VOLUNTEERING IN AGED CARE SETTINGS IN WESTERN AUSTRALIA: GOOD PRACTICE DURING COVID-19 AND BEYOND

GUIDE FOR POLICY MAKERS AND PEAKS

Policy makers and peaks refers to staff in government agencies, and in both volunteering and aged care peak body organisations who are making policy decisions or advocating on behalf of aged care clients, volunteers, volunteer managers and/or volunteer involving organisations in the aged care sector. They all play an important role in the success of the contribution of volunteers to aged care.

Important: This is a generic guide based on data collected from project participants in a range of organisations.

Key COVID-19 Takeaways for Peaks and Policy makers

- COVID-19 has exposed many pre-existing pressures in volunteer involving organisations
- Aged care volunteer involving organisations had to navigate policy from many sources.
- At times policies and directives had to be modified to explicitly include volunteers
- Often individual volunteers are active across more than one organisation and sector

Volunteer related takeaways

- Volunteers at times felt left out or cut off by organisational communications
- Specific risk management approaches for volunteers helped keep volunteers engaged
- Many volunteer managers put in unpaid overtime to keep volunteers engaged
- New and creative volunteer roles kept volunteers in touch with clients
- Volunteers often volunteer at more than one site/organisation
- Some volunteers are vulnerable due to age, health or loneliness
- Clear organisational policies about volunteer rights and responsibilities helped
- Many organisations reported a decline in volunteer numbers, including non-returnees
- Statistics about volunteers in aged care need to be used with caution

Volunteer management related takeaways

- Volunteer manager(s) put in additional unpaid hours to keep volunteers engaged
- Volunteer managers worked with volunteers to develop new roles and activities
- Volunteer managers had to adapt communications for staff to fit volunteer needs
- Volunteer advocacy, boundaries and communications policies came under scrutiny
- Some organisations had not included volunteers separately in critical incident planning
- Some volunteer managers fit this role into other roles with limited time or recognition
- Program funding is an important focus for organisations – including funding managers
- Volunteer management is more complex than managing paid staff

Aged care volunteering

The Aged Care Workforce DOES include volunteers. Aged care workforce data does not always include volunteers in its purview, and that which does often has a primary focus on direct care and on employed staff in residential aged care, home care and home support (Mavromaras et al. 2017).

In 2021, data reported from the 2020 National Aged Care Workforce Census and Survey indicated a significant drop in volunteers in residential aged care facilities (RAC), with decreased volunteer numbers also recorded for volunteers in Home and Community Care Programs (HCCP) and Commonwealth Home Support Programs (CHSP). This data is Australia-wide and COVID-19 effects in Western Australia are likely to be less than other states. Further, this is not a full representation of volunteers in the aged care context and does not include the many other volunteer groups which provide services in aged care settings including pet visits, entertainment experiences or specialised activities.

Volunteers in aged care settings are largely service delivery volunteers involved in

- Companionship
- Activity support
- Driving
- Food preparation
- Gardening and maintenance activities
- Pet care and pet visits
- Entertainment
- Clerical, and administrative roles

There are also volunteers who are involved in specialist volunteer roles:

- Dementia care support volunteering
- Palliative care volunteering
- Advocacy volunteering
- Faith focussed volunteering
- Board membership
- Supported volunteering
- Other specialised roles - such as hospital liaison

Community Visitor Scheme (CVS): Providers in this government funded scheme match aged care clients with suitable volunteers who visit on a regular basis, either in the client's home, retirement villages, or in residential care. The CVS program focusses on providing social interaction to target groups. (www.health.gov.au/initiatives-and-programs/community-visitors-scheme-cvs)

Supported volunteers: Some volunteers may be supported in their volunteering by their own support workers and they will have specific activities allocated to them which suit their ability.

Volunteers are unpaid, screened, trained, complementary to the paid workforce and enjoy volunteering. They are however not 'just' volunteers as they play an important role in supporting the organisation's person-centred care model. They can make a big difference to individual clients through social interaction and related activities which can help to reduce the sense of isolation that many clients in aged care settings experience.

While volunteers contribute their time for 'free', they require good management and this needs to be fully funded to achieve the goals of the organisation and supervising agencies.

Well supported and qualified volunteer managers, and well-funded programs are key to the success of delivering social interaction opportunities in aged care settings.

Enduring changes coming out of COVID

Communications – volunteer managers have made changes to the way they keep their volunteers up to date and encouraged volunteers to go online to keep themselves informed. Use of social media such as Facebook groups helped keep people in touch but there is a need to recognise not all volunteers use social media or are comfortable with technology.

Diversity in volunteer age groups – many organisations found that active volunteers over 70 stepped back from volunteering and did not return, due to limitations placed on this age group as 'vulnerable' as well as the requirement for vaccinations. Managers are now seeking to have a wider age range in their volunteer cohort. Older volunteers reported that volunteers should not be discounted only due to age as many are still capable and value being able to contribute by volunteering. Managers are also seeking to increase diversity in cultural backgrounds, languages, engaging volunteers with disabilities and from LGBTQI+ backgrounds.

Less paperwork – organisations found the need to streamline the paperwork required to be signed by volunteers while still meeting insurance and compliance requirements. (One organisation reduced from 6 documents to 2).

New forms of volunteering have stayed - remote volunteering such as providing social support via video chat, phone calls and letters have remained, especially for clients who are isolated or in poor health. This has attracted new volunteers.

New volunteer roles – some facilities have developed new roles for volunteers such as screening of visitors, writing letters, remote and online interactions with clients, daily phone calls

Online induction and training - many organisations developed additional online induction and training modules for volunteers to keep them up to date. A mix of

face-to-face interaction with other volunteers and online modules for asynchronous training are operating in many organisations. Volunteers and managers agree that there is still a need for some face-to-face training in part because it puts volunteers in touch with each other.

People new to volunteering - where volunteers were recruited during the "emergency lockdown", managers looked for ways to keep those volunteers engaged into the future such as signing them up for specific roles, and including volunteers' families in activities such as letter writing, training staff and clients in using computers and tablets to listen to music and connect with family etc. A proportion of these 'new' volunteers have been found to fall away once lockdown and other COVID-19 restrictions have been lifted, and they return to other activities.

Vaccinations – aged care facilities require volunteers to have a flu vaccination and COVID-19 vaccinations in accordance with government requirements

Variations in lockdown procedures - all aged care settings were in lockdown during the first WA state lockdown with no volunteers allowed onsite. Later, some volunteers were allowed to undertake some volunteer tasks subject to entry and temperature checks but with limited or no access to clients. When WA lockdowns were lifted, many volunteers were once again able to visit in person. It appears, however, that some sites owned by national organisations implemented semi lockdowns in their premises in WA when further interstate lockdowns occurred. This meant that some volunteers were restricted from visiting clients for extended periods of time. It was also apparent that there were varied interpretations of state health advice

Video interviews – while face-to-face interviewing is back, many organisations have been able to change to online/video interviews for initial screening saving time for both the potential volunteer and the manager. Managers reported that face-to-face connection still gives the best indication and 'feel' for whether a prospective volunteer is the correct 'fit'.

It is notable that even in the Royal Commission and other peak body reports there is a sense of silos remaining and a need for more joined up communication between policy makers, peaks and the aged care providers and workforce, and, especially, in the context of this report, including recognition of volunteers and their management.

This resource can be downloaded from www.volunteeringwa.org.au/agedcare