<ul style="list-style-type: none">• Experiential similarity• Volunteer characteristics• Common interests
Someone for carers to talk to	<ul style="list-style-type: none">• Carers feel listened to• Emotional support• Social isolation• Coping ability
Helping themselves through helping others	<ul style="list-style-type: none">• Mutual benefits• Making a difference• Burden on volunteers